FINAL REPORT

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

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INTRODUCTION

In general, correctional treatment programs have been associated with a reduction in recidivism (Gendreau, Goggin, Cullen, & Andrews, 2004). However, there is a great deal of variation among programs with respect to the degree of effectiveness. Correctional programs that adhere to certain principles are more successful at reducing offender recidivism, thereby increasing community safety (Andrews, Bonta, & Hoge, 1990). These principles of effective intervention, commonly referred to as the “what works” literature, are key in guiding correctional practices. Cullen and Gendreau (2000) reported that there is a 40 percent difference in recidivism rates between programs that adhere to “what works” principles and programs that do not. Specifically, programs that implement the “what works” literature have effect sizes up to 40 percent (Cullen and Gendreau, 2000).

In an effort to assess how well the principles of effective intervention are being implemented across state correctional institutions, Pennsylvania Department of Corrections (PADOC) contracted with the University of Cincinnati, Center for Criminal Justice Research to conduct a system-wide process evaluation of five treatment programs offered throughout the PADOC. Specifically, this evaluation was intended to identify system-wide strengths and areas for improvement within the Thinking for a Change, Batterer’s Intervention, Violence Prevention, and Sex Offender outpatient and therapeutic community programs. This assessment was intended to identify the effectiveness of each program at providing evidence-based services. Therefore, this report begins with a brief review of the principles of effective intervention in order to provide some context and background. The findings of the assessments conducted on all of the aforementioned programs are then detailed, with a focus on identifying common strengths and areas that need improvement across all programs as well as systemic issues. Finally,
recommendations to improve the effectiveness of services for offenders involved in the Pennsylvania Department of Corrections as a whole are provided.

**PRINCIPLES OF EFFECTIVE INTERVENTION**

While some previous narrative reviews of correctional interventions have concluded that “nothing works” in offender rehabilitation (Martinson, 1974), more recent meta-analytic reviews have determined that many interventions are indeed successful at reducing recidivism. Andrews et al., 1990, found an overall effect size of .10 for treatment programs, but an effect size up to .30 for programs classified as “appropriate” based on certain principles. Subsequent reviews also found average reductions of 25 percent or more if certain conditions are met (Gendreau & Goggin, 1996; Smith, Gendreau, & Goggin, 2005; Lowenkamp, Latessa, & Smith, 2006). Specifically, programs that adhere to the principles of effective intervention can produce sizeable reductions in recidivism (Gendreau, 1996). There are over 45 meta-analysis completed in the correctional area replicating these results with remarkable consistency (Smith, Gendreau and Schwartz, 2009)

Given the relationship between program characteristics and rates of recidivism, it is important to briefly review seven principles of effective intervention as delineated by Gendreau (1996) and further articulated by others (see Andrews & Bonta, 2006 for a review). The following offers a brief description of each principle:

1. **Programs should be intensive and behavioral in nature.** The most effective programs last between three and nine months and occupy at least 40 percent of the offenders’ time with behavioral interventions (Gendreau, 1996). With regard to program length, diminishing returns is often realized after 12 months of treatment (excluding aftercare). One notable exception involves sex offenders. In addition to the length and intensity of services, the type of treatment services must also be considered. It is also important that interventions are based on a cognitive-behavioral model. In part, this requires that programs incorporate a cognitive restructuring component and regular skill building via staff modeling of prosocial behavior and offender practice of such skills via role playing.
2. **Programs should target known predictors of crime.** The most effective programs target the dynamic risk factors (i.e. criminogenic needs) of higher risk offenders (Gendreau, 1996). In addition to substance abuse, other dynamic risk factors include antisocial attitudes, antisocial peer associations, antisocial personality, family factors, and educational and vocational achievement (see Andrews & Bonta, 2006; Gendreau, Little, & Goggin, 1996; Simourd & Andrews, 1994).

3. **Behavioral programs should use standardized assessments to identify the risk level, need level, and responsivity factors of offenders.** Research has also found that the most effective programs target higher risk offenders; that is, they match the level of service to the level of risk (Gendreau, 1996). Targeting lower risk individuals with higher need services may actually result in increasing recidivism rates among participants (see Lowenkamp and Latessa, 2002). Programs must use standardized assessments that define levels of risk and need in order to properly match offenders to the correct services. Furthermore, such assessments should identify the primary target areas when working with offenders.

4. **Programs should match the characteristics of the offenders, therapists, and programs.** In addition to matching level of service to level of risk, it is also important for correctional interventions to match the characteristics of offenders to therapists and programs (Gendreau, 1996). This principle suggests that individuals will respond to treatment differently depending on a number of factors including motivation, IQ, personality, and cognitive ability. Programs which assess and address these considerations are more likely to be effective than programs which fail to identify and acknowledge responsivity factors.

5. **Program contingencies and behavioral strategies should be enforced in a firm but fair manner.** An integral part of any effective program is the use of reinforcers to shape behavior. As noted by Gendreau (1996), reinforcers should be contingent on prosocial behaviors and should exceed punishers by a ratio of 4:1. It is also important for programs to monitor behaviors through the use of drug testing and other collateral sources in an effort to detect antisocial activities (Gendreau, 1996).

6. **Programs should have well-qualified and well-trained staff who can relate to the offenders.** The most effective interventions have competent staff members (Gendreau, 1996). Staff should possess characteristics related to effective counseling such as “clarity in communication, warmth, humor, openness, and the ability to relate to behavior and set appropriate limits” (Gendreau, 1996, p. 124). It is also important for staff to be educated and to receive adequate training and supervision (Gendreau, 1996).
7. **Programs should provide relapse prevention strategies.** The most effective programs incorporate relapse prevention strategies. That is, effective programs train participants to monitor and recognize high risk situations and to practice prosocial, alternative behaviors (Gendreau, 1996).

**PENNSYLVANIA DEPARTMENT OF CORRECTIONS**

**Pennsylvania Department of Corrections Description**

What is known today as the Pennsylvania Department of Corrections began as a single penitentiary in 1829. With the addition of other penitentiaries the Bureau of Correction was created in 1953. In 1984, the Bureau of Correction was elevated to cabinet-level status within the Office of General Counsel to the Governor, thus becoming the Pennsylvania Department of Corrections. The Pennsylvania Department of Corrections currently oversees 26 state correctional institutions and supervises more than 51,000 offenders.

**Description of the Pennsylvania Department of Corrections Programming**

As previously mentioned, several programs operating within the state correctional institutions were assessed as part of the system-wide evaluation process. The programs include Thinking for a Change, Batterer’s Intervention, Violence Prevention, and Sex Offender outpatient and therapeutic community programs. Summaries for each of the program types are provided below.¹

**Thinking for a Change:** Thinking for a Change was developed by: Jack Bush Ph.D., Barry Glick, Ph.D., and Juliana Taymans, Ph.D. along with the National Institute of Corrections. It is a problem-solving program that incorporates both cognitive restructuring and social skills training. There are twenty-two lessons that integrate both the cognitive skills and cognitive restructuring components with an emphasis on identifying thinking, beliefs, attitudes, and values that influence behavior.

**Batterer’s Intervention:** This program uses the curriculum Power and Control: Tactics of Men who Batter by Ellen Pence and Michael Paymar. This curriculum was revised in

¹ These summaries were adapted from the Pennsylvania DOC’s Program Descriptions
1993 and put into book form, *Education Groups for Men Who Batter: The Duluth Model*. The manual provides facilitators with an educational framework to challenge the beliefs and behavior of men who batter women. Specifically, the facilitators are to use the lesson plans, exercises, and handouts to create an opportunity for the men to think critically and reflectively about their use of violence, women, men, and relationships.

**Violence Prevention:** This program was developed by a committee headed up by Roxanna Dinesen, then Chief of Treatment Programs; Sara Crawford, Psychological Services Specialist; Barbara Hollibaugh, Correction Counselor II; and Elizabeth Eppley, Management Technician. The Violence Prevention Treatment Program is a program designed to offer education and practical applications regarding anger management, aggression, coping mechanisms, and relapse prevention. The program is designed to be a twenty-six week course that meets weekly for two hours.

**Sex Offender: Outpatient and Therapeutic Community (TC):** Both the outpatient and therapeutic communities use the Medlin Responsible Living curriculum for treatment groups. While the full sex offender treatment program from Medlin uses seven phases, not all phases are used or completed in their entirety for the outpatient and TC programming. Additionally, the Medlin program uses both individual and group treatment; however, PADOC only incorporates the group treatment portion into their programming.

The low risk group is required to complete three of the Medlin phases; Phase 1: Responsibility Taking, Phase 2: Behavioral Techniques, and Phase 7: Relapse Prevention. Phase 1 provides an overview of the treatment program, identifies common thinking errors, introduces the offense cycle and “red flags”, and requires each participant to accept full responsibility for their offense through completion of an offense summary. Phase 2 focuses more on recognizing and addressing high risk thoughts, feelings, and behaviors. Behavioral techniques such as thought-stopping, imagery and relaxation are also taught. Finally, Phase 7 focuses entirely on developing risk plans and relapse prevention techniques.

The moderate/high risk group moves through all seven phases of the Medlin curriculum including those listed above plus phases 3-6. Phase 3: Emotional Well-Being aims to help the clients explore unresolved issues from their past. The purpose of Phase 4: Victim Empathy is to teach the clients how to develop and use empathy, while Phase 5 helps the offenders become aware of their triggers for anger, their expression of anger, and effective ways to manage anger. Lastly, Phase 6: Sex Education has three purposes. The first is to expand the participants’ knowledge about healthy sexuality, the second is to dispel myths regarding sex, and the third is to discuss sex in an open setting.

**Delivery of Treatment Services:** Delivery of Treatment Services is separated among psychology staff and correctional counselors. In 2008, the PADOC created a new treatment

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2 Programs reported using Phase 6: Sex Education instead of Phase 2: Behavioral Techniques for low risk SOP group.
position, Treatment Specialist, specifically for the facilitation of groups. The treatment specialist is a subcategory of the Correctional Counselor II position and their primary duty is to facilitate Thinking for a Change, Violence Prevention, and Batterer’s Intervention programs. The treatment specialist position was created to allow staff to focus exclusively on delivering groups, while reducing their case management responsibilities.

While the treatment specialist coordinators supervise some treatment specialists, unit managers supervise others. In the case where the unit manager supervises the treatment specialists this assignment is based on their block assignment. Despite the transition to the treatment specialist position some institutions still use correctional counselors to facilitate the three aforementioned programs. Institutions reported that this is necessary to manage the recent increase in referrals for Violence Prevention programming. The increase in referrals to the Violence Prevention program is a result of the parole moratorium. Additionally, some institutions just began to implement the treatment specialist position within the last year, and thus were still transitioning out the other correctional counselors.

The licensed psychology manager of the institution manages the outpatient sex offender programming and the psychology staff specialists, who are responsible for facilitating the outpatient sex offender groups. Within the sex offender therapeutic communities (TC), various staff members participate in programming. The psychology staff specialists facilitated the majority of the treatment groups; however, correctional counselors assigned to the TC sometimes participated in the facilitation of group as well. Finally, within two TCs, inmates also facilitated treatment related groups on the unit.

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3 Governor Rendell called for the parole moratorium and parole review by Dr. Goldkamp after the shooting death of Philadelphia Police Sgt. Patrick McDonald by a paroled violent offender. All violent offenders are not to be paroled under the moratorium.
Description of Pennsylvania Department of Corrections Assessment Process

The Pennsylvania Department of Corrections utilizes a centralized assessment and planning process. This process occurs at two state correctional institutions within the Department of Corrections. Specifically, SCI Camp Hill Diagnostic and Classification Center (CDCC) and SCI Muncy Diagnostic and Classification Center (MDCC) are responsible for the majority of the assessments and correctional planning for the inmates. CDCC handles the male intakes while MDCC is responsible for the assessment and planning for each female intake. The PADOC uses a comprehensive assessment process and matrix to determine appropriate program placement.

In November 2008, the Pennsylvania Department of Corrections initiated a number of changes to their assessment and correctional planning procedures. The most significant change resulted from a review of how well the Level of Service Inventory-Revised (LSI-R) predicted recidivism for the PADOC population of inmates. The LSI-R (Andrews and Bonta, 1995) is a third generation risk and needs assessment tool that can identify overall risk level but also be used for treatment recommendations regarding criminogenic needs. The LSI-R was validated on a sample of PADOC offenders in 2006 by Dr. David Simourd, and was found to be predictive for PADOC’s population of inmates. The DOC had been using the LSI-R to drive correctional plans until March 2009 when it was replaced by the Risk Screen Tool (RST), which was developed specifically for PADOC and also found to be predictive for inmates of PADOC. The RST is an seven-item measure used to screen each inmate to determine whether the inmate is in need of a full battery of assessments as well as correctional programming. While the RST now drives treatment recommendations, the LSI-R is still to be administered by the parole board when the inmate comes up for parole consideration.
The RST is comprised of seven, mostly static items that measure criminal history, institutional misconduct, demographics, and employment. Specifically, the RST asks age at first arrest, current age, number of prior adult convictions, ever sanctioned for an institutional behavior problem, ever violated a period of court ordered supervision in the community, education level, and whether the inmate has an alcohol/drug problem. There are four override questions to consider: measuring history of domestic violence, driving under the influence, whether the current offense is a sexual offense, and a history of violent behavior. The individual item scores are added together to determine the overall final score and risk level. Low risk is zero to four points, medium risk is five to six points, and high risk is seven to nine points. Individuals who score as medium to high risk (score of 5 or more) on the RST are then required to undergo a full assessment battery. If any one of the override considerations is marked as a yes, then a full assessment battery is also required.

A full battery of assessments are administrated at the classification centers and include Criminal Sentiments Scale- Modified (CSS-M), the Hostile Interpretation Questionnaire (HIQ), the Texas Christian University Drug Screen II accompanied by a clinical Alcohol and Other Drug Abuse initial assessment, and a range of responsivity assessments. The responsivity assessments can include the Test for Adult Basic Education (TABE), the Wide Range Achievement Test (WRAT), the Revised Beta Examination, 2nd Edition, the Personality Assessment Inventory (PAI) and a series of vocational tests. Furthermore, in March 2009 the PADOC also implemented a process to administer the Offender Violence Risk Typology (OVRT) to all inmates admitted to the DOC. The OVRT is a tool that was created following Dr. John Goldkamp’s review of the Pennsylvania’s Corrections and Parole policies and practices related to violent offenders.
The Criminal Sentiments Scale-Modified (CSS-M) is a self-report instrument that measures antisocial attitudes, values and beliefs directly related to criminal activity. The Hostile Interpretations Questionnaire (HIQ) is also a self-report tool that measures an individual’s hostility. Dr. David Simourd validated the CSS-M and HIQ on a sample of PADOC offenders in 2006. The OVRT is completed by staff with information collected through inmate interview and collateral information such as criminal record. According to the PADOC assessment and treatment matrix, the CSS-M aides staff in the decision to refer an inmate to Thinking for a Change, while the HIQ and OVRT help guide referrals to Violence Prevention. The OVRT is also used as a decision guide to influence conditions of release. Finally, the HIQ is also considered in the decision to refer to Batterer’s Intervention programming.

The results of the CSS-M, HIQ, OVRT and RST are used together to develop the correctional plan in adherence with the “Assessment Guidelines for Correctional Planning”. The document is an assessment/program matrix that guides the CDCC and MDCC staff when developing the correctional plan to ensure that each inmate is referred to programming based upon assessment scores.

The exception to this process is the sex offense specific assessments. Sex offenders who are serving over twelve months will complete an additional sex offender specific risk assessment, the Static-99, upon arrival at their respective institution. The Static-99 classifies an individual as low, moderate, or high risk to re-offend sexually, and is used to determine the appropriate level of sex offender programming required. These assessments are conducted by the psychology staff at each institution and the correctional plan is then updated with the referral information.
METHODS

As noted previously, the University of Cincinnati, Center for Criminal Justice Research was asked to evaluate the program integrity of five PADOC treatment programs. Specifically, these 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) were used. Of the two structured program evaluations, the latter was mainly used. The CPC-GA is a modified version of the Correctional Program Checklist, developed specifically for this project. The CPC and the CPC–GA provide a standardized, objective way of assessing the quality of correctional programming against empirically based standards. The CPC and CPC-GA are designed to measure how closely programs meet the known principles of effective intervention, reviewed previously.

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. Specifically, UC was asked to assess the Thinking for a Change, Batterer’s Intervention, Violence Prevention and sex offense specific programs; however not all programs were offered at each institution. As can be seen from Table 1, ninety-five total programs were evaluated. Specifically, the CPC-GA was used to assess twenty-four Thinking for a Change, twenty-two Batterer’s Intervention, and twenty-four Violence Prevention programs. Additionally, the CPC-GA was used to assess twenty-one outpatient sex offender programs. The CPC-GA was selected for these programs because it assesses stand alone groups

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4 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.
offered to offenders such as those just noted. The CPC, on the other hand was used to assess fours offender Therapeutic Communities. The following section defines more explicitly the differences between the two evaluation tools.

Table 1: Total Number of PADOC Institutions and Programs Evaluated

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

The CPC and CPC-GA are tools developed by the University of Cincinnati to assess correctional programs and treatment groups, and are used to ascertain how closely these interventions adhere to the principles of effective intervention. Several recent studies conducted by the University of Cincinnati on both adult and juvenile samples were used to develop and validate the indicators included on the CPC. These studies yielded strong correlations with

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5 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 website (www.uc.edu/criminaljustice). A large part of this research involved the identification of program characteristics that were correlated with outcome.
outcome between individual items, domain scores, as well as overall scores (Holsinger, 1999; Lowenkamp, 2003; Lowenkamp & Latessa, 2003; Lowenkamp & Latessa, 2005a; Lowenkamp & Latessa, 2005b).

The CPC 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 three sub-components in this area: (1) Leadership and Development, (2) Staff Characteristics, and (3) Quality Assurance. On the other hand, the content area focuses on the substantive domains of Offender Assessment and Treatment. The CPC includes a total of 77 items and 83 points as some items are weighted. Both areas and all domains are scored and rated as either Highly Effective (65% to 100%); Effective (55% to 64%); Needs Improvement (46% to 54%); or Ineffective (45% or less).

The CPC-GA is divided into the same two basic areas as the CPC. For the CPC-GA there are two domains in the capacity 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 content area focuses on the extent to which the groups meet the principles of risk, need, responsivity and treatment. 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
Improvement" (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 and CPC-GA that should be discussed. First, the instruments are 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 recidivism. 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.

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. Fifth, it generates some useful recommendations for program improvement. Finally, it allows for comparisons with other programs that have been assessed using the same criteria. Since program integrity and quality can change over time, it allows a program to reassess its progress at a later date.

Norm Information

Researchers at the University of Cincinnati have assessed over 550 programs nationwide, and have developed a large database on correctional intervention programs. Consistent with other research, approximately 7 percent of the programs assessed have been classified as Highly Effective, 18 percent have been classified as Effective, 33 percent have been classified as Needs Improvement, and 42 percent have been classified as Ineffective.

Data Collection

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, 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.

RESULTS

Program Evaluation Results

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6 Several versions of the CPAI were used prior to the development of the CPC. Scores and averages have been adjusted as needed.
7 The previous categories used were Very Satisfactory, Satisfactory, Needs Improvement, and Unsatisfactory.
The following section outlines the results of the Evidence-based Correctional Program Checklist-Group Assessment (CPC-GA) and the Evidence-based Correctional Program Checklist (CPC). The purpose of this section is to provide a description and rationale for CPC-GA and CPC criteria items and to outline the overall strengths and areas that need improvement within the Pennsylvania Department of Corrections evaluated programs. Appendix B offers specific feedback to the twenty-four institutions.

Figure 1 provides average CPC and CPC-GA scores for each state correctional institution assessed. As can be seen, there is not a large range in scores across institutions. Rather, all but three institutions scored in the needs improvement (46-54) and effective (55-64) ranges. For example, Coal Township and Mahanoy both scored in the ineffective range with scores of 43.6 percent and 45.5 percent respectfully, while Muncy scored in the highly effective range with a score of 69 percent. When comparing scores on the CPC and CPC-GA across the individual programs, Table 2 shows that as a whole, programs scored between 37.5% and 77.8%. 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. The only exception was Thinking for a Change, which scored in the effective range at 58.5 percent. While some overall program scores may appear disappointing, it is important to note that of those programs assessed across the nation with the Evidence-based Correctional Program Checklist (CPC)\(^8\), only 25 percent fall within an effective or highly effective range. Hence, even the lowest average program score of 53.1 percent falls above the national CPC average.

Figures 2 through 5 show the CPC-GA and CPC scores for each program by state correctional institution. Again, there is not a considerable amount of variation across institutions.

\(^8\) Note that national averages have not been established for the CPC-GA, since this is a newer version of the CPC.
for the individual programs. Figure 2 shows the results of the Thinking for a Change program and that the majority of programs scored within a five point range. Figure 3 shows that Batterer’s Intervention scores by state correctional institution ranged from 42.1% to 62.5%, showing a larger range across all programs than the Thinking for A Change programs but slightly less variation. Figure 4 shows the results for Violence Prevention programming where the majority of programs scored between 47.3% and 57.1%. Finally, Figure 5 shows the scores for the sex offender programs. Again, while there is some variation, the majority of the programs scored within a twelve point range.

Looking at Figures 2-5, it is also clear that some institutions consistently had high program scores. For example, Muncy, Huntingdon, and Albion, scored in the effective (55%-64%) to highly effective (65%-100%) range for all four programs assessed. On the other hand, some institutions consistently scored in the needs improvement (45% - 54%) and ineffective (45% or less) ranges. Camp Hill and Mahanoy consistently scored in the needs improvement range, while Coal Township and Cresson scored in either the ineffective or needs improvement range on all programs. The following sections will describe in more detail the PADOC overall results and the results of each program assessed on the program integrity indicators of the CPC and CPC-GA.
Table 2: PADOC CPC-GA and CPC Program Evaluation Results

<table>
<thead>
<tr>
<th>Program</th>
<th>Range</th>
<th>Overall Mean</th>
<th>Capacity Mean</th>
<th>Content Mean</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Programs</td>
<td>37.5 - 77.8</td>
<td>54.9</td>
<td>52.2</td>
<td>55.8</td>
</tr>
<tr>
<td>Thinking for a Change</td>
<td>41.1 - 77.8</td>
<td>58.5</td>
<td>51.1</td>
<td>61.2</td>
</tr>
<tr>
<td>Batterer’s Intervention</td>
<td>42.1 - 62.5</td>
<td>53.1</td>
<td>51.5</td>
<td>53.5</td>
</tr>
<tr>
<td>Violence Prevention</td>
<td>37.5 - 69.6</td>
<td>54.6</td>
<td>50.8</td>
<td>56.0</td>
</tr>
<tr>
<td>Outpatient Sex Offender</td>
<td>37.7 - 68.5</td>
<td>53.3</td>
<td>55.6</td>
<td>52.3</td>
</tr>
<tr>
<td>TC Sex Offender</td>
<td>46.7 - 57.9</td>
<td>53.5</td>
<td>52.5</td>
<td>54.2</td>
</tr>
</tbody>
</table>
Figure 1: CPC-GA Scores by State Correctional Institution

Overall Rating
- Highly Effective
- Effective
- Needs Improvement
- Ineffective

Ineffective

Needs Improvement

Effective

Highly Effective

Coal Township
Mahanoy
Cresson
Camp Hill
Graterford
Somerset
Pine Grove
Houtzdale
Laurel Highlands
Fayette
Cambridge Springs
Diesal
Forest
Waymart
Albion
Frackville
Mercer
Retreat
Greene
Smithfield
Greensburg
Rockview
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Muncy
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Figure 2: CPC-GA Scores for Thinking for a Change by State Correctional Institution
Figure 3: CPC-GA Scores for Batterer’s Intervention Program by State Correctional Institution

*SCI- Cambridge Springs and SCI- Muncy did not offer Batterer’s Intervention Programs
Figure 4: CPC-GA Scores for Violence Prevention Program by State Correctional Institution
Figure 5: CPC and CPC-GA Scores for Sex Offender Programs by State Correctional Institution

* SCI Forest is the only institution that did not offer a sex offender program
Program Integrity Indicators

PROGRAM STAFF AND SUPPORT

CPC-GA Indicators: Programs that have an individual in place to oversee and manage the group being offered tend to be more effective. This individual should be involved in the selection and supervision of group facilitators. Facilitators should have a minimum of an associate’s degree in a helping profession and at least two years of experience in a correctional treatment setting. Furthermore, group facilitators should be selected for skills and values consistent with the rehabilitative ideal. Effective programs hold regular and formalized staff meetings and provide staff with formalized training in the theory and practice of the intervention being facilitated. Effective programs have ethical guidelines in place for staff and have the support of key stakeholders.

CPC Indicators: The CPC, used to assess the sex offender therapeutic communities (SOPTC), measures specific items different than the individual indicators list above. In particular, the program coordinator should also be qualified and experienced to work with the offender population and involved in the training of staff and the direct service delivery to offenders. Additionally, effective programs conduct a thorough literature review and pilot new interventions before the program/intervention begins. Programs that have been in existence for three years or more and are considered to have stable and adequate funding tend to be more effective. Equally as important is that staff have input into the program and are supportive of the goals and values of the program. Finally, effective programs assess staff at least annually and provide regular clinical supervision on service delivery skills. It should also be noted that the
Leadership and Staff Characteristics components of the CPC were collapsed into the Program Staff and Support section of the CPC-GA.

PADOC RESULTS

Across the programs evaluated within the PADOC, most of them had strong program staff and support. The average percent for program staff and support was 57.9 (effective range). Most programs had a program director in place. Specifically, program directors were often involved in the selection of staff and therefore, most of the selected staff met the minimum qualifications of the CPC and CPC-GA in way of education and experience. Lastly, the PADOC had ethical guidelines in place for staff in all evaluated programs and most programs reported having the support of key stakeholders.

While program directors were in place in most programs, not all were involved in the supervision of program staff. Specifically, program directors were involved in the supervision of group facilitators in only 15.7 percent of the programs evaluated. Furthermore, most of the institutions did not hold regular formal staff meetings and instead communicated through an open door policy. Additionally, not all group facilitators were selected based on skills and values supportive of offender treatment and change, but rather due to position openings. While the PADOC offered initial training for Thinking for a Change, Batterer’s Intervention, and Violence Prevention for treatment specialists, not all received this training. Moreover, correctional counselors who filled in as group facilitators were rarely trained in the curriculum. Similarly, not all psychology staff facilitating sex offense specific groups were trained in the Medlin: Responsible Living curriculum. Finally, none of the group facilitators received regular on-going training directly related to the facilitation of group or service delivery.
CPC-GA RESULTS

The results of the PADOC Thinking for a Change, Batterer’s Intervention, Violence Prevention, and outpatient sex offender programs are consistent with the overall findings of the PADOC for the program staff and support section.

CPC RESULTS

While the sex offender therapeutic community results were consistent with the overall PADOC results, there is one exception to note. In particular, the staff selected to work within the TCs were not always selected for skills and values consistent with the rehabilitative ideal. This was especially noted with the correctional officers assigned to the TCs.

Looking at the additional CPC program integrity indicators, the TCs had program coordinators who were qualified by way of education and experience, as most were licensed clinicians. The majority of the programs have been in operation for three or more years and reported being supported by the community at-large and as having adequate funding. Furthermore, the majority of the programs staff had input into the program, were supportive of the goals and values of the program, and received regular clinical supervision on service delivery skills. Additionally, only half of the program coordinators were involved in the direct training of staff and service delivery to offenders. Also, while the PADOC often conducts a thorough literature review and pilots interventions, not all programs review the literature themselves or piloted new interventions on their specific TC. Finally, not all of the programs assessed staff at least annually on service delivery skills.
QUALITY ASSURANCE

CPC-GA Indicators: Observation of groups with feedback ensures that services are being delivered as intended. Likewise, program participants should be surveyed as to their satisfaction with the group to get the participants’ perception of the quality of services. Effective programs use some form of pre/post testing of offenders of target behaviors and have clear criteria as to when an individual has successfully completed the treatment group. Likewise, a discharge summary should be completed on each offender at program completion.

CPC Indicators: In addition to the individual indicators list in the paragraph above, effective programs also track recidivism, have an evaluator working with the program, and have been evaluated and found effective at reducing recidivism.

PADOC RESULTS

Overall, programs scored poorly in the quality assurance section. The average score was 41.5 percent (ineffective range). While poor scores in quality assurance are not uncommon among correctional programs, quality assurance is essential for managing the fidelity of evidence-based models. There are, however, two identified strengths noted in this section. The first is that the majority of programs assessed incorporated systematic pre/post testing of inmates for each group. This is a recent initiative by the PADOC, which we commend, and while not all institutions have fully implemented pre/post testing, all are making efforts to do so. Second, the majority of the programs constructed discharge summaries at group completion. Group facilitators consistently completed these summaries, called Correctional Program Evaluations, across the PADOC. Despite this similarity, the thoroughness with which forms were completed varied across group facilitator. For example, some discharge summaries included specific
information about group performance and future recommendations, while others simply indicated the inmate’s performance was adequate for successful completion.

Although the Pennsylvania Department of Corrections has developed a group observation form to allow for the evaluation of group facilitation, in the majority of institutions the program coordinator did not observe the facilitation of group and provide specific feedback to the facilitators. Furthermore, the majority of programs did not survey the program participants as to satisfaction with the group. Lastly, most programs evaluated did not have formal objective criteria for group completion in place. Group completion was based on a subjective determination of program participation and knowledge gain.

CPC-GA RESULTS

The results of the Thinking for a Change, Batterer’s Intervention, and Violence Prevention groups were similar to that of the overall PADOC results in terms of the program integrity indicator, *quality assurance*. However, the outpatient sex offense specific programming results differed from the overall PADOC findings in one area. Specifically, the outpatient sex offender programs do not use some form of pre/post testing of program participants. While the outpatient sex offender programming group manual affords the group participants a chance to rate themselves at the end of each session, the program does not incorporate systematic objective pre/post testing of inmates for group.

CPC RESULTS

The sex offender therapeutic communities’ results on the CPC were consistent with the overall PADOC results, except that the TCs do not consistently use pre/post testing to determine offender’s progress on target behaviors. In terms of CPC specific concerns, while the PADOC
has researchers working with the DOC programs, the individual programs were not aware of the recidivism data or of any evaluations conducted on their specific program.

**ASSESSMENT**

**CPC-GA Indicators:** For programs to be effective it is important that they have rational exclusionary criteria in place so that they accept only those clients for whom the group can provide adequate services. It is also important for correctional programs to assess participants on important risk, need and responsivity factors with standardized and validated instruments. Finally, programs that target moderate to high-risk offenders tend to be more effective at reducing recidivism (Lowenkamp et al., 2006). The majority of group participants should also have a moderate to high need in the specific targeted need of that group.

**CPC Indicators:** The CPC is also concerned with whether or not the program uses risk and need assessments that have been validated on a similar offender population within the last five years.

**PADOC RESULTS**

Overall, assessment is a clear area of strength for the PADOC. The average score for this section was 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. However, the assessment information and matrix was not

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9 These two items, targeting higher risk and need offenders, were considered non-applicable for the sex offender program evaluations. Rationale for doing so include 1) inmates referred to the outpatient and SOP-TCs were assessed using both the LSI-R to measure risk for general offending and Static-99 to measure sex offending risk. Given that there tends to be wide variation as to how sex offenders score across general and sex offender specific risk tools, both types of risk could not be captured in scoring this item; 2) sex offenders, regardless of risk level, are often mandated to complete sex offender treatment. The outpatient SOPs were designed to offer a less intensive treatment option for lower risk sex offenders, as well as more intensive options for moderate to high risk (including TCs at some institutions). Since this is an appropriate way for PADOC to manage sex offender treatment, these items were deemed N/A for all sex offender programming.
used as consistently as designed. Additional factors often influenced group placement and as a result, groups did not always regularly target higher risk and higher need offenders.

**CPC-GA RESULTS**

When examining the programs evaluated with the CPC-GA, the Violence Prevention results were consistent with the overall PADOC results in terms of both strengths and weaknesses for the *assessment* program integrity indicator. On the other hand, Thinking for a Change programs differed slightly in that they did not consistently target moderate to high risk offenders. This means offenders placed in Thinking for a Change groups were not always high risk, but rather ranged in risk from low to high. Lastly, Batterer’s Intervention programming was consistent with the overall PADOC findings with two exceptions. Batterer’s Intervention groups did not tend to target high risk or high need inmates in the groups. As such, risk levels were mixed and not all inmates placed in Batterer’s Intervention were identified as having a need in the area of domestic violence. The majority of outpatient sex offense specific programming was consistent with the PADOC assessment results in that offenders were assessed on risk and need and staff identified that offenders were appropriately placed into programs.

**CPC RESULTS**

The results of the sex offender therapeutic community programs are consistent with the overall PADOC results, in that the TCs had exclusionary criteria in place, took appropriate clients, and assessed clients on risk, need, and responsivity. While the LSI-R and RST assessments have been validated on PADOC offenders, the Static-99 has not.

**TREATMENT**
CPC-GA Indicators: This final section of the CPC and CPC-GA is the largest and covers how programs deliver programming and group interventions. Programs should target crime-producing behaviors through evidence-based practices including groups facilitated by staff who are knowledgeable of the group curriculum and who encourage participation of group members, who make regular and consistent use of the manual, assign and review homework regularly, and who establish and follow group rules. Furthermore, the appropriate use of reinforcers and punishers are integral to effective programming. The use of structured skill building activities, cognitive restructuring, and relapse prevention and planning should also be regularly and consistently incorporated components of the group intervention. Lastly, the relationship skills of the staff are important in as much as the staff should have clearly established boundaries and rapport with program participants.

CPC Indicators: Of all the program integrity indicators, the treatment one has the most dissimilarity between the CPC and CPC-GA. Since the therapeutic community is the unit of analysis for the CPC it does not measure all the group specific factors of the CPC-GA. For example, the CPC does not measure facilitator knowledge, homework assignment, group norms, or the incorporation of cognitive restructuring techniques or relapse prevention planning to name a few.

While the overall themes are consistent, and some items the same, the CPC also identifies effective programs as those programs who target more criminogenic needs than non-criminogenic, separate program participants from the rest of the institution population, and involve the participants in therapeutic tasks at least 40 percent of the time during the week. There should be evidence that programs attempt to match offenders to services that best match with their style of learning and to staff based on some responsivity factors. As such, staff should be
matched to the program and the groups based on their skills, experience, education or training. Offenders should also have input into some programmatic features of the program through a formal process. Lastly, effective programs also provide quality aftercare services to the participants.

**PADOC RESULTS**

Overall, 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, not all programs consistently incorporated evidence-based practices into the program. The majority of the programs did, however, have facilitators who were knowledgeable about the material being presented and who encouraged group members to participate during group and through homework assignments. In addition, the majority of group facilitators established group norms, always facilitated group, and followed the assigned manual for the particular group. Group facilitators established rapport appropriately, maintained a professional relationship with their group participants, and avoided arguments consistently across the majority of groups. Finally, in those groups were there were co-facilitators responsible for facilitating group, both were usually active throughout the session.

Equally important is the facilitator’s ability to address responsivity factors with the group. The majority of group facilitators addressed some participant barriers; however, few used responsivity assessments to help identify potential barriers or guide placement into group to better match group, staff and offender. For example, PADOC assesses for intelligence and
academic achievement upon admission. The results of these assessments could identify those
group participants who may need assistance with the thinking reports used in Thinking for a
Change. Also of concern is the ability of the evaluated groups to begin and end on time due to
the scheduled movement of inmates throughout the prison. While most group facilitators were
prepared to begin at the scheduled time, group often began late to accommodate those inmates
coming from a farther location or who were released from their location late. Furthermore, of
those programs assessed, most groups regularly exceeded the recommended facilitator to
participant ratio of 8 to 10 participants per facilitator.

The appropriate use of reinforcers and punishers could be improved in all PADOC
programs assessed. In particular, the types of reinforcers identified and applied were appropriate
but lacking in variety in nearly all of the groups assessed. Similarly, most groups did not provide
a range of acceptable punishers, as many relied on removal from group as the main punisher.
Furthermore, only a little more than half of the groups showed evidence of dealing with non-
compliance. The procedure for reinforcing prosocial behavior and punishing antisocial behavior
needs improvement across groups as well. In most programs there was no written policy on the
use of rewards and punishers, and many group facilitators did not see reinforcing or punishing
behavior as their role. As such, when a punisher was applied in was rare that a prosocial
alternative was offered or that staff looked for and dealt with the negative consequences of
punishment (e.g., emotional reactions, avoidance, aggression, perpetuation effects, etc). Finally,
no groups met the recommended 4:1 ratio of the frequency of rewards to punishers.

Along with effective reinforcement and punishment strategies, PADOC programs did not
consistently make use of structured skill building activities such as modeling and explaining the
benefits of skills, role playing or skill rehearsal with corrective feedback, and graduated rehearsal
with corrective feedback. Furthermore, while most of the programs assessed identified underlying thoughts and values through use of thinking reports, anger logs, or other group activities designed to uncover distorted thinking, and addressed them, few programs regularly attempted to teach participants how to replace their antisocial thoughts with more prosocial thoughts. Finally, across PADOC very few programs devoted sessions to developing and practicing risk plans or relapse prevention techniques.

CPC-GA RESULTS

**Thinking for a Change:** The Thinking for a Change results are consistent with the overall PADOC results of the treatment program integrity indicator with two exceptions. The first difference is that Thinking for a Change is considered an evidence-based curriculum as it integrates key cognitive-behavioral techniques and the principles of social learning theories consistently throughout the manual. The second and related difference is that the Thinking for a Change curriculum regularly integrates modeling and role-playing with corrective feedback into group sessions. Of the Thinking for a Change groups observed, evidence showed that the majority of facilitators regularly modeled the skills, explained the benefits of the skills, and rehearsed with participants the new skills. However, similar to PADOC, there was little evidence supporting the use of graduated practice.

**Batterer’s Intervention:** There are two major areas where Batterer’s Intervention programming results differed from the overall PADOC results. The first area concerns the curriculum for current programming, the Duluth model, Power and Control: Tactics of Men who Batter. In a review of the literature on domestic violence programs and an article provided by PADOC, researchers note that Duluth-model programs tend to not be considered an evidenced-based
treatment model as they are not based on social learning theories or the “what works” literature, and outcome data does not support the curriculum as effective in reducing recidivism (Stover, Meadows, Kaufman, 2009; Jackson, Feder, Forde, Davis, Maxwell, & Taylor, 2003; Feder & Dugan, 2002). The second exception, a strength for the program, falls under the recommended group size. The Duluth model requires Batterer’s Intervention groups be co-facilitated by a male and a female. As such, more than half of the groups evaluated met the recommended group size of 8 to 10 participants per facilitator.

Violence Prevention: The results of the Violence Prevention programs assessed are consistent with that of the overall PADOC results for the treatment program integrity indicator.

Outpatient Sex Offender: The results of the outpatient sex offender programs assessed are consistent with that of the overall PADOC results on the treatment program integrity indicator.

CPC RESULTS

When considering the common treatment indicators, the sex offender therapeutic community program results were consistent with the overall PADOC results. In addition, the CPC specific items were examined. The majority of the SOPTCs targeted more criminogenic needs than non-criminogenic, and involved participants in therapeutic related tasks between 40 and 70 percent of the time. Furthermore, SOPTCs matched offenders to treatment groups through the SNU group and Spanish speaking only groups and afforded all inmates an opportunity to provide input into programmatic aspects of the TC. Finally, while most SOPTCs placed offenders into the sex offense specific aftercare group, the group itself was not structured so to provide reassessment of risk and need or formal planning for release.
**Staff Survey Results**

Organizational climate can play a key role in the implementation of evidence-based practices (Simpson & Flynn, 2007), as both individual and program level factors are influential throughout the implementation process. One common method used to assess organizational climate is through use of surveys that collect information from the individuals within an organization. PADOC staff were surveyed to ascertain their perspective on treatment, important staff characteristics, and the specific treatment programs being assessed (Thinking for a Change, Batterer’s Intervention, Violence Prevention, and Sex Offender). DOC staff at each institution were asked to complete the Pennsylvania Staff Survey to aid in the assessment of the organizational culture. As such, the purpose of this section is to provide a review of the responses. For information regarding responses from each institution, please see the graphs at the end of each institution’s summaries in Appendix B.¹⁰

All PADOC institutions that participated in the evaluation were sent a staff survey electronically approximately one week prior to the scheduled site visit.¹¹ The major areas assessed include important staff characteristics, important roles and skills of correctional officers, and the value of programming. Institutional administrators were asked to distribute the survey to a sample of any staff that have contact with inmates. The majority of surveys were collected during the time of the site visit. Table 3 provides descriptive information on staff that completed the survey. Correctional officers account for the largest group of staff respondents (38.9%), followed by treatment staff (26%), administrative/support staff (18.1%), education staff (7.8%), and then other staff (6.6%). Other staff include medical, activities department, food

¹⁰ SCI-Forest did not have any respondents for the Staff Survey thus there will be no graph for SCI Forest for Staff Survey results.

¹¹ Please see Appendix A for a copy of the survey
service, vocational, and religious staff, parole officers, and volunteers. On average, staff survey respondents have worked at their respective institution for nine years, with a range of less than one year to 33 years. As can be seen in Table 3, the number of respondents at each institution varied immensely.

<table>
<thead>
<tr>
<th>Table 3: Descriptive Statistics of the Staff Survey</th>
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<tbody>
<tr>
<td><strong>N</strong></td>
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<tr>
<td><strong>Respondent Position (n = 1197)</strong></td>
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<tr>
<td>Custody/Security</td>
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<tr>
<td>Treatment/Programming</td>
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<tr>
<td>Education</td>
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<tr>
<td>Administration/Support</td>
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<tr>
<td>Other</td>
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<tr>
<td><strong>Years at Institution (n = 1146)</strong></td>
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<tr>
<td>Mean</td>
</tr>
<tr>
<td>Range</td>
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<tr>
<td><strong>Institution (n = 1229)</strong></td>
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<tr>
<td>Albion</td>
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<tr>
<td>Cambridge Springs</td>
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<td>Camp Hill</td>
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<td>Coal Township</td>
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<td>Cresson</td>
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<td>Mahanoy</td>
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<td>Pine Grove</td>
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<td>Retreat</td>
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<td>Smithfield</td>
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<td>Somerset</td>
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<td>Waymart</td>
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</table>
All staff surveyed were asked to assess how prison administration, treatment staff, and security/custody staff were individually supportive of programming. Questions were in the form of 5-item Likert scales that included the choices of unsupportive, little support, neutral, supportive, or very supportive. The categories of unsupportive, little support, and neutral were collapsed to form the category labeled “Unsupportive,” while the categories of supportive and very supportive were collapsed to create the category “Supportive.” Table 4 displays these findings.

Table 4: Survey Results on Support for Treatment

<table>
<thead>
<tr>
<th></th>
<th>Supportive</th>
<th></th>
<th>Unsupportive</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n</td>
<td>%</td>
<td>n</td>
<td>%</td>
</tr>
<tr>
<td>Prison Administration Support Programming (n = 1222)</td>
<td>954</td>
<td>78.1</td>
<td>268</td>
<td>21.9</td>
</tr>
<tr>
<td>Treatment Staff Support Programming (n = 1222)</td>
<td>968</td>
<td>79.2</td>
<td>254</td>
<td>20.8</td>
</tr>
<tr>
<td>Security/Custody Staff Support Programming (n = 1223)</td>
<td>602</td>
<td>49.2</td>
<td>621</td>
<td>50.8</td>
</tr>
</tbody>
</table>

As noted from table 4, 954 (78.1%) respondents felt that prison administration is supportive of programming at the State Correctional Institutions. This same pattern held for the respondents rating of the treatment staff, with roughly 79 percent (968) of respondents rating treatment staff as supportive of treatment. However, just under half of the respondents (49.2%) felt that security/custody staff were supportive of programming.

The Staff Survey also asked respondents questions surrounding how they felt the institutional environment impacted treatment. Respondents were asked to whether or not they strongly agreed, agreed, disagreed, strongly disagreed, or they were unsure on three
environmental impact questions. These five categories were collapsed to form the categories of “Agree” and “Disagree,” with the unsure option being placed in the “Disagree” category. These questions asked staff whether they felt that the environment was conducive to programming; if they felt their institution was good for programming; and if they felt that programs were well-organized at their institution.

Findings from the environmental questions are located in Table 5. As the table indicates, 61.2 percent of respondents felt that the institutional environment was conducive to programming for inmates. A similar percentage (61.3%) of respondents felt that programs at their institution were well organized. Finally, almost three quarters of the staff surveyed (73.2%) felt that their institution was a good institution for providing inmate programming.

Table 5: Survey Results on Environmental Factors of Programming

<table>
<thead>
<tr>
<th></th>
<th>Agree</th>
<th></th>
<th>Disagree</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n</td>
<td>%</td>
<td>n</td>
<td>%</td>
</tr>
<tr>
<td>Prison Environment is Conducive to Programming (n = 1222)</td>
<td>748</td>
<td>61.2</td>
<td>474</td>
<td>38.8</td>
</tr>
<tr>
<td>Programs are Well-Organized</td>
<td>751</td>
<td>61.3</td>
<td>474</td>
<td>38.7</td>
</tr>
<tr>
<td>(n = 1225)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Respondent’s Institution Provides Good Inmate Programming (n = 1228)</td>
<td>899</td>
<td>73.2</td>
<td>329</td>
<td>26.8</td>
</tr>
</tbody>
</table>

Table 6 reports the responses to questions regarding management of behavior and benefits of programming at institutions. Nearly 71 percent of respondents agreed that inmate behavior was well managed at their institution. Moreover, 85 percent felt that inmates were safe at their institution. According to the respondents, one of the reasons for this may be a result of the programming provided by the institutions, as roughly 70 percent of respondents felt that
programming helped maintain order in their institution. However, only 45 percent of respondents stated that inmates benefited from their institutions programming. Nevertheless, almost 80 percent of respondents felt that programming was important for inmates, and 63 percent felt that inmates could change.

Table 6: Survey Results on Benefits of Programming and Behavior Management

<table>
<thead>
<tr>
<th></th>
<th>Agree</th>
<th></th>
<th>Disagree</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n</td>
<td>%</td>
<td>n</td>
<td>%</td>
</tr>
<tr>
<td>Inmate Behavior is Well-Managed (n = 1225)</td>
<td>867</td>
<td>70.8</td>
<td>358</td>
<td>29.2</td>
</tr>
<tr>
<td>Inmate are Safe (n = 1224)</td>
<td>1039</td>
<td>84.9</td>
<td>185</td>
<td>15.1</td>
</tr>
<tr>
<td>Programming Helps Maintain Order (n = 1224)</td>
<td>847</td>
<td>69.2</td>
<td>377</td>
<td>30.8</td>
</tr>
<tr>
<td>Inmates Benefit from Programming (n = 1226)</td>
<td>554</td>
<td>45.2</td>
<td>672</td>
<td>54.8</td>
</tr>
<tr>
<td>Programming is Important for Inmates (n = 1225)</td>
<td>971</td>
<td>79.3</td>
<td>254</td>
<td>20.7</td>
</tr>
<tr>
<td>Inmates Can Change (n = 1226)</td>
<td>774</td>
<td>63.1</td>
<td>452</td>
<td>36.9</td>
</tr>
</tbody>
</table>

Staff were also asked to rate the importance of several characteristics when interacting with inmates. Respondents indicated that when interacting with inmates, it is important to be: caring, empathetic, enthusiastic, fair, and consistent. In addition, respondents also felt that it was important to be strict, firm, and authoritative. Finally, respondents did not feel that they needed to be confidential when interacting with inmates.

Respondents were also asked to indicate their perception of correctional officer roles and attitudes at their institution on a variety of factors. Roughly 80 percent (982 out of 1,222) of respondents felt that the primary role of correctional officers was to enforce the rules and
policies of the institution, while only 20 percent (240 out of 1,222) felt that the primary role of correctional officers was offender rehabilitation. Almost 62 percent of respondents felt that correctional officers used sanction in order to reform the offender rather than punish the offender.

Evaluating the relationship that correctional officers have with inmates, the majority of respondents (72%; 872 out of 1,217) felt that correctional officers had an impartial relationship with the inmates as opposed to a relationship that displayed concern. Just over half (57.8%; 703 out of 1,216) of staff survey respondents felt that correctional officers used reinforcements more than punishments to change inmate behavior. In addition, two thirds of respondents (66.6%; 805 out of 1,208) indicated that correctional officers were more likely to use negotiation over coercion as a style of communication with inmates. A similar percentage of respondents (66.2%; 805 out of 1,216) felt that the ability to enforce was a more important skill for correctional officers than the ability to counsel. Almost 80 percent of respondents (79.7%; 972 out of 1,220) felt that the primary purpose of monitoring inmate activities was to ensure compliance and not to promote change. In addition, the majority of respondents (58.7%; 716 out of 1,220) felt that correctional officer attitudes towards inmates were skeptical and not hopeful. Respondents were also asked as to whether they thought correctional officers’ role with inmates was best described as a boss or a coach. Over 75 percent (940 out of 1,217) felt that boss was a reflection of correctional officers’ role with inmates.

Staff survey respondents were also asked to rate the value of each type of program assessed (i.e., sex offender programming, violence prevention, batterers prevention programming, and thinking for a change programming). Respondents could rate a program as either highly valuable, valuable, of little value, of no value, unsure, or not applicable. The
responses of not applicable were excluded from any calculation, and the responses of no value and of little value were collapsed to form the category of “No Value,” and the responses of highly valuable and valuable were collapsed into the category of “Valuable.” Table 7 displays the results for each of these programs.

Table 7: Respondent Rated Value of Programming by Type of Program

<table>
<thead>
<tr>
<th>Type of Program</th>
<th>Valuable</th>
<th>No Value</th>
<th>Unsure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sex Offender Programming (n = 1199)</td>
<td>664</td>
<td>287</td>
<td>248</td>
</tr>
<tr>
<td></td>
<td>55.4%</td>
<td>23.9%</td>
<td>20.7%</td>
</tr>
<tr>
<td>Violence Prevention Programming (n = 590)</td>
<td>390</td>
<td>112</td>
<td>88</td>
</tr>
<tr>
<td></td>
<td>66.1%</td>
<td>19.0%</td>
<td>14.9%</td>
</tr>
<tr>
<td>Batterers Intervention Programming (n = 572)</td>
<td>359</td>
<td>114</td>
<td>99</td>
</tr>
<tr>
<td></td>
<td>62.8%</td>
<td>19.9%</td>
<td>17.3%</td>
</tr>
<tr>
<td>Thinking for a Change Programming (n = 590)</td>
<td>379</td>
<td>115</td>
<td>96</td>
</tr>
<tr>
<td></td>
<td>64.2%</td>
<td>19.5%</td>
<td>16.3%</td>
</tr>
</tbody>
</table>

As the table indicates, 55 percent of respondents felt that the sex offender programming was valuable, where almost 24 percent felt the program was not valuable and almost 21 percent were unsure. As for the violence prevention programming, two thirds of respondents felt that this program had value, while 19 percent felt the program had little value. Sixty-three percent of respondents rated the Batterers Intervention program as having value, while 20 percent felt that batterers programming had no value. Finally, almost 65 percent of respondents felt that the Thinking for a Change program has value, whereas less than 20 percent of respondents felt that this program did not have value.

These survey results 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.

CONCLUSIONS AND RECOMMENDATIONS

Findings from the series of state correctional institution group and program evaluations will be used to draw some general conclusions about the Pennsylvania Department of Corrections Thinking for a Change, Batterer’s Intervention, Violence Prevention, and Sex Offender specific programs. Overall strengths and areas for improvement are shown below in Figure 6. Overall strengths will be reviewed first, followed by an examination of areas for improvement and recommendations in what follows. These recommendations are designed to assist the PADOC in enhancing evidence-based programming and services for inmates.
Figure 6: PADOCS CPC-GA Domain Scores

*Includes CPC and CPC-GA Scores. For the full CPCs conducted on the sex offender therapeutic communities, Program Leadership and Staff Characteristics were combined under Program Staff and Support.
Strengths

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. For the most part, the institutions that were assessed were accommodating to the evaluation process and eager to learn how to improve their programming. Likewise, treatment program staff were forthcoming with information necessary to examine the current system so that recommendations for improvement could be made.

Second, many of the staff interviewed were knowledgeable about the curriculum being used and open to additional training opportunities, as well as adapting how they deliver services to better adhere to evidence-based principles. This is most likely due to the recent switch to Treatment Specialists who have the responsibility of facilitating Thinking for a Change, Batterer’s Intervention and Violence Prevention programming. This increases the consistency of treatment services being delivered within institutions and overall appears to be a positive move for the department. The same is true for the sex offense specific programs. The psychology staff oversee and facilitate those programs, which again leads to increased consistency of treatment services.

Third, as evidenced from the program evaluation scores and seen in Figure 6, there were areas where programming across the DOC did well. For example, most institutions demonstrated strong scores with regard to program staff and support. In fact, PADOC scored in the effective range (61.5%) in this domain. All programs had a program coordinator in place, and most program coordinators were involved in the selection of staff, while SOP program coordinators also provided clinical supervision to psychology staff. This indicates that the institutions have the
leadership capacity to make programmatic adaptations so that effective programming is delivered in a more consistent manner. This also suggests that the majority of the institutions have 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.

Another major strength for the Pennsylvania DOC is the area of assessment. Figure 6 shows an overall assessment score of 78.7 percent (highly effective range). Given that the DOC has two major assessment centers, SCI Camp Hill and SCI Muncy, the PADOC has gone to great lengths to ensure that an assessment process is in place for each inmate. Each inmate is given a full battery of standardized and validated assessments that are to be used to guide program placement. Some programs made use of the assessment information by separating groups by risk, targeting higher need inmates, and using responsivity assessments to match treatment services. For example, many sex offense specific programs offered a Special Needs Unit (SNU) group. This group is for those inmates identified as having significant mental health problems, cognitive deficiencies, or others limitations that could preclude them from participating in the other sex offense specific groups. Other programs offered a Spanish speaking only group to meet the needs of those inmates whose primarily language was Spanish. However, examples like this were not consistent across all programs. As such, many of the following recommendations will focus on how to more effectively use the assessments to guide decisions to increase consistency with the risk, need, and responsivity principles.

Finally, Pennsylvania Department of Corrections as a whole appears willing to devote the time, energy and resources to improving treatment services throughout the DOC. The evaluation revealed that the PADOC has fully implemented, with the support of their treatment staff, structured curricula for their cognitive skills group, Thinking for a Change, their Batterer’s
Intervention and Violence Prevention groups, along with their sex offense specific programming. This was evidenced by the facilitators’ knowledge shown during group facilitation, participation of group members, and consistent use of the treatment manual. Furthermore, staff made constant attempts to address the different learning styles and potential barriers of each participant. Finally, the desire to have a systematic evaluation of the several treatment programs offered by the DOC suggests openness to feedback about how to enhance services and programming and a dedication to improvement of the system.

**Areas for Improvement**

*Program Staff and Support*

A primary need area for PADOC involves the training and supervision of treatment staff. Although most institutions have program supervisors in place and offer initial training to treatment staff, this is not true across all institutions or all programs. For example, many psychology staff have recently started facilitating sex offender groups, and since the last Medlin training was a few years ago, these facilitators have not been trained in the curriculum. Another concern lies within the treatment specialist facilitated groups. Since moving to the treatment specialist position, the DOC has required the treatment specialists to be trained in the Thinking for a Change, Batterer’s Prevention, and Violence Prevention curricula. While we commend such a decision, not all individuals facilitating these groups have participated in the curricula specific training. With recent increases in referrals, many programs are having correctional counselor IIs facilitate groups. Unfortunately, many of these correctional counselors have not been trained in the program manual of the group they are facilitating. Equally problematic is that some group facilitators were not interested in facilitating groups or selected for skills and values related to offender rehabilitation. Thus, the need for not only initial training, but also on-going
training related to service delivery is important. To ensure all staff are formally trained on the curriculum being used and to increase on-going training for staff, PADOC should consider the following recommendations.

- 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. When developing on-going training guidelines the following recommendations should be considered:
  - This training should be related to service delivery and in particular group facilitation.
  - Additional trainings should include such topics as anger management, sexual offending, or mental health issues as well as a review of the principles of effective interventions, behavioral strategies such as modeling and the application of reinforcers and punishers, booster sessions on the curriculum, group facilitation skills, discharge planning, and risk and need factors related to criminal conduct.

**Quality Assurance**

Of significant concern for the PADOC is lack of accountability regarding the quality of services being delivered. The PADOC domain score for quality assurance was 30.0 percent (ineffective range). The program evaluations made it apparent that the internal quality assurance mechanisms among programs and services are limited. As such, program directors have limited knowledge as to the effectiveness of services delivered by staff. Regular supervision of staff helps to ensure that the program director, institution, and PADOC are all knowledgeable about how services are being delivered. Group observation, staff meetings to discuss cases, and file reviews do not occur consistently throughout the programs.

- As such, the program director or clinical supervisor should observe groups at least once every program cycle, with structured feedback given to staff overseeing groups.
To help structure this process it is recommended that the PADOC implement the group evaluation form, Program Evaluation Tool, or similar tool across all institutions facilitating the sex offense specific groups, Thinking for a Change, Batterer’s Intervention, and Violence Prevention groups. Additionally, clients are rarely surveyed as to their satisfaction with the program nor are they consistently required to show acquisition of prosocial skills prior to program completion.

While PADOC is working to implement pre/post testing for Thinking for a Change, Violence Prevention, and Batterer’s Intervention groups, this is not system-wide yet nor does this process apply to sex offense specific programming. Therefore the following recommendations are made to increase PADOC’s knowledge of their programs’ effectiveness.

- 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.

- Finally, at some point in the future, the PADOC as a whole should consider training a small evaluation team on quality assurance techniques, peer review processes, and a measure of program integrity possibly including the Evidence-Based Correctional Program Checklist Program or Group Assessment. This will enable programs to make improvements on an ongoing basis to ensure evidence-based practices.

**Assessment**

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. As such, the intensity and duration of services are not always greater for those inmates who are higher risk and/or higher need. Furthermore, responsivity assessments are not always referenced when making decisions about treatment. To increase the use of the PADOC’s Classification Summary and Correctional Plan and thus the use of the standardized assessment results in treatment planning, the following recommendations should be considered:
• Staff responsible for placing inmates into the identified treatment group should use both the Classification Summary and Correctional Plan to guide that decision.

• Thinking for a Change, Batterer’s Intervention, and Violence Prevention groups should be separated by risk level so that moderate to high risk inmates are referred to a moderate/high risk group and low risk inmates are referred to a low risk group.

• Sex offense specific programming should continue to offer low risk and moderate/high risk groups, but increase the use of the risk scores on both the general and sex offense specific assessments to ensure that groups are varied by risk and higher risk offenders receive the highest intensity and longest duration of services.

• PADOC should also consider validating the Static-99 on their population of sex offenders.

• Finally, to ensure that barriers to treatment do not go unnoticed, it is important to use the results of the responsivity assessments when assigning inmates to treatment groups. Separate groups can be created such as the special needs group or Spanish speaking groups, or individual group facilitators can use the assessments to address any potential barriers before, during or after the group sessions. For example, if a participant has cognitive deficiencies, the group facilitator could review the lesson with the inmate prior to the group.

Treatment

As a whole, the PADOC treatment score was 45.5 percent (ineffective range) indicating several areas for improvement. First, research finds that correctional programs experience the greatest effects at reducing recidivism when a cognitive-behavioral/social learning model is used (Andrews et al., 1990, Lipsey and Wilson, 1998; Dowden and Andrews, 2000; Nicholaichuk et al., 2000; Aytes et al., 2001). With the exception of Thinking for a Change, the other programs did not use a consistent evidence-based model. Some components of the cognitive-behavioral model can be found in the Violence Prevention and Medlin: Responsible Living curricula, but the Batterer’s Intervention programming is based on the Duluth Model which has been found to be ineffective at reducing recidivism (Jackson, et al., 2003). It is our understanding that the PADOC is revising the Violence Prevention curriculum and while we support this process, we
certainly encourage the increased use of cognitive-behavioral techniques within the revised curriculum. It is therefore recommended that:

- The PADOC adopt a curriculum that adheres to a cognitive-behavioral/social learning model for the Batterer’s Intervention group.

- The Violence Prevention and sex offense specific groups should increase their use of cognitive-behavioral techniques within the current curriculum or adopt a new curriculum that consistently incorporates cognitive-behavioral components throughout.

- To help increase the use of cognitive-behavioral techniques the low risk sex offense specific groups should use Phase 2: Behavioral Techniques of Medlin: Responsible Living instead of Phase 6: Sex Education.

Looking closer at the Violence Prevention and sex offense specific curricula, fundamental cognitive-behavioral components are missing. For example, the inclusion of skill building techniques was lacking across curricula. Skill building is a core cognitive-behavioral technique that is essential in any correctional program, especially group interventions. For offenders to abstain from criminal behavior, they must develop the prosocial skills necessary to better manage their lives. Skill building involves teaching, practice, and graduated rehearsal of prosocial skills, which are applied in a structured manner. In order for PADOC to increase the use of behavioral strategies to assist offenders in developing prosocial skills the following recommendation is made.

- Within Violence Prevention and sex offense specific programming the basic approach to teaching skills should be followed. The approach includes: 1) defining the skills to be learned; 2) staff modeling the skill for the inmate; 3) rehearsing (or role playing) the skill; 4) practicing the skill in increasingly difficult situations; and 5) providing constructive feedback.

Another key component of cognitive-behavioral programs involves the teaching of specific skills to identify, address, and replace antisocial thoughts. Specifically, effective programs devote some sessions to helping participants identify underlying attitudes, values, and beliefs and
then how to replace those negative thoughts with prosocial thoughts. The focus on identification and replacement of antisocial attitudes, values and beliefs should be increased within the Violence Prevention and sex offense specific programs. To do this PADOC may consider the following.

- Participants should be taught specific techniques to help identify underlying antisocial attitudes, values, and beliefs. For example, this can include the use of thinking reports or a cost benefit analysis of their antisocial behavior.

- Additionally, participants should be taught how to identify triggers and cues for their thoughts and the strategies to manage those thoughts. For example, thought stopping is a cognitive-behavioral technique that can be easily incorporated into current programming.

- Finally, participants should be taught how to replace antisocial thinking with appropriate prosocial thoughts. Techniques for this can include thinking reports, functional analysis, and rule tools. In the context of the group setting, the facilitator can use a more immediate approach. In this case, the facilitator discusses with the group and individual offender more prosocial interpretations of the offender’s verbalized antisocial thinking thus helping the individual identify and replace the negative thoughts.

In order to give each inmate the opportunity to learn and practice new skills it is important that the group size not exceed 8 to 10 participants per facilitator. Most groups evaluated, including Thinking for a Change and Batterer’s Intervention exceeded this limit. Therefore systematic changes to the groups should be considered by the PADOC.

- Specifically, the size of group needs to be limited to 8 to 10 participants per facilitator. Therefore, PADOC should consider increasing the number of facilitators per group from one to two, or limiting the number of participants placed in each group.

  Furthermore, the use of relapse prevention planning and practice was not a strong component of the offered curricula. Effective cognitive-behavioral programs also incorporate the development and practice of risk plans and relapse prevention techniques. While the sex offense specific and Batterer’s Intervention groups dedicated some sessions to the development of plans, the plans were not detailed as to specific strategies and did not include the practice of the plan or
specific techniques. As a whole, the programs did not spend an adequate amount of time developing and practicing risk and relapse prevention plans and techniques. To increase their use in the group sessions the following recommendations are made.

- Risk plans and relapse prevention techniques should outline specific strategies to effectively deal with the individual inmate’s risk factors.
- Participants should be given an opportunity to rehearse their plans and techniques in role plays specific to their risk factors.

Programs implementing a cognitive-behavioral model also include the use of reinforcement and punishment. The majority of programs made little use of reinforcers and punishers to promote prosocial behavior. Those programs that had identified appropriate rewards and/or punishers often did not apply them in an effective manner. For example, reinforcers or punishers were not applied consistently across facilitators and settings, or they were applied without explanation to the participant why they received the reinforcer or punisher, or they were applied to the entire group when only one or two members performed the behavior. To increase the use of effective reinforcement and punishment across the PADOC programs evaluated the following recommendation are made.

- The number of reinforcers used by the programs should be increased. One way to increase the quantity of reinforcers is to develop a structured reinforcement system so that prosocial behavior exhibited by group participants can be identified and reinforced by facilitators. The reinforcement schedule can be incorporated into a point system that is connected to termination from group. Other examples of effective reinforcers include: specific praise; feedback on performance; group recognition; extra privileges, such as TV, time spent out of cell; badges, ribbons and certifications; going outside; extra shower; playing host for visitors; or a job in a special setting.

- All group facilitators should follow guidelines around the effective use of reinforcement and punishment to accelerate prosocial and decelerate antisocial behaviors (see Spiegler and Guevremont for a review). We recommend that the program follow a sound behavioral approach when reinforcing and punishing behaviors:
  - Effective reinforcers should: 1) occur immediately following the prosocial behavior; 2) vary in terms of type; 3) be applied consistently until the behavior is
well developed and then intermittently; 4) be desired by the recipient; 5) be individualized; 6) be administered consistently by staff; and 7) outweigh the frequency of punishers.

- For consequences to achieve maximum effectiveness, they should be administered in the following manner: 1) escape from the consequence should be impossible; 2) the consequence should be administered at the earliest point in the deviant response; 3) it should be administered immediately and after every occurrence of the deviant response; 4) alternative prosocial behaviors should be rewarded after punishment is administered; and 5) there should be variation in the consequences used.

- Likewise, for punishers to be effective, they should be contingent upon the inappropriate (antisocial) behavior, which is why group punishers are largely ineffective. Examples of effective punishers include loss of privileges, extra assignment, structured free time, or loss of a reinforcer.

- All staff should be trained to look for the negative consequences of punishment (e.g., emotional reactions, avoidance, aggression, perpetuation effects, etc.) so that there are not unintended side effects from punishing.

Finally, it is important that the inmates are involved in treatment for a sufficient amount of time to affect behavior change. While the groups were of sufficient length, it is necessary that the group session length be dictated by the curriculum being used to ensure that there is ample time to cover the material for that session. Throughout the programs assessed it was commonly observed that most failed to begin and end group on time. As noted previously in the report, this seemed to be a systemic issue related to the movement of inmates throughout the prison.

- As such, PADOC should have the group start and stop time include enough time for inmates to move to and from group. At a minimum changes should be made to make it a priority to get offenders to treatment at all institutions.

Related to this concern, is the involvement of sex offenders with treatment activities within the Therapeutic Community programs. Specifically, these program participants should be involved in therapeutic tasks forty to seventy percent of the time.

- PADOC and Sex offense specific TCs should consider the schedule of the participants and increase the amount of time spent in treatment related tasks. These tasks can include group, group homework, school, work, or other therapeutic activities.
Finally, increased structure around the use of completion criteria is needed to improve services. Currently, completion of Thinking for a Change, Batterer’s Intervention, and Violence Prevention programs is time driven. If an offender attends each session and completes his/her homework, s/he is considered to have completed the program. There is no assessment to determine progress in acquiring prosocial behaviors, attitudes, and beliefs while in the program. Similarly, some sex offense specific programs attempt to use formal completion criteria related to performance measures regarding attitudes, behaviors, and content knowledge; however, not all programs or all facilitators consistently used such formal criteria. As such, PADOC should develop more formal completion criteria across programs.

- Specifically the objective assessment of the acquisition of prosocial skills and attitudes prior to determination of discharge should occur for all programs. These can be assessed using a behavioral assessment, a checklist of behavioral/attitudinal criteria, completion of detailed treatment plans or the demonstration of the acquisition of new skills or behaviors while in the group.

- Similarly, this acquisition of skills, attitudes, and knowledge should be reflected on the discharge summary of each inmate. The Correctional Plan Evaluation form should be structured so that details can be provided regarding participation, and skills and attitudes acquired. Additionally, specific recommendations for further treatment or areas of concern should be more consistently noted with explanations why.

In conclusion, 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.
APPENDIX A

SELECTED BIBLIOGRAPHY


*Hoge, R. Standardized Instruments for Assessing Risk and Need in Youthful Offenders. Ottawa, ONT: Department of Psychology, Carlton University.


*Simourd, L. and D.A. Andrews. *Correlates of Delinquency: A Look at Gender Differences*. Ottawa, ONT: Department of Psychology, Carleton University.


* Reference pertains to juvenile offender population
APPENDIX B
Pennsylvania Project Staff Survey

* This survey should be completed by all institutional staff members that have direct contact with inmates.

INSTRUCTIONS: Please answer the following questions to the best of your ability. There is no right or wrong answer. All responses are anonymous and confidential and no individual responses will be reproduced in any reports. Thank you for taking the time to answer our questions.

Name of the institution:__________________________________________________________

Date:________________________

How long have you worked at this institution:_________YRS __________MOS

What best describes your current position:

________ Custody or security staff

________ Treatment/programming staff

________ Education staff

_____ Administrative or support staff

_____ Other, please specify_____________________________________________________

PLEASE RATE EACH OF THE FOLLOWING QUESTIONS BY CIRCLING THE RESPONSE THAT MOST ACCURATELY DESCRIBES YOUR OPINION:

1. How supportive is the prison administration of programming at this institution?
   1 2 3 4 5
   Unsupportive  Little support  Neutral  Supportive  Very supportive
2. How supportive is **treatment staff** of programming at this institution?
   1  2  3  4  5
   Unsupportive  Little support  Neutral  Supportive  Very supportive

3. How supportive is **security/custody staff** of programming at the institution?
   1  2  3  4  5
   Unsupportive  Little support  Neutral  Supportive  Very supportive

4. This prison environment is conducive to programming for inmates?
   1  2  3  4  5
   Strongly Agree  Agree  Unsure  Disagree  Strongly Disagree

5. Programs in this institution are well-organized/well run.
   1  2  3  4  5
   Strongly Agree  Agree  Unsure  Disagree  Strongly Disagree

6. Inmates that participate in programming at this institution benefit from the treatment.
   1  2  3  4  5
   Strongly Agree  Agree  Unsure  Disagree  Strongly Disagree

7. Programming is important for inmates.
   1  2  3  4  5
   Strongly Agree  Agree  Unsure  Disagree  Strongly Disagree
8. Programming helps to maintain order in the institution.
   1  2  3  4  5

   Strongly Agree  Agree  Unsure  Disagree  Strongly Disagree

9. Inmates are safe in this institution.
   1  2  3  4  5

   Strongly Agree  Agree  Unsure  Disagree  Strongly Disagree

10. Inmate behavior is well-managed in this institution.
    1  2  3  4  5

    Strongly Agree  Agree  Unsure  Disagree  Strongly Disagree

11. Offenders can change.
    1  2  3  4  5

    Strongly Agree  Agree  Unsure  Disagree  Strongly Disagree

12. Overall, this is a good institution for providing inmate programming.
    1  2  3  4  5

    Strongly Agree  Agree  Unsure  Disagree  Strongly Disagree
When interacting with inmates, how important is it for staff to demonstrate the following characteristics...

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<td>16. Enthusiastic</td>
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<td>19. Firm</td>
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<thead>
<tr>
<th>20. Consistent</th>
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<td>Important</td>
<td>Very Important</td>
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<thead>
<tr>
<th>21. Confrontational</th>
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<td>Unsure</td>
<td>Important</td>
<td>Very Important</td>
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</table>

For each statement, circle the number on the scale from 1-6 to indicate which term most closely describes your perception of correctional officer roles and attitudes at this institution.

22. A primary role of a correctional officer at this institution is to:

   Enforce rules and policies
   1 2 3 4 5 6

   Rehabilitate the offender

23. Correctional officers use sanctions primarily to:

   Reform the offender
   1 2 3 4 5 6

   Punish the offender
24. The relationship correctional officers have with inmates is best described as:

Impartial

1  2  3  4  5  6

Showing Concern

25. To change inmate behavior, correctional officers are most likely to use:

Reinforcement

1  2  3  4  5  6

Punishment

26. Correctional officers’ style of communication with inmates is best described as:

Negotiation

1  2  3  4  5  6

Coercion

27. The most important skill for correctional officers to have is:

Ability to Enforce

1  2  3  4  5  6

Ability to Counsel

28. The primary purpose of monitoring inmate activities is to:

Ensure Compliance

1  2  3  4  5  6

Promote Change

29. Correctional officers’ attitude toward inmates placed in this institution is:

Hopeful

1  2  3  4  5  6

Skeptical
30. The correctional officers’ role with inmates is best described as:

<table>
<thead>
<tr>
<th></th>
<th>Boss</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>Coach</th>
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</table>

31. Sex Offender Programming

<table>
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<tr>
<th></th>
<th>Of No Value</th>
<th>Of Little Value</th>
<th>Valuable</th>
<th>Highly Valuable</th>
<th>Unsure</th>
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32. Violence Prevention Program

<table>
<thead>
<tr>
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<th>Of No Value</th>
<th>Of Little Value</th>
<th>Valuable</th>
<th>Highly Valuable</th>
<th>Unsure</th>
<th>Not Applicable</th>
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33. Batterers Intervention Program

<table>
<thead>
<tr>
<th></th>
<th>Of No Value</th>
<th>Of Little Value</th>
<th>Valuable</th>
<th>Highly Valuable</th>
<th>Unsure</th>
<th>Not Applicable</th>
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</table>

34. Cognitive-Behavioral Programming (e.g., Thinking for a Change)

<table>
<thead>
<tr>
<th></th>
<th>Of No Value</th>
<th>Of Little Value</th>
<th>Valuable</th>
<th>Highly Valuable</th>
<th>Unsure</th>
<th>Not Applicable</th>
</tr>
</thead>
</table>

How VALUABLE would you rate the following programs at this institution?
35. Please list any additional comments you have:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

THANK YOU FOR COMPLETING THE SURVEY!
APPENDIX C

Program Evaluation Results by Institution

SCI-Albion
Batterers’ Intervention

<table>
<thead>
<tr>
<th>CPC-GA SECTIONS</th>
<th>SCORE</th>
<th>RATING</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program Staff and Support</td>
<td>60.0%</td>
<td>Effective</td>
</tr>
<tr>
<td>Offender Assessment</td>
<td>83.3%</td>
<td>Highly Effective</td>
</tr>
<tr>
<td>Treatment</td>
<td>52.7%</td>
<td>Needs Improvement</td>
</tr>
<tr>
<td>Quality Assurance</td>
<td>40.0%</td>
<td>Ineffective</td>
</tr>
<tr>
<td>Overall Capacity</td>
<td>53.3%</td>
<td>Needs Improvement</td>
</tr>
<tr>
<td>Overall Content</td>
<td>57.1%</td>
<td>Effective</td>
</tr>
<tr>
<td>Overall Score</td>
<td>56.1%</td>
<td>Effective</td>
</tr>
</tbody>
</table>

Strengths:

- There is a program manager in place to oversee the treatment groups.
- The program manager was involved in selecting treatment specialists for their current positions.
- The treatment specialists meet the CPC-GA educational requirement of an Associate’s degree or higher in a helping profession and also have at least 2 years experience working with offenders in a treatment capacity.
- Ethical guidelines are in place for group facilitators.
- The treatment programs appear to be supported by the institutional staff and administration.
- PA DOC has developed a matrix to place offenders in groups based upon risk and need. Similarly, the offenders placed in Batterers’ Intervention were deemed appropriate by the group facilitators.
- The risk and needs level is consistently assessed using the LSI-R. Additional needs are assessed using the Criminal Sentiments Scale-Modified and the Hostile Interpretations Questionnaire.
- Responsivity factors are assessed for many of the offenders participating in treatment via tools such as the PAI, MMPI, WRAT, BETA, and TCU Motivation Scales. These assessments are conducted at Camp Hill but can be accessed by staff.
- The major targets for the Batterers’ Intervention group are criminogenic and include the following: antisocial attitudes, problem solving, conflict resolution, promoting family communication, and anger management.
- Group norms and expectations are established for each group and followed. The participants are required to sign the form at the beginning of group treatment.
- The length of group (e.g., 6 to 8 months) is sufficient to affect target behaviors.
- The manual appears to be consistently followed across group facilitators.
- Group facilitators appear knowledgeable about the treatment program and curriculum.
- Regular assignment of homework, along with review and feedback, occurs consistently.
- The groups are facilitated by staff from beginning to end.
- Group facilitators attempt to address the different learning styles and barriers of the participants by pairing inmates together or by meeting with clients individually.
- During group treatment the facilitators appear to respond appropriately to noncompliance, such as group members not completing their homework or refusing to participate. Participants are normally given verbal warnings and/or sent back to their units.
- There are clearly established boundaries between the facilitator and group participants and they have established good rapport.
- The groups appear to appropriately target participants’ underlying attitudes, values, and beliefs.
- Both pre and post-tests (i.e., CSSM & HIQ) are utilized to assess changes in target behaviors.
- Group participants are required to have a discharge summary upon completion of the group.

Areas that Need Improvement:

- The current program manager does not provide clinical supervision.
- Treatment specialists were selected based upon those who volunteered for the job, rather than group facilitation experience and skills.
• Treatment specialists meet only one time per month to review client progress
• While facilitators receive adequate initial training related to group curricula, the requirements for additional annual training related to service delivery are inadequate.
• The current curriculum is not supported by the research as an evidence based approach.
• Groups do not consistently begin and end on time, this appears to be primarily related to security and movement issues.
• While treatment specialists appear to have a good rapport with participants in general, they should work to ensure that each client actively participates in every group
• The group size exceeds the CPC-GA requirement of no more than 8-10 participants per facilitator. Groups typically begin with 17 participants.
• The curriculum is designed to be co-facilitated; however, this is not consistently done.
• The identification and application of appropriate rewards does not occur regularly in the group.
• The application of rewards does not outnumber the application of punishers by at least a ratio of 4 to 1.
• Facilitators do not consistently encourage participants to recognize and promote prosocial behavior.
• Alternatives to inappropriate behavior are not taught after a punisher is applied.
• The potential negative effects produced by a punishment are not consistently recognized or addressed across facilitators.
• Skills are neither modeled nor are the benefits of learning a new skill consistently explained by facilitators.
• Participants are not required to practice and rehearse alternative prosocial skills throughout the group consistently across facilitators.
• Participants do not consistently practice new prosocial behaviors in increasingly difficult situations.
• Arguments with group participants are not avoided consistently across facilitators.
• The facilitators are not systematically teaching participants how to address antisocial thinking and identify high risk situations, or providing coping and management techniques for both.
• The group participants are not given sufficient opportunity to practice risk or relapse prevention plans.
• Group facilitators are not regularly observed and evaluated with regard to service delivery skills.
• Participants are not surveyed as to their satisfaction with the group.
• The Batterers’ Intervention group does not have clearly outlined criteria as to when the program terminates for each offender.
CPC-GA SECTIONS  | SCORE  | RATING
---|---|---
Program Staff and Support  | 60.0%  | Effective
Offender Assessment  | 83.3%  | Highly Effective
Treatment  | 57.1%  | Effective
Quality Assurance  | 40.0%  | Ineffective
Overall Capacity  | 53.3%  | Needs Improvement
Overall Content  | 60.9%  | Effective
Overall Score  | 58.9%  | Effective

**Strengths:**
- There is a program manager in place to oversee the treatment groups.
- The program manager was involved in selecting treatment specialists for their current positions.
- The treatment specialists meet the CPC-GA educational requirements of an Associate’s degree or higher in a helping profession and have at least 2 years of experience working with offenders in a treatment capacity.
- Ethical guidelines are in place for group facilitators.
- The treatment programs appear to be supported by the institutional staff and administration.
- PA DOC has developed a matrix to place offenders in groups based upon risk and need. Similarly, the offenders placed in Thinking for A Change were deemed appropriate by the group facilitators.
- The risk and needs level is consistently assessed using the LSI-R. Additional needs are assessed using the Criminal Sentiments Scale-Modified and the Hostile Interpretations Questionnaire.
- Responsivity factors are assessed for many of the offenders participating in treatment via tools such as the PAI, MMPI, WRAT, BETA, and TCU Motivation Scales. These assessments are conducted at Camp Hill but can also be accessed by staff.
- The major targets for Thinking for a Change are criminogenic and include the following: antisocial attitudes, problem solving, conflict resolution, and social skills. Furthermore, the Thinking for A Change curriculum is considered evidence based.
- Group norms and expectations are established for each group and followed. Participants are required to sign the form at the beginning of group.
- The length of group (e.g., 22 sessions) is sufficient to affect target behaviors.
- The Thinking for a Change manual appears to be consistently followed across group facilitators.
- Group facilitators appear knowledgeable about the treatment program and curriculum.
- Regular assignment of homework, along with review and feedback, occurs consistently.
- Thinking for a Change groups are facilitated by staff from beginning to end.
- Group facilitators attempt to address both the different learning styles and barriers of participants by pairing inmates together or meeting with clients individually.
- In group, the facilitators appear to respond appropriately to participants’ noncompliance such as not completing their homework or refusing to participate. Participants are normally given verbal warnings and/or sent back to their units.
- There are clearly established boundaries between the facilitator and group participants and they have established good rapport.
- Treatment specialists modeled appropriate skills and explained its benefits. Moreover, clients were required to practice skills in group.
- Thinking for a Change group has several sessions that target participants’ underlying attitudes, values, and beliefs.
- Both pre and post-tests (i.e., CSSM & HIQ) are utilized to assess changes in target behaviors.
- Each Thinking for a Change group participant is required to have a discharge summary upon completion of the group.

**Areas that Need Improvement:**
• The current program manager does not provide clinical supervision.
• Treatment specialists were selected based upon who volunteered for the job, rather than group facilitation experience and skills.
• Treatment specialists meet only one time per month to review client progress.
• While facilitators receive adequate initial training related to group curricula, the requirements for additional annual training related to service delivery is inadequate.
• Groups do not consistently begin and end on time, this primarily appears to be related to security and movement issues.
• While treatment specialists appear to have a good rapport with the participants, they should also work to ensure that every client actively participates in each group.
• The Thinking for a Change group size exceeds the CPC-GA requirement of no more than 8-10 participants per facilitator. Groups typically begin with 17 participants.
• The identification and application of appropriate rewards does not occur regularly in the group.
• The application of rewards does not outnumber the application of punishers by at least a ratio of 4 to 1.
• Facilitators do not consistently encourage participants to recognize and promote prosocial behavior.
• Alternatives to inappropriate behavior are not taught after a punisher is applied.
• Potential negative effects produced by a punishment are not consistently recognized or addressed across facilitators.
• Participants do not consistently practice new prosocial behaviors in increasingly difficult situations.
• Arguments with group participants are not avoided consistently across facilitators.
• The facilitators are not systematically teaching participants how to address antisocial thinking and to identify high risk situations, or providing coping and management techniques for both.
• Thinking for a Change group participants are not given sufficient opportunity to practice risk or relapse prevention plans.
• Group facilitators are not regularly observed and evaluated with regard to service delivery skills.
• Participants are not surveyed as to their satisfaction with the group.
• Thinking for a Change group does not have clearly outlined criteria as to when the program terminates for each offender.
SCI-Albion
Violence Prevention

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<tr>
<th>CPC-GA SECTIONS</th>
<th>SCORE</th>
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<tbody>
<tr>
<td>Program Staff and Support</td>
<td>60.0%</td>
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</tr>
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<td>Offender Assessment</td>
<td>83.3%</td>
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<td>Treatment</td>
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<td>Quality Assurance</td>
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<td>Overall Capacity</td>
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</tr>
<tr>
<td>Overall Content</td>
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<td>Effective</td>
</tr>
<tr>
<td>Overall Score</td>
<td>55.3%</td>
<td>Effective</td>
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**Strengths:**

- There is a program manager in place to oversee the treatment groups.
- The program manager was involved in selecting treatment specialists for their current positions.
- The treatment specialists meet the CPC-GA educational requirements of an Associate’s degree or higher in a helping profession and have at least 2 years of experience working with offenders in a treatment capacity.
- Ethical guidelines are in place for group facilitators.
- The treatment programs appear to be supported by the institutional staff and administration.
- PA DOC has developed a matrix to place offenders in groups based upon risk and need. Similarly, the offenders placed in Violence Prevention were deemed appropriate by the group facilitators.
- The risk and needs level is consistently assessed using the LSI-R. Additional needs are assessed using the Criminal Sentiments Scale-Modified and the Hostile Interpretations Questionnaire.
- Responsivity factors are assessed for many of the offenders participating in treatment via tools such as the PAI, MMPI, WRAT, BETA, and TCU Motivation Scales. These assessments are conducted at Camp Hill but can be accessed by staff.
- The major targets for Violence Prevention are criminogenic, and include the following: antisocial attitudes, problem solving, conflict resolution, and anger management. Furthermore, the violence prevention curriculum is based on some evidence based principles; however, there is limited research to support its effectiveness.
- Group norms and expectations are established for each group and followed. The participants are required to sign the form at the beginning of group.
- The length of group (e.g., 24 sessions) is sufficient to affect target behaviors.
- The Violence Prevention manual appears to be consistently followed across group facilitators.
- Group facilitators appear knowledgeable about the treatment program and curriculum.
- Regular assignment of homework, along with review and feedback, occurs consistently.
- Groups are facilitated by staff from beginning to end.
- Group facilitators attempt to address the different learning styles and barriers of the participants by pairing inmates together or meeting with clients individually.
- In group, the facilitators appear to respond appropriately to non-compliance, such as participants’ not completing their homework or refusing to participate. They are normally given verbal warnings and/or sent back to their units.
- There are clearly established boundaries between the facilitator and group participants and they have established good rapport.
- The groups appear to appropriately target participants’ underlying attitudes, values, and beliefs.
- Both pre and post-tests (i.e., CSSM & HIQ) are utilized to assess changes in target behaviors.
- Group participants are required to have a discharge summary upon completion of the group.

**Areas that Need Improvement:**

- The current program manager does not provide clinical supervision.
- Treatment specialists were selected based upon who volunteered for the job rather than group facilitation experience and skills.
- Treatment specialists meet only one time per month to review client progress.
- While facilitators receive adequate initial training related to group curricula, the requirements for additional annual training related to service delivery is inadequate.
- Groups do not consistently begin and end on time, this primarily appears to be related to security and movement issues.
- While treatment specialists appear to have a good rapport with the participants, they should work to ensure that every client actively participates in each group.
- The Violence Prevention group size exceeds the CPC-GA requirement of no more than 8-10 participants per facilitator. Groups typically begin with 17 participants.
- The identification and application of appropriate rewards does not occur regularly in the group.
- The application of rewards does not outnumber the application of punishers by at least a ratio of 4 to 1.
- Facilitators do not consistently encourage participants to recognize and promote prosocial behavior.
- Alternatives to inappropriate behavior are not taught after a punisher is applied.
- Potential negative effects produced by a punishment are not consistently recognized or addressed across facilitators.
- Skills are neither modeled nor are the benefits of learning a new skill consistently explained by facilitators.
- Participants are not required to practice and rehearse alternative prosocial skills throughout the group consistently across facilitators.
- Participants do not consistently practice new prosocial behaviors in increasingly difficult situations.
- Arguments with group participants are not avoided consistently across facilitators.
- The facilitators are not systematically teaching participants how to address antisocial thinking and identify high risk situations, or providing coping and management techniques for both.
- The Violence Prevention group participants are not given sufficient opportunity to practice risk or relapse prevention plans.
- Group facilitators are not regularly observed and evaluated with regard to service delivery skills.
- Participants are not surveyed as to their satisfaction with the group.
- The Violence Prevention group does not have clearly outlined criteria as to when the program terminates for each offender.
SCI-Albion
Outpatient Sex Offender Programming

CPC-GA SECTIONS | SCORE | RATING
--- | --- | ---
Program Staff and Support | 70.0% | Highly Effective
Offender Assessment | 100% | Highly Effective
Treatment | 55.8% | Effective
Quality Assurance | 20.0% | Ineffective
**Overall Capacity** | **60.5%** | **Effective**
**Overall Content** | **53.3%** | Needs Improvement
Overall Score | 58.4% | Effective

**Strengths:**
- The program offers several avenues for treatment. It offers a SOP low intensity SNU option (and a Horton group for those with significant needs), an SOP mod/high intensity SNU option, a low intensity non-SNU option, and the therapeutic community for mod/high intensity non-SNU clients. The following summary pertains to the SOP low intensity and high intensity for its SNU populations.
- There is a program coordinator in place to oversee the treatment groups and supervise the psychological services staff.
- The program coordinator is involved in the hiring process. They often recruit new hires through their intern program.
- The coordinator noted that they select staff based on important personal characteristics and skills related to service delivery.
- The psychological services staff meet the CPC-GA educational requirements of an Associate’s degree or higher in a helping profession and have at least 2 years of experience working with offenders in a treatment capacity.
- Ethical guidelines are in place for group facilitators.
- The institution/stakeholders provide overall support for the facilitation of sex offender programming.
- There are exclusionary criteria in place for group participation and offenders appear appropriate for the services being offered.
- Offender risk and need is assessed using both the LSI-R and the Static-99.
- Responsivity factors are assessed for many of the SOP participants via tools such as the MMPI, WRAT, BETA, TCU-Treatment Motivation scales and PAI. The staff also consider personality and IQ when deciding whether to place inmates in their special needs unit groups.
- Sex offenders are separated by risk through the offering of both a low and moderate-high risk group.
- The primary focus of the sex offender program is on criminogenic needs such as sexual deviance, cognitive distortions, self-management skills and relapse prevention. Furthermore, the Medlin program is based on some evidence based principles, however, there is limited research to support its effectiveness.
- The high intensity program lasts approximately 18 months and the low intensity program approximately 6-8 months.
- The SOP facilitators appear knowledgeable of the material being taught.
- The group facilitators encouraged participant involvement by requiring active participation by all offenders.
- Group norms and expectations are established for each group and followed. The participants are required to sign the form at the beginning of group.
- The Medlin curriculum appears to be consistently followed across group facilitators.
- The staff conducted groups consistently.
- The facilitators appear to respond appropriately in groups to non-compliance such as not completing their homework or refusing to participate. Participants are normally given verbal warnings and/or lose points for that particular day.
- The staff appear to recognize and appropriately deal with unintended emotional responses to consequences.
- Boundaries between the facilitators and group participants appeared to be clearly established. Additionally, facilitators appeared to have good rapport with the offenders.
SOP sessions target participants’ underlying attitudes, values, and beliefs and participants are taught techniques for addressing high risk situations.

Each SOP group participant is required to have a discharge summary upon completion of the group.

Areas that Need Improvement:

- Group facilitators do not consistently attend staff meetings to review client progress (i.e. bimonthly at minimum).
- While facilitators have adequate initial training related to the group curriculum, the requirements for yearly trainings related to service delivery is inadequate.
- While homework is regularly assigned, it is not consistently reviewed by the facilitator with feedback provided to participants.
- The group size was not consistently at or below the recommended ratio of 1 staff to 8-10 offenders. On average groups start with approximately 14-15 participants.
- The identification and application of appropriate rewards does not occur regularly in the group. Likewise, the application of rewards does not outnumber the application of punishers by at least a ratio of 4 to 1.
- The program does not have an adequate range of consequences for negative behavior.
- Alternatives to inappropriate behavior are not regularly taught after a punisher is applied.
- New prosocial skills are not modeled, nor are the benefits of learning the new skill consistently explained by facilitators.
- Participants are not required to practice and rehearse alternative prosocial skills throughout the group.
- Participants do not consistently practice new prosocial behaviors in increasingly difficult situations.
- While relapse plans are developed in Phase 7 of the SOP curriculum, they lack detail related to coping skills and offenders are not required to rehearse relapse prevention techniques.
- Group facilitators are not regularly observed and evaluated with regard to service delivery skills.
- Participants are not surveyed as to their satisfaction with the group.
- Group participants are not administered pre-post tests to assess changes in target behaviors.
- SOP group does not have clearly outlined criteria as to when the program terminates for each offender.
Figure 7a: SCI Albion Compared to PADO C

*Sex Offender Scores include both outpatient and therapeutic community programs
Figure 7b: Staff Survey Results of SCI Albion Respondents (n=28) Compared to All SCI Respondents (N=1229)
SCI-Cambridge Springs
Thinking for a Change

CPC-GA SECTIONS    SCORE    RATING
Program Staff & Support    40.0%    Ineffective
Offender Assessment    83.3%    Highly Effective
Treatment    65.7%    Highly Effective
Quality Assurance    40.0%    Ineffective
Overall Capacity    40.0%    Ineffective
Overall Content    68.2%    Highly Effective
Overall Score    60.7%    Effective

Strengths:
- There is a program coordinator (unit manager) in place.
- All group facilitators have at least a baccalaureate degree in a helping profession.
- There is a documented code of ethics or guideline for group facilitators.
- The program appears to be supported by the institutional staff.
- There is appropriate selection and exclusionary criteria for the program.
- Risk factors and criminogenic needs are assessed at Muncy with a validated risk assessment (LSI-R). The facility has access to automated results.
- Risk and need level is defined for each participant at Muncy including the HIQ & CSS-M. The facilitators have access to automated results.
- Responsivity is assessed at Muncy and includes IQ, a personality inventory, the WRAT, and the TABE. The facilitators have access to automated results.
- The major targets for Thinking for a Change are criminogenic and include the following: antisocial attitudes, problem solving, conflict resolution, and social skills. Furthermore, the Thinking for A Change curriculum is considered evidenced based.
- The group facilitators appear comfortable with the material being provided.
- The facilitators encourage group participation by asking for volunteers and calling on participants throughout group.
- Homework is given nearly every session and is reviewed. Each person is given points for completing homework.
- Group norms are established on the first day. Each participant is required to sign a form and is given a copy of group norms. Norms are reviewed throughout the duration of the group on an as-needed basis.
- The duration of the group is approximately 22 weeks (1 x per week for 1.5 hours) which is considered appropriate.
- Groups are always conducted by a facilitator.
- Facilitators address responsivity by reviewing results prior to group placement, slowing the group pace if necessary, using peers to translate if language is a barrier, or providing individual sessions.
- The facilitators respond appropriately to noncompliance and utilize consequences to promote prosocial behavior. Consequences include loss of points, removal from group, or being sent back to the unit.
- The facilitators appear to respond appropriately by recognizing when punishments produce an emotional reaction. The facilitators will attempt to deescalate situations with clients as well as approach clients who appear withdrawn. Facilitators will contact unit managers or officers on the unit to suggest they be aware of the client’s behavior/mood.
- Facilitators model prosocial skills in group and explain the benefits of learning new prosocial skills.
- The facilitators utilize role modeling in group and provide corrective feedback.
- The facilitators appear to establish a good rapport, boundaries and avoid arguments with participants.
- The facilitators are engaged in activities related to cognitive restructuring.
- Near the end of the curriculum, facilitators develop risk plans and rehearse these plans with clients.
- The facilitators utilize participant satisfaction forms at the end of group.
- The facilitators utilize the HIQ and CSS-M as pre-post measures.
Areas that Need Improvement:

- The current program manager does not provide clinical supervision.
- The program coordinator (unit manager) was not involved in the hiring process for the treatment specialists and is unaware of whether staff were selected based on skills related to service delivery.
- The facilitators have less than two years experience working in a treatment capacity with offenders.
- Formal staff meetings with treatment specialists occur only one time per month.
- Although staff were trained on the T4C curriculum, they do not receive sufficient on-going training due to budget cuts.
- Due to institutional constraints the groups do not start and end on time.
- The group size normally runs between 10-12 participants.
- While the facilitators offer certificates for group completion, they do not have a sufficient number of rewards in place to encourage new skills and prosocial behavior.
- While the facilitators do respond to noncompliance with some effective consequences, they are not utilized as effectively as possible.
- While the facilitators do utilize modeling and role plays in group, they do not practice skills in increasingly difficult situations.
- Group facilitators are not regularly observed or evaluated with regard to service delivery skills.
- Completion criteria are not well developed and appear to be driven mostly by the curriculum (e.g., completion of 22 weeks).
- The facilitators are not involved in discharge planning.
**Strengths:**

- There is a program coordinator (unit manager) in place.
- All group facilitators have at least a baccalaureate degree in a helping profession.
- There is a documented code of ethics or guideline for group facilitators.
- The program appears to be supported by the institutional staff.
- There is appropriate selection and exclusionary criteria for the program.
- Risk factors and criminogenic needs are assessed at Muncy with a validated risk assessment (LSI-R). The facility has access to automated results.
- Risk and need level is defined for each participant at Muncy including the HIQ & CSS-M. The facilitators have access to automated results.
- Responsivity is assessed at Muncy and includes IQ, a personality inventory, the WRAT, and the TABE. The facilitators have access to automated results.
- The Violence Prevention groups appear to target higher risk and higher need clients.
- The major targets for Violence Prevention are criminogenic and include the following: antisocial attitudes, problem solving, conflict resolution, and anger management. Furthermore, the violence prevention curriculum is based on some evidence based principles, however, there is limited research to supports its effectiveness.
- The facilitators utilize manuals in the Violence Prevention groups.
- The group facilitators appear comfortable with the material being provided.
- The facilitators will encourage group participation through asking for volunteers and calling on participants throughout group.
- Homework is given nearly every session and is reviewed. Each person is given points for completing homework.
- Group norms are established on the first day. Each participant is required to sign a form and is given a copy of group norms. Norms are reviewed throughout the duration of the group on an as-needed basis.
- The duration of the group is approximately 25 weeks (1 x per week for 1.5 hours) which is considered appropriate.
- Groups are always conducted by a facilitator.
- Facilitators address responsivity by reviewing results prior to group placement, slowing the group pace if necessary, using peers to translate if language is a barrier, or providing individual sessions.
- The facilitators respond appropriately to noncompliance and utilize consequences to promote prosocial behavior. Consequences include loss of points, removal from group, or being sent back to the unit.
- The facilitators appear to respond appropriately by recognizing when punishments produce an emotional reaction. The facilitators will attempt to deescalate situations with clients as well as explore with clients who appear withdrawn. Facilitators will contact unit managers or officers on the unit to suggest they be aware of the client’s behavior/mood.
- Facilitators model prosocial skills in group and explain the benefits of learning new prosocial skills
- The facilitators appear to establish a good rapport, establish boundaries, and avoid arguments with participants.
- The facilitators are engaged in activities related to cognitive restructuring.
• Near the end of the curriculum, facilitators develop risk plans and rehearse these plans with clients.
• The facilitators utilize participant satisfaction forms at the end of group.
• The facilitators utilize the HIQ and CSS-M as pre-post measures.

**Areas that Need Improvement:**
• The unit manager does not provide clinical supervision.
• The program coordinator (unit manager) was not involved in the hiring process for the treatment specialists and is unaware of whether staff were selected based on skills related to service delivery.
• The facilitators have less than two years experience working in a treatment capacity with offenders.
• Formal staff meetings with treatment specialists occur only one time per month.
• Although staff were trained on the Violence Prevention curriculum, due to budget cuts they do not receive sufficient on-going training.
• Due to institutional constraints the groups do not start and end on time.
• The group size normally runs between 10-12 participants.
• While the facilitators offer certificates for group completion, the facilitators do not have a sufficient number of rewards in place to encourage new skills and prosocial behavior.
• While the facilitators do respond to noncompliance with some effective consequences, they are not utilized as effectively as they could be.
• While the facilitators do utilize modeling in group, they do not practice skills or practice skills in increasingly difficult situations.
• Group facilitators are not regularly observed or evaluated with regard to service delivery skills.
• Completion criteria are not well developed and appear to be driven mostly by the curriculum (e.g., completion of 25 weeks).
• The facilitators are not involved in discharge planning.
SCI-Cambridge Springs  
Outpatient Sex Offender Programming

CPC-GA SECTIONS  | SCORE  | RATING
--- | --- | ---
Program Staff and Support  | 80.0%  | Highly Effective
Offender Assessment  | 50.0%  | Needs Improvement
Treatment  | 41.2%  | Ineffective
Quality Assurance  | 40.0%  | Ineffective
Overall Capacity  | 66.7%  | Highly Effective
Overall Content  | 42.1%  | Ineffective
Overall Score  | 49.1%  | Needs Improvement

Strengths:
- There is a program coordinator (unit manager) in place who supervises the psychological services specialists.
- All group facilitators have at least a baccalaureate degree in a helping profession and have worked with offenders in a treatment capacity for at least two years.
- There is a documented code of ethics or guideline for group facilitators.
- Formal staff meetings with treatment staff occur three to four times per month.
- The SOP program appears to be supported by the institutional staff.
- Risk factors and criminogenic needs are assessed at Muncy with a validated risk assessment (LSI-R). The facility has access to automated results.
- Risk and need level is defined for each participant at Muncy including the HIQ & CSS-M. The facilitators have access to automated results.
- Responsivity is assessed at Muncy and includes IQ, a personality inventory, the RAT, and the TABE. The facilitators have access to automated results.
- The SOP groups appear to target higher risk clients through the use of the LSI-R.
- The group facilitators appear comfortable with the material being provided.
- The facilitators will encourage group participation by asking for volunteers and calling on participants throughout group.
- Group norms are established on the first day. Each participant is required to sign a form and is given a copy of group norms. Norms are reviewed throughout the duration of the group on an as-needed basis.
- The group size is normally 8 participants.
- Groups are always conducted by a facilitator.
- Facilitators address responsivity offering peer mentoring (tutoring) for clients and individual sessions.
- The facilitators respond appropriate to noncompliance and utilize consequences to promote prosocial behavior. Consequences include verbal warnings and removal from group.
- The facilitators appear to establish a good rapport, boundaries and avoid arguments with participants.
- The facilitators appear to help participants identify underlying thoughts and values.
- In phase 3, facilitators develop risk plans and rehearse these plans with clients.
- Group facilitators are observed/evaluated with regard to service delivery skills approximately 7-8 times per year.
- The facilitators are involved in discharge planning by completing progress forms in group that are eventually sent to the parole board.

Areas that Need Improvement:
- There are no specified selection and exclusionary criteria in place for the groups.
- It was not clear that staff were chosen based on skills related to service delivery.
- Given that this program is for female sex offenders, the assessment process does not include sex offender specific tools (e.g., Static 99).
- Without an assessment process that includes sex offending specific tools, the program is unable to tell whether they are targeting higher need clients.
It was not clear that staff receive sufficient initial training to work with sex offenders. In addition, due to budget cuts staff do not receive sufficient on-going training.

The facilitators do not utilize manuals for the SOP groups.

It was not clear that the SOP groups are based on cognitive behavioral theory.

Due to institutional constraints the groups do not start and end on time.

Homework is not routinely given throughout all phases of the program.

The duration of the group is considered ongoing.

The facilitators do not consistently responsivity results prior to group placement.

The facilitators do not have a sufficient number of rewards in place to encourage new skills and prosocial behavior.

While the facilitators do respond to noncompliance with some effective consequences, they are not utilized as effectively as they could be.

The facilitators do utilize modeling or role plays in group. In addition, they do not practice skills or practice skills in increasingly difficult situations.

Completion criteria are not well developed.

The facilitators do not utilize participant satisfaction forms at the end of group.

The facilitators do not utilize any pre- or post-measures.
Figure 8a: SCI Cambridge Springs Compared to PADOCS

*Sex Offender Scores include both outpatient and therapeutic community programs if applicable
Figure 8b: Staff Survey Results of SCI Cambridge Springs Respondents (n=46) Compared to All SCI Respondents (N=1229)
SCI-Camp Hill
Batterers’ Intervention

<table>
<thead>
<tr>
<th>CPC-GA Sections</th>
<th>Score</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program Staff and Support</td>
<td>50.0%</td>
<td>Needs Improvement</td>
</tr>
<tr>
<td>Offender Assessment</td>
<td>66.7%</td>
<td>Highly Effective</td>
</tr>
<tr>
<td>Treatment</td>
<td>40.0%</td>
<td>Ineffective</td>
</tr>
<tr>
<td>Quality Assurance</td>
<td>60.0%</td>
<td>Effective</td>
</tr>
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<td>Overall Capacity</td>
<td>53.3%</td>
<td>Needs Improvement</td>
</tr>
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<td>Overall Content</td>
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</tr>
<tr>
<td>Overall Score</td>
<td>46.4%</td>
<td>Needs Improvement</td>
</tr>
</tbody>
</table>

Strengths:
- There is a program coordinator in place to oversee management of the groups.
- The program director is adequately involved in the selection or approval of group facilitators. Additionally, group facilitators were selected based upon group facilitation experience and skills.
- Ethical guidelines are in place for group facilitators.
- The institution/stakeholders provide overall support for the facilitation of Batterers’ Intervention.
- PA DOC has developed a matrix to place offenders in groups based upon risk and need. Similarly, the offenders placed in Batterers’ Intervention were deemed appropriate by the group facilitators.
- The risk and needs level is consistently assessed using the LSI-R. Additional needs are assessed using the Criminal Sentiments Scale-Modified and the Hostile Interpretations Questionnaire.
- Responsivity factors are assessed for many of the offenders participating in treatment via tools such as the PAI, MMPI, WRAT, BETA, TCU Motivation Scales, and PAI.
- The major targets for Batterers’ Intervention are criminogenic and include the following: antisocial attitudes, problem solving, conflict resolution, promoting family communication, and anger management.
- Group facilitators consistently encouraged participation by all members of the group.
- Regular assignment of homework, along with review and feedback, occurs consistently.
- Group norms and expectations are established for each group and followed.
- The length of group is sufficient to affect target behaviors.
- Batterers’ Intervention groups are facilitated by staff from beginning to end.
- The Batterers’ Intervention group size does not exceed the CPC-GA requirement of no more than 8-10 participants per facilitator.
- Both facilitators were actively involved in the group session.
- Appropriate rewards and punishers have been identified for use in Batterers’ Intervention group.
- There are clearly established boundaries between the facilitators and group participants.
- Rapport between the facilitators and group participants is clearly established across facilitators.
- Arguments with group participants are avoided consistently across facilitators.
- Batterers’ Intervention group has several sessions that target participants’ underlying attitudes, values, and beliefs.
- Batterers’ Intervention group teaches participants how to address antisocial thinking and identify high-risk situations, providing coping and management techniques for both.
- Group participants are administered both pre and post-tests to assess changes in target behaviors.
- Batterers’ Intervention group does have clearly outlined criteria as to when the program terminates for each offender.
- Each Batterers’ Intervention group participant is required to have a discharge summary upon completion of the group.

Areas that Need Improvement:
- The group facilitators do not meet the CPC-GA educational requirements of an Associate’s degree or higher in a helping profession. Additionally, the group facilitators do not meet the CPC-GA requirement of working in treatment programs with offenders for at least two years.
• The program coordinator is not involved in providing direct supervision to group facilitators.
• Group facilitators do not attend regular staff meetings to review client progress (i.e. bi-monthly meetings at minimum).
• While facilitators receive adequate initial training related to group curricula, the requirements for additional yearly training related to service delivery is inadequate.
• The group does not meet the CPC-GA criteria requiring at least 70% of participants score moderate to high risk on the LSI-R.
• Not all offenders participating in Batterers’ Intervention were identified as having moderate to high need in antisocial attitudes.
• Batterers’ Intervention group, Power and Control: Tactics of Men Who Batter is not considered an evidenced based treatment.
• Groups do not consistently begin and end on time, this primarily appears to be related to movement issues.
• While facilitators appeared comfortable facilitating group, there was not a consistent demonstration of clear knowledge of the curriculum content.
• The Batterers’ Intervention group provides a manual, Power and Control: Tactics of Men Who Batter. However, the manual does not seem to be consistently followed across group facilitators.
• Group facilitators do not regularly attempt to address the different learning styles and barriers of the participants.
• The application of appropriate rewards does not occur regularly in the group across facilitators.
• The application of rewards does not outnumber the application of punishers by at least a ratio of 4 to 1.
• Facilitators do not consistently encourage participants to recognize and promote prosocial behavior.
• Appropriate punishers are not used to extinguish antisocial expressions and promote behavioral change consistently across facilitators.
• Matters of noncompliance are not consistently responded to across facilitators.
• Alternatives to inappropriate behavior are not taught after a punisher is applied consistently across facilitators.
• Potential negative effects produced by a punishment are not consistently recognized or addressed consistently across facilitators.
• Skills are neither modeled nor are the benefits of learning a new skill consistently explained by facilitators.
• Participants are not regularly required to practice and rehearse alternative prosocial skills throughout the group.
• Participants do not consistently practice new prosocial behaviors in increasingly difficult situations.
• Arguments with group participants are not avoided consistently across facilitators.
• Participants are not directly and consistently taught techniques to replace antisocial thinking with appropriate prosocial thoughts.
• Batterers’ Intervention does not devote some sessions to developing risk or relapse prevention plans, but participants are not required to practice or rehearse the plans.
• Group facilitators are not regularly observed and evaluated with regard to service delivery skills.
• Participants are not surveyed as to their satisfaction with the group.
SCI-Camp Hill
Thinking for a Change

CPC-GA Sections                               Score       Rating
Program Staff and Support                      50.0%       Needs Improvement
Offender Assessment                           66.7%       Highly Effective
Treatment                                     45.7%       Ineffective
Quality Assurance                             40.0%       Ineffective
Overall Capacity                              46.7%       Needs Improvement
Overall Content                               48.7%       Needs Improvement
Overall Score                                 48.2%       Needs Improvement

Strengths:
• There is a program coordinator in place to oversee management of the groups.
• The program director is adequately involved in the selection or approval of group facilitators. Additionally, group facilitators were selected based upon group facilitation experience and skills.
• Ethical guidelines are in place for group facilitators.
• The institution/stakeholders provide overall support for the facilitation of Thinking for a Change.
• PA DOC has developed a matrix to place offenders in groups based upon risk and need. Similarly, the offenders placed in Thinking for A Change were deemed appropriate by the group facilitators.
• The risk and needs level is consistently assessed using the LSI-R. Additional needs are assessed using the Criminal Sentiments Scale-Modified and the Hostile Interpretations Questionnaire.
• Responsivity factors are assessed for many of the offenders participating in treatment via tools such as the PAI, MMPI, WRAT, BETA, TCU Motivation Scales, and PAI.
• The major targets for Thinking for a Change are criminogenic and include the following: antisocial attitudes, problem solving, conflict resolution, and social skills. Furthermore, Thinking for A Change is considered an evidenced based treatment.
• Group facilitators consistently encouraged participation by all members of the group.
• Regular assignment of homework, along with review and feedback, occurs consistently.
• Group norms and expectations are established for each group and followed.
• The length of group is sufficient to affect target behaviors.
• Thinking for a Change groups are facilitated by staff from beginning to end.
• The Thinking for a Change manual seems to be consistently followed across group facilitators.
• There are clearly established boundaries between the facilitator and group participants.
• Rapport between the facilitator and group participants is clearly established across facilitators.
• Arguments with group participants are avoided consistently across facilitators.
• Thinking for a Change group has several sessions that target participants’ underlying attitudes, values, and beliefs.
• Thinking for a Change group teaches participants how to address antisocial thinking and identify high-risk situations, providing coping and management techniques for both.
• Group participants are administered both pre and post-tests to assess changes in target behaviors.
• Each Thinking for a Change group participant is required to have a discharge summary upon completion of the group.

Areas that Need Improvement:
• The group facilitators do not meet the CPC-GA educational requirements of an Associate’s degree or higher in a helping profession. Additionally, the group facilitators do not meet the CPC-GA requirement of working in treatment programs with offenders for at least two years.
• The program coordinator is not involved in providing direct supervision to group facilitators.
• Group facilitators do not attend regular staff meetings to review client progress (i.e. bi-monthly meetings at minimum).
• While facilitators receive adequate initial training related to group curricula, the requirements for additional yearly training related to service delivery is inadequate.
• The group does not meet the CPC-GA criteria requiring at least 70% of participants score moderate to high risk on the LSI-R.
• Not all offenders participating in Thinking for a Change were identified as having moderate to high need in antisocial attitudes.
• Groups do not consistently begin and end on time, this primarily appears to be related to movement issues.
• While facilitators appeared comfortable facilitating group, there was not a consistent demonstration of clear knowledge of the curriculum content.
• The Thinking for a Change group size exceeds the CPC-GA requirement of no more than 8-10 participants per facilitator.
• Group facilitators do not regularly attempt to address the different learning styles and barriers of the participants.
• The identification and application of appropriate rewards does not occur regularly in the group across facilitators.
• The application of rewards does not outnumber the application of punishers by at least a ratio of 4 to 1.
• Facilitators do not consistently encourage participants to recognize and promote prosocial behavior.
• Appropriate punishers are not used to extinguish antisocial expressions and promote behavioral change consistently across facilitators.
• Matters of noncompliance are not consistently responded to across facilitators.
• Appropriate punishers have not been identified; as such, they are not appropriately applied across facilitators.
• Alternatives to inappropriate behavior are not taught after a punisher is applied consistently across facilitators.
• Potential negative effects produced by a punishment are not consistently recognized or addressed across facilitators.
• Skills are neither modeled nor are the benefits of learning a new skill consistently explained by facilitators.
• Participants are not regularly required to practice and rehearse alternative prosocial skills throughout the group.
• Participants do not consistently practice new prosocial behaviors in increasingly difficult situations.
• Participants are not directly and consistently taught techniques to replace antisocial thinking with appropriate prosocial thoughts.
• Thinking for a Change does not devote any sessions to developing risk or relapse prevention plans.
• Group facilitators are not regularly observed and evaluated with regard to service delivery skills.
• Participants are not surveyed as to their satisfaction with the group.
• Thinking for a Change group does not have clearly outlined criteria as to when the program terminates for each offender.
SCI-Camp Hill
Violence Prevention

<table>
<thead>
<tr>
<th>CPC-GA Sections</th>
<th>Score</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program Staff and Support</td>
<td>50.0%</td>
<td>Needs Improvement</td>
</tr>
<tr>
<td>Offender Assessment</td>
<td>66.7%</td>
<td>Highly Effective</td>
</tr>
<tr>
<td>Treatment</td>
<td>42.9%</td>
<td>Ineffective</td>
</tr>
<tr>
<td>Quality Assurance</td>
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<td>Overall Capacity</td>
<td>46.7%</td>
<td>Needs Improvement</td>
</tr>
<tr>
<td>Overall Content</td>
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</tr>
<tr>
<td>Overall Score</td>
<td>47.3%</td>
<td>Needs Improvement</td>
</tr>
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</table>

Strengths:
- There is a program coordinator in place to oversee management of the groups.
- The program director is adequately involved in the selection or approval of group facilitators. Additionally, group facilitators were selected based upon group facilitation experience and skills.
- Ethical guidelines are in place for group facilitators.
- The institution/stakeholders provide overall support for the facilitation of Violence Prevention.
- PA DOC has developed a matrix to place offenders in groups based upon risk and need. Similarly, the offenders placed in Violence Prevention were deemed appropriate by the group facilitators.
- The risk and needs level is consistently assessed using the LSI-R. Additional needs are assessed using the Criminal Sentiments Scale-Modified and the Hostile Interpretations Questionnaire.
- Responsivity factors are assessed for many of the offenders participating in treatment via tools such as the PAI, MMPI, WRAT, BETA, TCU Motivation Scales, and PAI.
- The major targets for Violence Prevention are criminogenic and include the following: antisocial attitudes, problem solving, conflict resolution, and social skills. Furthermore, Violence Prevention is considered an evidenced based treatment.
- Group facilitators consistently encouraged participation by all members of the group.
- Regular assignment of homework, along with review and feedback, occurs consistently.
- Group norms and expectations are established for each group and followed.
- The length of group is sufficient to affect target behaviors.
- Violence Prevention groups are facilitated by staff from beginning to end.
- The Violence Prevention manual seems to be consistently followed across group facilitators.
- There are clearly established boundaries between the facilitator and group participants.
- Rapport between the facilitator and group participants is clearly established across facilitators.
- Arguments with group participants are avoided consistently across facilitators.
- Violence Prevention group has several sessions that target participants’ underlying attitudes, values, and beliefs.
- Violence Prevention group teaches participants how to address antisocial thinking and identify high risk situations, providing coping and management techniques for both.
- Group participants are administered both pre and post-tests to assess changes in target behaviors.
- Each Violence Prevention group participant is required to have a discharge summary upon completion of the group.

Areas that Need Improvement:
- The group facilitators do not meet the CPC-GA educational requirements of an Associate’s degree or higher in a helping profession. Additionally, the group facilitators do not meet the CPC-GA requirement of working in treatment programs with offenders for at least two years.
- The program coordinator is not involved in providing direct supervision to group facilitators.
- Group facilitators do not attend regular staff meetings to review client progress (i.e. bi-monthly meetings at minimum).
• While facilitators receive adequate initial training related to group curricula, the requirements for additional yearly training related to service delivery is inadequate.
• The group does not meet the CPC-GA criteria requiring at least 70% of participants score moderate to high risk on the LSI-R.
• Not all offenders participating in Violence Prevention were identified as having moderate to high need in antisocial attitudes.
• Groups do not consistently begin and end on time, this primarily appears to be related to movement issues.
• While facilitators appeared comfortable facilitating group, there was not a consistent demonstration of clear knowledge of the curriculum content.
• The Violence Prevention group size exceeds the CPC-GA requirement of no more than 8-10 participants per facilitator.
• Group facilitators do not regularly attempt to address the different learning styles and barriers of the participants.
• The identification and application of appropriate rewards does not occur regularly in the group across facilitators.
• The application of rewards does not outnumber the application of punishers by at least a ratio of 4 to 1.
• Facilitators do not consistently encourage participants to recognize and promote prosocial behavior.
• Appropriate punishers are not used to extinguish antisocial expressions and promote behavioral change consistently across facilitators.
• Matters of noncompliance are not consistently responded to across facilitators.
• Appropriate punishers have not been identified; as such, they are not appropriately applied across facilitators.
• Alternatives to inappropriate behavior are not taught after a punisher is applied consistently across facilitators.
• Potential negative effects produced by a punishment are not consistently recognized or addressed across facilitators.
• Skills are neither modeled nor are the benefits of learning a new skill consistently explained by facilitators.
• Participants are not regularly required to practice and rehearse alternative prosocial skills throughout the group.
• Participants do not consistently practice new prosocial behaviors in increasingly difficult situations.
• Participants are not directly and consistently taught techniques to replace antisocial thinking with appropriate prosocial thoughts.
• Violence Prevention does devote some sessions to developing risk or relapse prevention plans; however, participants are not required to practice these plans.
• Group facilitators are not regularly observed and evaluated with regard to service delivery skills.
• Participants are not surveyed as to their satisfaction with the group.
• Violence Prevention group does not have clearly outlined criteria as to when the program terminates for each offender.
SCI-Camp Hill
Outpatient Sex Offender Programming

CPC-GA Sections                      Score    Rating
Program Staff and Support            50.0%    Needs Improvement
Offender Assessment                  100%     Highly Effective
Treatment                            48.9%    Needs Improvement
Quality Assurance                    40.0%    Ineffective
Overall Capacity                     46.7%    Needs Improvement
Overall Content                      53.8%    Effective
Overall Score                        51.9%    Needs Improvement

Strengths:
- There is a program coordinator in place to oversee management of the groups.
- The program director is adequately involved in the selection or approval of group facilitators. Additionally, group facilitators were selected based upon group facilitation experience and skills.
- Ethical guidelines are in place for group facilitators.
- The institution/stakeholders provide overall support for the facilitation of the outpatient sex offender program.
- PA DOC has developed a matrix to place offenders in groups based upon risk and need. Similarly, the offenders placed in the outpatient sex offender programming groups were deemed appropriate by the group facilitators.
- The risk and needs level is consistently assessed using the LSI-R and Static-99. Additional needs are assessed using the Criminal Sentiments Scale-Modified and the Hostile Interpretations Questionnaire.
- Responsivity factors are assessed for many of the offenders participating in treatment via tools such as the PAI, MMPI, WRAT, BETA, TCU Motivation Scales, and PAI.
- Some of the targets for Medlin: Responsible Living are criminogenic and include the following: antisocial attitudes, problem solving, conflict resolution, relapse prevention and social skills. Furthermore, Medlin: Responsible Living is considered an evidenced based treatment.
- Group facilitators consistently encouraged participation by all members of the group.
- Regular assignment of homework, along with review and feedback, occurs consistently.
- Group norms and expectations are established for each group and followed.
- The length of group is sufficient to affect target behaviors.
- When groups were co-facilitated both facilitators were active.
- The groups do not exceed the CPC-GA requirement of no more than 8-10 participants per facilitator.
- Group facilitators attempt to address the different learning styles and barriers of the participants.
- The group facilitators have clearly identified appropriate rewards to use in group.
- Facilitators regularly respond to matters of noncompliance.
- Rapport between the facilitator and group participants is clearly established across facilitators.
- There are clearly established boundaries between the facilitator and group participants.
- Arguments with group participants are avoided consistently across facilitators
- Medlin: Responsible Living manual has several sessions that target participants’ underlying attitudes, values, and beliefs.
- Medlin: Responsible Living manual teaches participants how to address antisocial thinking and identify high-risk situations, providing coping and management techniques for both.
- The outpatient sex offender groups have outlined criteria as to when the program terminates for each offender.
- Each outpatient sex offender group participant is required to have a discharge summary upon completion of the group.

Areas that Need Improvement:
• The group facilitators do not meet the CPC-GA requirement of working in treatment programs with offenders for at least two years. Additionally, the group facilitators do not meet the CPC-GA educational requirements of an Associate’s degree or higher in a helping profession. The program coordinator is not involved in providing direct supervision to group facilitators.

• Group facilitators do not regularly attend staff meetings to review client progress (i.e. bi-monthly meetings at minimum).

• While some facilitators receive adequate initial training related to group curricula, not all facilitators receive the training. Additionally, the requirements for additional yearly training related to service delivery is inadequate.

• Groups do not consistently begin and end on time, this primarily appears to be related to movement issues.

• While facilitators appeared comfortable facilitating group, there was not a consistent demonstration of clear knowledge of the curriculum content.

• The Medlin: Responsible Living manual was not consistently followed across group facilitators. Additionally, there is no a manual for the Maintenance Group.

• Medlin: Responsible Living groups are facilitated by staff from beginning to end; however, groups on the block are not facilitated by staff.

• The application of appropriate rewards does not occur consistently across the groups.

• The application of rewards does not outnumber the application of punishers by at least a ratio of 4 to 1.

• Facilitators do not consistently encourage participants to recognize and promote prosocial behavior.

• Appropriate punishers are not used to extinguish antisocial expressions and promote behavioral change consistently across facilitators.

• Appropriate punishers have not been identified consistently across facilitators; as such, they are not appropriately applied.

• Alternatives to inappropriate behavior are not taught after a punisher is applied.

• Potential negative effects produced by a punishment are not consistently recognized or addressed across facilitators.

• Skills are neither modeled nor are the benefits of learning a new skill consistently explained by facilitators.

• Participants are not required to practice and rehearse alternative prosocial skills throughout the group.

• Participants do not consistently practice new prosocial behaviors in increasingly difficult situations.

• Participants are not directly and consistently taught techniques to replace antisocial thinking with appropriate prosocial thoughts.

• Medlin: Responsible Living manual also devotes the last phase to developing relapse prevention plans; however, these plans are not rehearsed by the participants.

• Group facilitators are not regularly observed and evaluated with regard to service delivery skills.

• Participants are not surveyed as to their satisfaction with the group.

• Group participants are not administered both pre and post-tests to assess changes in target behaviors.

• Sex offender groups do not have clearly outlined criteria as to when the program terminates for each offender.
Figure 9a: SCI Camp Hill Compared to PADOCA

*Sex Offender Scores include both outpatient and therapeutic community programs if applicable
Figure 9b: Staff Survey Results of SCI Camp Hill Respondents (n=44) Compared to All SCI Respondents (N=1229)
SCI-Coal Township
Batterers’ Intervention

**CPC-GA Sections** | **Score** | **Rating**
--- | --- | ---
Program Staff and Support | 40.0% | Ineffective
Offender Assessment | 83.3% | Highly Effective
Treatment | 36.1% | Ineffective
Quality Assurance | 40.0% | Ineffective
**Overall Capacity** | **40.0%** | **Ineffective**
Overall Content | 42.9% | Ineffective
Overall Score | 42.1% | Ineffective

**Strengths:**
- There is a program coordinator in place to oversee management of the groups.
- The program director is adequately involved in the selection or approval of group facilitators.
- Ethical guidelines are in place for group facilitators.
- The institution/stakeholders provide overall support for the facilitation of Batterers’ Intervention.
- PA DOC has developed a matrix to place offenders in groups based upon risk and need. Similarly, the offenders placed in Batterers’ Intervention were deemed appropriate by the group facilitators.
- The risk and needs level is consistently assessed using the LSI-R. Additional needs are assessed using the Criminal Sentiments Scale-Modified and the Hostile Interpretations Questionnaire.
- Responsivity factors are assessed for many of the offenders participating in treatment via tools such as the PAI, MMPI, WRAT, BETA, TCU Motivation Scales, and PAI.
- The group meets the CPC-GA criteria requiring at least 70% of participants score moderate to high risk on the LSI-R.
- The major targets for Batterers’ Intervention are criminogenic.
- Group facilitators consistently encourage participation by all members of the group. Furthermore, both facilitators appeared active during the group.
- Group norms and expectations are established for each group and followed.
- The Batterers’ Intervention manual was consistently followed across group facilitators.
- The length of group is sufficient to affect target behaviors.
- Batterers’ Intervention groups are consistently facilitated by staff from beginning to end.
- Group facilitators attempt to address the different learning styles and barriers of the participants.
- Rapport between the facilitator and group participants is clearly established across facilitators.
- Batterers’ Intervention group has several sessions that target participants’ underlying attitudes, values, and beliefs.
- Batterers’ Intervention group teaches participants how to address antisocial thinking and identify high-risk situations, providing coping and management techniques for both.
- Group participants are administered both pre and post-tests to assess changes in target behaviors.
- Each Batterers’ Intervention group participant is required to have a discharge summary upon completion of the group.

**Areas that Need Improvement:**
- The group facilitators do not all meet the CPC-GA educational requirements of an Associate’s degree or higher in a helping profession.
- The group facilitators do not all meet the CPC-GA requirement of working in treatment programs with offenders for at least two years.
- The program coordinator is not involved in providing direct supervision to group facilitators.
- Group facilitators do not appear to be selected for skills and values consistent with rehabilitation.
- Group facilitators do not attend staff meetings to review client progress (i.e. bi-monthly meetings at minimum).
• While some facilitators receive adequate initial training related to group curricula not all have been trained. Additionally, the requirements for additional yearly training related to service delivery is inadequate.
• Not all offenders participating in Batterers’ Intervention were identified as having moderate to high need in aggression based on the HIQ.
• The Duluth Model for Batterers’ Intervention is not considered an evidenced based intervention.
• Groups do not consistently begin and end on time, this primarily appears to be related to movement issues.
• Not all facilitators appeared comfortable facilitating group, and there was not a consistent demonstration of clear knowledge of the curriculum content.
• Regular assignment of homework, along with review and feedback, does not occur consistently.
• The Batterers’ Intervention group size exceeds the CPC-GA requirement of no more than 8-10 participants per facilitator.
• The application of rewards does not outnumber the application of punishers by at least a ratio of 4 to 1.
• Facilitators do not consistently encourage participants to recognize and promote prosocial behavior within the Batterers’ Intervention group.
• Appropriate punishers are not used to extinguish antisocial expressions and promote behavioral change consistently across facilitators.
• Alternatives to inappropriate behavior are not taught after a punisher is applied.
• Participants are not required to practice and rehearse alternative prosocial skills throughout the group consistently across facilitators.
• Participants do not consistently practice new prosocial behaviors in increasingly difficult situations.
• There are not clearly established boundaries between the all facilitators and group participants.
• Arguments with group participants are not avoided consistently across facilitators.
• Participants are not directly and consistently taught techniques to replace antisocial thinking with appropriate prosocial thoughts.
• While Batterers’ Intervention devotes some sessions to developing risk or relapse prevention plans, participants are not required to practice relapse prevention techniques or plans.
• Group facilitators are not regularly observed and evaluated with regard to service delivery skills.
• Participants are not surveyed as to their satisfaction with the group.
• Batterers’ Intervention group does not have clearly outlined criteria as to when the program terminates for each offender.
SCI-Coal Township
Thinking for a Change

<table>
<thead>
<tr>
<th>CPC-GA Sections</th>
<th>Score</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program Staff and Support</td>
<td>40.0%</td>
<td>Ineffective</td>
</tr>
<tr>
<td>Offender Assessment</td>
<td>83.3%</td>
<td>Highly Effective</td>
</tr>
<tr>
<td>Treatment</td>
<td>44.4%</td>
<td>Ineffective</td>
</tr>
<tr>
<td>Quality Assurance</td>
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<td>Ineffective</td>
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<tr>
<td>Overall Capacity</td>
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<td>Ineffective</td>
</tr>
<tr>
<td>Overall Content</td>
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</tr>
<tr>
<td>Overall Score</td>
<td>47.4%</td>
<td>Needs Improvement</td>
</tr>
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Strengths:
- There is a program coordinator in place to oversee management of the groups.
- The program director is adequately involved in the selection or approval of group facilitators.
- Ethical guidelines are in place for group facilitators.
- The institution/stakeholders provide overall support for the facilitation of Thinking for a Change.
- PA DOC has developed a matrix to place offenders in groups based upon risk and need. Similarly, the offenders placed in Thinking for a Change were deemed appropriate by the group facilitators.
- The risk and needs level is consistently assessed using the LSI-R. Additional needs are assessed using the Criminal Sentiments Scale-Modified and the Hostile Interpretations Questionnaire.
- Responsivity factors are assessed for many of the offenders participating in treatment via tools such as the PAI, MMPI, WRAT, BETA, TCU Motivation Scales, and PAI.
- The group meets the CPC-GA criteria requiring at least 70% of participants score moderate to high risk on the LSI-R.
- The major targets for Thinking for a Change are criminogenic and include the following: antisocial attitudes, problem solving, conflict resolution, and social skills.
- Thinking for a Change is considered an evidenced based intervention.
- Facilitators appeared comfortable facilitating group and there was a consistent demonstration of clear knowledge of the curriculum content.
- Group facilitators consistently encourage participation by all members of the group.
- Group norms and expectations are established for each group and followed.
- The length of group is sufficient to affect target behaviors.
- Thinking for a Change groups are consistently facilitated by staff from beginning to end.
- Group facilitators attempt to address the different learning styles and barriers of the participants.
- Rapport between the facilitator and group participants is clearly established across facilitators.
- There are clearly established boundaries between the facilitators and group participants.
- Arguments with group participants are avoided consistently across facilitators.
- Thinking for a Change group has several sessions that target participants’ underlying attitudes, values, and beliefs.
- Thinking for a Change group teaches participants how to address antisocial thinking and identify high-risk situations, providing coping and management techniques for both.
- Group participants are administered both pre and post-tests to assess changes in target behaviors.
- Each Thinking for a Change group participant is required to have a discharge summary upon completion of the group.

Areas that Need Improvement:
- The group facilitators do not all meet the CPC-GA educational requirements of an Associate’s degree or higher in a helping profession.
- The group facilitators do not all meet the CPC-GA requirement of working in treatment programs with offenders for at least two years.
- The program coordinator is not involved in providing direct supervision to group facilitators.
• Group facilitators do not appear to be selected for skills and values consistent with rehabilitation.
• Group facilitators do not attend staff meetings to review client progress (i.e. bi-monthly meetings at minimum).
• Facilitators do not receive adequate initial training related to group curricula, nor are the requirements for additional yearly training related to service delivery adequate.
• Not all offenders participating in Thinking for a Change were identified as having moderate to high need in antisocial attitudes.
• Groups do not consistently begin and end on time, this primarily appears to be related to movement issues.
• Regular assignment of homework, along with review and feedback, does not occur consistently.
• The Thinking for a Change manual is consistently followed across group facilitators.
• The Thinking for a Change group size exceeds the CPC-GA requirement of no more than 8-10 participants per facilitator.
• The identification and application of appropriate rewards does not occur regularly in the group.
• The application of rewards does not outnumber the application of punishers by at least a ratio of 4 to 1.
• Facilitators do not consistently encourage participants to recognize and promote prosocial behavior within the Thinking for a Change group.
• Appropriate punishers are not used to extinguish antisocial expressions and promote behavioral change consistently across facilitators.
• Alternatives to inappropriate behavior are not taught after a punisher is applied.
• Facilitators do not regularly respond to matters of noncompliance.
• Potential negative effects produced by a punishment are not consistently recognized or addressed across facilitators.
• Skills are neither modeled nor are the benefits of learning a new skill consistently explained by facilitators.
• Participants are not required to practice and rehearse alternative prosocial skills throughout the group consistently across facilitators.
• Participants do not consistently practice new prosocial behaviors in increasingly difficult situations.
• Participants are not directly and consistently taught techniques to replace antisocial thinking with appropriate prosocial thoughts.
• Thinking for a Change does not devote sessions to developing risk or relapse prevention plans or the practice of relapse prevention plans.
• Group facilitators are not regularly observed and evaluated with regard to service delivery skills.
• Participants are not surveyed as to their satisfaction with the group.
• Thinking for a Change group does not have clearly outlined criteria as to when the program terminates for each offender.
SCI-Coal Township  
Violence Prevention

<table>
<thead>
<tr>
<th>CPC-GA Sections</th>
<th>Score</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program Staff and Support</td>
<td>40.0%</td>
<td>Ineffective</td>
</tr>
<tr>
<td>Offender Assessment</td>
<td>83.3%</td>
<td>Highly Effective</td>
</tr>
<tr>
<td>Treatment</td>
<td>28.6%</td>
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</tr>
<tr>
<td>Quality Assurance</td>
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<td>Ineffective</td>
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<tr>
<td>Overall Capacity</td>
<td>40.0%</td>
<td>Ineffective</td>
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<tr>
<td>Overall Content</td>
<td>36.6%</td>
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</tr>
<tr>
<td>Overall Score</td>
<td>37.5%</td>
<td>Ineffective</td>
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</table>

**Strengths:**
- There is a program coordinator in place to oversee management of the groups.
- The program director is adequately involved in the selection or approval of group facilitators.
- Ethical guidelines are in place for group facilitators.
- The institution/stakeholders provide overall support for the facilitation of Violence Prevention.
- PA DOC has developed a matrix to place offenders in groups based upon risk and need. Similarly, the offenders placed in Violence Prevention were deemed appropriate by the group facilitators.
- The risk and needs level is consistently assessed using the LSI-R. Additional needs are assessed using the Criminal Sentiments Scale-Modified and the Hostile Interpretations Questionnaire.
- Responsivity factors are assessed for many of the offenders participating in treatment via tools such as the PAI, MMPI, WRAT, BETA, TCU Motivation Scales, and PAI.
- The group meets the CPC-GA criteria requiring at least 70% of participants score moderate to high risk on the LSI-R.
- The major targets of Violence Prevention are criminogenic and include the following: antisocial attitudes, anger, and conflict resolution.
- Violence Prevention is considered an evidenced based intervention.
- Facilitators appeared comfortable facilitating group and there was a consistent demonstration of clear knowledge of the curriculum content.
- Group norms and expectations are established for each group and followed.
- The length of group is sufficient to affect target behaviors.
- Group facilitators attempt to address the different learning styles and barriers of the participants.
- Rapport between the facilitator and group participants is clearly established across facilitators. There are clearly established boundaries between the facilitators and group participants.
- Arguments with group participants are avoided consistently across facilitators.
- Violence Prevention group has several sessions that target participants’ underlying attitudes, values, and beliefs.
- Violence Prevention group teaches participants how to address antisocial thinking and identify high-risk situations, providing coping and management techniques for both.
- Participants are directly and consistently taught techniques to replace antisocial thinking with appropriate prosocial thoughts.
- Group participants are administered both pre and post-tests to assess changes in target behaviors.
- Each Violence Prevention group participant is required to have a discharge summary upon completion of the group.

**Areas that Need Improvement:**
- The program coordinator is not involved in providing direct supervision to group facilitators.
- The group facilitators do not all meet the CPC-GA educational requirements of an Associate’s degree or higher in a helping profession.
- The group facilitators do not all meet the CPC-GA requirement of working in treatment programs with offenders for at least two years.
• Group facilitators do not appear to be selected for skills and values consistent with rehabilitation.
• Group facilitators do not attend staff meetings to review client progress (i.e. bi-monthly meetings at minimum).
• Facilitators do not receive adequate initial training related to group curricula, nor are the requirements for additional yearly training related to service delivery adequate.
• Not all offenders participating in Violence Prevention were identified as having moderate to high need in aggression.
• Groups do not consistently begin and end on time, this primarily appears to be related to movement issues.
• Group facilitators do not consistently encourage participation by all members of the group.
• Regular assignment of homework, along with review and feedback, does not occur consistently.
• The Violence Prevention manual is not consistently followed across group facilitators.
• Violence Prevention groups are not consistently facilitated by staff from beginning to end.
• The Violence Prevention group size exceeds the CPC-GA requirement of no more than 8-10 participants per facilitator.
• The identification and application of appropriate rewards does not occur regularly in the group.
• The application of rewards does not outnumber the application of punishers by at least a ratio of 4 to 1.
• Facilitators do not consistently encourage participants to recognize and promote prosocial behavior within the Violence Prevention group.
• Appropriate punishers are not used to extinguish antisocial expressions and promote behavioral change consistently across facilitators.
• Alternatives to inappropriate behavior are not taught after a punisher is applied.
• Facilitators do not regularly respond to matters of noncompliance.
• Potential negative effects produced by a punishment are not consistently recognized or addressed across facilitators.
• Skills are neither modeled nor are the benefits of learning a new skill consistently explained by facilitators.
• Participants are not required to practice and rehearse alternative prosocial skills throughout the group consistently across facilitators.
• Participants do not consistently practice new prosocial behaviors in increasingly difficult situations.
• There are not clearly established boundaries between the all facilitators and group participants.
• Arguments with group participants are not avoided consistently across facilitators.
• While Violence Prevention does devote some sessions to developing risk or relapse prevention plans or the practice of relapse prevention plans does not occur.
• Group facilitators are not regularly observed and evaluated with regard to service delivery skills.
• Participants are not surveyed as to their satisfaction with the group.
• Violence Prevention group does not have clearly outlined criteria as to when the program terminates for each offender.
SCI-Coal Township

Outpatient Sex Offender Programming

<table>
<thead>
<tr>
<th>CPC-GA Sections</th>
<th>Score</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program Staff and Support</td>
<td>50.0%</td>
<td>Needs Improvement</td>
</tr>
<tr>
<td>Offender Assessment</td>
<td>100%</td>
<td>Highly Effective</td>
</tr>
<tr>
<td>Treatment</td>
<td>40.0%</td>
<td>Ineffective</td>
</tr>
<tr>
<td>Quality Assurance</td>
<td>60.0%</td>
<td>Effective</td>
</tr>
<tr>
<td>Overall Capacity</td>
<td>53.3%</td>
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</tr>
<tr>
<td>Overall Content</td>
<td>46.2%</td>
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</tr>
<tr>
<td>Overall Score</td>
<td>48.1%</td>
<td>Needs Improvement</td>
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Strengths:
- There is a program coordinator in place to oversee management of the groups.
- The program director is adequately involved in the selection or approval of group facilitators.
- Group facilitators were selected based upon group facilitation experience and skills.
- The group facilitators meet the CPC-GA educational requirements of an Associate’s degree or higher in a helping profession.
- Ethical guidelines are in place for group facilitators.
- PA DOC has developed a matrix to place offenders in groups based upon risk and need. Similarly, the offenders placed in the outpatient sex offender programming groups were deemed appropriate by the group facilitators.
- The risk and needs level is consistently assessed using the LSI-R and Static-99. Additional needs are assessed using the Criminal Sentiments Scale-Modified and the Hostile Interpretations Questionnaire.
- Responsivity factors are assessed for many of the offenders participating in treatment via tools such as the PAI, MMPI, WRAT, BETA, TCU Motivation Scales, and PAI.
- Some of the targets for Medlin: Responsible Living are criminogenic and include the following: antisocial attitudes, problem solving, conflict resolution, relapse prevention and social skills. Furthermore, Medlin: Responsible Living is considered an evidenced based treatment.
- Facilitators appeared comfortable facilitating group, and there was a consistent demonstration of clear knowledge of the curriculum content.
- Group facilitators consistently encouraged participation by all members of the group.
- Group norms and expectations are established for each group and followed.
- When groups were co-facilitated both facilitator’s were active.
- Medlin: Responsible Living groups are facilitated by staff from beginning to end.
- The group facilitators have clearly identified appropriate rewards to use in group.
- Rapport between the facilitator and group participants is clearly established across facilitators.
- Medlin: Responsible Living manual has several sessions that target participants’ underlying attitudes, values, and beliefs.
- Medlin: Responsible Living manual teaches participants how to address antisocial thinking and identify high-risk situations, providing coping and management techniques for both.
- Participants are directly and consistently taught techniques to replace antisocial thinking with appropriate prosocial thoughts.
- Participants are not surveyed as to their satisfaction with the group.
- The outpatient sex offender groups have outlined criteria as to when the program terminates for each offender.
- Each outpatient sex offender group participant is required to have a discharge summary upon completion of the group.

Areas that Need Improvement:
- All group facilitators did not complete a staff survey resulting in their not meeting the CPC-GA requirement of working in treatment programs with offenders for at least two years.
- The program coordinator is not involved in providing direct supervision to group facilitators.
- Group facilitators do not regularly attend staff meetings to review client progress (i.e. bi-monthly meetings at minimum).
- While some facilitators receive adequate initial training related to group curricula, not all facilitators receive the training. Additionally, the requirements for additional yearly training related to service delivery is inadequate.
- Overall support for the facilitation of the outpatient sex offender program is lacking.
- Groups do not consistently begin and end on time, this primarily appears to be related to movement issues.
- Regular assignment of homework, with review and feedback, does not occur consistently.
- The Medlin: Responsible Living manual was not consistently followed across group facilitators.
- The groups exceed the CPC-GA requirement of no more than 8-10 participants per facilitator.
- Group facilitators do not consistently attempt to address the different learning styles and barriers of the participants.
- The application of appropriate rewards does not occur consistently across the groups.
- The application of rewards does not outnumber the application of punishers by at least a ratio of 4 to 1.
- Facilitators do not consistently encourage participants to recognize and promote prosocial behavior.
- Appropriate punishers are not used to extinguish antisocial expressions and promote behavioral change consistently across facilitators.
- Facilitators do not regularly respond to matters of noncompliance.
- Appropriate punishers have not been identified consistently across facilitators; as such they are not appropriately applied.
- Alternatives to inappropriate behavior are not taught after a punisher is applied.
- Potential negative effects produced by a punishment are not consistently recognized or addressed across facilitators.
- Skills are neither modeled nor are the benefits of learning a new skill consistently explained by facilitators.
- Participants are not required to practice and rehearse alternative prosocial skills throughout the group.
- Participants do not consistently practice new prosocial behaviors in increasingly difficult situations.
- There are not clearly established boundaries between all the facilitators and group participants.
- Arguments with group participants are avoided consistently across facilitators.
- Medlin: Responsible Living manual also devotes the last phase to developing relapse prevention plans; however, these plans are not rehearsed by the participants.
- Group facilitators are not regularly observed and evaluated with regard to service delivery skills.
- Group participants are not administered both pre and post-tests to assess changes in target behaviors.
Figure 10a: SCI Coal Township Compared to PADO

*Sex Offender Scores include both outpatient and therapeutic community programs
Figure 10b: Staff Survey Results of SCI Coal Township (n=12) Compared to All SCI Respondents (N=1229)
### CPC-GA SECTIONS

<table>
<thead>
<tr>
<th>Section</th>
<th>SCORE</th>
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<tbody>
<tr>
<td>Program Staff and Support</td>
<td>60.0%</td>
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<td>Offender Assessment</td>
<td>66.7%</td>
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<td>Quality Assurance</td>
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<td>Overall Score</td>
<td>44.6%</td>
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</table>

**Strengths:**
- There is a program coordinator in place to oversee the batterers’ intervention program.
- The program coordinator plays and active role in selecting treatment specialists.
- The group facilitators meet the CPC-GA educational requirements and are experienced in offender rehabilitation.
- Ethical guidelines are in place for group facilitators.
- The institution/stakeholders provide overall support for the facilitation of batterers’ intervention programming.
- Offender risk and need is assessed using the LSI-R and the HIQ.
- Responsivity factors are assessed for many of the VP participants via tools such as the MMPI, WRAT, BETA, TCU-Treatment Motivation scales and PAI.
- Batterers’ intervention targets primarily high risk offenders.
- The primary focus of the batterers’ intervention program is on criminogenic need areas.
- The batterers’ intervention facilitators appeared knowledgeable of the material being taught.
- Facilitators consistently encouraged group participation.
- Homework was consistently assigned and regularly reviewed by group facilitators.
- Group norms were established via a pre-treatment contract.
- The length of the group was sufficient to affect behavior change.
- Group manuals were developed and followed and groups were consistently conducted by the facilitator.
- The facilitators had clearly established rapport with the group participants and had no apparent issues with inappropriate boundaries.
- Batterers’ intervention sessions target participant’s underlying attitudes, values, and beliefs.
- Group participants are administered pre-post-tests to assess changes in target behaviors.
- Staff complete discharge summaries for each participant upon completion of the group.

**Areas that Need Improvement:**
- The program coordinator plays a limited role in supervising treatment specialists.
- Treatment specialists were not selected based upon skills and values consistent with offender rehabilitation.
- Group facilitators do not consistently attend staff meetings to review client progress (i.e. bimonthly at minimum).
- While facilitators have adequate initial training related to the group curriculum, the requirements for yearly trainings related to service delivery is inadequate.
- There are exclusionary criteria in place for group participation; however, some participants appear inappropriate for the services being offered.
- While most offenders in the BIP group where moderate to high need based on the LSI-R and HIQ, this was not true for all participants.
- The Duluth program model being used for BIP has been shown to be ineffective at reducing offending behavior.
- Due to institutional movement issues, group does not consistently start and end on time.
The group size was not consistently at or below the recommended ratio of 1 staff to 8-10 offenders as the group did not consistently have two group facilitators.

Responsivity issues such as language barriers or material comprehension were not consistently addressed.

The range of rewards and punishers used by the program was inadequate.

The application of rewards and punishers could be improved and the frequency of rewards does not outnumber punishers by a ratio of at least 4 to 1.

Facilitators do not consistently encourage participants to recognize and promote one another’s prosocial behavior.

Prosocial alternatives to inappropriate behavior were not regularly taught after a punisher was applied.

Facilitators did not consistently respond appropriately to noncompliance issues and facilitators did not consistently recognize and deal with possible negative effects of punishers.

Prosocial skills are not regularly modeled.

Participants are not required to practice and rehearse alternative prosocial skills frequently enough throughout the group. Likewise, participants do not consistently practice new prosocial behaviors in increasingly difficult situations.

Boundaries between the facilitators and group participants were not consistently established and staff did not consistently avoid argumentation with participants.

Participants were not consistently taught techniques to replace antisocial thinking with appropriate prosocial thoughts and antisocial thinking and values were not consistently addressed.

Comprehensive relapse prevention plans were not developed to help decrease future violent behaviors.

Batterers’ intervention groups were not regularly observed with feedback given to facilitators on group delivery skills.

Batterers’ intervention participants were not given a satisfaction survey upon group completion.

Objective completion criteria were not in place.
SCI-Cresson
Thinking for a Change

CPC-GA SECTIONS             SCORE      RATING
Program Staff and Support    60.0%      Effective
Offender Assessment          100.0%     Highly Effective
Treatment                    31.4%      Ineffective
Quality Assurance            40.0%      Ineffective
Overall Capacity             53.3%      Needs Improvement
Overall Content              41.5%      Ineffective
Overall Score                44.6%      Ineffective

Strengths:
• There is a program coordinator in place to oversee the Thinking for a Change program.
• The program coordinator plays and active role in selecting treatment specialists.
• The group facilitators meet the CPC-GA educational requirements and are experienced in offender rehabilitation.
• Ethical guidelines are in place for group facilitators.
• The institution/stakeholders provide overall support for the facilitation of Thinking for a Change programming.
• There are exclusionary criteria in place for group participation and participants appear appropriate for the services being offered.
• Offender risk and need is assessed using the LSI-R and the CSS-M.
• Responsivity factors are assessed for many of the participants via tools such as the MMPI, WRAT, BETA, TCU-Treatment Motivation scales and PAL.
• Thinking for a Change targets primarily high risk offenders and targets moderate-high need offenders based upon the LSI-R and CSS-M.
• The primary focus of the Thinking for a Change program is on criminogenic need areas.
• Thinking for a Change is an evidence based program model.
• The Thinking for a Change facilitators appeared knowledgeable of the material being taught.
• Group norms were established via a pre-treatment contract.
• The length of the group was sufficient to affect behavior change.
• Groups were consistently conducted by the facilitators.
• The facilitators had clearly established rapport with the group participants.
• Thinking for a Change sessions target participant’s underlying attitudes, values, and beliefs.
• Group participants are administered pre-post-tests to assess changes in target behaviors.
• Staff complete discharge summaries for each participant upon completion of the group.

Areas that Need Improvement:
• The program coordinator plays a limited role in supervising treatment specialists.
• Treatment specialists were not selected based upon skills and values consistent with offender rehabilitation.
• Group facilitators do not consistently attend staff meetings to review client progress (i.e. bimonthly at minimum).
• While facilitators have adequate initial training related to the group curriculum, the requirements for yearly trainings related to service delivery is inadequate.
• Due to institutional movement issues, group does not consistently start and end on time.
• The group size was not consistently at or below the recommended ratio of 1 staff to 8-10 offenders.
• Facilitators did not consistently require that all offenders participate in role play.
• Group manuals were adopted but not consistently followed.
• Homework was not consistently assigned and reviewed for each offender with feedback.
• Responsivity issues such as language barriers or material comprehension were not consistently addressed.
• The range of rewards and punishers used by the program was inadequate.
• The application of rewards and punishers could be improved and the frequency of rewards does not outnumber punishers by a ratio of at least 4 to 1.
• Facilitators do not consistently encourage participants to recognize and promote one another’s prosocial behavior.
• Prosocial alternatives to inappropriate behavior were not regularly taught after a punisher was applied.
• Facilitators did not consistently respond appropriately to noncompliance issues and facilitators did not consistently recognize and deal with possible negative effects of punishers.
• Prosocial skills are not regularly modeled.
• All participants are not required to practice and rehearse alternative prosocial skills frequently enough throughout the group. Likewise, participants do not consistently practice new prosocial behaviors in increasingly difficult situations.
• Some inappropriate boundaries were witnessed related to antisocial bonding with offenders and facilitators did not consistently avoid argumentation with offenders.
• Antisocial attitudes and high risk situations were not consistently addressed.
• Participants were not consistently taught techniques to replace antisocial thinking with appropriate prosocial thoughts and antisocial thinking and values were not consistently addressed.
• Comprehensive relapse prevention plans were not developed to help decrease future violent behaviors.
• Thinking for a Change groups were not regularly observed by supervisors with feedback given to facilitators on group delivery skills.
• Thinking for a Change participants were not given a satisfaction survey upon group completion.
• Objective completion criteria were not in place.
CPC-GA SECTIONS | SCORE | RATING
--- | --- | ---
Program Staff and Support | 60.0% | Effective
Offender Assessment | 83.3% | Highly Effective
Treatment | 31.4% | Ineffective
Quality Assurance | 40.0% | Ineffective
Overall Capacity | 53.3% | Needs Improvement
Overall Content | 39.0% | Ineffective
Overall Score | 42.9% | Ineffective

Strengths:
- There is a program coordinator in place to oversee the violence prevention program.
- The program coordinator plays an active role in selecting treatment specialists.
- The group facilitators meet the CPC-GA educational requirements and are experienced in offender rehabilitation.
- Ethical guidelines are in place for group facilitators.
- The institution/stakeholders provide overall support for the facilitation of violence prevention programming.
- There are exclusionary criteria in place for group participation and offenders appear appropriate for the services being offered.
- Offender risk and need is assessed using the LSI-R and the HIQ.
- Responsivity factors are assessed for many of the VP participants via tools such as the MMPI, WRAT, BETA, TCU-Treatment Motivation scales and PAI.
- Violence prevention targets primarily high risk offenders.
- The primary focus of the violence prevention program is on criminogenic need areas.
- The program model being used incorporates many evidence-based, cognitive-behavioral elements.
- The violence prevention facilitators appeared knowledgeable of the material being taught.
- Group norms were established via a pre-treatment contract.
- The length of the group was sufficient to affect behavior change.
- Group manuals were developed and followed and groups were consistently conducted by the facilitator.
- The facilitators had clearly established rapport with the group participants.
- Violence prevention sessions target participant’s underlying attitudes, values, and beliefs.
- Group participants are administered pre-post-tests to assess changes in target behaviors.
- Staff complete discharge summaries for each violence prevention participant upon completion of the group.

Areas that Need Improvement:
- The program coordinator plays a limited role in supervising treatment specialists.
- Treatment specialists were not selected based upon skills and values consistent with offender rehabilitation.
- Group facilitators do not consistently attend staff meetings to review client progress (i.e. bimonthly at minimum).
- While facilitators have adequate initial training related to the group curriculum, the requirements for yearly trainings related to service delivery is inadequate.
- While most offenders in the VP group where moderate to high need based on the HIQ, this was not true for all participants.
- Due to institutional movement issues, group does not consistently start and end on time.
- Facilitators did not consistently encourage group participation.
- Homework was consistently assigned, but not regularly reviewed by group facilitators.
- The group size was not consistently at or below the recommended ratio of 1 staff to 8-10 offenders.
- Responsivity issues such as language barriers or material comprehension were not consistently addressed.
- The range of rewards and punishers used by the program was inadequate.
• The application of rewards and punishers could be improved and the frequency of rewards does not outnumber punishers by a ratio of at least 4 to 1.
• Facilitators do not consistently encourage participants to recognize and promote one another’s prosocial behavior.
• Prosocial alternatives to inappropriate behavior were not regularly taught after a punisher was applied.
• Facilitators did not consistently respond appropriately to noncompliance issues and facilitators did not consistently recognize and deal with possible negative effects of punishers.
• Prosocial skills are not regularly modeled.
• Participants are not required to practice and rehearse alternative prosocial skills frequently enough throughout the group. Likewise, participants do not consistently practice new prosocial behaviors in increasingly difficult situations.
• Boundaries between the facilitators and group participants were not consistently established and staff did not consistently avoid argumentation with participants.
• Participants were not consistently taught techniques to replace antisocial thinking with appropriate prosocial thoughts and antisocial thinking and values were not consistently addressed.
• Comprehensive relapse prevention plans were not developed to help decrease future violent behaviors.
• Violence prevention groups were not regularly observed with feedback given to facilitators on group delivery skills.
• Violence prevention participants were not given a satisfaction survey upon group completion.
• Objective completion criteria were not in place.
SCI-Cresson
Outpatient Sex Offender Programming

CPC-GA SECTIONS    SCORE    RATING
Program Staff and Support    70.0%    Highly Effective
Offender Assessment    100.0%    Highly Effective
Treatment    39.4%    Ineffective
Quality Assurance    40.0%    Ineffective
Overall Capacity    60.0%    Effective
Overall Content    45.9%    Needs Improvement
Overall Score    50.0%    Needs Improvement

Strengths:
• There was a program coordinator in place to oversee the groups being offered and to select or approve group facilitators.
• The group facilitators meet the CPC-GA educational requirements of an Associate’s degree or higher in a helping profession and are experienced in offender rehabilitation.
• The group facilitators are selected for skills and values consistent with offender rehabilitation.
• Ethical guidelines are in place for group facilitators.
• The institution/stakeholders provide overall support for the facilitation of sex offender programming.
• There are exclusionary criteria in place for group participation and offenders appear appropriate for the services being offered.
• Offender risk and need is assessed using both the LSI-R and the Static-99.
• Responsivity factors are assessed for many of the SOP participants via tools such as the MMPI, WRAT, BETA, TCU-Treatment Motivation scales and PAI.
• Sex offenders are separated by risk by offering a both a low and moderate-high risk group.
• The primary focus of the sex offender program is on criminogenic needs such as sexual deviance, cognitive distortions, self-management skills and relapse prevention.
• SOP treatment is based upon a cognitive-behavioral model.
• The SOP facilitators appeared knowledgeable of the material being taught.
• Homework is regularly assigned and consistently reviewed by the facilitator with feedback provided to participants.
• The length of SOP groups was sufficient to affect the target behavior.
• The SOP program uses the Medlin program and the curriculum is consistently followed.
• Groups were consistently conducted by the staff.
• Boundaries between the facilitators and group participants appeared to be clearly established. Additionally, facilitators avoided argumentation and appeared to have good rapport with the offenders.
• SOP sessions target participant’s underlying attitudes, values, and beliefs and participants are taught techniques for addressing high risk situations.
• Risk/relapse prevention plans are developed and rehearsed.
• Pre-post testing is used to gauge offender progress on target behaviors.
• A discharge summary is written for each SOP group participant upon completion of the group.

Areas that Need Improvement:
• The program coordinator provides limited direct supervision to facilitators and regular staff meetings are not held.
• There was no program coordinator in place to select or approve group facilitators at the time of the assessment.
• While facilitators have adequate initial training related to the group curriculum, the requirements for yearly trainings related to service delivery is inadequate.
• The SOP groups did not consistently start and end on time.
• Not all offenders actively participated in the group interventions.
• Group norms/expectations were not consistently established and followed
• The group size was not consistently at or below the recommended ratio of 1 staff to 8-10 offenders.
• While the SOP does offer a group for special needs offenders, the facilitators were not consistent in addressing responsivity issues within the SOP group setting.
• The identification and application of appropriate rewards does not occur regularly in the group. Likewise, the application of rewards does not outnumber the application of punishers by at least a ratio of 4 to 1.
• Facilitators do not consistently encourage participants to recognize and promote one another’s prosocial behavior.
• A range of appropriate punishers were not consistently used to extinguish antisocial expressions and promote behavioral change.
• Facilitators do not consistently respond appropriately to matters of noncompliance (e.g., group punishers are sometimes used when one person has engaged in an infraction).
• Alternatives to inappropriate behavior are not regularly taught after a punisher is applied.
• Potential negative effects produced by a punishment are not consistently recognized or addressed across facilitators.
• New prosocial skills are not modeled, nor are the benefits of learning the new skill consistently explained by facilitators.
• Participants are not required to practice and rehearse alternative prosocial skills throughout the group.
• Participants do not consistently practice new prosocial behaviors in increasingly difficult situations.
• Participants are not systematically and consistently taught techniques to replace antisocial thinking with appropriate prosocial thoughts.
• Group facilitators are not regularly observed and evaluated with regard to service delivery skills.
• Participants are not surveyed as to their satisfaction with the group.
• SOP group does not have clearly outlined criteria as to when the program terminates for each offender.
SCI-Cresson
Sex Offender Programming—Therapeutic Community

CPC SECTIONS          SCORE          RATING
Program Leadership and Development  58.3%       Effective
Staff Characteristics           63.6%       Effective
Offender Assessment             84.6%       Highly Effective
Treatment Characteristics       41.2%       Ineffective
Quality Assurance               33.3%       Ineffective
Overall Capacity                55.2%       Effective
Overall Content                 55.3%       Effective
Overall Score                   53.3%       Effective

Strengths:
- The program director is qualified, by way of experience and education.
- The program director is actively involved in the selection and supervision of staff and is involved in conducting treatment via the low risk SOP group.
- The institution/stakeholders provide overall support for sex offender therapeutic community.
- Funding appears to be adequate to operate the program as designed.
- The program staff meets the CPC education and experience requirements.
- Regular staff meetings are held to review offender progress in treatment.
- Program staff receives clinical supervision by a licensed professional.
- Staff have input into the structure of programming and support the goal of offender treatment.
- Ethical guidelines are in place for SOP-TC staff.
- There are exclusionary criteria in place for program participation and offenders appear appropriate for the services being offered.
- Offender risk and need is assessed using the LSI-R, Static-99, and a dynamic needs assessment.
- The program targets primarily higher risk sex offenders and provides more intensive treatment for higher risk offenders.
- The primary focus of the sex offender program is on criminogenic needs such as sexual deviance, cognitive distortions, self-management skills and relapse prevention.
- While the SOP-TC does use a therapeutic community model, cognitive-behavioral elements are incorporated into programming.
- The average length of treatment is approximately 12 months, which is appropriate for the population being served.
- The program uses the Medlin Model which is a structured SOP curriculum.
- Offenders in the program are involved in therapeutic activity 40-70% of the time.
- The program attempts to match staff to the services they are most adept at delivering.
- Offenders have input into the structure of the program.
- Objective completion criteria is in place and the completion rate falls within an acceptable range (between 65 and 85%).
- Groups within the SOP program are monitored by staff.
- A discharge summary is completed on each SOP-TC participant upon completion of the program.
- The SOP-TC does have an institution-based aftercare component.
- All offenders are reassessed on acute and static risk factors for sexual offending.

Areas that Need Improvement:
- The program coordinator does not play an active enough role in training new staff.
- The program should regularly consult the literature related to effective interventions with offenders.
- Program staff should be evaluated at least annually with a tool that measures service delivery skills, such as group facilitation skills, effective use of authority and appropriate interaction with residents.
While staff originally selected to work at the TC did receive adequate training in the theory and philosophy employed by the program, the training for new staff hired to work at the program is not adequate.

Staff are not required to attend at least 40 hours of ongoing training per year related to service delivery.

With regard to assessment, the program should either assess or access assessment results related to responsivity factors, such as mental health issues, cognitive ability, motivation and personality testing.

The risk assessments being used should be validated on the population being served.

While the program targets a range of criminogenic needs, the density or time spent targeting these needs versus non-criminogenic needs should be increased.

While SOP-TC participants live in a separate housing unit, they are not fully separated from other inmates in the institution.

Program participants are not separated by risk.

Risk, need, and responsivity factors do not guide how offenders are matched to interventions.

The range of reinforcers should be increased, for example, there should be more incentives attached to phase advancement. Likewise, the ratio of reinforcers should outweigh punishers by at least 4:1.

While some types of punishers were appropriate, i.e., community service, others were not, i.e. singing. Furthermore, punishers did not consistently match the level of infraction.

Staff did not systematically monitor for the negative effects from punishers.

While there is some role-play built into the curriculum, the program should offer additional structured skill building opportunities. Likewise, graduated rehearsal should be used to teach residents skills in increasingly difficult situations.

The group size was not consistently at or below the recommended ratio of 1 staff to 8-10 offenders.

The program has no component for family/significant others.

While there is an aftercare component to the program, the quality of the aftercare services could be improved.

Group facilitators are not regularly observed and evaluated with regard to service delivery skills.

Participants are not consistently surveyed as to their satisfaction with the program.

Recidivism rates are not being tracked and there is no evaluator affiliated with the program.
Figure 11a: SCI Cresson Compared to PADOCS

*Sex Offender Scores include both outpatient and therapeutic community programs if applicable*
Figure 11b: Staff Survey Results of SCI Cresson (n=72) Compared to All SCI Respondents (N=1229)
### SCI-Dallas

**Batterers’ Intervention**

<table>
<thead>
<tr>
<th>CPC-GA Sections</th>
<th>Score</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program Staff and Support</td>
<td>60%</td>
<td>Effective</td>
</tr>
<tr>
<td>Offender Assessment</td>
<td>83.3%</td>
<td>Highly Effective</td>
</tr>
<tr>
<td>Treatment</td>
<td>38.9%</td>
<td>Ineffective</td>
</tr>
<tr>
<td>Quality Assurance</td>
<td>40%</td>
<td>Ineffective</td>
</tr>
<tr>
<td><strong>Overall Capacity</strong></td>
<td>53.3%</td>
<td><strong>Needs Improvement</strong></td>
</tr>
<tr>
<td><strong>Overall Content</strong></td>
<td>45.2%</td>
<td><strong>Ineffective</strong></td>
</tr>
<tr>
<td><strong>Overall Score</strong></td>
<td>47.4%</td>
<td><strong>Needs Improvement</strong></td>
</tr>
</tbody>
</table>

**Strengths:**

- There is a program coordinator in place to oversee management of the groups.
- The group facilitators meet the CPC-GA educational requirements of an Associate’s degree or higher in a helping profession.
- The group facilitators meet the CPC-GA requirement of working in treatment programs with offenders for at least two years.
- Group facilitators were selected for skills and values consistent with rehabilitation.
- Ethical guidelines are in place for group facilitators.
- The institution/stakeholders provide overall support for the facilitation of Batterers’ Intervention.
- PA DOC has developed a matrix to place offenders in groups based upon risk and need. Similarly, the offenders placed in Batterers’ Intervention were deemed appropriate by the group facilitators.
- The risk and needs level is consistently assessed using the LSI-R. Additional needs are assessed using the Criminal Sentiments Scale-Modified and the Hostile Interpretations Questionnaire.
- Responsivity factors are assessed for many of the offenders participating in treatment via tools such as the PAI, MMPI, WRAT, BETA, TCU Motivation Scales, and PAI.
- The group does meet the CPC-GA criteria requiring at least 70% of participants score moderate to high risk on the LSI-R.
- The major targets for the Batterers’ Intervention group are criminogenic and include the following: antisocial attitudes, problem solving, conflict resolution, promoting family communication, and anger management.
- Facilitators appeared comfortable facilitating group and there was a consistent demonstration of clear knowledge of the curriculum content.
- Group norms and expectations are established for each group and followed.
- The length of group is sufficient to affect target behaviors.
- The Batterers’ Intervention manual was consistently followed across group facilitators.
- Groups are consistently facilitated by staff from beginning to end.
- Facilitators regularly respond to matters of noncompliance.
- Rapport between the facilitator and group participants is clearly established across facilitators.
- There are clearly established boundaries between the facilitator and group participants.
- Arguments with group participants are avoided consistently across facilitators.
- The group has several sessions that target participants’ underlying attitudes, values, and beliefs.
- Group participants are administered both pre and post-tests to assess changes in target behaviors.
- Each group participant is required to have a discharge summary upon completion of the group.

**Areas that Need Improvement:**

- The program director is not adequately involved in the selection or approval of group facilitators.
- The program coordinator is not involved in providing direct supervision to group facilitators.
- Group facilitators do not attend staff meetings to review client progress (i.e., bi-monthly meetings at minimum).
• While facilitators receive adequate initial training related to group curricula, the requirements for additional yearly training related to service delivery is inadequate.
• Not all offenders participating in Batterers’ Intervention were identified as having moderate to high need in aggression.
• The Duluth Model for Batterers’ Intervention is not considered an evidenced based intervention.
• Groups do not consistently begin and end on time, this primarily appears to be related to movement issues.
• Group facilitators did not consistently encourage participation by all members of the group.
• There was not a consistent, regular assignment of homework, along with review and feedback.
• There was not consistent participation by both co-facilitators in group.
• Group facilitators did not appear to attempt to address the different learning styles and barriers of the participants, nor was there any indication that responsivity assessment results were used by the facilitators.
• Facilitators have not identified a range of appropriate rewards to use within the context of the group.
• Additionally, the application of rewards does not outnumber the application of punishers by at least a ratio of 4 to 1.
• The application of appropriate rewards does not occur regularly in the group.
• Facilitators do not consistently encourage participants to recognize and promote prosocial behavior within the group.
• Appropriate punishers are not used to extinguish antisocial expressions and promote behavioral change consistently across facilitators.
• Punishers are not consistently applied to extinguish antisocial expressions and promote behavioral change consistently across facilitators.
• Alternatives to inappropriate behavior are not taught after a punisher is applied.
• Potential negative effects produced by a punishment are not consistently recognized or addressed across facilitators.
• Skills are neither modeled nor are the benefits of learning a new skill consistently explained by facilitators.
• Participants are not required to practice and rehearse alternative prosocial skills throughout the group consistently across facilitators.
• Participants do not consistently practice new prosocial behaviors in increasingly difficult situations.
• Group facilitators are not teaching participants how to address antisocial thinking and to identify high-risk situations, or providing coping and management techniques for both.
• Participants are not directly and consistently taught techniques to replace antisocial thinking with appropriate prosocial thoughts.
• While the group devotes some sessions to developing risk or relapse prevention plans, participants are not required to practice relapse prevention techniques or plans.
• Group facilitators are not regularly observed and evaluated with regard to service delivery skills.
• Participants are not formally surveyed as to their satisfaction with the group.
• Batterers’ Intervention group does not have clearly outlined criteria as to when the program terminates for each offender—only based on attendance and homework completion.
## CPC-GA Sections

<table>
<thead>
<tr>
<th>Section</th>
<th>Score</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program Staff and Support</td>
<td>40%</td>
<td>Ineffective</td>
</tr>
<tr>
<td>Offender Assessment</td>
<td>83.3%</td>
<td>Highly Effective</td>
</tr>
<tr>
<td>Treatment</td>
<td>65.7%</td>
<td>Effective</td>
</tr>
<tr>
<td>Quality Assurance</td>
<td>40%</td>
<td>Ineffective</td>
</tr>
<tr>
<td>Overall Capacity</td>
<td>40%</td>
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</tr>
<tr>
<td>Overall Content</td>
<td>68.3%</td>
<td>Highly Effective</td>
</tr>
<tr>
<td>Overall Score</td>
<td>60.7%</td>
<td>Effective</td>
</tr>
</tbody>
</table>

## Strengths:

- There is a program coordinator in place to oversee management of the groups.
- Group facilitators were selected for skills and values consistent with rehabilitation.
- Ethical guidelines are in place for group facilitators.
- The institution/stakeholders provide overall support for the facilitation of Thinking for a Change.
- PA DOC has developed a matrix to place offenders in groups based upon risk and need. Similarly, the offenders placed in Thinking for a Change were deemed appropriate by the group facilitators.
- The risk and needs level is consistently assessed using the LSI-R. Additional needs are assessed using the Criminal Sentiments Scale-Modified and the Hostile Interpretations Questionnaire.
- Responsivity factors are assessed for many of the offenders participating in treatment via tools such as the PAI, MMPI, WRAT, BETA, TCU Motivation Scales, and PAI.
- The group does meet the CPC-GA criteria requiring at least 70% of participants score moderate to high risk on the LSI-R.
- The major targets for Thinking for a Change are criminogenic and include the following: antisocial attitudes, problem solving, conflict resolution, and social skills.
- The Thinking for a Change model is considered an evidenced based intervention.
- Groups consistently begin and end on time.
- Facilitators appeared comfortable facilitating group and there was a consistent demonstration of clear knowledge of the curriculum content.
- Group facilitators consistently encourage participation by all members of the group.
- There was consistent, regular assignment of homework, along with review and feedback.
- Group norms and expectations are established for each group and followed.
- The length of group is sufficient to affect target behaviors.
- The Violence Prevention manual was consistently followed across group facilitators.
- Groups are consistently facilitated by staff from beginning to end.
- Group facilitators attempt to address the different learning styles and barriers of the participants.
- Facilitators have identified a range of appropriate rewards to use within the context of the group.
- Facilitators consistently encourage participants to recognize and promote prosocial behavior within the group.
- Facilitators regularly respond to matters of noncompliance.
- Rapport between the facilitator and group participants is clearly established across facilitators.
- There are clearly established boundaries between the facilitator and group participants.
- Arguments with group participants are avoided consistently across facilitators.
- The group has several sessions that target participants’ underlying attitudes, values, and beliefs.
- Group facilitators are teaching participants how to address antisocial thinking and identify high-risk situations, providing coping and management techniques for both.
- Participants are directly and consistently taught techniques to replace antisocial thinking with appropriate prosocial thoughts.
- Group participants are administered both pre and post-tests to assess changes in target behaviors.
- Each group participant is required to have a discharge summary upon completion of the group.
Areas that Need Improvement:

- The program director is not adequately involved in the selection or approval of group facilitators.
- The program coordinator is not involved in providing direct supervision to group facilitators.
- Not all group facilitators meet the CPC-GA educational requirements of an Associate’s degree or higher in a helping profession.
- Not all group facilitators meet the CPC-GA requirement of working in treatment programs with offenders for at least two years.
- Group facilitators do not attend staff meetings to review client progress (i.e., bi-monthly meetings at minimum).
- While facilitators receive adequate initial training related to group curricula, the requirements for additional yearly training related to service delivery is inadequate.
- Not all offenders participating in Thinking for a Change were identified as having moderate to high need in criminal thinking.
- The group does not meet the CPC-GA requirement of no more than 8-10 participants per facilitator.
- Results from responsivity assessments were not used by the facilitators.
- Additionally, the application of rewards does not outnumber the application of punishers by at least a ratio of 4 to 1.
- The application of appropriate rewards does not occur regularly in the group.
- Appropriate punishers are not used to extinguish antisocial expressions and promote behavioral change consistently across facilitators.
- Punishers are not consistently applied to extinguish antisocial expressions and promote behavioral change consistently across facilitators.
- Alternatives to inappropriate behavior are not taught after a punisher is applied.
- Potential negative effects produced by a punishment are not consistently recognized or addressed across facilitators.
- Skills are neither modeled nor are the benefits of learning a new skill consistently explained by facilitators.
- Participants are not required to practice and rehearse alternative prosocial skills throughout the group consistently across facilitators.
- Participants do not consistently practice new prosocial behaviors in increasingly difficult situations.
- While the group devotes some sessions to developing risk or relapse prevention plans, participants are not required to practice relapse prevention techniques or plans.
- Group facilitators are not regularly observed and evaluated with regard to service delivery skills.
- Participants are not formally surveyed as to their satisfaction with the group.
- Thinking for a Change group does not have clearly outlined criteria as to when the program terminates for each offender—only based on attendance and homework completion.
SCI-Dallas
Violence Prevention

### CPC-GA Sections

<table>
<thead>
<tr>
<th>Section</th>
<th>Score</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Program Staff and Support</td>
<td>40%</td>
<td>Ineffective</td>
</tr>
<tr>
<td>Offender Assessment</td>
<td>83.3%</td>
<td>Highly Effective</td>
</tr>
<tr>
<td>Treatment</td>
<td>54.3%</td>
<td>Needs Improvement</td>
</tr>
<tr>
<td>Quality Assurance</td>
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<td>Overall Capacity</td>
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<tr>
<td>Overall Content</td>
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<tr>
<td>Overall Score</td>
<td>53.6%</td>
<td>Needs Improvement</td>
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</table>

**Strengths:**

- There is a program coordinator in place to oversee management of the groups.
- Group facilitators were selected for skills and values consistent with rehabilitation.
- Ethical guidelines are in place for group facilitators.
- The institution/stakeholders provide overall support for the facilitation of Violence Prevention.
- PA DOC has developed a matrix to place offenders in groups based upon risk and need. Similarly, the offenders placed in Violence Prevention were deemed appropriate by the group facilitators.
- The risk and needs level is consistently assessed using the LSI-R. Additional needs are assessed using the Criminal Sentiments Scale-Modified and the Hostile Interpretations Questionnaire.
- Responsivity factors are assessed for many of the offenders participating in treatment via tools such as the PAI, MMPI, WRAT, BETA, TCU Motivation Scales, and PAI.
- The group does meet the CPC-GA criteria requiring at least 70% of participants score moderate to high risk on the LSI-R.
- The major targets for Violence Prevention are criminogenic and include the following: antisocial attitudes, antisocial thinking, and anger.
- The Violence Prevention model is considered an evidenced based intervention.
- Facilitators appeared comfortable facilitating group and there was a consistent demonstration of clear knowledge of the curriculum content.
- There was consistent, regular assignment of homework, along with review and feedback.
- Group norms and expectations are established for each group and followed.
- The length of group is sufficient to affect target behaviors.
- The Violence Prevention manual was consistently followed across group facilitators.
- Groups are consistently facilitated by staff from beginning to end.
- Group facilitators attempt to address the different learning styles and barriers of the participant.
- Facilitators have identified a range of appropriate rewards to use within the context of the group.
- Rapport between the facilitator and group participants is clearly established across facilitators.
- There are clearly established boundaries between the facilitator and group participants.
- Arguments with group participants are avoided consistently across facilitators.
- The group has several sessions that target participants’ underlying attitudes, values, and beliefs.
- Group facilitators are teaching participants how to address antisocial thinking and identify high-risk situations, providing coping and management techniques for both.
- Participants are directly and consistently taught techniques to replace antisocial thinking with appropriate prosocial thoughts.
- The group devotes some sessions to developing risk or relapse prevention plans and participants are required to practice relapse prevention techniques or plans.
- Group facilitators are not regularly observed and evaluated with regard to service delivery skills.
- Group participants are administered both pre and post-tests to assess changes in target behaviors.
- Each group participant is required to have a discharge summary upon completion of the group.

**Areas that Need Improvement:**
• The program director is not adequately involved in the selection or approval of group facilitators.
• The program coordinator is not involved in providing direct supervision to group facilitators.
• Not all group facilitators meet the CPC-GA educational requirements of an Associate’s degree or higher in a helping profession.
• Not all group facilitators meet the CPC-GA requirement of working in treatment programs with offenders for at least two years.
• Group facilitators do not attend staff meetings to review client progress (i.e., bi-monthly meetings at minimum).
• While facilitators receive adequate initial training related to group curricula, the requirements for additional yearly training related to service delivery is inadequate.
• Not all offenders participating in Violence Prevention were identified as having moderate to high need in aggression.
• Groups do not consistently begin and end on time, this primarily appears to be related to movement issues.
• Group facilitators did not consistently encourage participation by all members of the group.
• The group does not meet the CPC-GA requirement of no more than 8-10 participants per facilitator.
• Results from responsivity assessments were not used by the facilitators.
• Additionally, the application of rewards does not outnumber the application of punishers by at least a ratio of 4 to 1.
• The application of appropriate rewards does not occur regularly in the group.
• Facilitators do not consistently encourage participants to recognize and promote prosocial behavior within the group.
• Appropriate punishers are not used to extinguish antisocial expressions and promote behavioral change consistently across facilitators.
• Facilitators do not regularly respond to matters of noncompliance.
• Punishers are not consistently applied to extinguish antisocial expressions and promote behavioral change consistently across facilitators.
• Potential negative effects produced by a punishment are not consistently recognized or addressed across facilitators.
• Skills are neither modeled nor are the benefits of learning a new skill consistently explained by facilitators.
• Participants are not required to practice and rehearse alternative prosocial skills throughout the group consistently across facilitators.
• Participants do not consistently practice new prosocial behaviors in increasingly difficult situations.
• Participants are not formally surveyed as to their satisfaction with the group.
• Violence Prevention group does not have clearly outlined criteria as to when the program terminates for each offender—only based on attendance and homework completion.
SCI-Dallas
Outpatient Sex Offender Programming

<table>
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<tr>
<th>CPC-GA Sections</th>
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<tbody>
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<tr>
<td>Offender Assessment</td>
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<tr>
<td>Treatment</td>
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<tr>
<td>Quality Assurance</td>
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<td><strong>Needs Improvement</strong></td>
</tr>
<tr>
<td><strong>Overall Content</strong></td>
<td><strong>61.5%</strong></td>
<td><strong>Effective</strong></td>
</tr>
<tr>
<td><strong>Overall Score</strong></td>
<td><strong>59.3%</strong></td>
<td><strong>Effective</strong></td>
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</table>

**Strengths:**

- There is a program coordinator in place to oversee management of the groups.
- The group facilitators meet the CPC-GA educational requirements of an Associate’s degree or higher in a helping profession.
- The group facilitators meet the CPC-GA requirement of working in treatment programs with offenders for at least two years.
- Group facilitators were selected for skills and values consistent with rehabilitation.
- Ethical guidelines are in place for group facilitators.
- The institution/stakeholders provide overall support for the facilitation of sex offender programming.
- PA DOC has developed a matrix to place offenders in groups based upon risk and need. Similarly, the offenders placed in sex offender programming were deemed appropriate by the group facilitators.
- The risk and needs level is consistently assessed using the LSI-R, as well as the Static-99. Additional needs are assessed using the Criminal Sentiments Scale-Modified and the Hostile Interpretations Questionnaire.
- Some of the targets for Medlin: Responsible Living are criminogenic and include the following: antisocial attitudes, problem solving, conflict resolution, relapse prevention and social skills. Furthermore, Medlin: Responsible Living is considered an evidenced based treatment.
- Groups consistently begin and end on time.
- Facilitators appeared comfortable facilitating group and there was a consistent demonstration of clear knowledge of the curriculum content.
- Group facilitators consistently encourage participation by all members of the group.
- There was consistent, regular assignment of homework, along with review and feedback.
- Group norms and expectations are established for each group and followed.
- There was consistent participation by both co-facilitators in group.
- The Medlin manual was consistently followed across group facilitators.
- Groups are consistently facilitated by staff from beginning to end.
- Group facilitators attempt to address the different learning styles and barriers of the participant.
- Facilitators have identified a range of appropriate rewards to use within the context of the group.
- Facilitators regularly respond to matters of noncompliance.
- Rapport between the facilitator and group participants is clearly established across facilitators.
- There are clearly established boundaries between the facilitator and group participants.
- The group has several sessions that target participants’ underlying attitudes, values, and beliefs.
- Group facilitators are teaching participants how to address antisocial thinking and identify high-risk situations, providing coping and management techniques for both.
- Participants are directly and consistently taught techniques to replace antisocial thinking with appropriate prosocial thoughts.
- The sex offender program group has clearly outlined criteria as to when the program terminates for each offender.
- Each group participant is required to have a discharge summary upon completion of the group.

**Areas that Need Improvement:**
• The program director is not adequately involved in the selection or approval of group facilitators.
• The program coordinator is not involved in providing direct supervision to group facilitators.
• Group facilitators do not attend staff meetings to review client progress (i.e., bi-monthly meetings at minimum).
• While facilitators receive adequate initial training related to group curricula, the requirements for additional yearly training related to service delivery is inadequate.
• Responsivity factor scores were not consistently located in treatment files.
• The group does not meet the CPC-GA requirement of no more than 8-10 participants per facilitator.
• Results from responsivity assessments were not used by the facilitators.
• Additionally, the application of rewards does not outnumber the application of punishers by at least a ratio of 4 to 1.
• The application of appropriate rewards does not occur regularly in the group.
• Facilitators do not consistently encourage participants to recognize and promote prosocial behavior within the group.
• Appropriate punishers are not used to extinguish antisocial expressions and promote behavioral change consistently across facilitators.
• Punishers are not consistently applied to extinguish antisocial expressions and promote behavioral change consistently across facilitators.
• Alternatives to inappropriate behavior are not taught after a punisher is applied.
• Potential negative effects produced by a punishment are not consistently recognized or addressed across facilitators.
• Skills are neither modeled nor are the benefits of learning a new skill consistently explained by facilitators.
• Participants are not required to practice and rehearse alternative prosocial skills throughout the group consistently across facilitators.
• Participants do not consistently practice new prosocial behaviors in increasingly difficult situations.
• Arguments with group participants are not consistently avoided across facilitators.
• While the group devotes some sessions to developing risk or relapse prevention plans, participants are not required to practice relapse prevention techniques or plans.
• Group facilitators are not regularly observed and evaluated with regard to service delivery skills.
• Participants are not formally surveyed as to their satisfaction with the group.
• Group participants are not administered both pre and post-tests to assess changes in target behaviors.
Figure 12a: SCI Dallas Compared to PADOCS

*Sex Offender Scores include both outpatient and therapeutic community programs if applicable
Figure 12b: Staff Survey Results of SCI Dallas (n=43) Compared to All SCI Respondents (N=1229)
### CPC-GA SECTIONS

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<th>SCORE</th>
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<tr>
<td>Offender Assessment</td>
<td>83.3%</td>
<td>Highly Effective</td>
</tr>
<tr>
<td>Treatment</td>
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<td>Effective</td>
</tr>
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<tr>
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<td>Overall Score</td>
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<td>Needs Improvement</td>
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**Strengths:**
- There is a program manager in place to oversee the treatment groups.
- The program manager was involved in selecting treatment specialists for their current positions.
- Ethical guidelines are in place for group facilitators.
- The treatment programs appear to be supported by the institutional staff and administration although the staff did note that this has not always been the case. But the majority indicated that the facility has improved in terms of the institutional climate supportive of treatment.
- PA DOC has developed a matrix to place offenders in groups based upon risk and need. Similarly, the offenders placed in the group were deemed appropriate by the group facilitators.
- The risk and needs level is consistently assessed using the LSI-R. Additional needs are assessed using the Criminal Sentiments Scale-Modified and the Hostile Interpretations Questionnaire.
- Responsivity factors are assessed for many of the offenders participating in treatment via tools such as the PAI, MMPI, WRAT, BETA, and TCU Motivation Scales. These assessments are conducted at Camp Hill but can be accessed by staff.
- The major targets for the Batterers' Intervention group are criminogenic and include the following: antisocial attitudes, problem solving, conflict resolution, promoting family communication, and anger management.
- Group norms and expectations are established for each group and followed. The participants are required to sign the form at the beginning of group.
- The length of group (e.g., 6 to 8 months) is sufficient to affect target behaviors.
- The manual appears to be consistently followed across group facilitators.
- Group facilitators appear knowledgeable about the treatment program and curriculum and encourage participation.
- Regular assignment of homework, along with review and feedback, occurs consistently.
- Groups are typically co-facilitated and both staff are active.
- Groups are facilitated by staff from beginning to end.
- Group facilitators attempt to address the different learning styles and barriers of the participants by pairing inmates together or meeting with clients individually.
- The facilitators appear to respond appropriately in group to noncompliance such as not completing their homework or refusing to participate. Participants are normally given verbal warnings and/or may be suspended for a day.
- There are clearly established boundaries between the facilitator and group participants and they have established good rapport. Moreover, the facilitators appear to avoid arguments with the participants.
- The manual has several sessions that target participants’ underlying attitudes, values, and beliefs and high risk situations.
- Both pre and post-tests (i.e., CSSM & HIQ) are utilized to assess changes in target behaviors.
- Each group participant is required to have a discharge summary upon completion of the group.

**Areas that Need Improvement:**
- The current program manager does not provide clinical supervision.
• Treatment specialists were selected based upon who volunteered for the job rather than group facilitation experience and skills.
• Not all of the treatment specialists met the CPC-GA educational requirements of an Associate’s degree or higher in a helping profession and at least 2 years of experience working with offenders in a treatment capacity.
• Treatment specialists meet on an as-needed basis but not formally to review client progress.
• While facilitators receive adequate initial training related to group curricula, the requirements for additional annual training related to service delivery is inadequate.
• Groups do not consistently begin and end on time, which appears primarily related to security and movement issues.
• The Batterers’ group size exceeds the CPC-GA requirement of no more than 8-10 participants per facilitator. Groups typically begin with 15-20 participants.
• The identification and application of appropriate rewards does not occur regularly in the group.
• The application of rewards does not outnumber the application of punishers by at least a ratio of 4 to 1.
• Facilitators do not consistently encourage participants to recognize and promote prosocial behavior.
• Alternatives to inappropriate behavior are not taught after a punisher is applied.
• Potential negative effects produced by a punishment are not consistently recognized or addressed across facilitators.
• Participants do not consistently practice new prosocial behaviors or practice them in increasingly difficult situations.
• Group participants are not given sufficient opportunity to practice risk or relapse prevention plans.
• Group facilitators are not regularly observed and evaluated with regard to service delivery skills.
• Participants are not surveyed as to their satisfaction with the group.
• The Batterers’ group does not have clearly outlined criteria as to when the program terminates for each offender. Simply completing the prescribed number of sessions is not sufficient.
Thinking for a Change

CPC-GA SECTIONS          SCORE          RATING
Program Staff and Support          40.0%          Ineffective
Offender Assessment          83.3%          Highly Effective
Treatment          60.0%          Effective
Quality Assurance          40.0%          Ineffective
Overall Capacity          40.0%          Ineffective
Overall Content          63.4%          Effective
Overall Score          57.1%          Effective

Strengths:

- There is a program manager in place to oversee the treatment groups.
- The program manager was involved in selecting treatment specialists for their current positions.
- Ethical guidelines are in place for group facilitators.
- The treatment programs appear to be supported by the institutional staff and administration although the staff did note that this has not always been the case. But the majority indicated that the facility has improved in terms of the institutional climate supportive of treatment.
- PA DOC has developed a matrix to place offenders in groups based upon risk and need. Similarly, the offenders placed in Thinking for A Change were deemed appropriate by the group facilitators.
- The risk and needs level is consistently assessed using the LSI-R. Additional needs are assessed using the Criminal Sentiments Scale-Modified and the Hostile Interpretations Questionnaire.
- Responsivity factors are assessed for many of the offenders participating in treatment via tools such as the PAI, MMPI, WRAT, BETA, and TCU Motivation Scales. These assessments are conducted at Camp Hill but can be accessed by staff.
- The major targets for Thinking for a Change are criminogenic and include the following: antisocial attitudes, problem solving, conflict resolution, and social skills. Furthermore, the Thinking for A Change curriculum is considered evidenced based.
- Group norms and expectations are established for each group and followed. The participants are required to sign the form at the beginning of group.
- The length of group (e.g., 22 sessions) is sufficient to affect target behaviors.
- The Thinking for a Change manual appears to be consistently followed across group facilitators.
- Group facilitators appear knowledgeable about the treatment program and curriculum and encourage participation.
- Regular assignment of homework, along with review and feedback, occurs consistently.
- Thinking for a Change groups are facilitated by staff from beginning to end.
- Group facilitators attempt to address the different learning styles and barriers of the participants by pairing inmates together or meeting with clients individually.
- The facilitators appear to respond appropriately in group to noncompliance such as not completing their homework or refusing to participate. Participants are normally given verbal warnings and/or may be suspended for a day.
- There are clearly established boundaries between the facilitator and group participants and they have established good rapport. Moreover, the facilitators appear to avoid arguments with the participants.
- Treatment specialists modeled appropriate skills and explained its benefits. Moreover, clients were required to practice skills in group.
- Thinking for a Change group has several sessions that target participants’ underlying attitudes, values, and beliefs and high risk situations.
- Both pre and post-tests (i.e., CSSM & HIQ) are utilized to assess changes in target behaviors.
- Each Thinking for a Change group participant is required to have a discharge summary upon completion of the group.
Areas that Need Improvement:

- The program manager does not provide clinical supervision.
- Treatment specialists were selected based upon who volunteered for the job rather than group facilitation experience and skills.
- Not all of the treatment specialists met the CPC-GA educational requirements of an Associate’s degree or higher in a helping profession and at least 2 years of experience working with offenders in a treatment capacity.
- Treatment specialists meet on an as-needed basis but not formally to review client progress.
- While facilitators receive adequate initial training related to group curricula, the requirements for additional annual training related to service delivery is inadequate.
- Groups do not consistently begin and end on time, which appears primarily related to security and movement issues.
- The Thinking for a Change group size exceeds the CPC-GA requirement of no more than 8-10 participants per facilitator. Groups typically begin with 15-20 participants.
- The identification and application of appropriate rewards does not occur regularly in the group.
- The application of rewards does not outnumber the application of punishers by at least a ratio of 4 to 1.
- Facilitators do not consistently encourage participants to recognize and promote prosocial behavior.
- Alternatives to inappropriate behavior are not taught after a punisher is applied.
- Potential negative effects produced by a punishment are not consistently recognized or addressed across facilitators.
- Participants do not consistently practice new prosocial behaviors in increasingly difficult situations.
- Thinking for a Change group participants are not given sufficient opportunity to practice risk or relapse prevention plans.
- Group facilitators are not regularly observed and evaluated with regard to service delivery skills.
- Participants are not surveyed as to their satisfaction with the group.
- Thinking for a Change group does not have clearly outlined criteria as to when the program terminates for each offender. Simply completing the prescribed number of sessions is not sufficient.
SCI-Fayette
Violence Prevention

CPC-GA SECTIONS | SCORE | RATING
---|---|---
Program Staff and Support | 40.0% | Ineffective
Offender Assessment | 83.3% | Highly Effective
Treatment | 54.3% | Needs Improvement
Quality Assurance | 40.0% | Ineffective
Overall Capacity | 40.0% | Ineffective
Overall Content | 58.5% | Effective
Overall Score | 53.5% | Needs Improvement

Strengths:
- There is a program manager in place to oversee the treatment groups.
- The program manager was involved in selecting treatment specialists for their current positions.
- Ethical guidelines are in place for group facilitators.
- The treatment programs appear to be supported by the institutional staff and administration although the staff did note that this has not always been the case. But the majority indicated that the facility has improved in terms of the institutional climate supportive of treatment.
- PA DOC has developed a matrix to place offenders in groups based upon risk and need. Similarly, the offenders placed in Violence Prevention were deemed appropriate by the group facilitators.
- The risk and needs level is consistently assessed using the LSI-R. Additional needs are assessed using the Criminal Sentiments Scale-Modified and the Hostile Interpretations Questionnaire.
- Responsivity factors are assessed for many of the offenders participating in treatment via tools such as the PAI, MMPI, WRAT, BETA, and TCU Motivation Scales. These assessments are conducted at Camp Hill but can be accessed by staff.
- The major targets for Violence Prevention are criminogenic and include the following: antisocial attitudes, problem solving, conflict resolution, and anger management. Furthermore, the violence prevention curriculum is based on some evidence based principles, however, there is limited research to support its effectiveness.
- Group norms and expectations are established for each group and followed. The participants are required to sign the form at the beginning of group.
- The length of group (e.g., 24 sessions) is sufficient to affect target behaviors.
- The Violence Prevention manual appears to be consistently followed across group facilitators.
- Group facilitators appear knowledgeable about the treatment program and curriculum and encourage participation.
- Regular assignment of homework, along with review and feedback, occurs consistently.
- Violence Prevention groups are facilitated by staff from beginning to end.
- Group facilitators attempt to address the different learning styles and barriers of the participants by pairing inmates together or meeting with clients individually.
- The facilitators appear to respond appropriately in group to noncompliance such as not completing their homework or refusing to participate. Participants are normally given verbal warnings and/or may be suspended for a day.
- There are clearly established boundaries between the facilitator and group participants and they have established good rapport. Moreover, the facilitators appear to avoid arguments with the participants.
- There was evidence that treatment specialists modeled appropriate skills and explained its benefits.
- The manual has several sessions that target participants’ underlying attitudes, values, and beliefs and high-risk situations.
- Both pre and post-tests (i.e., CSSM & HIQ) are utilized to assess changes in target behaviors.
- Each Violence Prevention group participant is required to have a discharge summary upon completion of the group.
Areas that Need Improvement:

- The current program manager does not provide clinical supervision.
- Treatment specialists were selected based upon who volunteered for the job rather than group facilitation experience and skills.
- Not all of the treatment specialists met the CPC-GA educational requirements of an Associate’s degree or higher in a helping profession and at least 2 years of experience working with offenders in a treatment capacity.
- Treatment specialists meet on an as-needed basis but not formally to review client progress.
- While facilitators receive adequate initial training related to group curricula, the requirements for additional annual training related to service delivery is inadequate.
- Groups do not consistently begin and end on time, which appears primarily related to security and movement issues.
- The Violence Prevention group size exceeds the CPC-GA requirement of no more than 8-10 participants per facilitator. Groups typically begin with 15-20 participants.
- The identification and application of appropriate rewards does not occur regularly in the group.
- The application of rewards does not outnumber the application of punishers by at least a ratio of 4 to 1.
- Facilitators do not consistently encourage participants to recognize and promote prosocial behavior.
- Alternatives to inappropriate behavior are not taught after a punisher is applied.
- Potential negative effects produced by a punishment are not consistently recognized or addressed across facilitators.
- Participants do not consistently practice new prosocial behaviors or practice them in increasingly difficult situations.
- Group participants are not given sufficient opportunity to practice risk or relapse prevention plans.
- Group facilitators are not regularly observed and evaluated with regard to service delivery skills.
- Participants are not surveyed as to their satisfaction with the group.
- The Violence Prevention group does not have clearly outlined criteria as to when the program terminates for each offender. Simply completing the prescribed number of sessions is not sufficient.
SCI-Fayette
Outpatient Sex Offender Programming

CPC-GA SECTIONS | SCORE | RATING
---|---|---
Program Staff and Support | 60.0% | Effective
Offender Assessment | 100% | Highly Effective
Treatment | 55.8% | Effective
Quality Assurance | 20.0% | Ineffective
Overall Capacity | 46.6% | Needs Improvement
Overall Content | 60.5% | Effective
Overall Score | 56.6% | Effective

Strengths:
- There is a licensed psychology manager in place to oversee the treatment groups. The program offers moderate-high and low intensity groups as well as aftercare.
- The manager is involved in the hiring process and appears to select staff for group experience and skills related to service delivery.
- The psychological services staff meet the CPC-GA educational requirements of an Associate’s degree or higher in a helping profession and have at least 2 years of experience working with offenders in a treatment capacity.
- Ethical guidelines are in place for group facilitators.
- The treatment programs appear to be supported by the institutional staff and administration although the staff did note that this has not always been the case. But the majority indicated that the facility has improved in terms of the institutional climate supportive of treatment.
- There are exclusionary criteria in place for group participation and offenders appear appropriate for the services being offered.
- Offender risk and need is assessed using both the LSI-R and the Static-99. They also conduct an interview that includes an evaluation of the offender’s offense details.
- Responsivity factors are assessed for many of the SOP participants via tools such as the MMPI, WRAT, BETA, TCU-Treatment Motivation scales and PAI. The staff also consider personality and IQ when deciding whether to place in their special needs unit groups.
- Sex offenders are separated by risk by offering a both a low and moderate-high risk groups.
- The primary focus of the sex offender program is on criminogenic needs such as sexual deviance, cognitive distortions, self-management skills, and relapse prevention. Furthermore, the Medlin program is based on some evidence based principles, however, there is limited research to supports its effectiveness.
- The average group size for the SOP groups is 8-9 participants.
- The moderate-high intensity program lasts approximately 22 months and the low intensity program approximately 8-9 months.
- Homework is regularly assigned and is consistently reviewed by the facilitator, with feedback provided to participants.
- The SOP facilitators appeared knowledgeable of the material being taught.
- The group facilitators encouraged participant involvement by requiring active participation by all offenders.
- Group norms and expectations are established for each group and followed. The participants are required to sign the form at the beginning of group.
- The Medlin curriculum appears to be consistently followed across group facilitators. However, instead of each facilitator running through the full curriculum with each group, the facilitators are assigned to run a particular phase of the curriculum. So each time a client moves to the next phase of the curriculum, he is assigned a new facilitator.
- Groups were consistently conducted by the treatment staff.
- The facilitators appear to respond appropriately in group to noncompliance such as not completing their homework or refusing to participate. Participants are normally given verbal warnings first.
- Boundaries between the facilitators and group participants appeared to be clearly established. Additionally, the current facilitators appeared to have good rapport with the offenders and avoid arguments.
- SOP sessions target participants’ underlying attitudes, values, and beliefs and participants are taught techniques for addressing high-risk situations.
- Each SOP group participant is required to have a discharge summary upon completion of the group.

**Areas that Need Improvement:**
- The manager does not provide clinical supervision.
- Group facilitators only attend formal staff meetings to review client progress once a month.
- While facilitators have adequate initial training related to the group curriculum, the requirements for annual trainings related to service delivery is inadequate.
- The identification and application of appropriate rewards does not occur regularly in the group.
- Likewise, the application of rewards does not outnumber the application of punishers by at least a ratio of 4 to 1.
- The program does not have an adequate range of consequences for negative behavior.
- Alternatives to inappropriate behavior are not regularly taught after a punisher is applied.
- New prosocial skills are not modeled, nor are the benefits of learning the new skill consistently explained by facilitators.
- Participants are not required to practice and rehearse alternative prosocial skills throughout the group.
- The facilitators do not appear to consistently model appropriate skills in groups and explain the skill’s benefits.
- Participants do not consistently practice new prosocial behaviors or practice them in increasingly difficult situations.
- While relapse plans are developed in Phase 7 of the SOP curriculum, they lack detail related to coping skills and offenders are not required to rehearse relapse prevention techniques.
- Group facilitators are not regularly observed and evaluated with regard to service delivery skills.
- Although some facilitators indicate that they use the participant surveys at the end of each phase, participants are not consistently surveyed as to their satisfaction in each group.
- Group participants are not given pre-post tests to assess changes in target behaviors.
- SOP group does not have clearly outlined criteria as to when the program terminates for each offender.
*Sex Offender Scores include both outpatient and therapeutic community programs if applicable
Figure 13b: Staff Survey Results of SCI Fayette (n=21) Compared to All SCI Respondents (N=1229)
SCI-Forest

Batterers’ Intervention

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<td>Program Staff and Support</td>
<td>60.0%</td>
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<td>Offender Assessment</td>
<td>83.3%</td>
<td>Highly Effective</td>
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<td>Treatment</td>
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Strengths:

- There is a program coordinator (unit manager) in place to oversee management of the groups.
- The unit manager is involved in selecting group facilitators. She was involved in interviewing case managers to become treatment specialists.
- The group facilitators meet the CPC-GA educational requirements of an Associate’s degree or higher in a helping profession and have at least 2 years of experience working with offenders in a treatment capacity.
- Ethical guidelines are in place for group facilitators.
- The institution appears to support the use of treatment services and groups within the prison. No active resistance from staff.
- PA DOC has developed a matrix to place offenders in groups based upon risk and need. Similarly, the offenders placed in the Batterers’ program were deemed appropriate by the group facilitators. The staff noted that less than 10% of the time they may receive those with significant mental illness. In those cases they are removed from the group.
- The risk and needs level is consistently assessed using the LSI-R. Additional needs are assessed using the Criminal Sentiments Scale-Modified and the Hostile Interpretations Questionnaire.
- Responsivity factors are assessed for many of the offenders participating in treatment via tools such as the PAI, MMPI, WRAT, BETA, and TCU Motivation Scales. These assessments are conducted at Camp Hill but can be accessed by staff.
- The major targets for the Batterers’ Intervention group are criminogenic and include the following: antisocial attitudes, problem solving, conflict resolution, promoting family communication, and anger management.
- Group norms and expectations are established for each group and followed. The participants are required to sign the form at the beginning of group.
- Because the group is routinely co-facilitated, the group size often exceeds the CPC-GA requirement of no more than 8-10 participants per facilitator.
- While facilitators appeared comfortable facilitating group and there appeared to be clear knowledge of the curriculum content.
- The length of group (e.g., approx. 6 months) is sufficient to affect target behaviors.
- Group facilitators appear to consistently encourage participation by all members of the group.
- The Batterers’ groups are facilitated by staff from beginning to end.
- Group facilitators attempt to address the different learning styles and barriers of the participants.
- There are clearly established boundaries between the facilitator and group participants and they have established good rapport.
- The Batterers’ Intervention group has several sessions that target participants’ underlying attitudes, values, and beliefs.
- Both pre and post-tests (i.e., CSSM & HIQ) are utilized to assess changes in target behaviors.
- Each group participant is required to have a discharge summary upon completion of the group.
Areas that Need Improvement:

- The unit manager does not provide clinical supervision.
- Group facilitators/treatment specialists were selected based upon who volunteered for the job rather than group facilitation experience and skills.
- Group facilitators meet only one time per month to review client progress (i.e. bi-monthly meetings at minimum).
- While facilitators receive adequate initial training related to group curricula, the requirements for additional yearly training related to service delivery is inadequate.
- Batterer’s Intervention Group, Power and Control: Tactics of Men who Batter is not considered an evidenced based treatment.
- Groups do not consistently begin and end on time, which appears primarily related to security and movement issues.
- Regular assignment of homework, along with review and feedback, does not occur consistently.
- The treatment manual does not appear to be consistently followed across group facilitators.
- The identification and application of appropriate rewards does not occur regularly in the group.
- The application of rewards does not outnumber the application of punishers by at least a ratio of 4 to 1.
- Facilitators do not consistently encourage participants to recognize and promote prosocial behavior.
- Alternatives to inappropriate behavior are not taught after a punisher is applied.
- Potential negative effects produced by a punishment are not consistently recognized or addressed across facilitators.
- Skills are neither modeled nor are the benefits of learning a new skill consistently explained by facilitators.
- Participants are not required to practice and rehearse alternative prosocial skills throughout the group consistently across facilitators.
- Participants do not consistently practice new prosocial behaviors in increasingly difficult situations.
- Arguments with group participants are not avoided consistently across facilitators.
- The facilitators are not systematically teaching participants how to address antisocial thinking and identify high risk situations, providing coping and management techniques for both.
- It was not clear that the facilitators are having participants develop risk or relapse prevention plans and practice those plans.
- Group facilitators are not regularly observed and evaluated with regard to service delivery skills.
- Participants are not surveyed as to their satisfaction with the group.
- The group does not have clearly outlined criteria as to when the program terminates for each offender.
SCI-Forest
Thinking for a Change

**CPC-GA SECTIONS**       **SCORE**       **RATING**
Program Staff and Support   60.0%       Effective
Offender Assessment         83.3%       Highly Effective
Treatment                   51.4%       Needs Improvement
Quality Assurance           40.0%       Ineffective
Overall Capacity             53.3%       Needs Improvement
Overall Content             56.1%       Effective
Overall Score               55.3%       Effective

**Strengths:**
- There is a program coordinator (unit manager) in place to oversee management of the groups.
- The unit manager is involved in selecting group facilitators. She was involved in interviewing case managers to become treatment specialists.
- The group facilitators meet the CPC-GA educational requirements of an Associate’s degree or higher in a helping profession and have at least 2 years of experience working with offenders in a treatment capacity.
- Ethical guidelines are in place for group facilitators.
- The institution appears to support the use of treatment services and groups within the prison. There is no active resistance from staff.
- PA DOC has developed a matrix to place offenders in groups based upon risk and need.
- The offenders placed in Thinking for A Change were deemed appropriate by the group facilitators. The staff noted that less than 10% of the time they may receive those with significant mental illness. In those cases they are removed from the group.
- The risk and needs level is consistently assessed using the LSI-R. Additional needs are assessed using the Criminal Sentiments Scale-Modified and the Hostile Interpretations Questionnaire.
- Responsivity factors are assessed for many of the offenders participating in treatment via tools such as the PAI, MMPI, WRAT, BETA, and TCU Motivation Scales. These assessments are conducted at Camp Hill but can be accessed by staff.
- All offenders participating in Thinking for a Change were identified as having moderate to high need in antisocial attitudes.
- The major targets for Thinking for a Change are criminogenic and include the following: antisocial attitudes, problem solving, conflict resolution, and social skills. Furthermore, Thinking for A Change is considered an evidenced based treatment.
- Group norms and expectations are established for each group and followed. The participants are required to sign the form at the beginning of group.
- The length of group (e.g., 22 sessions) is sufficient to affect target behaviors.
- The Thinking for a Change manual appears to be consistently followed across group facilitators.
- Group facilitators appear to consistently encourage participation by all members of the group.
- Thinking for a Change groups are facilitated by staff from beginning to end.
- Group facilitators attempt to address the different learning styles and barriers of the participants.
- There are clearly established boundaries between the facilitator and group participants and they have established good rapport.
- Thinking for a Change group has several sessions that target participants’ underlying attitudes, values, and beliefs.
- Both pre and post-tests (i.e., CSSM & HIQ) are utilized to assess changes in target behaviors.
- Each Thinking for a Change group participant is required to have a discharge summary upon completion of the group.

**Areas that Need Improvement:**
- The unit manager does not provide clinical supervision.
• Group facilitators were selected based upon who volunteered for the job rather than group facilitation experience and skills.
• Group facilitators meet only one time per month to review client progress (i.e. bi-monthly meetings at minimum).
• While facilitators receive adequate initial training related to group curricula, the requirements for additional yearly training related to service delivery is inadequate.
• Groups do not consistently begin and end on time, which appears primarily related to security and movement issues.
• While facilitators appeared comfortable facilitating group, there was not a consistent demonstration of clear knowledge of the curriculum content.
• Regular assignment of homework, along with review and feedback, does not occur consistently.
• The Thinking for a Change group size exceeds the CPC-GA requirement of no more than 8-10 participants per facilitator.
• The identification and application of appropriate rewards does not occur regularly in the group. The application of rewards does not outnumber the application of punishers by at least a ratio of 4 to 1.
• Facilitators do not consistently encourage participants to recognize and promote prosocial behavior.
• Alternatives to inappropriate behavior are not taught after a punisher is applied.
• Potential negative effects produced by a punishment are not consistently recognized or addressed across facilitators.
• Skills are neither modeled nor are the benefits of learning a new skill consistently explained by facilitators.
• Participants are not required to practice and rehearse alternative prosocial skills throughout the group consistently across facilitators.
• Participants do not consistently practice new prosocial behaviors in increasingly difficult situations.
• Arguments with group participants are not avoided consistently across facilitators.
• The facilitators are not systematically teaching participants how to address antisocial thinking and identify high risk situations, providing coping and management techniques for both.
• Thinking for a Change does not devote any sessions to developing risk or relapse prevention plans.
• Group facilitators are not regularly observed and evaluated with regard to service delivery skills.
• Participants are not surveyed as to their satisfaction with the group.
• Thinking for a Change group does not have clearly outlined criteria as to when the program terminates for each offender.
SCI-Forest
Violence Prevention

<table>
<thead>
<tr>
<th>CPC-GA SECTIONS</th>
<th>SCORE</th>
<th>RATING</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program Staff and Support</td>
<td>60.0%</td>
<td>Effective</td>
</tr>
<tr>
<td>Offender Assessment</td>
<td>83.3%</td>
<td>Highly Effective</td>
</tr>
<tr>
<td>Treatment</td>
<td>54.3%</td>
<td>Needs Improvement</td>
</tr>
<tr>
<td>Quality Assurance</td>
<td>40.0%</td>
<td>Ineffective</td>
</tr>
<tr>
<td>Overall Capacity</td>
<td>53.3%</td>
<td>Needs Improvement</td>
</tr>
<tr>
<td>Overall Content</td>
<td>58.5%</td>
<td>Effective</td>
</tr>
<tr>
<td>Overall Score</td>
<td>57.1%</td>
<td>Effective</td>
</tr>
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</table>

Strengths:
- There is a program coordinator (unit manager) in place to oversee management of the groups.
- The unit manager is involved in selecting group facilitators. She was involved in interviewing case managers to become treatment specialists.
- The group facilitators meet the CPC-GA educational requirements of an Associate’s degree or higher in a helping profession and have at least 2 years of experience working with offenders in a treatment capacity.
- Ethical guidelines are in place for group facilitators.
- The institution appears to support the use of treatment services and groups within the prison. There is no active resistance from staff.
- PA DOC has developed a matrix to place offenders in groups based upon risk and need.
- The offenders placed in Violence Prevention were deemed appropriate by the group facilitators. The staff noted that less than 10% of the time they may receive those with significant mental illness. In those cases they are removed from the group.
- The risk and needs level is consistently assessed using the LSI-R. Additional needs are assessed using the Criminal Sentiments Scale-Modified and the Hostile Interpretations Questionnaire.
- Responsivity factors are assessed for many of the offenders participating in treatment via tools such as the PAI, MMPI, WRAT, BETA, and TCU Motivation Scales. These assessments are conducted at Camp Hill but can be accessed by staff.
- The major targets for Violence Prevention are criminogenic and include the following: antisocial attitudes, problem solving, conflict resolution, and anger management. Furthermore, the violence prevention curriculum is based on some evidence based principles, however, there is limited research to support its effectiveness. Group norms and expectations are established for each group and followed. The participants are required to sign the form at the beginning of group.
- While facilitators appeared comfortable facilitating group and there appeared to be clear knowledge of the curriculum content.
- The length of group (e.g., approx. 25 sessions) is sufficient to affect target behaviors.
- The treatment manual appears to be consistently followed across group facilitators.
- Group facilitators appear to consistently encourage participation by all members of the group.
- The Violence Prevention groups are facilitated by staff from beginning to end.
- Group facilitators attempt to address the different learning styles and barriers of the participants.
- There are clearly established boundaries between the facilitator and group participants and they have established good rapport.
- The Violence Prevention group has several sessions that target participants’ underlying attitudes, values, and beliefs.
- Both pre and post-tests (i.e., CSSM & HIQ) are utilized to assess changes in target behaviors.
- Each group participant is required to have a discharge summary upon completion of the group.

Areas that Need Improvement:
- The unit manager does not provide clinical supervision
• Group facilitators/treatment specialists were selected based upon who volunteered for the job rather than group facilitation experience and skills.
• Group facilitators meet only one time per month to review client progress (i.e. bi-monthly meetings at minimum).
• While facilitators receive adequate initial training related to group curricula, the requirements for additional yearly training related to service delivery is inadequate.
• Groups do not consistently begin and end on time, which appears primarily related to security and movement issues.
• Regular assignment of homework, along with review and feedback, does not occur consistently.
• The group size often exceeds the CPC-GA requirement of no more than 8-10 participants per facilitator.
• The identification and application of appropriate rewards does not occur regularly in the group.
• The application of rewards does not outnumber the application of punishers by at least a ratio of 4 to 1.
• Facilitators do not consistently encourage participants to recognize and promote prosocial behavior.
• Alternatives to inappropriate behavior are not taught after a punisher is applied.
• Potential negative effects produced by a punishment are not consistently recognized or addressed across facilitators.
• Skills are neither modeled nor are the benefits of learning a new skill consistently explained by facilitators.
• Participants are not required to practice and rehearse alternative prosocial skills throughout the group consistently across facilitators.
• Participants do not consistently practice new prosocial behaviors in increasingly difficult situations.
• Arguments with group participants are not avoided consistently across facilitators.
• The facilitators are not systematically teaching participants how to address antisocial thinking and identify high-risk situations, providing coping and management techniques for both.
• It was not clear that the facilitators are having participants develop risk or relapse prevention plans and practice those plans.
• Group facilitators are not regularly observed and evaluated with regard to service delivery skills.
• Participants are not surveyed as to their satisfaction with the group.
• The Violence Prevention group does not have clearly outlined criteria as to when the program terminates for each offender.

12 SCI Forest did not submit Staff Surveys. Therefore, the staff survey chart is missing for SCI Forest.
*Sex offender programming was not offered at SCI Forest*
SCI-Frackville
Batterers’ Intervention

<table>
<thead>
<tr>
<th>CPC-GA Sections</th>
<th>Score</th>
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<tbody>
<tr>
<td>Program Staff and Support</td>
<td>70%</td>
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</tr>
<tr>
<td>Offender Assessment</td>
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<tr>
<td>Treatment</td>
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</tr>
<tr>
<td>Quality Assurance</td>
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<tr>
<td>Overall Content</td>
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</tr>
<tr>
<td>Overall Score</td>
<td>69.1%</td>
<td>Highly Effective</td>
</tr>
</tbody>
</table>

**Strengths:**

- There is a program coordinator in place to oversee management of the groups.
- The group facilitators meet the CPC-GA educational requirements of an Associate’s degree or higher in a helping profession.
- The program director is adequately involved in the selection or approval of group facilitators. Furthermore, group facilitators were selected for skills and values consistent with rehabilitation.
- The group facilitators meet the CPC-GA requirement of working in treatment programs with offenders for at least two years.
- Ethical guidelines are in place for group facilitators.
- The institution/stakeholders provide overall support for the facilitation of Batterers’ Intervention.
- PA DOC has developed a matrix to place offenders in groups based upon risk and need. Similarly, the offenders placed in Batterers’ Intervention were deemed appropriate by the group facilitators.
- The risk and needs level is consistently assessed using the LSI-R. Additional needs are assessed using the Criminal Sentiments Scale-Modified and the Hostile Interpretations Questionnaire.
- Responsivity factors are assessed for many of the offenders participating in treatment via tools such as the PAI, MMPI, WRAT, BETA, TCU Motivation Scales, and PAI.
- The major targets for the Batterers’ Intervention group are criminogenic and include the following: antisocial attitudes, problem solving, conflict resolution, promoting family communication, and anger management.
- Facilitators appeared comfortable facilitating group and there was a consistent demonstration of clear knowledge of the curriculum content.
- Group facilitators consistently encourage participation by all members of the group.
- Regular assignment of homework, along with review and feedback, occurs consistently.
- Group norms and expectations are established for each group and followed.
- The Batterers’ Intervention manual was consistently followed across group facilitators.
- The length of group is sufficient to affect target behaviors.
- Batterers’ Intervention groups are consistently facilitated by staff from beginning to end.
- The Batterers’ Intervention group size meets the CPC-GA requirement of no more than 8-10 participants per facilitator.
- Group facilitators attempt to address the different learning styles and barriers of the participants.
- Facilitators have identified appropriate rewards to use within the context of the group.
- Appropriate punishers are used to extinguish antisocial expressions and promote behavioral change consistently across facilitators.
- Facilitators regularly respond to matters of noncompliance.
- Potential negative effects produced by a punishment are consistently recognized or addressed across facilitators.
- Rapport between the facilitator and group participants is clearly established across facilitators.
- There are clearly established boundaries between the facilitator and group participants.
- Arguments with group participants are avoided consistently across facilitators.
- Batterers’ Intervention group has several sessions that target participants’ underlying attitudes, values, and beliefs.
• Batterers’ Intervention group teaches participants how to address antisocial thinking and identify high risk situations, providing coping and management techniques for both.
• Participants are directly and consistently taught techniques to replace antisocial thinking with appropriate prosocial thoughts.
• Group facilitators are regularly observed and evaluated with regard to service delivery skills.
• Participants are surveyed as to their satisfaction with the group.
• Batterers’ Intervention group has clearly outlined criteria as to when the program terminates for each offender.
• Each Batterers’ Intervention group participant is required to have a discharge summary upon completion of the group.

Areas that Need Improvement:
• The program coordinator is not involved in providing direct supervision to group facilitators.
• Group facilitators do not attend staff meetings to review client progress (i.e. bi-monthly meetings at minimum).
• While facilitators receive adequate initial training related to group curricula, the requirements for additional yearly training related to service delivery is inadequate.
• The group does not meet the CPC-GA criteria requiring at least 70% of participants score moderate to high risk on the LSI-R.
• Not all offenders participating in Batterers’ Intervention were identified as having moderate to high need in aggression.
• The Duluth Model for Batterers’ Intervention is not considered an evidenced based intervention.
• Groups do not consistently begin and end on time, which appears primarily related to movement issues.
• The application of appropriate rewards does not occur regularly in the group.
• The application of rewards does not outnumber the application of punishers by at least a ratio of 4 to 1.
• Facilitators do not consistently encourage participants to recognize and promote prosocial behavior within the Batterers’ Intervention group.
• Punishers are not consistently applied to extinguish antisocial expressions and promote behavioral change consistently across facilitators.
• Alternatives to inappropriate behavior are not taught after a punisher is applied.
• Skills are neither modeled nor are the benefits of learning a new skill consistently explained by facilitators.
• Participants are not required to practice and rehearse alternative prosocial skills throughout the group consistently across facilitators.
• Participants do not consistently practice new prosocial behaviors in increasingly difficult situations.
• While Batterers’ Intervention devotes some sessions to developing risk or relapse prevention plans, participants are not required to practice relapse prevention techniques or plans.
• Group participants are not administered both pre and post-tests to assess changes in target behaviors.
SCI-Frackville
Thinking for a Change

<table>
<thead>
<tr>
<th>CPC-GA Sections</th>
<th>Score</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program Staff and Support</td>
<td>70.0%</td>
<td>Highly Effective</td>
</tr>
<tr>
<td>Offender Assessment</td>
<td>83.3%</td>
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</tr>
<tr>
<td>Treatment</td>
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</tr>
<tr>
<td>Quality Assurance</td>
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<td>Overall Capacity</td>
<td>73.3%</td>
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<td>Overall Content</td>
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<tr>
<td>Overall Score</td>
<td>77.8%</td>
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Strengths:

- There is a program coordinator in place to oversee management of the groups.
- The group facilitators meet the CPC-GA educational requirements of an Associate’s degree or higher in a helping profession.
- The program director is adequately involved in the selection or approval of group facilitators. Furthermore, group facilitators were selected for skills and values consistent with rehabilitation.
- The group facilitators meet the CPC-GA requirement of working in treatment programs with offenders for at least two years.
- Ethical guidelines are in place for group facilitators.
- The institution/stakeholders provide overall support for the facilitation of Thinking for a Change.
- PA DOC has developed a matrix to place offenders in groups based upon risk and need. Similarly, the offenders placed in Thinking for a Change were deemed appropriate by the group facilitators.
- The risk and needs level is consistently assessed using the LSI-R. Additional needs are assessed using the Criminal Sentiments Scale-Modified and the Hostile Interpretations Questionnaire.
- Responsivity factors are assessed for many of the offenders participating in treatment via tools such as the PAI, MMPI, WRAT, BETA, TCU Motivation Scales, and PAI.
- The group meets the CPC-GA criteria requiring at least 70% of participants score moderate to high risk on the LSI-R.
- The major targets for Thinking for a Change are criminogenic and include the following: antisocial attitudes, problem solving, conflict resolution, and social skills. Furthermore, Thinking for a Change is considered an evidenced based treatment.
- Facilitators appeared comfortable facilitating group and there was a consistent demonstration of clear knowledge of the curriculum content.
- Group facilitators consistently encourage participation by all members of the group.
- Regular assignment of homework, along with review and feedback, occurs consistently.
- Group norms and expectations are established for each group and followed.
- The Thinking for a Change manual was consistently followed across group facilitators.
- The length of group is sufficient to affect target behaviors.
- The Thinking for a Change group size meets the CPC-GA requirement of no more than 8-10 participants per facilitator.
- Group facilitators attempt to address the different learning styles and barriers of the participants.
- Facilitators have identified appropriate rewards to use within the context of the group.
- Facilitators consistently encourage participants to recognize and promote prosocial behavior.
- Appropriate punishers are used to extinguish antisocial expressions and promote behavioral change consistently across facilitators.
- Facilitators regularly respond to matters of noncompliance.
- Potential negative effects produced by a punishment are consistently recognized or addressed across facilitators.
- Skills are modeled and the benefits of learning a new skill are consistently explained by facilitators.
• Participants are required to practice and rehearse alternative prosocial skills throughout the group consistently across facilitators.
• Rapport between the facilitator and group participants is clearly established across facilitators.
• There are clearly established boundaries between the facilitator and group participants.
• Arguments with group participants are avoided consistently across facilitators.
• Thinking for a Change group has several sessions that target participants’ underlying attitudes, values, and beliefs.
• Thinking for a Change group teaches participants how to address antisocial thinking and identify high-risk situations, providing coping and management techniques for both.
• Participants are directly and consistently taught techniques to replace antisocial thinking with appropriate prosocial thoughts.
• Group facilitators are regularly observed and evaluated with regard to service delivery skills.
• Participants are surveyed as to their satisfaction with the group.
• Thinking for a Change group has clearly outlined criteria as to when the program terminates for each offender.
• Each Thinking for a Change group participant is required to have a discharge summary upon completion of the group.

Areas that Need Improvement:
• The program coordinator is not involved in providing direct supervision to group facilitators.
• Group facilitators do not attend staff meetings to review client progress (i.e. bi-monthly meetings at minimum).
• While facilitators receive adequate initial training related to group curricula, the requirements for additional yearly training related to service delivery is inadequate.
• Not all offenders participating in Thinking for a Change were identified as having moderate to high need in antisocial attitudes.
• Groups do not consistently begin and end on time, which appears primarily related to movement issues.
• Thinking for a Change groups are not consistently facilitated by staff from beginning to end.
• The application of appropriate rewards does not occur regularly in the group.
• The application of rewards does not outnumber the application of punishers by at least a ratio of 4 to 1.
• Punishers are not consistently applied to extinguish antisocial expressions and promote behavioral change consistently across facilitators.
• Alternatives to inappropriate behavior are not taught after a punisher is applied.
• Participants do not consistently practice new prosocial behaviors in increasingly difficult situations.
• Thinking for a Change does not devote any sessions to developing risk or relapse prevention plans.
• Group participants are not administered both pre and post-tests to assess changes in target behaviors.
SCI-Frackville
Violence Prevention

**CPC-GA SECTIONS** | **SCORE** | **RATING**
---|---|---
Program Staff and Support | 70.0% | Highly Effective
Offender Assessment | 83.3% | Highly Effective
Treatment | 58.8% | Effective
Quality Assurance | 80.0% | Highly Effective
**Overall Capacity** | 73.3% | **Highly Effective**
**Overall Content** | 62.5% | Effective
**Overall Score** | 65.5% | **Highly Effective**

**Strengths:**

- There is a program coordinator in place to oversee the violence prevention program and to select the staff operating the program.
- The group facilitators meet the CPC-GA educational requirements and are experienced in offender rehabilitation.
- Ethical guidelines are in place for group facilitators.
- Facilitators are selected for skills and values consistent with offender rehabilitation.
- The institution/stakeholders provide overall support for the facilitation of violence prevention programming.
- There are exclusionary criteria in place for group participation and offenders appear appropriate for the services being offered.
- Offender risk and need is assessed using the LSI-R and the HIQ.
- Responsivity factors are assessed for many of the VP participants via tools such as the MMPI, WRAT, BETA, TCU-Treatment Motivation scales and PAI.
- Violence prevention targets primarily high risk offenders.
- The primary focus of the violence prevention program is on criminogenic need areas.
- The program model being used incorporates many evidence-based cognitive-behavioral elements.
- The violence prevention facilitators appeared knowledgeable of the material being taught.
- Facilitators encouraged group participation.
- Group norms were established via a pre-treatment contract.
- The length of the group was sufficient to affect behavior change.
- Group manuals were developed and followed.
- The group size was consistently at or below the recommended ratio of 1 staff to 8-10 offenders.
- Responsivity issues are addressed by accommodating offenders with language barriers or literacy issues.
- The types of rewards and punishers used by the program were appropriate.
- Facilitators responded appropriately to noncompliance issues.
- Facilitators recognized and dealt appropriately with possible negative effects of punishers.
- Boundaries between the facilitators and group participants appeared to be clearly established.
- Facilitators appeared to avoid arguments and have a good rapport and with the offenders.
- Violence prevention sessions target participant’s underlying attitudes, values, and beliefs and address antisocial thinking.
- Violence prevention groups are periodically observed and facilitators are given feedback on delivery skills.
- Violence prevention participants are given a satisfaction survey upon group completion.
- Objective completion criteria are in place.
- Staff complete discharge summaries for each violence prevention participant upon completion of the group.

**Areas that Need Improvement:**

- While there is a program coordinator in place, formal supervision is too infrequent.
- Group facilitators do not consistently attend staff meetings to review client progress (i.e. bimonthly at minimum).
• While facilitators have adequate initial training related to the group curriculum, the requirements for yearly trainings related to service delivery is inadequate.
• While most offenders in the VP group where moderate to high need based on the HIQ, this was not true for all participants.
• Due to institutional movement issues, group does not consistently start and end on time.
• Although homework was consistently assigned, it was not reviewed by facilitators on a regular basis.
• Groups were not consistently conducted by the facilitator.
• While appropriate reinforcers were in place, the application of rewards and punishers could be improved and the frequency of rewards does not outnumber punishers by a ratio of at least 4 to 1.
• Facilitators do not consistently encourage participants to recognize and promote one another’s prosocial behavior.
• Prosocial alternatives to inappropriate behavior are not regularly taught after a punisher is applied.
• Prosocial skills are not regularly modeled, nor are the benefits of learning the new skill consistently explained by facilitators.
• Participants are not required to practice and rehearse alternative prosocial skills frequently enough throughout the group. Likewise, participants do not consistently practice new prosocial behaviors in increasingly difficult situations.
• Participants are not systematically and consistently taught techniques to replace antisocial thinking with appropriate prosocial thoughts.
• Comprehensive relapse prevention plans are not developed to help decrease future violent behaviors.
• While group participants are administered post-tests, there are no pre-tests used to assess changes in target behaviors.
SCI-Frackville
Outpatient Sex Offender Programming

CPC-GA SECTIONS

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<tr>
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<th>SCORE</th>
<th>RATING</th>
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<td>Program Staff and Support</td>
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<td>Offender Assessment</td>
<td>75.0%</td>
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<tr>
<td>Overall Score</td>
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</table>

Strengths:
- There is a program coordinator in place to oversee the SOP program and to select the staff operating the program.
- The group facilitators meet the CPC-GA educational requirements and are experienced in offender rehabilitation.
- Ethical guidelines are in place for group facilitators.
- The institution/stakeholders provide overall support for the facilitation of sex offender programming.
- There are exclusionary criteria in place for group participation and offenders appear appropriate for the services being offered.
- Offender risk is assessed using the LSI-R.
- Responsivity factors are assessed for many of the SOP participants via tools such as the MMPI, WRAT, BETA, TCU-Treatment Motivation scales and PAI.
- Sex offenders are separated by risk by offering a both a low and moderate-high risk group.
- The primary focus of the sex offender program is on criminogenic needs such as sexual deviance, cognitive distortions, self-management skills and relapse prevention.
- The program model being used incorporates many evidence-based cognitive-behavioral elements.
- The SOP facilitators appeared knowledgeable of the material being taught.
- Groups were consistently conducted by the staff.
- The group size was consistently at or below the recommended ratio of 1 staff to 8-10 offenders.
- Responsivity issues are addressed by offering separate treatment to special needs sex offenders as well as accommodating offenders with language or literacy issues.
- The types of punishers used by the program was appropriate.
- Boundaries between the facilitators and group participants appeared to be clearly established. Additionally, facilitators appeared to have good rapport with the offenders.
- SOP sessions target participant’s underlying attitudes, values, and beliefs.
- Each SOP group participant is required to have a discharge summary upon completion of the group.

Areas that Need Improvement:
- While there is a program coordinator in place, formal supervision is too infrequent (monthly meetings).
- SOP group facilitators were assigned to conduct SOP programming versus being selected based upon interest and skill in conducting sex offender treatment.
- Group facilitators do not consistently attend staff meetings to review client progress (i.e. bimonthly at minimum).
- While facilitators have adequate initial training related to the group curriculum, the requirements for yearly trainings related to service delivery is inadequate.
- While the Static-99 is used by the program, it was not consistently found in the files reviewed.
- Due to institutional movement issues, group does not consistently start and end on time.
- There appeared to be substantial variation in the level of participant involvement in groups.
- Homework was not consistently assigned and reviewed by facilitators on a regular basis.
- While the SOP program uses the Medlin model, the curriculum is not consistently followed.
• While the group facilitators regularly use verbal praise as a reinforcer for appropriate behavior, there is not a range of reinforcers and the application of rewards does not outnumber the application of punishers by a ratio of at least 4 to 1.
• Facilitators do not consistently encourage participants to recognize and promote one another’s prosocial behavior.
• A range of appropriate punishers are not consistently applied by the group facilitators for antisocial behavior or noncompliance. Likewise, alternatives to inappropriate behavior are not regularly taught after a punisher is applied.
• Potential negative effects produced by a punishment are not consistently recognized or addressed across facilitators.
• Prosocial skills are not regularly modeled, nor are the benefits of learning the new skill consistently explained by facilitators.
• Participants are not required to practice and rehearse alternative prosocial skills throughout the group. Most role play is reserved for the aftercare portion of the program.
• Participants do not consistently practice new prosocial behaviors in increasingly difficult situations.
• Participants are not systematically and consistently taught techniques to replace antisocial thinking with appropriate prosocial thoughts.
• While relapse plans are developed in Phase 7 of the SOP curriculum, they lack detail related to coping skills and offenders are not required to rehearse relapse prevention techniques.
• Group facilitators are not regularly observed and evaluated with regard to service delivery skills.
• Participants are not surveyed as to their satisfaction with the group.
• Group participants are not administered pre-post tests to assess changes in target behaviors.
• SOP group does not have clearly outlined criteria as to when the program terminates for each offender.
Figure 15a: SCI Frackville Compared to PADO C

*Sex Offender Scores include both outpatient and therapeutic community programs if applicable
Figure 15b: Staff Survey Results of SCI Frackville (n=32) Compared to All SCI Respondents (N=1229)
SCI-Graterford
Batterers’ Intervention

CPC-GA Sections                     Score       Rating
Program Staff and Support           60%         Effective
Offender Assessment                83.3%        Highly Effective
Treatment                          38.9%        Ineffective
Quality Assurance                  40%         Ineffective
Overall Capacity                   53.3%       Needs Improvement
Overall Content                    45.2%       Ineffective
Overall Score                      47.4%       Needs Improvement

Strengths:
- There is a program coordinator in place to oversee management of the groups.
- The program director is involved in the selection or approval of group facilitators.
- The group facilitators meet the CPC-GA educational requirements of an Associate’s degree or higher in a helping profession.
- The group facilitators meet the CPC-GA requirement of working in treatment programs with offenders for at least two years.
- Ethical guidelines are in place for group facilitators.
- The institution/stakeholders provide overall support for the facilitation of Batterers’ Intervention.
- PA DOC has developed a matrix to place offenders in groups based upon risk and need. Similarly, the offenders placed in Batterers’ Intervention were deemed appropriate by the group facilitators.
- The risk and needs level is consistently assessed using the LSI-R. Additional needs are assessed using the Criminal Sentiments Scale-Modified and the Hostile Interpretations Questionnaire.
- Responsivity factors are assessed for many of the offenders participating in treatment via tools such as the PAI, MMPI, WRAT, BETA, TCU Motivation Scales, and PAI.
- The group does meet the CPC-GA criteria requiring at least 70% of participants score moderate to high risk on the LSI-R.
- The major targets for the Batterers’ Intervention group are criminogenic and include the following: antisocial attitudes, problem solving, conflict resolution, promoting family communication, and anger management.
- Group facilitators consistently encourage participation by all members of the group.
- There was consistent, regular assignment of homework, along with review and feedback.
- Group norms and expectations are established for each group and followed.
- There was consistent participation by both co-facilitators in group.
- The length of group is sufficient to affect target behaviors.
- Groups are consistently facilitated by staff from beginning to end.
- Group facilitators attempt to address the different learning styles and barriers of the participant.
- Facilitators consistently encourage participants to recognize and promote prosocial behavior within the group.
- Rapport between the facilitator and group participants is clearly established across facilitators.
- The group has several sessions that target participants’ underlying attitudes, values, and beliefs.
- Participants are directly and consistently taught techniques to replace antisocial thinking with appropriate prosocial thoughts.
- Group participants are administered both pre and post-tests to assess changes in target behaviors.
- Each group participant is required to have a discharge summary upon completion of the group.

Areas that Need Improvement:
- The program coordinator is not involved in providing direct supervision to group facilitators.
- Group facilitators were not selected for skills and values consistent with rehabilitation.
• Group facilitators do not attend staff meetings to review client progress (i.e., bi-monthly meetings at minimum).
• While facilitators receive adequate initial training related to group curricula, the requirements for additional yearly training related to service delivery is inadequate.
• Not all offenders participating in Batterers’ Intervention were identified as having moderate to high need in aggression.
• The Duluth Model for Batterers’ Intervention is not considered an evidenced based intervention.
• Groups do not consistently begin and end on time, which appears primarily related to movement issues.
• While all group facilitators appear comfortable facilitating group, not all facilitators consistently demonstrated clear knowledge of the curriculum content.
• The Batterers’ Intervention manual was not consistently followed across group facilitators.
• The group does not meet the CPC-GA requirement of no more than 8-10 participants per facilitator.
• Results from responsivity assessments were not used by the facilitators.
• Facilitators have not identified a range of appropriate rewards to use within the context of the group.
• Additionally, the application of rewards does not outnumber the application of punishers by at least a ratio of 4 to 1.
• The application of appropriate rewards does not occur regularly in the group.
• Appropriate punishers are not used to extinguish antisocial expressions and promote behavioral change consistently across facilitators.
• Facilitators do not regularly respond to matters of noncompliance.
• Punishers are not consistently applied to extinguish antisocial expressions and promote behavioral change consistently across facilitators.
• Alternatives to inappropriate behavior are not taught after a punisher is applied.
• Potential negative effects produced by a punishment are not consistently recognized or addressed across facilitators.
• Skills are neither modeled nor are the benefits of learning a new skill consistently explained by facilitators.
• Participants are not required to practice and rehearse alternative prosocial skills throughout the group consistently across facilitators.
• Participants do not consistently practice new prosocial behaviors in increasingly difficult situations.
• Boundaries between the facilitator and group participants were not clearly established.
• Arguments with group participants are not consistently avoided across facilitators.
• Group facilitators are not teaching participants how to address antisocial thinking and identify high risk situations, providing coping and management techniques for both.
• While the group devotes some sessions to developing risk or relapse prevention plans, participants are not required to practice relapse prevention techniques or plans.
• Group facilitators are not regularly observed and evaluated with regard to service delivery skills.
• Participants are not formally surveyed as to their satisfaction with the group.
• Batterers’ Intervention group does not have clearly outlined criteria as to when the program terminates for each offender—only based on attendance and homework completion.
SCI-Graterford
Thinking for a Change

<table>
<thead>
<tr>
<th>CPC-GA Sections</th>
<th>Score</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program Staff and Support</td>
<td>60%</td>
<td>Effective</td>
</tr>
<tr>
<td>Offender Assessment</td>
<td>66.7%</td>
<td>Highly Effective</td>
</tr>
<tr>
<td>Treatment</td>
<td>40%</td>
<td>Ineffective</td>
</tr>
<tr>
<td>Quality Assurance</td>
<td>40%</td>
<td>Ineffective</td>
</tr>
<tr>
<td>Overall Capacity</td>
<td>53.3%</td>
<td>Needs Improvement</td>
</tr>
<tr>
<td>Overall Content</td>
<td>43.9%</td>
<td>Ineffective</td>
</tr>
<tr>
<td>Overall Score</td>
<td>46.4%</td>
<td>Needs Improvement</td>
</tr>
</tbody>
</table>

**Strengths:**
- There is a program coordinator in place to oversee management of the groups.
- The program director is involved in the selection or approval of group facilitators.
- The group facilitators meet the CPC-GA educational requirements of an Associate’s degree or higher in a helping profession.
- The group facilitators meet the CPC-GA requirement of working in treatment programs with offenders for at least two years.
- Ethical guidelines are in place for group facilitators.
- The institution/stakeholders provide overall support for the facilitation of Thinking for a Change.
- PA DOC has developed a matrix to place offenders in groups based upon risk and need. Similarly, the offenders placed in Thinking for a Change were deemed appropriate by the group facilitators.
- The risk and needs level is consistently assessed using the LSI-R. Additional needs are assessed using the Criminal Sentiments Scale-Modified and the Hostile Interpretations Questionnaire.
- Responsivity factors are assessed for many of the offenders participating in treatment via tools such as the PAI, MMPI, WRAT, BETA, TCU Motivation Scales, and PAI.
- The major targets for Thinking for a Change are criminogenic, including antisocial attitudes, problem solving, conflict resolution, and social skills.
- The Thinking for a Change model is considered an evidenced based intervention.
- Facilitators appeared comfortable facilitating group and there was a consistent demonstration of clear knowledge of the curriculum content.
- Group norms and expectations are established for each group and followed.
- The length of group is sufficient to affect target behaviors.
- Groups are consistently facilitated by staff from beginning to end.
- Group facilitators attempt to address the different learning styles and barriers of the participant.
- Facilitators consistently encourage participants to recognize and promote prosocial behavior within the group.
- Rapport between the facilitator and group participants is clearly established across facilitators.
- The group has several sessions that target participants’ underlying attitudes, values, and beliefs.
- Participants are directly and consistently taught techniques to replace antisocial thinking with appropriate prosocial thoughts.
- Group participants are administered both pre and post-tests to assess changes in target behaviors.
- Each group participant is required to have a discharge summary upon completion of the group.

**Areas that Need Improvement:**
- The program coordinator is not involved in providing direct supervision to group facilitators.
- Group facilitators were not selected for skills and values consistent with rehabilitation.
- Group facilitators do not attend staff meetings to review client progress (i.e., bi-monthly meetings at minimum).
- While facilitators receive adequate initial training related to group curricula, the requirements for additional yearly training related to service delivery is inadequate.
• The group does not meet the CPC-GA criteria requiring at least 70% of participants score moderate to high risk on the LSI-R.
• Not all offenders participating in Thinking for a Change were identified as having moderate to high need in criminal thinking.
• Groups do not consistently begin and end on time, which appears primarily related to movement issues.
• Group facilitators did not consistently encourage participation by all members of the group.
• There was not a consistent, regular assignment of homework, along with review and feedback.
• The Thinking for a Change manual was not consistently followed across group facilitators.
• The group does not meet the CPC-GA requirement of no more than 8-10 participants per facilitator.
• Results from responsivity assessments were not used by the facilitators.
• Facilitators have not identified a range of appropriate rewards to use within the context of the group.
• Additionally, the application of rewards does not outnumber the application of punishers by at least a ratio of 4 to 1.
• The application of appropriate rewards does not occur regularly in the group.
• Appropriate punishers are not used to extinguish antisocial expressions and promote behavioral change consistently across facilitators.
• Facilitators do not regularly respond to matters of noncompliance.
• Punishers are not consistently applied to extinguish antisocial expressions and promote behavioral change consistently across facilitators.
• Alternatives to inappropriate behavior are not taught after a punisher is applied.
• Potential negative effects produced by a punishment are not consistently recognized or addressed across facilitators.
• Skills are neither modeled nor are the benefits of learning a new skill consistently explained by facilitators.
• Participants are not required to practice and rehearse alternative prosocial skills throughout the group consistently across facilitators.
• Participants do not consistently practice new prosocial behaviors in increasingly difficult situations.
• Boundaries between the facilitator and group participants were not clearly established.
• Arguments with group participants are not consistently avoided across facilitators.
• Group facilitators are not teaching participants how to address antisocial thinking and identify high risk situations, providing coping and management techniques for both.
• While the group devotes some sessions to developing risk or relapse prevention plans, participants are not required to practice relapse prevention techniques or plans.
• Group facilitators are not regularly observed and evaluated with regard to service delivery skills.
• Participants are not formally surveyed as to their satisfaction with the group.
• Thinking for a Change group does not have clearly outlined criteria as to when the program terminates for each offender—only based on attendance and homework completion.
SCI-Graterford
Violence Prevention

CPC-GA Sections | Score | Rating
---|---|---
Program Staff and Support | 60% | Effective
Offender Assessment | 66.7% | Highly Effective
Treatment | 37.1% | Ineffective
Quality Assurance | 40% | Ineffective
Overall Capacity | 53.3% | Needs Improvement
Overall Content | 41.5% | Ineffective
Overall Score | 44.6% | Ineffective

Strengths:
- There is a program coordinator in place to oversee management of the groups.
- The program director is involved in the selection or approval of group facilitators.
- The group facilitators meet the CPC-GA educational requirements of an Associate’s degree or higher in a helping profession.
- The group facilitators meet the CPC-GA requirement of working in treatment programs with offenders for at least two years.
- Ethical guidelines are in place for group facilitators.
- The institution/stakeholders provide overall support for the facilitation of Violence Prevention.
- PA DOC has developed a matrix to place offenders in groups based upon risk and need. Similarly, the offenders placed in Violence Prevention were deemed appropriate by the group facilitators.
- The risk and needs level is consistently assessed using the LSI-R. Additional needs are assessed using the Criminal Sentiments Scale-Modified and the Hostile Interpretations Questionnaire.
- Responsivity factors are assessed for many of the offenders participating in treatment via tools such as the PAI, MMPI, WRAT, BETA, TCU Motivation Scales, and PAI.
- The major targets of Violence Prevention are criminogenic and include the following: antisocial attitudes, anger, and conflict resolution.
- The Violence Prevention model is considered an evidenced based intervention.
- There was consistent, regular assignment of homework, along with review and feedback.
- Group norms and expectations are established for each group and followed.
- The length of group is sufficient to affect target behaviors.
- Groups are consistently facilitated by staff from beginning to end.
- Group facilitators attempt to address the different learning styles and barriers of the participant.
- Facilitators consistently encourage participants to recognize and promote prosocial behavior within the group.
- Rapport between the facilitator and group participants is clearly established across facilitators.
- The group has several sessions that target participants’ underlying attitudes, values, and beliefs.
- Participants are directly and consistently taught techniques to replace antisocial thinking with appropriate prosocial thoughts.
- Group participants are administered both pre and post-tests to assess changes in target behaviors.
- Each group participant is required to have a discharge summary upon completion of the group.

Areas that Need Improvement:
- The program coordinator is not involved in providing direct supervision to group facilitators.
- Group facilitators were not selected for skills and values consistent with rehabilitation.
- Group facilitators do not attend staff meetings to review client progress (i.e., bi-monthly meetings at minimum).
- While facilitators receive adequate initial training related to group curricula, the requirements for additional yearly training related to service delivery is inadequate.
• The group does not meet the CPC-GA criteria requiring at least 70% of participants score moderate to high risk on the LSI-R.
• Not all offenders participating in Violence Prevention were identified as having moderate to high need in aggression.
• Groups do not consistently begin and end on time, which appears primarily related to movement issues.
• While all group facilitators appear comfortable facilitating group, not all facilitators consistently demonstrated clear knowledge of the curriculum content.
• Group facilitators did not consistently encourage participation by all members of the group.
• The Violence Prevention manual was not consistently followed across group facilitators.
• The group does not meet the CPC-GA requirement of no more than 8-10 participants per facilitator.
• Results from responsivity assessments were not used by the facilitators.
• Facilitators have not identified a range of appropriate rewards to use within the context of the group.
• Additionally, the application of rewards does not outnumber the application of punishers by at least a ratio of 4 to 1.
• The application of appropriate rewards does not occur regularly in the group.
• Appropriate punishers are not used to extinguish antisocial expressions and promote behavioral change consistently across facilitators.
• Facilitators do not regularly respond to matters of noncompliance.
• Punishers are not consistently applied to extinguish antisocial expressions and promote behavioral change consistently across facilitators.
• Alternatives to inappropriate behavior are not taught after a punisher is applied.
• Potential negative effects produced by a punishment are not consistently recognized or addressed across facilitators.
• Skills are neither modeled nor are the benefits of learning a new skill consistently explained by facilitators.
• Participants are not required to practice and rehearse alternative prosocial skills throughout the group consistently across facilitators.
• Participants do not consistently practice new prosocial behaviors in increasingly difficult situations.
• Boundaries between the facilitator and group participants were not clearly established.
• Arguments with group participants are not consistently avoided across facilitators.
• Group facilitators are not teaching participants how to address antisocial thinking and identify high risk situations, providing coping and management techniques for both.
• While the group devotes some sessions to developing risk or relapse prevention plans, participants are not required to practice relapse prevention techniques or plans.
• Group facilitators are not regularly observed and evaluated with regard to service delivery skills.
• Participants are not formally surveyed as to their satisfaction with the group.
• Violence Prevention group does not have clearly outlined criteria as to when the program terminates for each offender—only based on attendance and homework completion.
SCI-Graterford
Outpatient Sex Offender Programming

CPC-GA Sections        Score  Rating
Program Staff and Support   60%    Effective
Offender Assessment         100%   Highly Effective
Treatment                  62.9%   Effective
Quality Assurance           40%    Ineffective
Overall Capacity            53.3%   Needs Improvement
Overall Content             66.7%   Highly Effective
Overall Score               63%    Effective

Strengths:
- There is a program coordinator in place to oversee management of the groups.
- The program director is involved in the selection or approval of group facilitators.
- The group facilitators meet the CPC-GA educational requirements of an Associate’s degree or higher in a helping profession.
- Group facilitators were selected for skills and values consistent with rehabilitation.
- Ethical guidelines are in place for group facilitators.
- The institution/stakeholders provide overall support for the facilitation of sex offender programming.
- PA DOC has developed a matrix to place offenders in groups based upon risk and need. Similarly, the offenders placed in sex offender programming were deemed appropriate by the group facilitators.
- The risk and needs level is consistently assessed using the LSI-R, as well as the Static-99. Additional needs are assessed using the Criminal Sentiments Scale-Modified and the Hostile Interpretations Questionnaire.
- Responsivity factors are assessed for many of the offenders participating in treatment via tools such as the PAI, MMPI, WRAT, BETA, TCU Motivation Scales, and PAI.
- Some of the targets for Medlin: Responsible Living are criminogenic and include the following: antisocial attitudes, problem solving, conflict resolution, relapse prevention and social skills.
- The sex offender programming model is considered an evidenced based intervention.
- Groups consistently begin and end on time.
- Facilitators appeared comfortable facilitating group and there was a consistent demonstration of clear knowledge of the curriculum content.
- Group facilitators consistently encourage participation by all members of the group.
- There was consistent, regular assignment of homework, along with review and feedback.
- Group norms and expectations are established for each group and followed.
- The Medlin manual was consistently followed across group facilitators.
- Groups are consistently facilitated by staff from beginning to end.
- The group meets the CPC-GA requirement of no more than 8-10 participants per facilitator.
- Group facilitators attempt to address the different learning styles and barriers of the participant.
- Facilitators have identified a range of appropriate rewards to use within the context of the group.
- Appropriate punishers are used to extinguish antisocial expressions and promote behavioral change consistently across facilitators.
- Facilitators regularly respond to matters of noncompliance.
- Alternatives to inappropriate behavior are taught after a punisher is applied.
- Rapport between the facilitator and group participants is clearly established across facilitators.
- There are clearly established boundaries between the facilitator and group participants.
- Arguments with group participants are avoided consistently across facilitators.
- The group has several sessions that target participants’ underlying attitudes, values, and beliefs.
- Group facilitators are teaching participants how to address antisocial thinking and identify high risk situations, providing coping and management techniques for both.
- The sex offender program group has clearly outlined criteria as to when the program terminates for each offender.
• Each group participant is required to have a discharge summary upon completion of the group.

Areas that Need Improvement:
• The program coordinator is not involved in providing direct supervision to group facilitators.
• Not all group facilitators meet the CPC-GA requirement of working in treatment programs with offenders for at least two years.
• Group facilitators do not attend staff meetings to review client progress (i.e., bi-monthly meetings at minimum).
• While facilitators receive adequate initial training related to group curricula, the requirements for additional yearly training related to service delivery is inadequate.
• There was not consistent participation by both co-facilitators in group.
• Results from responsivity assessments were not used by the facilitators.
• Additionally, the application of rewards does not outnumber the application of punishers by at least a ratio of 4 to 1.
• The application of appropriate rewards does not occur regularly in the group.
• Facilitators do not consistently encourage participants to recognize and promote prosocial behavior within the group.
• Punishers are not consistently applied to extinguish antisocial expressions and promote behavioral change consistently across facilitators.
• Potential negative effects produced by a punishment are not consistently recognized or addressed across facilitators.
• Skills are neither modeled nor are the benefits of learning a new skill consistently explained by facilitators.
• Participants are not required to practice and rehearse alternative prosocial skills throughout the group consistently across facilitators.
• Participants do not consistently practice new prosocial behaviors in increasingly difficult situations.
• Participants are not directly and consistently taught techniques to replace antisocial thinking with appropriate prosocial thoughts.
• While the group devotes some sessions to developing life management plans, participants are not required to practice relapse prevention techniques or plans.
• Group facilitators are not regularly observed and evaluated with regard to service delivery skills.
• Participants are not formally surveyed as to their satisfaction with the group.
• Group participants are not administered both pre and post-tests to assess changes in target behaviors.
*Sex Offender Scores include both outpatient and therapeutic community programs if applicable
Figure 16b: Staff Survey Results of SCI Graterford (n=23) Compared to All SCI Respondents (N=1229)
SCI-Greene
Batterers’ Intervention

CPC-GA SECTIONS

<table>
<thead>
<tr>
<th>SCORE</th>
<th>RATING</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program Staff and Support</td>
<td>70.0%</td>
</tr>
<tr>
<td>Offender Assessment</td>
<td>83.3%</td>
</tr>
<tr>
<td>Treatment</td>
<td>50.0%</td>
</tr>
<tr>
<td>Quality Assurance</td>
<td>80.0%</td>
</tr>
<tr>
<td>Overall Capacity</td>
<td>73.3%</td>
</tr>
<tr>
<td>Overall Content</td>
<td>54.7%</td>
</tr>
<tr>
<td>Overall Score</td>
<td>59.6%</td>
</tr>
</tbody>
</table>

Strengths:
- There is a unit manager in place to oversee the treatment groups and supervise the treatment specialists.
- The unit manager was involved in selecting treatment specialists for their current positions.
- The treatment specialists met the CPC-GA educational requirements of an Associate’s degree or higher in a helping profession and at least 2 years of experience working with offenders in a treatment capacity.
- Ethical guidelines are in place for group facilitators.
- The treatment programs appear to be supported by the institutional staff and administration.
- PA DOC has developed a matrix to place offenders in groups based upon risk and need. Similarly, the offenders placed in Batterers’ Intervention program were deemed appropriate by the group facilitators.
- The risk and needs level is consistently assessed using the LSI-R. Additional needs are assessed using the Criminal Sentiments Scale-Modified and the Hostile Interpretations Questionnaire.
- Responsivity factors are assessed for many of the offenders participating in treatment via tools such as the PAI, MMPI, WRAT, BETA, and TCU Motivation Scales. These assessments are conducted at Camp Hill but can be accessed by staff.
- The major targets for the Batterers’ Intervention group are criminogenic and include the following: antisocial attitudes, problem solving, conflict resolution, promoting family communication, and anger management.
- Group norms and expectations are established for each group and followed. The participants are required to sign the form at the beginning of group.
- The length of group (e.g., approximately 6 months) is sufficient to affect target behaviors.
- The manual appears to be consistently followed across group facilitators.
- Group facilitators appear knowledgeable about the treatment program and curriculum and encourage participation.
- Regular assignment of homework, along with review and feedback, occurs consistently.
- Batterers’ groups were facilitated by staff from beginning to end.
- Group facilitators attempt to address the different learning styles and barriers of the participants by pairing inmates together or meeting with clients individually.
- The facilitators appear to respond appropriately in group to noncompliance such as not completing their homework or refusing to participate. Participants are normally given verbal warnings and/or loss of points for a day.
- There are clearly established boundaries between the facilitator and group participants and they have established good rapport. Moreover, the facilitators appear to avoid arguments with the participants.
- The manual has several sessions that target participants’ underlying attitudes, values, and beliefs and high risk situations.
- There was evidence that the treatment specialists modeled appropriate skills and explained its benefits and required participants to practice behaviors.
- Group facilitators are regularly observed and evaluated with regard to service delivery skills.
- The group participants do complete a satisfaction survey at the end of group.
- Both pre and post-tests (i.e., CSSM & HIQ) are utilized to assess changes in target behaviors.
- Each group participant is required to have a discharge summary upon completion of the group.
Areas that Need Improvement:

- Treatment specialists were selected based upon who volunteered for the job rather than group facilitation experience and skills.
- Treatment specialists meet on an as-needed basis but not formally to review client progress.
- While facilitators receive adequate initial training related to group curricula, the requirements for additional annual training related to service delivery is inadequate.
- Batterer’s Intervention Group, Power and Control: Tactics of Men who Batter is not considered an evidenced based treatment.
- Groups do not consistently begin and end on time, which appears primarily related to security and movement issues.
- While the groups were co-facilitated, the facilitators were not equally active in facilitating the groups.
- The Batterers’ group size exceeds the CPC-GA requirement of no more than 8-10 participants per facilitator. Groups typically begin with 15-16 participants. The ratio would be sufficient if both facilitators were active.
- The identification and application of appropriate rewards does not occur regularly in the group.
- The application of rewards does not outnumber the application of punishers by at least a ratio of 4 to 1.
- Facilitators do not consistently encourage participants to recognize and promote prosocial behavior.
- Alternatives to inappropriate behavior are not taught after a punisher is applied.
- Potential negative effects produced by a punishment are not consistently recognized or addressed across facilitators.
- Participants do not consistently practice new prosocial behaviors or practice them in increasingly difficult situations.
- Group participants are not given sufficient opportunity to practice risk or relapse prevention plans.
- The group does not have clearly outlined criteria as to when the program terminates for each offender. Simply completing the prescribed number of sessions is not sufficient.
Thinking for a Change

**SCI-Greene**

**CPC-GA SECTIONS** | **SCORE** | **RATING**
---|---|---
Program Staff and Support | 70.0% | Highly Effective
Offender Assessment | 83.3% | Highly Effective
Treatment | 57.1% | Effective
Quality Assurance | 60.0% | Highly Effective
**Overall Capacity** | **66.7%** | **Highly Effective**
Overall Content | 60.9% | Effective
**Overall Score** | **62.5%** | **Effective**

**Strengths:**

- There is a unit manager in place to oversee the treatment groups and supervise the treatment specialists.
- The unit manager was involved in selecting treatment specialists for their current positions.
- The treatment specialists met the CPC-GA educational requirements of an Associate’s degree or higher in a helping profession and at least 2 years of experience working with offenders in a treatment capacity.
- Ethical guidelines are in place for group facilitators.
- The treatment programs appear to be supported by the institutional staff and administration.
- PA DOC has developed a matrix to place offenders in groups based upon risk and need. Similarly, the offenders placed in Thinking for a Change were deemed appropriate by the group facilitators.
- The risk and needs level is consistently assessed using the LSI-R. Additional needs are assessed using the Criminal Sentiments Scale-Modified and the Hostile Interpretations Questionnaire.
- Responsivity factors are assessed for many of the offenders participating in treatment via tools such as the PAI, MMPI, WRAT, BETA, and TCU Motivation Scales. These assessments are conducted at Camp Hill but can be accessed by staff.
- The major targets for Thinking for a Change are criminogenic and include the following: antisocial attitudes, problem solving, conflict resolution, and social skills. Furthermore, the Thinking for A Change curriculum is considered evidenced based.
- Group norms and expectations are established for each group and followed. The participants are required to sign the form at the beginning of group.
- The length of group (e.g., 22 sessions) is sufficient to affect target behaviors.
- The Thinking for a Change manual appears to be consistently followed across group facilitators.
- Group facilitators appear knowledgeable about the treatment program and curriculum and encourage participation.
- Regular assignment of homework, along with review and feedback, occurs consistently
- Thinking for a Change groups are facilitated by staff from beginning to end.
- Group facilitators attempt to address the different learning styles and barriers of the participants by pairing inmates together or meeting with clients individually.
- The facilitators appear to respond appropriately in group to noncompliance such as not completing their homework or refusing to participate. Participants are normally given verbal warnings and/or loss of points for a day.
- There are clearly established boundaries between the facilitator and group participants and they have established good rapport. Moreover, the facilitators appear to avoid arguments with the participants.
- The manual has several sessions that target participants’ underlying attitudes, values, and beliefs and high risk situations.
- Group facilitators are regularly observed and evaluated with regard to service delivery skills.
- Both pre and post-tests (i.e., CSSM & HIQ) are utilized to assess changes in target behaviors.
- Each group participant is required to have a discharge summary upon completion of the group.

**Areas that Need Improvement:**
- Treatment specialists were selected based upon who volunteered for the job rather than group facilitation experience and skills.
- Treatment specialists meet on an as-needed basis but not formally to review client progress.
- While facilitators receive adequate initial training related to group curricula, the requirements for additional annual training related to service delivery is inadequate.
- Groups do not consistently begin and end on time, which appears primarily related to security and movement issues.
- The Thinking for a Change group size exceeds the CPC-GA requirement of no more than 8-10 participants per facilitator. Groups typically begin with 15-16 participants.
- While some role-playing does occur, there was evidence that not all of the treatment specialists modeled appropriate skills and explained its benefits and required participants to practice behaviors.
- The identification and application of appropriate rewards does not occur regularly in the group.
- The application of rewards does not outnumber the application of punishers by at least a ratio of 4 to 1.
- Facilitators do not consistently encourage participants to recognize and promote prosocial behavior.
- Alternatives to inappropriate behavior are not taught after a punisher is applied.
- Potential negative effects produced by a punishment are not consistently recognized or addressed across facilitators.
- Participants do not consistently practice new prosocial behaviors or practice them in increasingly difficult situations.
- Group participants are not given sufficient opportunity to practice risk or relapse prevention plans.
- Participants are not surveyed as to their satisfaction with the group.
- The Thinking for a Change group does not have clearly outlined criteria as to when the program terminates for each offender. Simply completing the prescribed number of sessions is not sufficient.
SCI-Greene
Violence Prevention

**CPC-GA SECTIONS** | **SCORE** | **RATING**
---|---|---
Program Staff and Support | 70.0% | Highly Effective
Offender Assessment | 83.3% | Highly Effective
Treatment | 48.5% | Needs Improvement
Quality Assurance | 60.0% | Effective
**Overall Capacity** | 66.7% | Highly Effective
**Overall Content** | 53.6% | Needs Improvement
**Overall Score** | 57.1% | Effective

**Strengths:**
- There is a unit manager in place to oversee the treatment groups and supervise the treatment specialists.
- The unit manager was involved in selecting treatment specialists for their current positions.
- The treatment specialists met the CPC-GA educational requirements of an Associate’s degree or higher in a helping profession and at least 2 years of experience working with offenders in a treatment capacity.
- Ethical guidelines are in place for group facilitators.
- The treatment programs appear to be supported by the institutional staff and administration.
- PA DOC has developed a matrix to place offenders in groups based upon risk and need. Similarly, the offenders placed in Violence Prevention were deemed appropriate by the group facilitators.
- The risk and needs level is consistently assessed using the LSI-R. Additional needs are assessed using the Criminal Sentiments Scale-Modified and the Hostile Interpretations Questionnaire.
- Responsivity factors are assessed for many of the offenders participating in treatment via tools such as the PAI, MMPI, WRAT, BETA, and TCU Motivation Scales. These assessments are conducted at Camp Hill but can be accessed by staff.
- The major targets for Violence Prevention are criminogenic and include the following: antisocial attitudes, problem solving, conflict resolution, and anger management. Furthermore, the violence prevention curriculum is based on some evidence-based principles, however, there is limited research to support its effectiveness.
- Group norms and expectations are established for each group and followed. The participants are required to sign the form at the beginning of group.
- The length of group (e.g., 24 sessions) is sufficient to affect target behaviors.
- The Violence Prevention manual appears to be consistently followed across group facilitators.
- Group facilitators appear knowledgeable about the treatment program and curriculum and encourage participation.
- Violence Prevention groups are facilitated by staff from beginning to end.
- Group facilitators attempt to address the different learning styles and barriers of the participants by pairing inmates together or meeting with clients individually.
- The facilitators appear to respond appropriately in group to noncompliance such as not completing their homework or refusing to participate. Participants are normally given verbal warnings and/or loss of points for a day.
- There are clearly established boundaries between the facilitator and group participants and they have established good rapport. Moreover, the facilitators appear to avoid arguments with the participants.
- The manual has several sessions that target participants’ underlying attitudes, values, and beliefs and high risk situations.
- Group facilitators are regularly (approximately one time per month) observed and evaluated with regard to service delivery skills.
- Both pre and post-tests (i.e., CSSM & HIQ) are utilized to assess changes in target behaviors.
- Each Violence Prevention group participant is required to have a discharge summary upon completion of the group.
Areas that Need Improvement:

- Treatment specialists were selected based upon who volunteered for the job rather than group facilitation experience and skills.
- Treatment specialists meet on an as-needed basis but not formally to review client progress.
- While facilitators receive adequate initial training related to group curricula, the requirements for additional annual training related to service delivery is inadequate.
- Groups do not consistently begin and end on time, which appears primarily related to security and movement issues.
- The Violence Prevention group size exceeds the CPC-GA requirement of no more than 8-10 participants per facilitator. Groups typically begin with 15-16 participants.
- Regular assignment of homework, along with review and feedback, does not occur consistently.
- The identification and application of appropriate rewards does not occur regularly in the group.
- The application of rewards does not outnumber the application of punishers by at least a ratio of 4 to 1.
- Facilitators do not consistently encourage participants to recognize and promote prosocial behavior.
- Alternatives to inappropriate behavior are not taught after a punisher is applied.
- Potential negative effects produced by a punishment are not consistently recognized or addressed across facilitators.
- The facilitators are not consistently modeling appropriate skills and explaining their benefits.
- Participants do not consistently practice new prosocial behaviors or practice them in increasingly difficult situations.
- Group participants are not given sufficient opportunity to practice risk or relapse prevention plans.
- Participants are not surveyed as to their satisfaction with the group.
- The Violence Prevention group does not have clearly outlined criteria as to when the program terminates for each offender. Simply completing the prescribed number of sessions is not sufficient.
SCI-Greene
Outpatient Sex Offender Programming

<table>
<thead>
<tr>
<th>CPC-GA SECTIONS</th>
<th>SCORE</th>
<th>RATING</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program Staff and Support</td>
<td>70.0%</td>
<td>Highly Effective</td>
</tr>
<tr>
<td>Offender Assessment</td>
<td>100%</td>
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<td>Treatment</td>
<td>47.1%</td>
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</tr>
<tr>
<td>Quality Assurance</td>
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<tr>
<td>Overall Capacity</td>
<td>53.3%</td>
<td>Needs Improvement</td>
</tr>
<tr>
<td>Overall Content</td>
<td>52.6%</td>
<td>Needs Improvement</td>
</tr>
<tr>
<td>Overall Score</td>
<td>52.8%</td>
<td>Needs Improvement</td>
</tr>
</tbody>
</table>

Strengths:
- There is a Chief Psychologist in place to oversee the treatment groups. The program offers moderate-high and low intensity groups as well as aftercare.
- The Chief Psychologist is involved in the hiring process for the psychological services staff.
- The psychological services staff meet the CPC-GA educational requirements of an Associate’s degree or higher in a helping profession and have at least 2 years of experience working with offenders in a treatment capacity.
- The psychological services staff meet weekly to discuss treatment and staff cases at psych review team meeting.
- Ethical guidelines are in place for group facilitators.
- The treatment programs appear to be supported by the institutional staff and administration.
- There are exclusionary criteria in place for group participation and offenders appear appropriate for the services being offered.
- Offender risk and need is assessed using both the LSI-R and the Static-99.
- Responsivity factors are assessed at Camp Hill for many of the SOP participants via tools such as the MMPI, WRAT, BETA, TCU-Treatment Motivation scales and PAI. The staff also consider personality and IQ when deciding whether to place in their special needs unit groups.
- Sex offenders are separated by risk by offering a both a low and moderate-high risk groups. However, the staff note that they are a higher custody institution and as such have more clients in the moderate/high intensity groups than low intensity groups.
- The primary focus of the sex offender program is on criminogenic needs such as sexual deviance, cognitive distortions, self-management skills and relapse prevention. Furthermore, the Medlin program is based on some evidence based principles, however, there is limited research to supports its effectiveness.
- The moderate-high intensity program lasts approximately 24 months and the low intensity program approximately 8-10 months.
- Homework is regularly assigned and is consistently reviewed by the facilitator, with feedback provided to participants.
- The SOP facilitators appeared knowledgeable of the material being taught.
- The group facilitators encouraged participant involvement by requiring active participation by all offenders.
- Group norms and expectations are established for each group and followed. The participants are required to sign the form at the beginning of group.
- The Medlin curriculum appears to be consistently followed across group facilitators.
- Groups were consistently conducted by the treatment staff.
- The facilitators appear to respond appropriately in group to noncompliance such as not completing their homework or refusing to participate. Participants are normally given verbal warnings initially before the facilitator considered removing them from group.
- Boundaries between the facilitators and group participants appeared to be clearly established. Additionally, the facilitators appeared to have good rapport with the offenders and avoid arguments.
- SOP sessions target participants’ underlying attitudes, values, and beliefs and participants are taught techniques for addressing high risk situations.
• Each SOP group participant is required to have a discharge summary upon completion of the group.

Areas that Need Improvement:
• The chief psychologist does not provide clinical supervision on a regular basis.
• While facilitators have adequate initial training related to the group curriculum, the requirements for annual trainings related to service delivery is inadequate.
• It was not clear that staff were chosen based on skills related to service delivery.
• The group size normally starts out between 10 and 15 participants.
• The length of treatment is a concern in the situation where low risk clients are mixed in with high risk clients. On occasion the groups will be run with both low and moderate/high risk clients because there aren’t enough clients to run a low intensity group. In this situation, the low risk clients are required to complete the full curriculum. This is an inappropriate length of treatment for clients deemed in need of only low intensity services.
• The identification and application of appropriate rewards does not occur regularly in the group.
• The application of rewards does not outnumber the application of punishers by at least a ratio of 4 to 1.
• The program does not have an adequate range of consequences for negative behavior.
• Alternatives to inappropriate behavior are not regularly taught after a punisher is applied.
• New prosocial skills are not modeled, nor are the benefits of learning the new skill consistently explained by facilitators.
• Participants are not required to practice and rehearse alternative prosocial skills throughout the group.
• The facilitators do not appear to consistently model appropriate skills in groups and explain the skill’s benefits.
• Participants do not consistently practice new prosocial behaviors or practice them in increasingly difficult situations.
• While relapse plans are developed in Phase 7 of the SOP curriculum, they lack detail related to coping skills and offenders are not required to rehearse relapse prevention techniques.
• Group facilitators are not regularly observed and evaluated with regard to service delivery skills.
• Participants are not consistently surveyed as to their satisfaction in each group.
• Group participants are not given pre-post tests to assess changes in target behaviors.
• SOP group does not have clearly outlined criteria as to when the program terminates for each offender.
Figure 17a: SCI Greene Compared to PADOCC

*Sex Offender Scores include both outpatient and therapeutic community programs if applicable
Figure 17b: Staff Survey Results of SCI Greene (n=53) Compared to All SCI Respondents (N=1229)
SCI-Greensburg
Batterers’ Intervention

CPC-GA SECTIONS	SCORE	RATING
Program Staff and Support	60.0% Effective
Offender Assessment	83.3% Highly Effective
Treatment	52.7% Needs Improvement
Quality Assurance	60.0% Effective
Overall Capacity	60.0% Effective
Overall Content	57.1% Effective
Overall Score	57.8% Effective

Strengths:

• There is a unit manager in place to oversee the treatment groups.
• The unit manager was involved in selecting treatment specialists for their current positions.
• The treatment specialists meet the CPC-GA educational requirements of an Associate’s degree or higher in a helping profession and have at least 2 years of experience working with offenders in a treatment capacity.
• Ethical guidelines are in place for group facilitators.
• The treatment programs appear to be supported by the institutional staff and administration.
• PA DOC has developed a matrix to place offenders in groups based upon risk and need. Similarly, the offenders placed in the group were deemed appropriate by the group facilitators.
• The risk and needs level is consistently assessed using the LSI-R. Additional needs are assessed using the Criminal Sentiments Scale-Modified and the Hostile Interpretations Questionnaire.
• Responsivity factors are assessed for many of the offenders participating in treatment via tools such as the PAI, MMPI, WRAT, BETA, and TCU Motivation Scales. These assessments are conducted at Camp Hill but can be accessed by staff.
• The major targets for the Batterers’ Intervention group are criminogenic and include the following: antisocial attitudes, problem solving, conflict resolution, promoting family communication, and anger management.
• Group norms and expectations are established for each group and followed. The participants are required to sign the form at the beginning of group.
• The length of group (e.g., 6 to 8 months) is sufficient to affect target behaviors.
• The Batterers’ Intervention manual appears to be consistently followed across group facilitators.
• Group facilitators appear knowledgeable about the treatment program and curriculum and encourage participation.
• The groups are normally co-facilitated and both facilitators are active in group.
• Regular assignment of homework, along with review and feedback, occurs consistently.
• Batterers’ groups are facilitated by staff from beginning to end.
• Group facilitators attempt to address the different learning styles and barriers of the participants by pairing inmates together or meeting with clients individually.
• The facilitators appear to respond appropriately in group to noncompliance such as not completing their homework or refusing to participate. Participants are normally given verbal warnings and/or sent back to their units. The facilitators encourage the participant to process the event in group and offers prosocial alternatives.
• There are clearly established boundaries between the facilitator and group participants and they have established good rapport. Moreover, the facilitators appear to avoid arguments with the participants.
• The group has several sessions that target participants’ underlying attitudes, values, and beliefs.
• The facilitators are utilizing satisfaction surveys with the Batterers’ Intervention group.
• Both pre and post-tests (i.e., CSSM & HIQ) are utilized to assess changes in target behaviors.
• Each group participant is required to have a discharge summary upon completion of the group.

Areas that Need Improvement:
• The unit manager does not provide clinical supervision.
• Treatment specialists were selected based upon who volunteered for the job rather than group facilitation experience and skills.
• Treatment specialists formally meet only one time per month to review client progress.
• While facilitators receive adequate initial training related to group curricula, the requirements for additional annual training related to service delivery is inadequate.
• Groups do not consistently begin and end on time, which appears primarily related to security and movement issues.
• The Violence Prevention group size exceeds the CPC-GA requirement of no more than 8-10 participants per facilitator. Although the groups are co-facilitated, 20 participants is considered too large.
• The identification and application of appropriate rewards does not occur regularly in the group.
• The application of rewards does not outnumber the application of punishers by at least a ratio of 4 to 1.
• Facilitators do not consistently encourage participants to recognize and promote prosocial behavior.
• Alternatives to inappropriate behavior are not taught after a punisher is applied.
• Potential negative effects produced by a punishment are not consistently recognized or addressed across facilitators.
• Participants do not consistently practice new prosocial behaviors in increasingly difficult situations.
• Treatment specialists did not modeled appropriate skills and explained its benefits. Moreover, clients were not required to practice skills in group.
• Group participants are not given sufficient opportunity to practice risk or relapse prevention plans.
• Group facilitators are not regularly observed and evaluated with regard to service delivery skills.
• The Batterers’ group does not have clearly outlined criteria as to when the program terminates for each offender.
SCI-Greensburg
Thinking for a Change

<table>
<thead>
<tr>
<th>CPC-GA SECTIONS</th>
<th>SCORE</th>
<th>RATING</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program Staff and Support</td>
<td>60.0%</td>
<td>Effective</td>
</tr>
<tr>
<td>Offender Assessment</td>
<td>83.3%</td>
<td>Highly Effective</td>
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<tr>
<td>Treatment</td>
<td>62.8%</td>
<td>Effective</td>
</tr>
<tr>
<td>Quality Assurance</td>
<td>40.0%</td>
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</tr>
<tr>
<td>Overall Capacity</td>
<td>53.3%</td>
<td>Needs Improvement</td>
</tr>
<tr>
<td>Overall Content</td>
<td>65.8%</td>
<td>Highly Effective</td>
</tr>
<tr>
<td>Overall Score</td>
<td>62.5%</td>
<td>Effective</td>
</tr>
</tbody>
</table>

**Strengths:**

- There is a unit manager in place to oversee the treatment groups.
- The unit manager was involved in selecting treatment specialists for their current positions.
- The treatment specialists meet the CPC-GA educational requirements of an Associate’s degree or higher in a helping profession and have at least 2 years of experience working with offenders in a treatment capacity.
- Ethical guidelines are in place for group facilitators.
- The treatment programs appear to be supported by the institutional staff and administration.
- PA DOC has developed a matrix to place offenders in groups based upon risk and need. Similarly, the offenders placed in Thinking for A Change were deemed appropriate by the group facilitators.
- The risk and needs level is consistently assessed using the LSI-R. Additional needs are assessed using the Criminal Sentiments Scale-Modified and the Hostile Interpretations Questionnaire.
- Responsivity factors are assessed for many of the offenders participating in treatment via tools such as the PAI, MMPI, WRAT, BETA, and TCU Motivation Scales. These assessments are conducted at Camp Hill but can be accessed by staff.
- The major targets for Thinking for a Change are criminogenic and include the following: antisocial attitudes, problem solving, conflict resolution, and social skills. Furthermore, the Thinking for A Change curriculum is considered evidenced based.
- Group norms and expectations are established for each group and followed. The participants are required to sign the form at the beginning of group.
- The length of group (e.g., 22 sessions) is sufficient to affect target behaviors.
- The Thinking for a Change manual appears to be consistently followed across group facilitators.
- Group facilitators appear knowledgeable about the treatment program and curriculum and encourage participation.
- Regular assignment of homework, along with review and feedback, occurs consistently.
- Thinking for a Change groups are facilitated by staff from beginning to end.
- Group facilitators attempt to address the different learning styles and barriers of the participants by pairing inmates together or meeting with clients individually.
- The facilitators appear to respond appropriately in group to noncompliance such as not completing their homework or refusing to participate. Participants are normally given verbal warnings and/or sent back to their units. The facilitators encourage the participant to process the event in group and offers prosocial alternatives.
- There are clearly established boundaries between the facilitator and group participants and they have established good rapport. Moreover, the facilitators appear to avoid arguments with the participants.
- Treatment specialists modeled appropriate skills and explained its benefits. Moreover, clients were required to practice skills in group.
- Thinking for a Change group has several sessions that target participants’ underlying attitudes, values, and beliefs and high risk situations.
- Both pre and post-tests (i.e., CSSM & HIQ) are utilized to assess changes in target behaviors.
- Each Thinking for a Change group participant is required to have a discharge summary upon completion of the group.
Areas that Need Improvement:

- The unit manager does not provide clinical supervision.
- Treatment specialists were selected based upon who volunteered for the job rather than group facilitation experience and skills.
- Treatment specialists formally meet only one time per month to review client progress.
- While facilitators receive adequate initial training related to group curricula, the requirements for additional annual training related to service delivery is inadequate.
- Groups do not consistently begin and end on time, which appears primarily related to security and movement issues.
- The Thinking for a Change group size exceeds the CPC-GA requirement of no more than 8-10 participants per facilitator. Groups typically begin with 15-20 participants.
- The identification and application of appropriate rewards does not occur regularly in the group.
- The application of rewards does not outnumber the application of punishers by at least a ratio of 4 to 1.
- Facilitators do not consistently encourage participants to recognize and promote prosocial behavior.
- Alternatives to inappropriate behavior are not taught after a punisher is applied.
- Potential negative effects produced by a punishment are not consistently recognized or addressed across facilitators.
- Participants do not consistently practice new prosocial behaviors in increasingly difficult situations.
- Thinking for a Change group participants are not given sufficient opportunity to practice risk or relapse prevention plans.
- Group facilitators are not regularly observed and evaluated with regard to service delivery skills.
- Participants are not surveyed as to their satisfaction with the group.
- Thinking for a Change group does not have clearly outlined criteria as to when the program terminates for each offender.
Strengths:

- There is a unit manager in place to oversee the treatment groups.
- The unit manager was involved in selecting treatment specialists for their current positions.
- The treatment specialists meet the CPC-GA educational requirements of an Associate’s degree or higher in a helping profession and have at least 2 years of experience working with offenders in a treatment capacity.
- Ethical guidelines are in place for group facilitators.
- The treatment programs appear to be supported by the institutional staff and administration.
- PA DOC has developed a matrix to place offenders in groups based upon risk and need. Similarly, the offenders placed in Violence Prevention group were deemed appropriate by the group facilitators.
- The risk and needs level is consistently assessed using the LSI-R. Additional needs are assessed using the Criminal Sentiments Scale-Modified and the Hostile Interpretations Questionnaire.
- Responsivity factors are assessed for many of the offenders participating in treatment via tools such as the PAI, MMPI, WRAT, BETA, and TCU Motivation Scales. These assessments are conducted at Camp Hill but can be accessed by staff.
- The major targets for Violence Prevention are criminogenic and include the following: antisocial attitudes, problem solving, conflict resolution, and anger management. Furthermore, the violence prevention curriculum is based on some evidence based principles, however, there is limited research to supports its effectiveness.
- Group norms and expectations are established for each group and followed. The participants are required to sign the form at the beginning of group.
- The length of group (e.g., 24 sessions) is sufficient to affect target behaviors.
- The Violence Prevention manual appears to be consistently followed across group facilitators.
- Group facilitators appear knowledgeable about the treatment program and curriculum and encourage participation.
- Regular assignment of homework, along with review and feedback, occurs consistently.
- Violence Prevention groups are facilitated by staff from beginning to end.
- Group facilitators attempt to address the different learning styles and barriers of the participants by pairing inmates together or meeting with clients individually.
- The facilitators appear to respond appropriately in group to noncompliance such as not completing their homework or refusing to participate. Participants are normally given verbal warnings and/or sent back to their units. The facilitators encourage the participant to process the event in group and offers prosocial alternatives.
- There are clearly established boundaries between the facilitator and group participants and they have established good rapport. Moreover, the facilitators appear to avoid arguments with the participants.
- The group has several sessions that target participants’ underlying attitudes, values, and beliefs.
- Both pre and post-tests (i.e., CSSM & HIQ) are utilized to assess changes in target behaviors.
- Each Violence Prevention group participant is required to have a discharge summary upon completion of the group.

Areas that Need Improvement:
- The unit manager does not provide clinical supervision.
- Treatment specialists were selected based upon who volunteered for the job rather than group facilitation experience and skills.
- Treatment specialists formally meet only one time per month to review client progress.
- While facilitators receive adequate initial training related to group curricula, the requirements for additional annual training related to service delivery is inadequate.
- Groups do not consistently begin and end on time, which appears primarily related to security and movement issues.
- The Violence Prevention group size exceeds the CPC-GA requirement of no more than 8-10 participants per facilitator. Groups typically begin with 15-20 participants.
- The identification and application of appropriate rewards does not occur regularly in the group.
- The application of rewards does not outnumber the application of punishers by at least a ratio of 4 to 1.
- Facilitators do not consistently encourage participants to recognize and promote prosocial behavior.
- Alternatives to inappropriate behavior are not taught after a punisher is applied.
- Potential negative effects produced by a punishment are not consistently recognized or addressed across facilitators.
- Participants do not consistently practice new prosocial behaviors in increasingly difficult situations.
- Treatment specialists did not modeled appropriate skills and explained its benefits. Moreover, clients were not required to practice skills in group.
- The facilitators are not systematically teaching participants how to address antisocial thinking and identify high risk situations, providing coping and management techniques for both.
- Violence Prevention group participants are not given sufficient opportunity to practice risk or relapse prevention plans.
- Group facilitators are not regularly observed and evaluated with regard to service delivery skills.
- Participants are not surveyed as to their satisfaction with the group.
- The Violence Prevention group does not have clearly outlined criteria as to when the program terminates for each offender.
SCI-Greensburg  
Outpatient Sex Offender Programming

<table>
<thead>
<tr>
<th>CPC-GA SECTIONS</th>
<th>SCORE</th>
<th>RATING</th>
</tr>
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<tbody>
<tr>
<td>Program Staff and Support</td>
<td>80.0%</td>
<td>Highly Effective</td>
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<tr>
<td>Offender Assessment</td>
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<tr>
<td><strong>Overall Capacity</strong></td>
<td>66.7%</td>
<td>Highly Effective</td>
</tr>
<tr>
<td><strong>Overall Content</strong></td>
<td>57.8%</td>
<td>Effective</td>
</tr>
<tr>
<td><strong>Overall Score</strong></td>
<td>60.4%</td>
<td>Effective</td>
</tr>
</tbody>
</table>

Strengths:
- There is a licensed psychology manager in place to oversee the treatment groups and supervise the psychological services staff. The program offers moderate-high and low intensity groups as well as aftercare.
- The manager is involved in the hiring process and appears to select staff for group experience and skills related to service delivery.
- The psychological services staff meet the CPC-GA educational requirements of an Associate's degree or higher in a helping profession and have at least 2 years of experience working with offenders in a treatment capacity.
- Ethical guidelines are in place for group facilitators.
- The institution/stakeholders appear supportive of sex offender treatment at the facility.
- There are exclusionary criteria in place for group participation and offenders appear appropriate for the services being offered.
- Offender risk and need is assessed using both the LSI-R and the Static-99. They also conduct an interview that includes an evaluation of the offender’s offense details.
- Responsivity factors are assessed for many of the SOP participants via tools such as the MMPI, WRAT, BETA, TCU-Treatment Motivation scales and PAI. The staff also consider personality and IQ when deciding whether to place in their special needs unit groups.
- Sex offenders are separated by risk by offering a both a low and moderate-high risk group.
- The primary focus of the sex offender program is on criminogenic needs such as sexual deviance, cognitive distortions, self-management skills and relapse prevention. Furthermore, the Medlin program is based on some evidence based principles, however, there is limited research to supports its effectiveness.
- The group size of approximately 8-10 participants is appropriate.
- The moderate-high intensity program lasts approximately 18 -20 months and the low intensity program approximately 6-8 months.
- Homework is regularly assigned and is consistently reviewed by the facilitator, with feedback provided to participants.
- The SOP facilitators appeared knowledgeable of the material being taught.
- The group facilitators encouraged participant involvement by requiring active participation by all offenders.
- Group norms and expectations are established for each group and followed. The participants are required to sign the form at the beginning of group.
- The Medlin curriculum appears to be consistently followed across group facilitators.
- Groups were consistently conducted by the staff.
- The facilitators appear to respond appropriately in group to noncompliance such as not completing their homework or refusing to participate. Participants are normally given verbal warnings and/or lose points for the particular day.
- Boundaries between the facilitators and group participants appeared to be clearly established. Additionally, facilitators appeared to have good rapport with the offenders and avoid arguments.
- SOP sessions target participants’ underlying attitudes, values, and beliefs and participants are taught techniques for addressing high risk situations.
• The supervisor observes groups once every six weeks (on average).
• Each SOP group participant is required to have a discharge summary upon completion of the group.

Areas that Need Improvement:
• Group facilitators do not consistently attend formal staff meetings to review client progress (i.e. bimonthly at minimum).
• While facilitators have adequate initial training related to the group curriculum, the requirements for annual trainings related to service delivery is inadequate.
• The identification and application of appropriate rewards does not occur regularly in the group.
• The application of rewards does not outnumber the application of punishers by at least a ratio of 4 to 1.
• The program does not have an adequate range of consequences for negative behavior.
• Alternatives to inappropriate behavior are not regularly taught after a punisher is applied.
• New prosocial skills are not modeled, nor are the benefits of learning the new skill consistently explained by facilitators.
• Participants are not required to practice and rehearse alternative prosocial skills throughout the group.
• Participants do not consistently practice new prosocial behaviors in increasingly difficult situations.
• While relapse plans are developed in Phase 7 of the SOP curriculum, they lack detail related to coping skills and offenders are not required to rehearse relapse prevention techniques.
• Participants are not surveyed as to their satisfaction with the group.
• Group participants are not administered pre-post tests to assess changes in target behaviors.
• SOP group does not have clearly outlined criteria as to when the program terminates for each offender.
Figure 18a: SCI Greensburg Compared to PADOCS

*Sex Offender Scores include both outpatient and therapeutic community programs if applicable
Figure 18b: Staff Survey Results of SCI Greensburg (n=54) Compared to All SCI Respondents (N=1229)
CPC-GA SECTIONS | SCORE | RATING
---|---|---
Program Staff and Support | 60.0% | Effective
Offender Assessment | 83.3% | Highly Effective
Treatment | 41.6% | Ineffective
Quality Assurance | 40.0% | Ineffective
Overall Capacity | 53.3% | Needs Improvement
Overall Content | 47.6% | Needs Improvement
Overall Score | 49.1% | Needs Improvement

Strengths:
- There is a program coordinator (unit manager) in place who was responsible for selecting staff for the treatment specialist position.
- All group facilitators have at least a baccalaureate degree in a helping profession and have at least two years experience working with offenders in a treatment capacity.
- There is a documented code of ethics or guideline for group facilitators.
- The program appears to be supported by the institutional staff.
- There is appropriate selection and exclusionary criteria for the program. Exclusion or selection into T4C is decided by staff at Camp Hill.
- Risk factors/criminogenic needs are assessed at Camp Hill with a validated risk assessment (LSI-R). The facility has access to automated results.
- Risk and need level is defined for each participant at Camp Hill including the HIQ & CSS-M. The facilitators have access to automated results.
- Responsivity is assessed at Camp Hill and includes IQ, a personality inventory, the WRAT, and the TABE. The facilitators have access to automated results.
- The BIT groups appear to target higher risk and higher need clients.
- The major targets for the Batterers’ Intervention group are criminogenic and include the following: antisocial attitudes, problem solving, conflict resolution, promoting family communication, and anger management.
- The BIT group facilitators utilize treatment manuals.
- The group facilitators appear comfortable with the material being provided.
- Homework is given nearly every session and is reviewed.
- Group norms are established on the first day. Each participant is required to sign a form and is given a copy of group norms. Norms are reviewed throughout the duration of the group on an as-needed basis.
- The duration of the group is approximately 26 sessions (2 x per week for 1.5 hours) which is considered appropriate.
- The batterers’ group is typically co-facilitated and both facilitators were active.
- Groups are always conducted by a facilitator.
- Facilitators address responsivity by using other groups members as translators or having group members assist as necessary.
- The facilitators appear to establish a good rapport, boundaries and avoid arguments with participants.
- The facilitators utilize the HIQ and CSS-M as pre-post measures.
- The facilitators complete discharge summaries at the end of group discussing client’s progress, attendance, and participation.

Areas that Need Improvement:
- Although the program coordinator does oversee the treatment specialists, they are supervised by their own unit managers. This creates some problems with leadership of the overall continuity of the program. The program coordinator also does not provide clinical supervision.
It was not clear that staff were hired based on clinical skills. Staff were asked to volunteer for the position, however, only one person volunteered. The others were placed in the position based on some degree of experience; however, there were not clear criteria in place.

Formal staff meetings with treatment specialists occur only one time per month.

Although staff were trained on the curriculum, due to budget cuts they do not receive sufficient on-going training on counseling related topics.

Due to institutional constraints the groups do not start and end on time.

The facilitators will encourage group participation through asking for volunteers and calling on participants throughout group, however, they noted that if a client may choose not to participate.

The group size normally runs between 15 to 16 participants with only one facilitator.

The identification and application of appropriate rewards does not occur regularly in the group.

The application of rewards does not outnumber the application of punishers by at least a ratio of 4 to 1.

Facilitators do not consistently encourage participants to recognize and promote prosocial behavior.

Alternatives to inappropriate behavior are not taught after a punisher is applied.

Potential negative effects produced by a punishment are not consistently recognized or addressed across facilitators.

Skills are neither modeled nor are the benefits of learning a new skill consistently explained by facilitators.

Participants are not required to practice and rehearse alternative prosocial skills throughout the group consistently across facilitators.

Participants do not consistently practice new prosocial behaviors in increasingly difficult situations.

Arguments with group participants are not avoided consistently across facilitators.

The facilitators are not systematically teaching participants how to address antisocial thinking and identify high risk situations, providing coping and management techniques for both.

The group participants are not given sufficient opportunity to practice risk or relapse prevention plans.

Group facilitators are not regularly observed or evaluated with regard to service delivery skills.

Completion criteria are not well developed and completion of group appears to be driven mostly by the curriculum (e.g., completion of sessions).

The facilitators do not consistently utilize participant satisfaction forms at the end of group.
CPC-GA SECTIONS | SCORE | RATING
---|---|---
Program Staff and Support | 60.0% | Effective
Offender Assessment | 83.3% | Highly Effective
Treatment | 57.1% | Effective
Quality Assurance | 40.0% | Ineffective
Overall Capacity | 53.3% | Needs Improvement
Overall Content | 60.9% | Effective
Overall Score | 58.9% | Effective

Strengths:
- There is a program coordinator (unit manager) in place who was responsible for selecting staff for the treatment specialist position.
- All group facilitators have at least a baccalaureate degree in a helping profession and have at least two years experience working with offenders in a treatment capacity.
- There is a documented code of ethics or guideline for group facilitators.
- The program appears to be supported by the institutional staff.
- There is appropriate selection and exclusionary criteria for the program. Exclusion or selection into T4C is decided by staff at Camp Hill.
- Risk factors/criminogenic needs are assessed at Camp Hill with a validated risk assessment (LSI-R). The facility has access to automated results.
- Risk and need level is defined for each participant at Camp Hill including the HIQ & CSS-M. The facilitators have access to automated results.
- Responsivity is assessed at Camp Hill and includes IQ, a personality inventory, the WRAT, and the TABE. The facilitators have access to automated results.
- The major targets for Thinking for a Change are criminogenic and include the following: antisocial attitudes, problem solving, conflict resolution, and social skills. Furthermore, the Thinking for a Change curriculum is considered evidenced based.
- The T4C groups are cognitive-behavioral in nature and utilize treatment manuals.
- The group facilitators appear comfortable with the material being provided.
- Homework is given nearly every session and is reviewed.
- Group norms are established on the first day. Each participant is required to sign a form and is given a copy of group norms. Norms are reviewed throughout the duration of the group on an as-needed basis.
- The duration of the group is approximately 22 sessions (2 x per week for 1.5 hours) which is considered appropriate.
- Groups are always conducted by a facilitator.
- Facilitators address responsivity by using other groups members as translators or having group members assist as necessary.
- Facilitators model prosocial skills in group and explain the benefits of learning new prosocial skills.
- The facilitators appear to establish a good rapport, boundaries and avoid arguments with participants.
- The facilitators are engaged in activities related to cognitive restructuring such as helping clients recognize their underlying attitudes and attempting to replace those attitudes with more prosocial thought patterns and ultimately responses.
- Near the end of the curriculum, facilitators develop risk plans and rehearse these plans with clients.
- The facilitators utilize the HIQ and CSS-M as pre-post measures.
- The facilitators complete discharge summaries at the end of a group discussing clients’ progress, attendance, and participation.

Areas that Need Improvement:
• Although the program coordinator does oversee the treatment specialists, they are supervised by their own unit managers. This creates some problems with leadership of the overall continuity of the program. The program coordinator also does not provide clinical supervision.
• It was not clear that staff were hired based on clinical skills. Staff were asked to volunteer for the position, however, only one person volunteered. The others were placed in the position based on some degree of experience; however, there were not clear criteria in place.
• Formal staff meetings with treatment specialists occur only one time per month.
• Although staff were trained on the T4C curriculum, due to budget cuts they do not receive sufficient ongoing training on counseling related topics.
• Due to institutional constraints the groups do not start and end on time.
• The facilitators will encourage group participation through asking for volunteers and calling on participants throughout group, however, they noted that if a client doesn’t want to participate they will not require it.
• The group size normally runs between 15 to 16 participants with only one facilitator.
• While the facilitators offer certificates for group completion, the facilitators do not have a sufficient number of rewards in place to encourage new skills and prosocial behavior.
• While the facilitators do respond to noncompliance with some consequences, the program does not have a range of consequences. For example, while the client may lose points for not participating or attending group, there are very few other consequences (other than simply removing them) utilized to shape behavior.
• While the facilitators do model appropriate behavior in group, they do not utilize role play activities to have clients practice new skills in group. Moreover, there is no evidence that they provide opportunities for clients to practice skills in increasingly difficult situations.
• Group facilitators are not regularly observed or evaluated with regard to service delivery skills.
• Completion criteria are not well developed and completion of group appears to be driven mostly by the curriculum (e.g., completion of 22 sessions).
• The facilitators do not consistently utilize participant satisfaction forms at the end of group.
SCI-Houtzdale
Violence Prevention

CPC-GA SECTIONS    SCORE    RATING
Program Staff and Support    60.0%    Effective
Offender Assessment    83.3%    Highly Effective
Treatment    51.4%    Needs Improvement
Quality Assurance    40.0%    Ineffective
Overall Capacity    53.3%    Needs Improvement
Overall Content    56.1%    Effective
Overall Score    55.3%    Effective

Strengths:
- There is a program coordinator (unit manager) in place who was responsible for selecting staff for the treatment specialist position.
- All group facilitators have at least a baccalaureate degree in a helping profession and have at least two years experience working with offenders in a treatment capacity.
- There is a documented code of ethics or guideline for group facilitators.
- The program appears to be supported by the institutional staff.
- There is appropriate selection and exclusionary criteria for the program. Exclusion or selection into T4C is decided by staff at Camp Hill.
- Risk factors/criminogenic needs are assessed at Camp Hill with a validated risk assessment (LSI-R). The facility has access to automated results.
- Risk and need level is defined for each participant at Camp Hill including the HIQ & CSS-M. The facilitators have access to automated results.
- Responsivity is assessed at Camp Hill and includes IQ, a personality inventory, the WRAT, and the TABE. The facilitators have access to automated results.
- The VP groups appear to target higher risk and higher need clients.
- The major targets for Violence Prevention are criminogenic and include the following: antisocial attitudes, problem solving, conflict resolution, and anger management. Furthermore, the violence prevention curriculum is based on some evidence based principles, however, there is limited research to supports its effectiveness.
- The VP group facilitators utilize treatment manuals.
- The group facilitators appear comfortable with the material being provided.
- Homework is given nearly every session and is reviewed.
- Group norms are established on the first day. Each participant is required to sign a form and is given a copy of group norms. Norms are reviewed throughout the duration of the group on an as-needed basis.
- The duration of the group is approximately 25 sessions (2 x per week for 1.5 hours) which is considered appropriate.
- Groups are always conducted by a facilitator.
- Facilitators address responsivity by using other groups members as translators or having group members assist as necessary. They also offer a violence prevention special needs class.
- Facilitators model prosocial skills in group and explain the benefits of learning new prosocial skills.
- The facilitators appear to establish a good rapport, boundaries and avoid arguments with participants.
- The facilitators are engaged in activities related to cognitive restructuring such has helping clients recognize their underlying attitudes and attempting to replace those attitudes with more prosocial thought patterns and ultimately responses to anger.
- Near the end of the curriculum, facilitators develop risk plans and rehearse these plans with clients.
- The facilitators utilize the HIQ and CSS-M as pre-post measures.
- The facilitators complete discharge summaries at the end of group discussing client’s progress, attendance, and participation.
Areas that Need Improvement:

- Although the program coordinator does oversee the treatment specialists, they are supervised by their own unit managers. This creates some problems with leadership of the overall continuity of the program. The program coordinator also does not provide clinical supervision.
- It was not clear that staff were hired based on clinical skills. Staff were asked to volunteer for the position, however, only one person volunteered. The others were placed in the position based on some degree of experience; however, there were not clear criteria in place.
- Formal staff meetings with treatment specialists occur only one time per month.
- Although staff were trained on the VP curriculum, due to budget cuts they do not receive sufficient ongoing training on counseling related topics.
- Due to institutional constraints the groups do not start and end on time.
- The facilitators will encourage group participation through asking for volunteers and calling on participants throughout group, however, they noted they will require participation.
- The group size normally runs between 15 to 16 participants with only one facilitator.
- While the facilitators offer certificates for group completion, the facilitators do not have a sufficient number of rewards in place to encourage new skills and prosocial behavior.
- While the facilitators do respond to noncompliance with some consequences, the program does not have a range of consequences. For example, while the client may lose points for not participating or attending group, there are very few other consequences (other than simply removing them) utilized to shape behavior.
- While the facilitators do model appropriate behavior in group, they do not utilize role play activities to have clients practice new skills in group. Moreover, there is no evidence that they provide opportunities for clients to practice skills in increasingly difficult situations.
- Group facilitators are not regularly observed or evaluated with regard to service delivery skills.
- Completion criteria are not well developed and completion of group appears to be driven mostly by the curriculum (e.g., completion of sessions).
- The facilitators do not consistently utilize participant satisfaction forms at the end of group.
SCI-Houtzdale
Sex Offender Programming- Modified Therapeutic Community

<table>
<thead>
<tr>
<th>CPC SECTIONS</th>
<th>SCORE</th>
<th>RATING</th>
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<tbody>
<tr>
<td>Program Leadership &amp; Development</td>
<td>76.9%</td>
<td>Highly Effective</td>
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<tr>
<td>Staff Characteristics</td>
<td>72.7%</td>
<td>Highly Effective</td>
</tr>
<tr>
<td>Offender Assessment</td>
<td>73.3%</td>
<td>Highly Effective</td>
</tr>
<tr>
<td>Treatment Characteristics</td>
<td>35.3%</td>
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<tr>
<td>Quality Assurance</td>
<td>14.3%</td>
<td>Ineffective</td>
</tr>
<tr>
<td>Overall Capacity</td>
<td>61.3%</td>
<td>Effective</td>
</tr>
<tr>
<td>Overall Content</td>
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<td>Ineffective</td>
</tr>
<tr>
<td>Overall Score</td>
<td>51.2%</td>
<td>Needs Improvement</td>
</tr>
</tbody>
</table>

Strengths:
- The program director is qualified with a Master’s degree in rehabilitation counseling and over 15 years of experience.
- The director is actively involved in selecting, training, and supervising treatment staff who work within the sex offender program.
- The program director regularly conducts groups.
- The SOP program appears to be valued by the facility and the facility does not experience any difficulties with the at-large community.
- Funding appears to be adequate to implement the program as designed.
- The program has been in operation for approximately 12 years.
- Staff do meet the criteria for education and experience.
- The SOP staff meet regularly, approximately 1 time per week.
- Staff are assessed quarterly on service delivery skills as well as annually with a traditional DOC assessment.
- The staff receive clinical supervision through the program director.
- Staff appear to support the program and regularly provide input.
- Ethical guidelines are in place for group facilitators.
- There are exclusionary criteria in place for group participation and offenders appear appropriate for the services being offered.
- Offender risk and need is assessed using both the LSI-R and the Static-99.
- Responsivity factors are assessed for many of the SOP participants via tools such as the MMPI, WRAT, BETA, TCU-Treatment Motivation scales and PAI.
- The program also offers a special needs class for those with low IQ’s or personality disorders.
- The primary focus of the sex offender program is on criminogenic needs such as sexual deviance, cognitive distortions, self-management skills and relapse prevention. Furthermore, the Medlin program is based on some evidence based principles, however, there is limited research to supports its effectiveness.
- The high intensity program lasts approximately 18 months and the low intensity program approximately 6-8 months.
- The Medlin curriculum is used and followed.
- Offenders can give input into the program through their peers on the program committee. These members can take issues or concerns directly to the program director.
- SOP sessions target participants’ underlying attitudes, values, and beliefs and participants are taught techniques for addressing high risk situations.
- The program is always conducted by a staff member, however, they also utilized peer assistants in group.
- Each SOP group participant is required to have a discharge summary upon completion of the group.
- Each participant is required to attend aftercare sessions for at least a period of 12 months or 18 sessions (unless paroled).
- Participants are surveyed as to their satisfaction with the group.
Areas that Need Improvement:

- There was no evidence that the literature on effective interventions is consistently consulted and disseminated to staff.
- There was no evidence that the program and services are regularly piloted before full implementation.
- The changes in funding have had an impact on the program through cuts in available training for staff.
- While facilitators have adequate initial training related to the group curriculum, the requirements for yearly trainings related to service delivery is inadequate.
- Sex offenders are separated by risk by offering a both a low and moderate-high risk group. However, low risk clients may be in the higher intensity groups based on other factors such as offense or type of victims.
- There was no evidence that the assessment tools have been validated on the population.
- There is no empirical evidence to support the Medlin curriculum.
- While the program does operate its sex offender program on a particular unit, it is missing some of behavioral elements of the TC such as a continuum of rewards and sanctions developed to encourage prosocial behavior.
- The program has tried to implement a positive peer culture through the development of committees; however, it could be enhanced through various techniques traditionally utilized by therapeutic communities.
- The identification and application of appropriate rewards does not occur regularly in the group.
- The application of rewards does not outnumber the application of punishers by at least a ratio of 4 to 1.
- Facilitators do not consistently encourage participants to recognize and promote one another’s’ prosocial behaviors.
- Alternatives to inappropriate behavior are not regularly taught after a punisher is applied.
- Potential negative effects produced by a punishment are not consistently recognized or addressed across facilitators.
- New prosocial skills are not modeled, nor are the benefits of learning the new skill consistently explained by facilitators.
- Participants are not required to practice and rehearse alternative prosocial skills throughout the group.
- Participants do not consistently practice new prosocial behaviors in increasingly difficult situations.
- Completion criteria for the group are not well developed.
- The program does not work with family members in any capacity.
- While aftercare is provided, there is no measure of its quality.
- Group facilitators are not regularly observed and evaluated with regard to service delivery skills.
- Group participants are not administered pre-post tests to assess changes in target behaviors.
- The program staff are not made aware of the recidivism rates of its participants.
- The program has not been subjected to a formal evaluation.
Figure 19a: SCI Houtzdale Compared to PADOCS

*Sex Offender Scores include both outpatient and therapeutic community programs if applicable
Figure 19b: Staff Survey Results of SCI Houtzdale (n=82) Compared to All SCI Respondents (N=1229)
Batterers’ Intervention

CPC-GA SECTIONS                      SCORE     RATING
Program Staff and Support          60.0%     Effective
Offender Assessment               83.3%     Highly Effective
Treatment                        61.4%     Effective
Quality Assurance                 40.0%     Ineffective
Overall Capacity                  53.3%     Needs Improvement
Overall Content                   64.3%     Effective
Overall Score                     61.4%     Effective

Strengths:
- There is a program coordinator in place to oversee the Batterers’ Intervention program.
- The program coordinator plays and active role in selecting treatment specialists.
- The group facilitators meet the CPC-GA educational requirements and are experienced in offender rehabilitation.
- Ethical guidelines are in place for group facilitators.
- The institution/stakeholders are supportive of the Batterers’ Intervention program.
- There are exclusionary criteria in place for group participation and offenders appear appropriate for the services being offered.
- Offender risk and need is assessed using the LSI-R and the HIQ.
- Responsivity factors are assessed for many of the BIP participants via tools such as the MMPI, WRAT, BETA, TCU-Treatment Motivation scales and PAI.
- Batterers’ Intervention targets primarily moderate to high risk offenders, based upon the LSI-R.
- The primary focus of the Batterers’ Intervention program is on criminogenic need areas.
- The Batterers’ Intervention facilitators appeared knowledgeable of the material being taught.
- Facilitators consistently encouraged group participation.
- Homework was consistently assigned and regularly reviewed by group facilitators.
- Both of the co-facilitators were active in the group and given that groups were co-facilitated, the group size was appropriate.
- Group norms were established via a pre-treatment contract.
- The length of the group was sufficient to affect behavior change.
- Group manuals were developed and followed and groups were consistently conducted by the facilitator.
- Responsivity issues such as language barriers or material comprehension were consistently addressed by group facilitators.
- Appropriate punishers were in place and group facilitators responded appropriately to noncompliance issues.
- Facilitators encouraged participants to recognize and promote one another’s prosocial behavior.
- The facilitators had clearly established rapport and boundaries with the group participants, and avoided argumentation with offenders.
- Batterers’ Intervention sessions target participant’s underlying attitudes, values, and beliefs, addresses antisocial thinking and high risk situations, and works to replace antisocial thought patterns with prosocial alternatives.
- Group participants were administered pre-post-tests to assess changes in target behaviors.
- Staff complete discharge summaries for each Batterers’ Intervention participant upon completion of the group.

Areas that Need Improvement:
- The program coordinator plays a limited role in supervising treatment specialists.
- Group facilitators do not consistently attend staff meetings to review client progress (i.e. bimonthly at minimum).
• Treatment specialists were not systematically selected based upon skills and values consistent with offender rehabilitation.
• While facilitators have adequate initial training related to the group curriculum, the requirements for yearly trainings related to service delivery is inadequate.
• While most offenders in the BIP group where moderate to high need based on the HIQ and LSI-R, this was not true for all participants.
• The Duluth program model being used for BIP has been shown to be ineffective at reducing offending behavior.
• Due to movement issues, group did not consistently begin and end on time.
• The range of reinforcers used by the program was inadequate.
• The application of rewards and punishers could be improved and the frequency of rewards does not outnumber punishers by a ratio of at least 4 to 1.
• Prosocial alternatives to inappropriate behavior were not regularly taught after a punisher was applied and facilitators did not consistently recognize and deal with possible negative effects of punishers.
• While skills training with corrective feedback is built into the Batterers’ Intervention curriculum, offenders spent a significant amount of time having antisocial behaviors modeled to them via the videos. Likewise, while offenders did practice prosocial alternatives to high risk situations, practice was too infrequent.
• Participants do not consistently practice new prosocial behaviors in increasingly difficult situations.
• While action plans were created, comprehensive relapse prevention plans were not developed to help decrease future violent behaviors.
• Batterers’ Intervention groups were not regularly observed with feedback given to facilitators on group delivery skills.
• Batterers’ Intervention participants were not given a satisfaction survey upon group completion.
• Objective completion criteria were not in place.
**Strengths:**
- There is a program coordinator in place to oversee the Thinking for a Change program.
- The program coordinator plays an active role in selecting treatment specialists.
- The group facilitators meet the CPC-GA educational requirements and are experienced in offender rehabilitation.
- Ethical guidelines are in place for group facilitators.
- The institution/stakeholders are supportive of the Thinking for a Change program.
- There are exclusionary criteria in place for group participation and offenders appear appropriate for the services being offered.
- Offender risk and need is assessed using the LSI-R and the CCS-M.
- Responsivity factors are assessed for many of the TFC participants via tools such as the MMPI, WRAT, BETA, TCU-Treatment Motivation scales and PAI.
- Thinking for a Change targets primarily moderate to high risk offenders, based upon the LSI-R.
- The primary focus of the Thinking for a Change program is on criminogenic need areas.
- Thinking for a Change is an evidence-based program that is based on a cognitive-behavioral model.
- The Thinking for a Change facilitators appeared knowledgeable of the material being taught.
- Facilitators consistently encouraged group participation.
- Homework was consistently assigned and regularly reviewed by group facilitators.
- Group norms were established via a pre-treatment contract.
- The length of the group was sufficient to affect behavior change.
- Group manuals were developed and followed and groups were consistently conducted by the facilitator.
- Responsivity issues such as language barriers or material comprehension were consistently addressed by group facilitators.
- Facilitators used peers to promote prosocial behaviors.
- Appropriate punishers were in place and group facilitators responded appropriately to noncompliance issues.
- Prosocial skills were regularly modeled in group.
- The facilitators had clearly established rapport and boundaries with the group participants, and avoided argumentation with offenders.
- Thinking for a Change sessions target participant’s underlying attitudes, values, and beliefs and works to replace antisocial thought patterns with prosocial alternatives.
- Group participants were administered pre-post-tests to assess changes in target behaviors.
- Staff complete discharge summaries for each Thinking for a Change participant upon completion of the group.

**Areas that Need Improvement:**
- The program coordinator plays a limited role in supervising treatment specialists.
- Group facilitators do not consistently attend staff meetings to review client progress (i.e. bimonthly at minimum).
• Treatment specialists were not systematically selected based upon skills and values consistent with offender rehabilitation.
• While facilitators have adequate initial training related to the group curriculum, the requirements for yearly trainings related to service delivery is inadequate.
• While most offenders in the TFC group where moderate to high need based on the CCS-M and LSI-R, this was not true for all participants.
• Due to movement issues, group did not consistently begin and end on time.
• The group size was not consistently at or below the recommended ratio of 1 staff to 8-10 offenders.
• The range of reinforcers used by the program was inadequate.
• The application of rewards and punishers could be improved and the frequency of rewards does not outnumber punishers by a ratio of at least 4 to 1.
• While skills training with corrective feedback is built in to the Thinking for a change curriculum, all participants were not able to practice each skill due to shortened treatment sessions. Likewise, participants do not consistently practice new prosocial behaviors in increasingly difficult situations.
• Antisocial thinking and values were not consistently addressed in the group.
• Comprehensive relapse prevention plans were not developed to help decrease future criminal behaviors.
• Thinking for a Change groups were not regularly observed with feedback given to facilitators on group delivery skills.
• Thinking for a Change participants were not given a satisfaction survey upon group completion.
• Objective completion criteria were not in place.
CPC-GA SECTIONS | SCORE | RATING
--- | --- | ---
Program Staff and Support | 60.0% | Effective
Offender Assessment | 83.3% | Highly Effective
Treatment | 60.0% | Effective
Quality Assurance | 40.0% | Ineffective
Overall Capacity | 53.3% | Needs Improvement
Overall Content | 63.4% | Effective
Overall Score | 60.7% | Effective

Strengths:
- There is a program coordinator in place to oversee the Violence Prevention program.
- The program coordinator plays and active role in selecting treatment specialists.
- The group facilitators meet the CPC-GA educational requirements and are experienced in offender rehabilitation.
- Ethical guidelines are in place for group facilitators.
- The institution/stakeholders are supportive of the Violence Prevention program.
- There are exclusionary criteria in place for group participation and offenders appear appropriate for the services being offered.
- Offender risk and need is assessed using the LSI-R and the HIQ.
- Responsivity factors are assessed for many of the VP participants via tools such as the MMPI, WRAT, BETA, TCU-Treatment Motivation scales and PAI.
- Violence Prevention targets primarily moderate to high risk offenders, based upon the LSI-R.
- The primary focus of the Violence Prevention program is on criminogenic need areas.
- The program model being used incorporates evidence-based, cognitive-behavioral elements.
- The Violence Prevention facilitators appeared knowledgeable of the material being taught.
- Facilitators consistently encouraged group participation.
- Homework was consistently assigned and regularly reviewed by group facilitators.
- Group norms were established via a pre-treatment contract.
- The length of the group was sufficient to affect behavior change.
- Group manuals were developed and followed and groups were consistently conducted by the facilitator.
- Responsivity issues such as language barriers or material comprehension were consistently addressed by group facilitators.
- Appropriate punishers were in place and group facilitators responded appropriately to noncompliance issues.
- Prosocial skills were regularly modeled in group.
- The facilitators had clearly established rapport and boundaries with the group participants, and avoided argumentation with offenders.
- Violence Prevention sessions target participant’s underlying attitudes, values, and beliefs, addresses antisocial thinking and high risk situations, and works to replace antisocial thought patterns with prosocial alternatives.
- Group participants were administered pre-post-tests to assess changes in target behaviors.
- Staff complete discharge summaries for each Violence Prevention participant upon completion of the group.

Areas that Need Improvement:
- The program coordinator plays a limited role in supervising treatment specialists.
- Group facilitators do not consistently attend staff meetings to review client progress (i.e. bimonthly at minimum).
• Treatment specialists were not systematically selected based upon skills and values consistent with offender rehabilitation.
• While facilitators have adequate initial training related to the group curriculum, the requirements for yearly trainings related to service delivery is inadequate.
• While most offenders in the VP group where moderate to high need based on the HIQ and LSI-R, this was not true for all participants.
• Due to movement issues, group did not consistently begin and end on time.
• The group size was not consistently at or below the recommended ratio of 1 staff to 8-10 offenders.
• The range of reinforcers used by the program was inadequate.
• The application of rewards and punishers could be improved and the frequency of rewards does not outnumber punishers by a ratio of at least 4 to 1.
• Facilitators do not consistently encourage participants to recognize and promote one another’s prosocial behavior.
• Prosocial alternatives to inappropriate behavior were not regularly taught after a punisher was applied and facilitators did not consistently recognize and deal with possible negative effects of punishers.
• Participants are not required to practice and rehearse alternative prosocial skills frequently enough throughout the group. Likewise, participants do not consistently practice new prosocial behaviors in increasingly difficult situations.
• Comprehensive relapse prevention plans were not developed to help decrease future violent behaviors.
• Violence Prevention groups were not regularly observed with feedback given to facilitators on group delivery skills.
• Violence Prevention participants were not given a satisfaction survey upon group completion.
• Objective completion criteria were not in place.
SCI-Huntingdon
Outpatient Sex Offender Programming

CPC-GA SECTIONS

<table>
<thead>
<tr>
<th>Section</th>
<th>Score</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program Staff and Support</td>
<td>90.0%</td>
<td>Highly Effective</td>
</tr>
<tr>
<td>Offender Assessment</td>
<td>100.0%</td>
<td>Highly Effective</td>
</tr>
<tr>
<td>Treatment</td>
<td>60.0%</td>
<td>Effective</td>
</tr>
<tr>
<td>Quality Assurance</td>
<td>60.0%</td>
<td>Effective</td>
</tr>
<tr>
<td>Overall Capacity</td>
<td>80.0%</td>
<td>Highly Effective</td>
</tr>
<tr>
<td>Overall Content</td>
<td>64.1%</td>
<td>Effective</td>
</tr>
<tr>
<td>Overall Score</td>
<td>68.5%</td>
<td>Highly Effective</td>
</tr>
</tbody>
</table>

Strengths:

- There was a program coordinator in place to oversee the groups being offered and to select or approve group facilitators.
- The program coordinator provides direct supervision to facilitators and regular staff meetings are held.
- The group facilitators meet the CPC-GA educational requirements and are experienced in offender rehabilitation.
- The group facilitators are selected for skills and values consistent with offender rehabilitation.
- Ethical guidelines are in place for group facilitators.
- The institution/stakeholders provide overall support for the facilitation of sex offender programming.
- There are exclusionary criteria in place for group participation and offenders appear appropriate for the services being offered.
- Offender risk and need is assessed using both the LSI-R and the Static-99.
- Responsivity factors are assessed for many of the SOP participants via tools such as the MMPI, WRAT, BETA, TCU-Treatment Motivation scales and PAI.
- Sex offenders are separated by risk by offering a both a low and moderate-high risk group.
- The primary focus of the sex offender program is on criminogenic needs such as sexual deviance, cognitive distortions, self-management skills and relapse prevention.
- SOP treatment is based upon a cognitive-behavioral model.
- The SOP facilitators appeared knowledgeable of the material being taught.
- Groups were of an appropriate size and both co-facilitators were active in the groups.
- Groups were consistently conducted by the staff and staff encouraged group participation.
- Group norms were established and followed.
- SOP programming attempts to address responsivity issues by offering a group for special needs offenders and working individually with those who have difficulty comprehending the material.
- Appropriate types and procedures for punishing unwanted behavior were in place. Likewise, facilitators responded appropriately to noncompliance.
- Boundaries between the facilitators and group participants appeared to be clearly established. Additionally, facilitators avoided argumentation and appeared to have good rapport with the offenders.
- Risk or relapse prevention plans were developed and rehearsed.
- A participant satisfaction survey is completed for each program graduate.
- The program has objective completion criteria in place.
- A discharge summary is written for each participant that completes SOP group.

Areas that Need Improvement:

- While facilitators have adequate initial training related to the group curriculum, the requirements for yearly trainings related to service delivery is inadequate.
- Due to movement issues, the group did not consistently begin and end on time.
- While homework is regularly assigned and consistently reviewed by the facilitator in high and low intensity groups, in it not readily incorporated into aftercare.
While the Medlin curriculum is used for Low and High intensity SOP, the aftercare group does not use a structured curriculum.

The identification and application of appropriate rewards does not occur regularly in the group. Likewise, the application of rewards does not outnumber the application of punishers by at least a ratio of 4 to 1. Facilitators do not consistently encourage participants to recognize and promote one another’s prosocial behavior.

Alternatives to inappropriate behavior are not regularly taught after a punisher is applied.

Potential negative effects produced by a punishment are not consistently recognized or addressed across facilitators.

New prosocial skills are not regularly modeled, nor are the benefits of learning the new skill consistently explained by facilitators.

Participants are not required to practice and rehearse alternative prosocial skills throughout the group.

Participants do not consistently practice new prosocial behaviors in increasingly difficult situations.

Group facilitators are not regularly observed and evaluated with regard to service delivery skills.

While participants do receive end of session exams, there is no pre-post testing used to gauge offender progress in treatment.
Figure 20a: SCI Huntingdon Compared to PADO C

*Sex Offender Scores include both outpatient and therapeutic community programs if applicable
Figure 20b: Staff Survey Results of SCI Huntingdon (n=104) Compared to All SCI Respondents (N=1229)

Staff Survey Question

- Administration Supports Tx
- Treatment Staff Support Tx
- Security/Custody Staff Support Tx
- Prison Environment is Conductive to Tx
- Programs are Well-Organized
- Institution Provides Good Inmate Tx

Bar chart showing percentages of responses for Huntingdon and All SCIs.
CPC-GA SECTIONS | SCORE | RATING
--- | --- | ---
Program Staff and Support | 70.0% | Highly Effective
Offender Assessment | 83.3% | Highly Effective
Treatment | 55.6% | Effective
Quality Assurance | 40.0% | Ineffective
Overall Capacity | 53.3% | Needs Improvement
Overall Content | 59.5% | Effective
Overall Score | 57.8% | Effective

Strengths:

- There is a unit manager in place to oversee the treatment groups.
- The unit manager was involved in selecting treatment specialists for their current positions.
- Ethical guidelines are in place for group facilitators.
- The treatment specialists met the CPC-GA educational requirements of an Associate’s degree or higher in a helping profession and had at least 2 years of experience working with offenders in a treatment capacity.
- The treatment programs appear to be supported by the institutional staff and administration.
- PA DOC has developed a matrix to place offenders in groups based upon risk and need. Similarly, the offenders placed in the group were deemed appropriate by the group facilitators.
- The risk and needs level is consistently assessed using the LSI-R. Additional needs are assessed using the Criminal Sentiments Scale-Modified and the Hostile Interpretations Questionnaire.
- Responsivity factors are assessed for many of the offenders participating in treatment via tools such as the PAI, MMPI, WRAT, BETA, and TCU Motivation Scales. These assessments are conducted at Camp Hill but can be accessed by staff.
- The major targets for the Batterers’ Intervention group are criminogenic and include the following: antisocial attitudes, problem solving, conflict resolution, promoting family communication, and anger management.
- Group norms and expectations are established for each group and followed. The participants are required to sign the form at the beginning of group.
- The length of group (e.g., 26 sessions) is sufficient to affect target behaviors.
- The manual appears to be consistently followed across group facilitators.
- Group facilitators appear knowledgeable about the treatment program and curriculum and encourage participation.
- Regular assignment of homework, along with review and feedback, occurs consistently.
- Groups are typically co-facilitated and both staff members were active. As a result, the group size (15-16) is appropriate.
- Groups are facilitated by staff from beginning to end.
- Group facilitators attempt to address the different learning styles and barriers of the participants by pairing inmates together or meeting with clients individually. They also offer separate groups for those who are receiving skilled care.
- The facilitators appear to respond appropriately in group to noncompliance such as not completing their homework or refusing to participate. Participants are normally given verbal warnings and/or may be suspended for a day.
- There are clearly established boundaries between the facilitator and group participants and they have established good rapport. Moreover, the facilitators appear to avoid arguments with the participants.
- There was evidence that the treatment specialists do attempt to model skills for participants and have them practice skills through role playing.
- The manual has several sessions that target participants’ underlying attitudes, values, and beliefs and high risk situations.
- Both pre and post-tests (i.e., CSSM & HIQ) are utilized to assess changes in target behaviors.
Each group participant is required to have a discharge summary upon completion of the group.

**Areas that Need Improvement:**
- The unit manager does not provide clinical supervision.
- Treatment specialists were assigned to the treatment specialist position because no one else volunteered for the job. As a result, it is not clear that facilitators were selected based on group facilitation experience and skills.
- Treatment specialists only meet one time a month to formally review client progress.
- While facilitators receive adequate initial training related to group curricula, the requirements for additional annual training related to service delivery is inadequate.
- Groups do not consistently begin and end on time, which appears primarily related to security and movement issues.
- The identification and application of appropriate rewards does not occur regularly in the group.
- The application of rewards does not outnumber the application of punishers by at least a ratio of 4 to 1.
- Facilitators do not consistently encourage participants to recognize and promote prosocial behavior.
- Alternatives to inappropriate behavior are not taught after a punisher is applied.
- Potential negative effects produced by a punishment are not consistently recognized or addressed across facilitators.
- Participants do not consistently practice behaviors in increasingly difficult situations.
- Group participants are not given sufficient opportunity to practice risk or relapse prevention plans.
- Group facilitators are not regularly observed and evaluated with regard to service delivery skills.
- Participants are not surveyed as to their satisfaction with the group.
- The Batterers’ group does not have clearly outlined criteria as to when the program terminates for each offender. Simply completing the prescribed number of sessions is not sufficient.
SCI-Laurel Highlands
Thinking for a Change

CPC-GA SECTIONS | SCORE | RATING
--- | --- | ---
Program Staff and Support | 70.0% | Highly Effective
Offender Assessment | 83.3% | Highly Effective
Treatment | 58.8% | Effective
Quality Assurance | 40.0% | Ineffective
Overall Capacity | 60.0% | Effective
Overall Content | 62.5% | Effective
Overall Score | 61.8% | Effective

Strengths:
- There is a unit manager in place to oversee the treatment groups and supervise the treatment specialists.
- The unit manager was involved in selecting treatment specialists for their current positions.
- Ethical guidelines are in place for group facilitators.
- The treatment specialists met the CPC-GA educational requirements of an Associate’s degree or higher in a helping profession and had at least 2 years of experience working with offenders in a treatment capacity.
- The treatment programs appear to be supported by the institutional staff and administration.
- PA DOC has developed a matrix to place offenders in groups based upon risk and need. Similarly, the offenders placed in the group were deemed appropriate by the group facilitators.
- The risk and needs level is consistently assessed using the LSI-R. Additional needs are assessed using the Criminal Sentiments Scale-Modified and the Hostile Interpretations Questionnaire.
- Responsivity factors are assessed for many of the offenders participating in treatment via tools such as the PAI, MMPI, WRAT, BETA, and TCU Motivation Scales. These assessments are conducted at Camp Hill but can be accessed by staff.
- The major targets for Thinking for a Change are criminogenic and include the following: antisocial attitudes, problem solving, conflict resolution, and social skills. Furthermore, the Thinking for A Change curriculum is considered evidenced based.
- Group norms and expectations are established for each group and followed. The participants are required to sign the form at the beginning of group.
- The length of group (e.g., 22 sessions) is sufficient to affect target behaviors.
- The manual appears to be consistently followed across group facilitators.
- Group facilitators appear knowledgeable about the treatment program and curriculum and encourage participation.
- Regular assignment of homework, along with review and feedback, occurs consistently.
- Groups are facilitated by staff from beginning to end.
- Group facilitators attempt to address the different learning styles and barriers of the participants by pairing inmates together or meeting with clients individually. They also offer separate groups for those who are receiving skilled care.
- The facilitators appear to respond appropriately in group to noncompliance such as not completing their homework or refusing to participate. Participants are normally given verbal warnings and/or may be suspended for a day.
- There are clearly established boundaries between the facilitator and group participants and they have established good rapport. Moreover, the facilitators appear to avoid arguments with the participants.
- Treatment specialists modeled appropriate skills and explained its benefits. Moreover, clients were required to practice skills in group.
- The manual has several sessions that target participants’ underlying attitudes, values, and beliefs and high risk situations.
- Both pre and post-tests (i.e., CSSM & HIQ) are utilized to assess changes in target behaviors.
- Each group participant is required to have a discharge summary upon completion of the group.
Areas that Need Improvement:

- Treatment specialists were assigned to the treatment specialist position because no one else volunteered for the job. As a result, it is not clear that facilitators were selected based on group facilitation experience and skills.
- Treatment specialists only meet one time a month to formally review client progress.
- While facilitators receive adequate initial training related to group curricula, the requirements for additional annual training related to service delivery is inadequate.
- Groups do not consistently begin and end on time, which appears primarily related to security and movement issues.
- The Thinking for a Change group size exceeds the CPC-GA requirement of no more than 8-10 participants per facilitator. Groups typically begin with 15-16 participants and only one facilitator.
- The identification and application of appropriate rewards does not occur regularly in the group.
- The application of rewards does not outnumber the application of punishers by at least a ratio of 4 to 1.
- Facilitators do not consistently encourage participants to recognize and promote prosocial behavior.
- Alternatives to inappropriate behavior are not taught after a punisher is applied.
- Potential negative effects produced by a punishment are not consistently recognized or addressed across facilitators.
- Participants do not consistently practice prosocial behaviors in increasingly difficult situations.
- Group participants are not given sufficient opportunity to practice risk or relapse prevention plans.
- Group facilitators are not regularly observed and evaluated with regard to service delivery skills.
- Participants are not surveyed as to their satisfaction with the group.
- The Thinking for a Change group does not have clearly outlined criteria as to when the program terminates for each offender. Simply completing the prescribed number of sessions is not sufficient.
Strengths:

- There is a unit manager in place to oversee the treatment groups.
- The unit manager was involved in selecting treatment specialists for their current positions.
- Ethical guidelines are in place for group facilitators.
- The treatment specialists met the CPC-GA educational requirements of an Associate’s degree or higher in a helping profession and had at least 2 years of experience working with offenders in a treatment capacity.
- The treatment programs appear to be supported by the institutional staff and administration.
- PA DOC has developed a matrix to place offenders in groups based upon risk and need. Similarly, the offenders placed in the group were deemed appropriate by the group facilitators.
- The risk and needs level is consistently assessed using the LSI-R. Additional needs are assessed using the Criminal Sentiments Scale-Modified and the Hostile Interpretations Questionnaire.
- Responsivity factors are assessed for many of the offenders participating in treatment via tools such as the PAI, MMPI, WRAT, BETA, and TCU Motivation Scales. These assessments are conducted at Camp Hill but can be accessed by staff.
- The major targets for Violence Prevention are criminogenic and include the following: antisocial attitudes, problem solving, conflict resolution, and anger management. Furthermore, the violence prevention curriculum is based on some evidence-based principles, however, there is limited research to support its effectiveness.
- Group norms and expectations are established for each group and followed. The participants are required to sign the form at the beginning of group.
- The length of group (e.g., 26 sessions) is sufficient to affect target behaviors.
- The manual appears to be consistently followed across group facilitators.
- Group facilitators appear knowledgeable about the treatment program and curriculum and encourage participation.
- Regular assignment of homework, along with review and feedback, occurs consistently.
- Groups are facilitated by staff from beginning to end.
- Group facilitators attempt to address the different learning styles and barriers of the participants by pairing inmates together or meeting with clients individually. They also offer separate groups for those who are receiving skilled care.
- The facilitators appear to respond appropriately in group to noncompliance such as not completing their homework or refusing to participate. Participants are normally given verbal warnings and/or may be suspended for a day.
- There are clearly established boundaries between the facilitator and group participants and they have established good rapport. Moreover, the facilitators appear to avoid arguments with the participants.
- The manual has several sessions that target participants’ underlying attitudes, values, and beliefs and high risk situations.
- Both pre and post-tests (i.e., CSSM & HIQ) are utilized to assess changes in target behaviors.
- Each group participant is required to have a discharge summary upon completion of the group.

Areas that Need Improvement:
• The unit manager does not provide clinical supervision.
• Treatment specialists were assigned to the treatment specialist position because no one else volunteered for
  the job. As a result, it is not clear that facilitators were selected based on group facilitation experience and
  skills.
• Treatment specialists only meet one time a month to formally to review client progress.
• While facilitators receive adequate initial training related to group curricula, the requirements for additional
  annual training related to service delivery is inadequate.
• Groups do not consistently begin and end on time, which appears primarily related to security and
  movement issues.
• The Violence Prevention group size exceeds the CPC-GA requirement of no more than 8-10 participants
  per facilitator. Groups typically begin with 15-16 participants.
• The identification and application of appropriate rewards does not occur regularly in the group.
• The application of rewards does not outnumber the application of punishers by at least a ratio of 4 to 1.
• Facilitators do not consistently encourage participants to recognize and promote prosocial behavior.
• Alternatives to inappropriate behavior are not taught after a punisher is applied.
• Potential negative effects produced by a punishment are not consistently recognized or addressed across
  facilitators.
• Facilitators are not consistently modeling skills and explaining the benefits.
• Participants do not consistently practice new prosocial behaviors or practice them in increasingly difficult
  situations.
• Group participants are not given sufficient opportunity to practice risk or relapse prevention plans.
• Group facilitators are not regularly observed and evaluated with regard to service delivery skills.
• Participants are not surveyed as to their satisfaction with the group.
• The Violence Prevention group does not have clearly outlined criteria as to when the program terminates
  for each offender. Simply completing the prescribed number of sessions is not sufficient.
SCI-Laurel Highlands
Outpatient Sex Offender Programming

CPC-GA SECTIONS  SCORE  RATING
Program Staff and Support  60.0%  Effective
Offender Assessment  100%  Highly Effective
Treatment  35.2%  Ineffective
Quality Assurance  20.0%  Ineffective
Overall Capacity  46.7%  Ineffective
Overall Content  42.1%  Ineffective
Overall Score  43.3%  Ineffective

Strengths:
- There is a Chief Psychologist in place to oversee the treatment groups. The program offers moderate-high and low intensity groups as well as aftercare.
- The manager would be involved in the hiring process, however, has not yet had the opportunity to hire staff.
- The psychological services staff meet the CPC-GA educational requirements of an Associate's degree or higher in a helping profession.
- Ethical guidelines are in place for group facilitators.
- Staff meets weekly to discuss client progress.
- The treatment programs appear to be supported by the institutional staff and administration.
- There are exclusionary criteria in place for group participation and offenders appear appropriate for the services being offered.
- Offender risk and need is assessed using both the LSI-R and the Static-99. They also conduct an interview that includes an evaluation of the offender’s offense details.
- Responsivity factors are assessed for many of the SOP participants via tools such as the MMPI, WRAT, BETA, TCU-Treatment Motivation scales and PAI. The staff also consider personality and IQ when deciding whether to place in their special needs unit groups.
- Sex offenders are separated by risk by offering a both a low and moderate-high risk groups.
- The primary focus of the sex offender program is on criminogenic needs such as sexual deviance, cognitive distortions, self-management skills and relapse prevention. Furthermore, the Medlin program is based on some evidence based principles, however, there is limited research to supports its effectiveness.
- The moderate-high intensity program lasts approximately 24 months and the low intensity program approximately 10 months.
- Homework is regularly assigned and is consistently reviewed by the facilitator, with feedback provided to participants.
- Group norms and expectations are established for each group and followed. The participants are required to sign the form at the beginning of group.
- Boundaries between the treatment facilitators and group participants appeared to be clearly established.
- SOP sessions target participants’ underlying attitudes, values, and beliefs and participants are taught techniques for addressing high risk situations.
- Each SOP group participant is required to have a discharge summary upon completion of the group.

Areas that Need Improvement:
- The psychologist does not provide consistent clinical supervision.
- The psychological services staff do not meet the CPC-GA experience requirement of having at least 2 years of experience working with offenders in a treatment capacity.
- Group facilitators only attend formal staff meetings to review client progress once a month.
- While facilitators have adequate initial training related to the group curriculum, the requirements for annual trainings related to service delivery is inadequate.
• The SOP group size exceeds the CPC-GA requirement of no more than 8-10 participants per facilitator. Groups typically begin with 15 participants.
• The program relies too heavily on peer assistants to facilitate group and provide services outside of group.
• The peer assistants are not trained to encouraged participant involvement by requiring active participation by all offenders.
• The peer assistants are not trained in the Medlin curriculum and should not be the primary facilitator in group.
• The peer assistants are not trained in the area of responsivity and as such it is unclear whether participants who are struggling in group are receiving extra attention.
• It was not clear that all of the psychological services staff have established a group rapport with group members. Not all of the staff seemed engaged with the clients.
• Arguments between participants and facilitators was observed.
• The identification and application of appropriate rewards does not occur regularly in the group.
• The application of rewards does not outnumber the application of punishers by at least a ratio of 4 to 1.
• The program does not have an adequate range of consequences for negative behavior.
• Alternatives to inappropriate behavior are not regularly taught after a punisher is applied.
• New prosocial skills are not modeled, nor are the benefits of learning the new skill consistently explained by facilitators.
• Participants are not required to practice and rehearse alternative prosocial skills throughout the group.
• The facilitators do not appear to consistently model appropriate skills in groups and explain the skill’s benefits.
• Participants do not consistently practice new prosocial behaviors or practice them in increasingly difficult situations.
• While relapse plans are developed in Phase 7 of the SOP curriculum, they lack detail related to coping skills and offenders are not required to rehearse relapse prevention techniques.
• Group facilitators are not regularly observed and evaluated with regard to service delivery skills.
• Participants are not consistently surveyed as to their satisfaction in each group.
• Group participants are not given pre-post tests to assess changes in target behaviors.
• SOP group does not have clearly outlined criteria as to when the program terminates for each offender.
Figure 21a: SCI Laurel Highlands Compared to PADO C

*Sex Offender Scores include both outpatient and therapeutic community programs if applicable
Figure 21b: Staff Survey Results of SCI Laurel Highlands (n=55) Compared to All SCI Respondents (N=1229)
SCI-Mahanoy
Batters’ Intervention

CPC-GA Sections    Score    Rating
Program Staff and Support    40.0%    Ineffective
Offender Assessment    83.3%    Highly Effective
Treatment    40.0%    Ineffective
Quality Assurance    60.0%    Effective
Overall Capacity    46.7%    Needs Improvement
Overall Content    46.3%    Needs Improvement
Overall Score    47.3%    Needs Improvement

Strengths:
• There is a program coordinator in place to oversee management of the groups.
• The group facilitators meet the CPC-GA educational requirements of an Associate’s degree or higher in a helping profession.
• Ethical guidelines are in place for group facilitators. The institution/stakeholders provide overall support for the facilitation of Batters’ Intervention.
• PA DOC has developed a matrix to place offenders in groups based upon risk and need. Similarly, the offenders placed in Batters’ Intervention were deemed appropriate by the group facilitators.
• The risk and needs level is consistently assessed using the LSI-R. Additional needs are assessed using the Criminal Sentiments Scale-Modified and the Hostile Interpretations Questionnaire.
• Responsivity factors are assessed for many of the offenders participating in treatment via tools such as the PAI, MMPI, WRAT, BETA, TCU Motivation Scales, and PAI.
• The group meets the CPC-GA criteria requiring at least 70% of participants score moderate to high risk on the LSI-R.
• The major targets for Batters’ Intervention are criminogenic.
• Facilitators appeared comfortable facilitating group and there was a consistent demonstration of clear knowledge of the curriculum content.
• Regular assignment of homework, along with review and feedback, occurs consistently.
• Group norms and expectations are established for each group and followed.
• The length of group is sufficient to affect target behaviors.
• The Batters’ Intervention manual was consistently followed across group facilitators.
• Batters’ Intervention groups are facilitated by staff from beginning to end.
• The Batters’ Intervention group size meets the CPC-GA requirement of no more than 8-10 participants per facilitator.
• There are clearly established boundaries between the facilitator and group participants.
• Batters’ Intervention group has several sessions that target participants’ underlying attitudes, values, and beliefs.
• Batters’ Intervention group teaches participants how to address antisocial thinking and identify high risk situations, providing coping and management techniques for both.
• Participants are surveyed as to their satisfaction with the group.
• Group participants are administered both pre and post-tests to assess changes in target behaviors.
• Each Batters’ Intervention group participant is required to have a discharge summary upon completion of the group.

Areas that Need Improvement:
• The program director is not adequately involved in the selection or approval of group facilitators. Additionally, group facilitators were selected based upon seniority rather than group facilitation experience and skills.
• The group facilitators do not meet the CPC-GA requirement of working in treatment programs with offenders for at least two years.
• The program coordinator is not involved in providing direct supervision to group facilitators.
• Group facilitators do not attend staff meetings to review client progress (i.e. bi-monthly meetings at minimum).
• While facilitators receive adequate initial training related to group curricula, the requirements for additional yearly training related to service delivery is inadequate.
• All offenders participating in Batterers’ Intervention were identified as having moderate to high need in aggression based on the HIQ.
• The Duluth Model for Batterers’ Intervention is not considered an evidenced based intervention.
• Groups do not consistently begin and end on time, which appears primarily related to movement issues.
• Group facilitators did not consistently encourage participation by all members of the group.
• Batterers’ Intervention group facilitators do not consistently attempt to address the different learning styles and barriers of the participants.
• The identification and application of appropriate rewards does not occur regularly in the group.
• The application of rewards does not outnumber the application of punishers by at least a ratio of 4 to 1.
• Facilitators do not consistently encourage participants to recognize and promote prosocial behavior.
• Appropriate punishers are not used to extinguish antisocial expressions and promote behavioral change consistently across facilitators.
• Facilitators do not regularly respond to matters of noncompliance.
• Appropriate punishers have not been identified; as such they are not appropriately applied.
• Alternatives to inappropriate behavior are not taught after a punisher is applied.
• Potential negative effects produced by a punishment are not consistently recognized or addressed across facilitators.
• Skills are neither modeled nor are the benefits of learning a new skill consistently explained by facilitators.
• Participants are not required to practice and rehearse alternative prosocial skills throughout the group consistently across facilitators.
• Participants do not consistently practice new prosocial behaviors in increasingly difficult situations.
• Rapport between the facilitator and group participants is not clearly established across facilitators.
• Arguments with group participants are not avoided consistently across facilitators.
• Participants are not directly and consistently taught techniques to replace antisocial thinking with appropriate prosocial thoughts.
• While Batterers’ Intervention devotes some sessions to developing risk or relapse prevention plans, participants are not required to practice relapse prevention techniques or plans.
• Group facilitators are not regularly observed and evaluated with regard to service delivery skills.
• Batterers’ Intervention group does not have clearly outlined criteria as to when the program terminates for each offender.
SCI-Mahanoy
Thinking for a Change

CPC-GA Sections  | Score  | Rating
---|---|---
Program Staff and Support  | 40.0%  | Ineffective
Offender Assessment  | 83.3%  | Highly Effective
Treatment  | 34.3%  | Ineffective
Quality Assurance  | 60.0%  | Effective
Overall Capacity  | 46.7%  | Needs Improvement
Overall Content  | 41.4%  | Ineffective
Overall Score  | 41.1%  | Ineffective

Strengths:
- There is a program coordinator in place to oversee management of the groups.
- The group facilitators meet the CPC-GA educational requirements of an Associate’s degree or higher in a helping profession.
- Ethical guidelines are in place for group facilitators.
- The institution/stakeholders provide overall support for the facilitation of Thinking for a Change.
- PA DOC has developed a matrix to place offenders in groups based upon risk and need. Similarly, the offenders placed in Thinking for A Change were deemed appropriate by the group facilitators.
- The risk and needs level is consistently assessed using the LSI-R. Additional needs are assessed using the Criminal Sentiments Scale-Modified and the Hostile Interpretations Questionnaire.
- Responsivity factors are assessed for many of the offenders participating in treatment via tools such as the PAI, MMPI, WRAT, BETA, TCU Motivation Scales, and PAI.
- All offenders participating in Thinking for a Change were identified as having moderate to high need in antisocial attitudes.
- The major targets for Thinking for a Change are criminogenic and include the following: antisocial attitudes, problem solving, conflict resolution, and social skills. Furthermore, Thinking for A Change is considered an evidenced based treatment.
- Group norms and expectations are established for each group and followed.
- The length of group is sufficient to affect target behaviors.
- Thinking for a Change groups are facilitated by staff from beginning to end.
- Group facilitators attempt to address the different learning styles and barriers of the participants.
- There are clearly established boundaries between the facilitator and group participants.
- Thinking for a Change group has several sessions that target participants’ underlying attitudes, values, and beliefs.
- Thinking for a Change group teaches participants how to address antisocial thinking and identify high risk situations, providing coping and management techniques for both.
- Participants are surveyed as to their satisfaction with the group.
- Group participants are administered both pre and post-tests to assess changes in target behaviors.
- Each Thinking for a Change group participant is required to have a discharge summary upon completion of the group.

Areas that Need Improvement:
- The program director is not adequately involved in the selection or approval of group facilitators. Additionally, group facilitators were selected based upon seniority rather than group facilitation experience and skills.
- The group facilitators do not meet the CPC-GA requirement of working in treatment programs with offenders for at least two years.
- The program coordinator is not involved in providing direct supervision to group facilitators.
- Group facilitators do not attend staff meetings to review client progress (i.e. bi-monthly meetings at minimum).
- While facilitators receive adequate initial training related to group curricula, the requirements for additional yearly training related to service delivery is inadequate.
- The group does not meet the CPC-GA criteria requiring at least 70% of participants score moderate to high risk on the LSI-R.
- Groups do not consistently begin and end on time, which appears primarily related to movement issues.
- While facilitators appeared comfortable facilitating group, there was not a consistent demonstration of clear knowledge of the curriculum content.
- Group facilitators did not consistently encourage participation by all members of the group.
- Regular assignment of homework, along with review and feedback, does not occur consistently.
- The Thinking for a Change manual was not consistently followed across group facilitators.
- The Thinking for a Change group size exceeds the CPC-GA requirement of no more than 8-10 participants per facilitator.
- The identification and application of appropriate rewards does not occur regularly in the group.
- The application of rewards does not outnumber the application of punishers by at least a ratio of 4 to 1.
- Facilitators do not consistently encourage participants to recognize and promote prosocial behavior.
- Appropriate punishers are not used to extinguish antisocial expressions and promote behavioral change consistently across facilitators.
- Facilitators do not regularly respond to matters of noncompliance.
- Appropriate punishers have not been identified; as such they are not appropriately applied.
- Alternatives to inappropriate behavior are not taught after a punisher is applied.
- Potential negative effects produced by a punishment are not consistently recognized or addressed across facilitators.
- Skills are neither modeled nor are the benefits of learning a new skill consistently explained by facilitators.
- Participants are not required to practice and rehearse alternative prosocial skills throughout the group consistently across facilitators.
- Participants do not consistently practice new prosocial behaviors in increasingly difficult situations.
- Rapport between the facilitator and group participants is not clearly established across facilitators.
- Arguments with group participants are not avoided consistently across facilitators.
- Participants are not directly and consistently taught techniques to replace antisocial thinking with appropriate prosocial thoughts.
- Thinking for a Change does not devote any sessions to developing risk or relapse prevention plans.
- Group facilitators are not regularly observed and evaluated with regard to service delivery skills.
- Thinking for a Change group does not have clearly outlined criteria as to when the program terminates for each offender.
SCI-Mahanoy
Violence Prevention

<table>
<thead>
<tr>
<th>CPC-GA SECTIONS</th>
<th>SCORE</th>
<th>RATING</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program Staff and Support</td>
<td>40.0%</td>
<td>Ineffective</td>
</tr>
<tr>
<td>Offender Assessment</td>
<td>83.3%</td>
<td>Highly Effective</td>
</tr>
<tr>
<td>Treatment</td>
<td>41.2%</td>
<td>Ineffective</td>
</tr>
<tr>
<td>Quality Assurance</td>
<td>60.0%</td>
<td>Effective</td>
</tr>
<tr>
<td>Overall Capacity</td>
<td>46.7%</td>
<td>Needs Improvement</td>
</tr>
<tr>
<td>Overall Content</td>
<td>47.5%</td>
<td>Needs Improvement</td>
</tr>
<tr>
<td>Overall Score</td>
<td>47.3%</td>
<td>Needs Improvement</td>
</tr>
</tbody>
</table>

Strengths:

- There is a program coordinator in place to oversee the violence prevention program.
- The group facilitators meet the CPC-GA educational requirements.
- Ethical guidelines are in place for group facilitators.
- Facilitators are selected for skills and values consistent with offender rehabilitation.
- The institution/stakeholders provide overall support for the facilitation of violence prevention programming.
- There are exclusionary criteria in place for group participation and offenders appear appropriate for the services being offered.
- Offender risk and need is assessed using the LSI-R and the HIQ.
- Responsivity factors are assessed for many of the VP participants via tools such as the MMPI, WRAT, BETA, TCU-Treatment Motivation scales and PAI.
- Violence prevention targets primarily high risk offenders.
- The primary focus of the violence prevention program is on criminogenic need areas.
- The program model being used incorporates many evidence-based cognitive-behavioral elements.
- The violence prevention facilitators appeared knowledgeable of the material being taught.
- Group norms were established via a pre-treatment contract.
- The length of the group was sufficient to affect behavior change.
- Group manuals were developed and followed and groups were consistently conducted by the facilitator.
- Responsivity issues are addressed by accommodating offenders with language barriers or literacy issues.
- Boundaries between the facilitators and group participants appeared to be clearly established.
- Violence prevention sessions target participant’s underlying attitudes, values, and beliefs and address antisocial thinking.
- Participants are consistently taught techniques to replace antisocial thinking with appropriate prosocial thoughts.
- Group participants are administered pre- and post tests to assess changes in target behaviors.
- Violence prevention participants are given a satisfaction survey upon group completion.
- Staff complete discharge summaries for each violence prevention participant upon completion of the group.

Areas that Need Improvement:

- The program coordinator had limited discretion in selecting treatment specialists to conduct the programming and treatment specialists were not selected based upon skills and values consistent with offender rehabilitation.
- While there is a program coordinator in place, formal supervision is too infrequent.
- The group facilitators do not meet the CPC-GA requirement for experience in offender rehabilitation.
- Group facilitators do not consistently attend staff meetings to review client progress (i.e. bimonthly at minimum).
- While facilitators have adequate initial training related to the group curriculum, the requirements for yearly trainings related to service delivery is inadequate.
• While most offenders in the VP group where moderate to high need based on the HIQ, this was not true for all participants.
• Due to institutional movement issues, group does not consistently start and end on time.
• Facilitators did not consistently encouraged group participation.
• Homework was not consistently assigned and reviewed by group facilitators.
• The group size was not consistently at or below the recommended ratio of 1 staff to 8-10 offenders.
• The range of rewards and punishers used by the program was inadequate.
• The application of rewards and punishers could be improved and the frequency of rewards does not outnumber punishers by a ratio of at least 4 to 1.
• Facilitators do not consistently encourage participants to recognize and promote one another’s prosocial behavior.
• Prosocial alternatives to inappropriate behavior are not regularly taught after a punisher is applied.
• Facilitators did not consistently respond appropriately to noncompliance issues and facilitators did not consistently recognize and deal with possible negative effects of punishers.
• Prosocial skills are not regularly modeled, nor are the benefits of learning the new skill consistently explained by facilitators.
• Participants are not required to practice and rehearse alternative prosocial skills frequently enough throughout the group. Likewise, participants do not consistently practice new prosocial behaviors in increasingly difficult situations.
• Facilitators did not consistently avoid arguments with participants and establish a good rapport and with the offenders.
• Comprehensive relapse prevention plans are not developed to help decrease future violent behaviors.
• Violence prevention groups were not regularly observed with feedback given to facilitators on group delivery skills.
• Objective completion criteria were not in place.
SCI-Mahanoy
Outpatient Sex Offender Programming

CPC-GA SECTIONS

<table>
<thead>
<tr>
<th>SECTION</th>
<th>SCORE</th>
<th>RATING</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program Staff and Support</td>
<td>40.0%</td>
<td>Ineffective</td>
</tr>
<tr>
<td>Offender Assessment</td>
<td>100.0%</td>
<td>Highly Effective</td>
</tr>
<tr>
<td>Treatment</td>
<td>45.5%</td>
<td>Needs Improvement</td>
</tr>
<tr>
<td>Quality Assurance</td>
<td>20.0%</td>
<td>Ineffective</td>
</tr>
<tr>
<td>Overall Capacity</td>
<td>33.3%</td>
<td>Ineffective</td>
</tr>
<tr>
<td>Overall Content</td>
<td>51.4%</td>
<td>Needs Improvement</td>
</tr>
<tr>
<td>Overall Score</td>
<td>46.2%</td>
<td>Needs Improvement</td>
</tr>
</tbody>
</table>

Strengths:

- The group facilitators meet the CPC-GA educational requirements of an Associate’s degree or higher in a helping profession.
- The group facilitators are selected for skills and values consistent with offender rehabilitation.
- Ethical guidelines are in place for group facilitators.
- The institution/stakeholders provide overall support for the facilitation of sex offender programming.
- There are exclusionary criteria in place for group participation and offenders appear appropriate for the services being offered.
- Offender risk and need is assessed using both the LSI-R and the Static-99.
- Responsivity factors are assessed for many of the SOP participants via tools such as the MMPI, WRAT, BETA, TCU-Treatment Motivation scales and PAI.
- Sex offenders are separated by risk by offering a both a low and moderate-high risk group.
- The primary focus of the sex offender program is on criminogenic needs such as sexual deviance, cognitive distortions, self-management skills and relapse prevention.
- The SOP groups generally start and end on time.
- The SOP facilitators appeared knowledgeable of the material being taught.
- The group facilitators encouraged participant involvement by requiring active participation by all offenders.
- The length of SOP groups was sufficient to affect the target behavior.
- Groups were consistently conducted by the staff.
- Appropriate punishers were used to extinguish antisocial expressions and promote behavioral change.
- Boundaries between the facilitators and group participants appeared to be clearly established. Additionally, facilitators avoided argumentation and appeared to have good rapport with the offenders.
- SOP sessions target participants’ underlying attitudes, values, and beliefs and participants are taught techniques for addressing high risk situations.
- Each SOP group participant is required to have a discharge summary upon completion of the group.

Areas that Need Improvement:

- There was no program coordinator in place to oversee the groups being offered or to provide direct supervision to facilitators at the time of the assessment.
- There was no program coordinator in place to select or approve group facilitators at the time of the assessment.
- All group facilitators do not meet the CPC-GA experience requirement of working in treatment programs with offenders for a period of at least two years.
- Group facilitators do not consistently attend staff meetings to review client progress (i.e. bimonthly at minimum).
- While facilitators have adequate initial training related to the group curriculum, the requirements for yearly trainings related to service delivery is inadequate.
- Although homework is regularly assigned, it is not consistently reviewed by the facilitator, with feedback provided to participants.
- While the SOP program uses the Medlin model, the curriculum is not consistently followed.
• The group size was not consistently at or below the recommended ratio of 1 staff to 8-10 offenders.
• While the SOP does offer a group for special needs offenders, the facilitators were not consistent in addressing responsivity issues within the SOP group setting.
• The identification and application of appropriate rewards does not occur regularly in the group. Likewise, the application of rewards does not outnumber the application of punishers by at least a ratio of 4 to 1.
• Facilitators do not consistently encourage participants to recognize and promote one another’s prosocial behavior.
• Facilitators do not consistently respond appropriately to matters of noncompliance (e.g., group punishers are sometimes used when one person has engaged in an infraction).
• Alternatives to inappropriate behavior are not regularly taught after a punisher is applied.
• Potential negative effects produced by a punishment are not consistently recognized or addressed across facilitators.
• New prosocial skills are not modeled, nor are the benefits of learning the new skill consistently explained by facilitators.
• Participants are not required to practice and rehearse alternative prosocial skills throughout the group.
• Participants do not consistently practice new prosocial behaviors in increasingly difficult situations.
• Participants are not systematically and consistently taught techniques to replace antisocial thinking with appropriate prosocial thoughts.
• While relapse plans are developed in Phase 7 of the SOP curriculum, they lack detail related to coping skills and offenders are not required to rehearse relapse prevention techniques.
• Group facilitators are not regularly observed and evaluated with regard to service delivery skills.
• Participants are not surveyed as to their satisfaction with the group.
• Group participants are not administered pre-post tests to assess changes in target behaviors.
• SOP group does not have clearly outlined criteria as to when the program terminates for each offender.
Figure 22a: SCI Mahanoy Compared to PADO C

*Sex Offender Scores include both outpatient and therapeutic community programs if applicable
Figure 22b: Staff Survey Results of SCI Mahanoy (n=64) Compared to All SCI Respondents (N=1229)
SCI-Mercer
Batterers’ Intervention

CPC-GA SECTIONS               SCORE               RATING
Program Staff and Support      50.0%               Needs Improvement
Offender Assessment            83.3%               Highly Effective
Treatment                      58.3%               Effective
Quality Assurance              40.0%               Ineffective
Overall Capacity               46.6%               Needs Improvement
Overall Content                61.9%               Effective
Overall Score                  57.8%               Effective

Strengths:
- There is a unit manager in place to oversee the treatment groups.
- The unit manager was involved in selecting treatment specialists for their current positions.
- The treatment specialists met the CPC-GA educational requirements of an Associate’s degree or higher in a helping profession and at least two years experience working with offenders in a treatment capacity.
- Ethical guidelines are in place for group facilitators.
- The treatment programs appear to be supported by the institutional staff and administration
- PA DOC has developed a matrix to place offenders in groups based upon risk and need. Similarly, the offenders placed in Batterers’ Intervention program were deemed appropriate by the group facilitators.
- The risk and needs level is consistently assessed using the LSI-R. Additional needs are assessed using the Criminal Sentiments Scale-Modified and the Hostile Interpretations Questionnaire.
- Responsivity factors are assessed for many of the offenders participating in treatment via tools such as the PAI, MMPI, WRAT, BETA, and TCU Motivation Scales. These assessments are conducted at Camp Hill but can be accessed by staff.
- The major targets for the Batterers’ Intervention group are criminogenic and include the following: antisocial attitudes, problem solving, conflict resolution, promoting family communication, and anger management.
- Group norms and expectations are established for each group and followed. The participants are required to sign the form at the beginning of group.
- The length of group (e.g., approximately 6 months) is sufficient to affect target behaviors.
- The manual appears to be consistently followed across group facilitators.
- Group facilitators appear knowledgeable about the treatment program and curriculum and encourage participation.
- Regular assignment of homework, along with review and feedback, occurs consistently.
- Batterers’ groups were facilitated by staff from beginning to end.
- Group facilitators attempt to address the different learning styles and barriers of the participants by pairing inmates together or meeting with clients individually.
- The Batterers’ group size fit within the CPC-GA requirement of no more than 8-10 participants per facilitator. Groups typically begin with 12-13 participants. Both facilitators were active in group.
- The facilitators appear to respond appropriately in group to noncompliance such as not completing their homework or refusing to participate. Participants are normally given verbal warnings and/or are put on behavioral contracts. They may also be required to complete additional homework assignments or write essays. The staff also use support team meetings are used for particularly difficult clients and they appear to assess potential negative effects of punishment.
- There are clearly established boundaries between the facilitator and group participants and they have established good rapport. Moreover, the facilitators appear to avoid arguments with the participants.
- The manual has several sessions that target participants’ underlying attitudes, values, and beliefs and high risk situations.
- Both pre and post-tests (i.e., CSSM & HIQ) are utilized to assess changes in target behaviors.
- Each group participant is required to have a discharge summary upon completion of the group.
**Areas that Need Improvement:**

- The unit manager does not provide clinical supervision.
- Treatment specialists were assigned to the treatment specialist position because no one else volunteered for the job. As a result, it is not clear that facilitators were selected based on group facilitation experience and skills.
- Treatment specialists meet on an as-needed basis but not formally to review client progress.
- While facilitators receive adequate initial training related to group curricula, the requirements for additional annual training related to service delivery is inadequate.
- Groups do not consistently begin and end on time, which appears primarily related to security and movement issues.
- The identification and application of appropriate rewards does not occur regularly in the group.
- The application of rewards does not outnumber the application of punishers by at least a ratio of 4 to 1.
- Facilitators do not consistently encourage participants to recognize and promote prosocial behavior.
- There was not sufficient evidence that all of the treatment specialists modeled appropriate skills and explained its benefits or consistently required participants to practice behaviors.
- Participants do not consistently practice new prosocial behaviors or practice them in increasingly difficult situations.
- Group participants are not given sufficient opportunity to practice risk or relapse prevention plans.
- The group does not have clearly outlined criteria as to when the program terminates for each offender. Simply completing the prescribed number of sessions is not sufficient.
- Group facilitators are not regularly observed and evaluated with regard to service delivery skills.
- The group participants do not complete a satisfaction survey at the end of group.
SCI-Mercer
Thinking for a Change

CPC-GA SECTIONS          SCOR E          RATING
Program Staff and Support  50.0%          Needs Improvement
Offender Assessment        83.3%          Highly Effective
Treatment                  65.7%          Highly Effective
Quality Assurance           40.0%          Ineffective
Overall Capacity            46.6%          Needs Improvement
Overall Content             68.2%          Highly Effective
Overall Score              62.5%          Effective

Strengths:
- There is a unit manager in place to oversee the treatment groups.
- The unit manager was involved in selecting treatment specialists for their current positions.
- The treatment specialists met the CPC-GA educational requirements of an Associate’s degree or higher in a helping profession and at least two years experience working with offenders in a treatment capacity.
- Ethical guidelines are in place for group facilitators.
- The treatment programs appear to be supported by the institutional staff and administration.
- PA DOC has developed a matrix to place offenders in groups based upon risk and need. Similarly, the offenders placed in Thinking for a Change program were deemed appropriate by the group facilitators.
- The risk and needs level is consistently assessed using the LSI-R. Additional needs are assessed using the Criminal Sentiments Scale-Modified and the Hostile Interpretations Questionnaire.
- Responsivity factors are assessed for many of the offenders participating in treatment via tools such as the PAI, MMPI, WRAT, BETA, and TCU Motivation Scales. These assessments are conducted at Camp Hill but can be accessed by staff.
- The major targets for Thinking for a Change are criminogenic and include the following: antisocial attitudes, problem solving, conflict resolution, and social skills. Furthermore, the Thinking for A Change curriculum is considered evidenced based.
- Group norms and expectations are established for each group and followed. The participants are required to sign the form at the beginning of group.
- The length of group (e.g., 22 sessions) is sufficient to affect target behaviors.
- The manual appears to be consistently followed across group facilitators.
- Group facilitators appear knowledgeable about the treatment program and curriculum and encourage participation.
- Regular assignment of homework, along with review and feedback, occurs consistently.
- Thinking for a Chance groups were facilitated by staff from beginning to end.
- Group facilitators attempt to address the different learning styles and barriers of the participants by pairing inmates together or meeting with clients individually.
- The facilitators appear to respond appropriately in group to noncompliance such as not completing their homework or refusing to participate. Participants are normally given verbal warnings and/or are put on behavioral contracts. They may also be required to complete additional homework assignments or write essays. The staff also use support team meetings are used for particularly difficult clients and they appear to assess potential negative effects of punishment.
- There are clearly established boundaries between the facilitator and group participants and they have established good rapport. Moreover, the facilitators appear to avoid arguments with the participants.
- The manual has several sessions that target participants’ underlying attitudes, values, and beliefs and high risk situations.
- The facilitators appear to role model and practice skills with participants.
- Both pre and post-tests (i.e., CSSM & HIQ) are utilized to assess changes in target behaviors.
- Each group participant is required to have a discharge summary upon completion of the group.
Areas that Need Improvement:

- The unit manager does not provide clinical supervision.
- Treatment specialists were assigned to the treatment specialist position because no one else volunteered for the job. As a result, it is not clear that facilitators were selected based on group facilitation experience and skills.
- Treatment specialists meet on an as-needed basis but not formally to review client progress.
- While facilitators receive adequate initial training related to group curricula, the requirements for additional annual training related to service delivery is inadequate.
- Groups do not consistently begin and end on time, which appears primarily related to security and movement issues.
- The Thinking for a Change group size does not meet the CPC-GA requirement of no more than 8-10 participants per facilitator. Groups typically begin with 12-13 participants and only have one facilitator.
- The identification and application of appropriate rewards does not occur regularly in the group.
- The application of rewards does not outnumber the application of punishers by at least a ratio of 4 to 1.
- Facilitators do not consistently encourage participants to recognize and promote prosocial behavior.
- There was not sufficient evidence that all of the treatment specialists modeled appropriate skills and explained its benefits or consistently required participants to practice behaviors.
- Participants do not consistently practice new prosocial behaviors or practice them in increasingly difficult situations.
- Group participants are not given sufficient opportunity to practice risk or relapse prevention plans.
- The group does not have clearly outlined criteria as to when the program terminates for each offender. Simply completing the prescribed number of sessions is not sufficient.
- Group facilitators are not regularly observed and evaluated with regard to service delivery skills.
- The group participants do not complete a satisfaction survey at the end of group.
SCI-Mercer

Violence Prevention

**CPC-GA SECTIONS** | **SCORE** | **RATING**
---|---|---
Program Staff and Support | 50.0% | Needs Improvement
Offender Assessment | 83.3% | Highly Effective
Treatment | 62.8% | Effective
Quality Assurance | 40.0% | Ineffective
**Overall Capacity** | **46.6%** | **Needs Improvement**
Overall Content | 65.8% | Highly Effective
Overall Score | 60.7% | Effective

**Strengths:**

- There is a unit manager in place to oversee the treatment groups.
- The unit manager was involved in selecting treatment specialists for their current positions.
- The treatment specialists met the CPC-GA educational requirements of an Associate’s degree or higher in a helping profession and at least two years experience working with offenders in a treatment capacity.
- Ethical guidelines are in place for group facilitators.
- The treatment programs appear to be supported by the institutional staff and administration
- PA DOC has developed a matrix to place offenders in groups based upon risk and need. Similarly, the offenders placed in Violence Prevention program were deemed appropriate by the group facilitators.
- The risk and needs level is consistently assessed using the LSI-R. Additional needs are assessed using the Criminal Sentiments Scale-Modified and the Hostile Interpretations Questionnaire.
- Responsivity factors are assessed for many of the offenders participating in treatment via tools such as the PAI, MMPI, WRAT, BETA, and TCU Motivation Scales. These assessments are conducted at Camp Hill but can be accessed by staff.
- The major targets for Violence Prevention are criminogenic and include the following: antisocial attitudes, problem solving, conflict resolution, and anger management. Furthermore, the violence prevention curriculum is based on some evidence based principles, however, there is limited research to support its effectiveness. Group norms and expectations are established for each group and followed. The participants are required to sign the form at the beginning of group.
- The length of group (e.g., 25 sessions) is sufficient to affect target behaviors.
- Group norms and expectations are established for each group and followed. The participants are required to sign the form at the beginning of group.
- The manual appears to be consistently followed across group facilitators.
- Group facilitators appear knowledgeable about the treatment program and curriculum and encourage participation.
- Regular assignment of homework, along with review and feedback, occurs consistently.
- Violence Prevention groups were facilitated by staff from beginning to end.
- Group facilitators attempt to address the different learning styles and barriers of the participants by pairing inmates together or meeting with clients individually.
- The facilitators appear to respond appropriately in group to noncompliance such as not completing their homework or refusing to participate. Participants are normally given verbal warnings and/or are put on behavioral contracts. They may also be required to complete additional homework assignments or write essays. The staff also use support team meetings are used for particularly difficult clients and they appear to assess potential negative effects of punishment.
- There are clearly established boundaries between the facilitator and group participants and they have established good rapport. Moreover, the facilitators appear to avoid arguments with the participants.
- The manual has several sessions that target participants’ underlying attitudes, values, and beliefs and high risk situations.
- The facilitators appear to role model and practice skills with participants.
- Both pre and post-tests (i.e., CSSM & HIQ) are utilized to assess changes in target behaviors.
- Each group participant is required to have a discharge summary upon completion of the group.
Areas that Need Improvement:

- The unit manager does not provide clinical supervision.
- Treatment specialists were assigned to the treatment specialist position because no one else volunteered for the job. As a result, it is not clear that facilitators were selected based on group facilitation experience and skills.
- Treatment specialists meet on an as-needed basis but not formally to review client progress.
- While facilitators receive adequate initial training related to group curricula, the requirements for additional annual training related to service delivery is inadequate.
- Groups do not consistently begin and end on time, which appears primarily related to security and movement issues.
- The Violence Prevention group size does not meet the CPC-GA requirement of no more than 8-10 participants per facilitator. Groups typically begin with 12-13 participants and only have one facilitator.
- The identification and application of appropriate rewards does not occur regularly in the group.
- The application of rewards does not outnumber the application of punishers by at least a ratio of 4 to 1.
- Facilitators do not consistently encourage participants to recognize and promote prosocial behavior.
- There was not sufficient evidence that all of the treatment specialists modeled appropriate skills and explained its benefits or consistently required participants to practice behaviors.
- Participants do not consistently practice new prosocial behaviors or practice them in increasingly difficult situations.
- Group participants are not given sufficient opportunity to practice risk or relapse prevention plans.
- The group does not have clearly outlined criteria as to when the program terminates for each offender. Simply completing the prescribed number of sessions is not sufficient.
- Group facilitators are not regularly observed and evaluated with regard to service delivery skills.
- The group participants do not complete a satisfaction survey at the end of group.
Strengths:

- There is a Chief Psychologist in place to oversee the treatment groups and supervise staff. The program offers moderate-high and low intensity groups as well as aftercare.
- The psychological services staff meet the CPC-GA educational requirements of an Associate’s degree or higher in a helping profession.
- Ethical guidelines are in place for group facilitators.
- The treatment programs appear to be supported by the institutional staff and administration although the staff did note that this has not always been the case.
- There are exclusionary criteria in place for group participation and offenders appear appropriate for the services being offered.
- Offender risk and need is assessed using both the LSI-R and the Static-99. They also conduct an interview that includes an evaluation of the offender’s offense details.
- Responsivity factors are assessed for many of the SOP participants via tools such as the MMPI, WRAT, BETA, TCU-Treatment Motivation scales and PAI. The staff also consider personality and IQ when deciding whether to place in their special needs unit groups.
- Sex offenders are separated by risk by offering a both a low and moderate-high risk groups.
- The primary focus of the sex offender program is on criminogenic needs such as sexual deviance, cognitive distortions, self-management skills and relapse prevention. Furthermore, the Medlin program is based on some evidence based principles, however, there is limited research to supports its effectiveness.
- Homework is regularly assigned and is consistently reviewed by the facilitator, with feedback provided to participants.
- The group facilitators encouraged participant involvement by requiring active participation by all offenders.
- Group norms and expectations are established for each group and followed. The participants are required to sign the form at the beginning of group.
- The Medlin curriculum appears to be consistently followed across group facilitators.
- Groups were consistently conducted by the treatment staff.
- The facilitators appear to respond appropriately in group to noncompliance such as not completing their homework or refusing to participate. Participants are normally given verbal warnings first but also may lose points for the particular day.
- Boundaries between the facilitators and group participants appeared to be clearly established. Additionally, the current facilitators appeared to avoid arguments with participants.
- SOP sessions target participants’ underlying attitudes, values, and beliefs.
- Group facilitators are regularly observed and evaluated with regard to service delivery skills.
- Each SOP group participant is required to have a discharge summary upon completion of the group.

Areas that Need Improvement:

- The psychological services staff do not meet the CPC-GA requirements of having at least 2 years of experience working with offenders in a treatment capacity.
- Group facilitators only attend formal staff meetings once a month.
• While facilitators have adequate initial training related to the group curriculum, the requirements for annual trainings related to service delivery is inadequate. Related, one of the facilitators did appear comfortable delivering the material and could benefit from additional training or mentoring.
• The SOP group size exceeds the CPC-GA requirement of no more than 8-10 participants per facilitator. Groups typically begin with 15-16 participants.
• The facilitators do not appear to have a well articulated plan in place on how to deal with responsivity issues such as language barriers, learning difficulties, or particularly difficult clients.
• The identification and application of appropriate rewards does not occur regularly in the group.
• The application of rewards does not outnumber the application of punishers by at least a ratio of 4 to 1.
• The program does not have an adequate range of consequences for negative behavior.
• Alternatives to inappropriate behavior are not regularly taught after a punisher is applied.
• New prosocial skills are not modeled, nor are the benefits of learning the new skill consistently explained by facilitators.
• Participants are not required to practice and rehearse alternative prosocial skills throughout the group.
• The facilitators do not appear to consistently model appropriate skills in groups and explain the skill’s benefits.
• Participants do not consistently practice new prosocial behaviors or practice them in increasingly difficult situations.
• While relapse plans are developed in Phase 7 of the SOP curriculum, they lack detail related to coping skills and offenders are not required to rehearse relapse prevention techniques.
• Participants are not consistently surveyed as to their satisfaction in each group.
• Group participants are not given pre-post tests to assess changes in target behaviors.
• SOP group does not have clearly outlined criteria as to when the program terminates for each offender.
Figure 23a: SCI Mercer Compared to PADOCT

*Sex Offender Scores include both outpatient and therapeutic community programs if applicable
Figure 23b: Staff Survey Results of SCI Mercer (n=41)
Compared to All SCI Respondents (N=1229)
SCI-Muncy
Thinking for a Change

CPC-GA Sections | Score | Rating
---|---|---
Program Staff and Support | 60% | Effective
Offender Assessment | 83.3% | Highly Effective
Treatment | 77.1% | Highly Effective
Quality Assurance | 60% | Effective
Overall Capacity | 60% | Effective
Overall Content | 78% | Highly Effective
Overall Score | 75% | Highly Effective

Strengths:

- There is a program coordinator in place to oversee management of the groups.
- The program director is involved in the selection or approval of group facilitators.
- The group facilitators meet the CPC-GA educational requirements of an Associate’s degree or higher in a helping profession.
- Group facilitators were selected for skills and values consistent with rehabilitation.
- Ethical guidelines are in place for group facilitators.
- The institution/stakeholders provide overall support for the facilitation of Thinking for a Change.
- PA DOC has developed a matrix to place offenders in groups based upon risk and need. Similarly, the offenders placed in Thinking for a Change were deemed appropriate by the group facilitators.
- The risk and needs level is consistently assessed using the LSI-R. Additional needs are assessed using the Criminal Sentiments Scale-Modified and the Hostile Interpretations Questionnaire.
- Responsivity factors are assessed for many of the offenders participating in treatment via tools such as the PAI, MMPI, WRAT, BETA, TCU Motivation Scales, and PAI.
- The group does meet the CPC-GA criteria requiring at least 70% of participants score moderate to high risk on the LSI-R.
- The major targets for Thinking for a Change are criminogenic and include the following: antisocial attitudes, problem solving, conflict resolution, and social skills.
- The Thinking for a Change model is considered an evidenced based intervention.
- Facilitators appeared comfortable facilitating group and there was a consistent demonstration of clear knowledge of the curriculum content.
- Group facilitators consistently encourage participation by all members of the group.
- There was consistent, regular assignment of homework, along with review and feedback.
- Group norms and expectations are established for each group and followed.
- The length of group is sufficient to affect target behaviors.
- The Thinking for a Change manual was consistently followed across group facilitators.
- Groups are consistently facilitated by staff from beginning to end.
- Group facilitators attempt to address the different learning styles and barriers of the participant.
- Facilitators have identified a range of appropriate rewards to use within the context of the group.
- Facilitators consistently encourage participants to recognize and promote prosocial behavior within the group.
- Appropriate punishers are used to extinguish antisocial expressions and promote behavioral change consistently across facilitators.
- Punishers are consistently applied to extinguish antisocial expressions and promote behavioral change consistently across facilitators.
- Alternatives to inappropriate behavior are taught after a punisher is applied.
- Potential negative effects produced by a punishment are consistently recognized or addressed across facilitators.
- Skills are modeled and the benefits of learning a new skill are consistently explained by facilitators.
• Participants are required to practice and rehearse alternative prosocial skills throughout the group consistently across facilitators.
• Rapport between the facilitator and group participants is clearly established across facilitators.
• There are clearly established boundaries between the facilitator and group participants.
• The group has several sessions that target participants’ underlying attitudes, values, and beliefs.
• Group facilitators are teaching participants how to address antisocial thinking and identify high risk situations, providing coping and management techniques for both.
• Participants are directly and consistently taught techniques to replace antisocial thinking with appropriate prosocial thoughts.
• Group facilitators are regularly observed and evaluated with regard to service delivery skills by a Unit Manager at Muncy.
• Group participants are administered both pre and post-tests to assess changes in target behaviors.
• Each group participant is required to have a discharge summary upon completion of the group.

Areas that Need Improvement:
• The program coordinator is not involved in providing direct supervision to group facilitators.
• Not all group facilitators meet the CPC-GA requirement of working in treatment programs with offenders for at least two years.
• Group facilitators do not attend staff meetings to review client progress (i.e., bi-monthly meetings at minimum).
• While facilitators receive adequate initial training related to group curricula, the requirements for additional yearly training related to service delivery is inadequate.
• Not all offenders participating in Thinking for a Change were identified as having moderate to high need in criminal thinking.
• Groups do not consistently begin and end on time, which appears primarily related to movement issues.
• The group does not meet the CPC-GA requirement of no more than 8-10 participants per facilitator.
• Results from responsivity assessments were not used by the facilitators.
• The application of rewards does not outnumber the application of punishers by at least a ratio of 4 to 1.
• The application of appropriate rewards does not occur regularly in the group.
• Facilitators do not regularly respond to matters of noncompliance.
• Participants do not consistently practice new prosocial behaviors in increasingly difficult situations.
• While the group devotes some sessions to developing risk or relapse prevention plans, participants are not required to practice relapse prevention techniques or plans.
• Participants are not formally surveyed as to their satisfaction with the group.
• Thinking for a Change group does not have clearly outlined criteria as to when the program terminates for each offender—only based on attendance and homework completion.
SCI-Muncy
Violence Prevention

<table>
<thead>
<tr>
<th>CPC-GA Sections</th>
<th>Score</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program Staff and Support</td>
<td>60%</td>
<td>Effective</td>
</tr>
<tr>
<td>Offender Assessment</td>
<td>83.3%</td>
<td>Highly Effective</td>
</tr>
<tr>
<td>Treatment</td>
<td>71.4%</td>
<td>Highly Effective</td>
</tr>
<tr>
<td>Quality Assurance</td>
<td>60%</td>
<td>Effective</td>
</tr>
<tr>
<td>Overall Capacity</td>
<td>60%</td>
<td>Effective</td>
</tr>
<tr>
<td>Overall Content</td>
<td>73.2%</td>
<td>Highly Effective</td>
</tr>
<tr>
<td>Overall Score</td>
<td>69.6%</td>
<td>Highly Effective</td>
</tr>
</tbody>
</table>

Strengths:

- There is a program coordinator in place to oversee management of the groups.
- The program director is involved in the selection or approval of group facilitators.
- The group facilitators meet the CPC-GA educational requirements of an Associate’s degree or higher in a helping profession.
- Group facilitators were selected for skills and values consistent with rehabilitation.
- Ethical guidelines are in place for group facilitators.
- The institution/stakeholders provide overall support for the facilitation of Violence Prevention.
- PA DOC has developed a matrix to place offenders in groups based upon risk and need. Similarly, the offenders placed in Violence Prevention were deemed appropriate by the group facilitators.
- The risk and needs level is consistently assessed using the LSI-R. Additional needs are assessed using the Criminal Sentiments Scale-Modified and the Hostile Interpretations Questionnaire.
- Responsivity factors are assessed for many of the offenders participating in treatment via tools such as the PAI, MMPI, WRAT, BETA, TCU Motivation Scales, and PAI.
- The group does meet the CPC-GA criteria requiring at least 70% of participants score moderate to high risk on the LSI-R.
- Offenders participating in Violence Prevention were identified as having moderate to high need in aggression.
- The major targets of Violence Prevention are criminogenic and include the following: antisocial attitudes, anger, and conflict resolution.
- The Violence Prevention model is considered an evidenced based intervention.
- Facilitators appeared comfortable facilitating group and there was a consistent demonstration of clear knowledge of the curriculum content.
- Group facilitators consistently encourage participation by all members of the group.
- There was consistent, regular assignment of homework, along with review and feedback.
- Group norms and expectations are established for each group and followed.
- The length of group is sufficient to affect target behaviors.
- The Violence Prevention manual was consistently followed across group facilitators.
- Groups are consistently facilitated by staff from beginning to end.
- Group facilitators attempt to address the different learning styles and barriers of the participant.
- Facilitators have identified a range of appropriate rewards to use within the context of the group.
- Facilitators consistently encourage participants to recognize and promote prosocial behavior within the group.
- Appropriate punishers are used to extinguish antisocial expressions and promote behavioral change consistently across facilitators.
- Punishers are consistently applied to extinguish antisocial expressions and promote behavioral change consistently across facilitators.
- Alternatives to inappropriate behavior are taught after a punisher is applied.
- Potential negative effects produced by a punishment are consistently recognized or addressed across facilitators.
- Skills are modeled and the benefits of learning a new skill are consistently explained by facilitators.
- Rapport between the facilitator and group participants is clearly established across facilitators.
- There are clearly established boundaries between the facilitator and group participants.
- Arguments with group participants are avoided consistently across facilitators.
- The group has several sessions that target participants’ underlying attitudes, values, and beliefs.
- Group facilitators are teaching participants how to address antisocial thinking and identify high risk situations, providing coping and management techniques for both.
- Participants are directly and consistently taught techniques to replace antisocial thinking with appropriate prosocial thoughts.
- Group facilitators are regularly observed and evaluated with regard to service delivery skills by a Unit Manager at Muncy.

Areas that Need Improvement:
- The program coordinator is not involved in providing direct supervision to group facilitators.
- Not all group facilitators meet the CPC-GA requirement of working in treatment programs with offenders for at least two years.
- Group facilitators do not attend staff meetings to review client progress (i.e., bi-monthly meetings at minimum).
- While facilitators receive adequate initial training related to group curricula, the requirements for additional yearly training related to service delivery is inadequate.
- Groups do not consistently begin and end on time, which appears primarily related to movement issues.
- The group does not meet the CPC-GA requirement of no more than 8-10 participants per facilitator.
- Results from responsivity assessments were not used by the facilitators.
- The application of rewards does not outnumber the application of punishers by at least a ratio of 4 to 1.
- The application of appropriate rewards does not occur regularly in the group.
- Facilitators do not regularly respond to matters of noncompliance.
- Participants are not required to practice and rehearse alternative prosocial skills throughout the group consistently across facilitators.
- Participants do not consistently practice new prosocial behaviors in increasingly difficult situations.
- While the group devotes some sessions to developing risk or relapse prevention plans, participants are not required to practice relapse prevention techniques or plans.
- Participants are not formally surveyed as to their satisfaction with the group.
- Violence Prevention group does not have clearly outlined criteria as to when the program terminates for each offender—only based on attendance and homework completion.
SCI-Muncy
Outpatient Sex Offender Programming

<table>
<thead>
<tr>
<th>CPC-GA Sections</th>
<th>Score</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program Staff and Support</td>
<td>70%</td>
<td>Highly Effective</td>
</tr>
<tr>
<td>Offender Assessment</td>
<td>100%</td>
<td>Highly Effective</td>
</tr>
<tr>
<td>Treatment</td>
<td>61.8%</td>
<td>Effective</td>
</tr>
<tr>
<td>Quality Assurance</td>
<td>40%</td>
<td>Ineffective</td>
</tr>
<tr>
<td>Overall Capacity</td>
<td>60%</td>
<td>Effective</td>
</tr>
<tr>
<td>Overall Content</td>
<td>65.8%</td>
<td>Highly Effective</td>
</tr>
<tr>
<td>Overall Score</td>
<td>64.2%</td>
<td>Effective</td>
</tr>
</tbody>
</table>

Strengths:

- There is a program coordinator in place to oversee management of the groups.
- The program director is involved in the selection or approval of group facilitators.
- The group facilitators meet the CPC-GA educational requirements of an Associate’s degree or higher in a helping profession.
- The group facilitators meet the CPC-GA requirement of working in treatment programs with offenders for at least two years.
- Group facilitators were selected for skills and values consistent with rehabilitation.
- Group facilitators do not attend staff meetings to review client progress (i.e., bi-monthly meetings at minimum).
- Ethical guidelines are in place for group facilitators.
- The institution/stakeholders provide overall support for the facilitation of sex offender programming.
- PA DOC has developed a matrix to place offenders in groups based upon risk and need. Similarly, the offenders placed in sex offender programming were deemed appropriate by the group facilitators.
- The risk and needs level is consistently assessed using the LSI-R, as well as the Static-99. Additional needs are assessed using the Criminal Sentiments Scale-Modified and the Hostile Interpretations Questionnaire.
- Responsivity factors are assessed for many of the offenders participating in treatment via tools such as the PAI, MMPI, WRAT, BETA, TCU Motivation Scales, and PAI.
- Some of the targets for Medlin: Responsible Living are criminogenic and include the following: antisocial attitudes, problem solving, conflict resolution, relapse prevention and social skills. Furthermore, Medlin: Responsible Living is considered an evidenced based treatment.
- Facilitators appeared comfortable facilitating group and there was a consistent demonstration of clear knowledge of the curriculum content.
- Group facilitators consistently encourage participation by all members of the group.
- Group norms and expectations are established for each group and followed.
- Groups are consistently facilitated by staff from beginning to end.
- The group meets the CPC-GA requirement of no more than 8-10 participants per facilitator.
- Group facilitators attempt to address the different learning styles and barriers of the participant.
- Facilitators have identified a range of appropriate rewards to use within the context of the group.
- Facilitators consistently encourage participants to recognize and promote prosocial behavior within the group.
- Appropriate punishers are used to extinguish antisocial expressions and promote behavioral change consistently across facilitators.
- Facilitators regularly respond to matters of noncompliance.
- Alternatives to inappropriate behavior are taught after a punisher is applied.
- Rapport between the facilitator and group participants is clearly established across facilitators.
- There are clearly established boundaries between the facilitator and group participants.
- The group has several sessions that target participants’ underlying attitudes, values, and beliefs.
- Group facilitators are teaching participants how to address antisocial thinking and identify high risk situations, providing coping and management techniques for both.
• Participants are directly and consistently taught techniques to replace antisocial thinking with appropriate prosocial thoughts.
• The group devotes some sessions to developing risk or relapse prevention plans, and participants are required to practice relapse prevention techniques or plans.
• The sex offender program group has clearly outlined criteria as to when the program terminates for each offender.
• Each group participant is required to have a discharge summary upon completion of the group.

**Areas that Need Improvement:**
• The program coordinator is not involved in providing direct supervision to group facilitators.
• While facilitators receive adequate initial training related to group curricula, the requirements for additional yearly training related to service delivery is inadequate.
• There was not a consistent, regular assignment of homework, along with review and feedback.
• While facilitators used the Medlin manual, the manual was not consistently followed in order across group facilitators.
• Results from responsivity assessments were not used by the facilitators.
• The application of rewards does not outnumber the application of punishers by at least a ratio of 4 to 1.
• The application of appropriate rewards does not occur regularly in the group.
• Punishers are not consistently applied to extinguish antisocial expressions and promote behavioral change consistently across facilitators.
• Potential negative effects produced by a punishment are not consistently recognized or addressed across facilitators.
• Skills are neither modeled nor are the benefits of learning a new skill consistently explained by facilitators.
• Participants are not required to practice and rehearse alternative prosocial skills throughout the group consistently across facilitators.
• Participants do not consistently practice new prosocial behaviors in increasingly difficult situations.
• Arguments with group participants are not consistently avoided across facilitators.
• Group facilitators are not regularly observed and evaluated with regard to service delivery skills.
• Participants are not formally surveyed as to their satisfaction with the group.
• Group participants are not administered both pre and post-tests to assess changes in target behaviors.
Figure 24a: SCI Muncy Compared to PADO C

*Sex Offender Scores include both outpatient and therapeutic community programs if applicable. SCI Muncy did not offer a BI program.
Figure 24b: Staff Survey Results of SCI Muncy (n=61) Compared to All SCI Respondents (N=1229)
SCI-Pine Grove
Batterers’ Intervention

CPC-GA SECTIONS    SCORE    RATING
Program Staff and Support     40.0%    Ineffective
Offender Assessment      83.3%    Highly Effective
Treatment                       52.7%    Needs Improvement
Quality Assurance               60.0%    Effective
Overall Capacity               46.7%    Needs Improvement
Overall Content                57.1%    Effective
Overall Score                   54.3%    Needs Improvement

Strengths:

- SCI Pine Grove has both a Young Adult Offender Program (YAOP) as well as groups targeting adults. Youth under the age of 19.5 at the time they enter the institution are placed in the YAOP. The program currently serves participants ages 15-21. The facility has approximately 320 individuals currently in the YAOP.
- There is a treatment manager in place to oversee the treatment groups and supervise the treatment specialists.
- Ethical guidelines are in place for group facilitators.
- The treatment programs appear to be supported by the institutional staff and administration.
- PA DOC has developed a matrix to place offenders in groups based upon risk and need. Similarly, the offenders placed in Batterers’ Invention groups were deemed appropriate by the group facilitators.
- The risk and needs level is consistently assessed using the LSI-R. Additional needs are assessed using the Criminal Sentiments Scale-Modified and the Hostile Interpretations Questionnaire. The same assessment process is utilized for both YAOP and adult populations.
- Responsivity factors are assessed for many of the offenders participating in treatment via tools such as the PAI, MMPI, WRAT, BETA, and TCU Motivation Scales. These assessments are conducted at Camp Hill but can be accessed by staff.
- The major targets for the Batterers’ Intervention group are criminogenic and include the following: antisocial attitudes, problem solving, conflict resolution, promoting family communication, and anger management.
- The program offers the Batterers’ groups for both the YAOP as well as their adult population.
- Group norms and expectations are established for each group and followed. The participants are required to sign the form at the beginning of group.
- The length of group (e.g., approximately six months) is sufficient to affect target behaviors. Length of group does not differ for the YAOP or adult populations.
- The Batterers’ Intervention manual appears to be consistently followed across group facilitators. The facilitators utilize the same curriculum and approach for both the YAOP and the adult groups.
- Group facilitators appear knowledgeable about the treatment program and curriculum.
- Regular assignment of homework, along with review and feedback, occurs consistently.
- The groups are co-facilitated by staff from beginning to end. Both facilitators were active in group.
- Group facilitators attempt to address the different learning styles and barriers of the participants by pairing inmates together or meeting with clients individually. The facilitators modified examples used in the curriculum to make them more relevant to youth.
- The facilitators appear to respond appropriately in group to noncompliance such as not completing their homework or refusing to participate. Participants are normally given verbal warnings and/or sent back to their units. Some facilitators utilize yard restrictions and cell restrictions.
- There were clearly established boundaries between the facilitator and group participants and they had established good rapport.
- Treatment specialists modeled appropriate skills and explained its benefits.
- The group has several sessions that target participants’ underlying attitudes, values, and beliefs.
• Group facilitators are regularly observed and evaluated with regard to service delivery skills. The program manager utilizes the DOC program evaluation tool and provides the facilitator with feedback.
• Both pre and post-tests (i.e., CSSM & HIQ) are utilized to assess changes in target behaviors.
• Each group participant is required to have a discharge summary upon completion of the group.

Areas that Need Improvement:
• The treatment manager was not involved in selecting treatment specialists for their current positions.
• Treatment specialists were selected based upon who volunteered for the job rather than clinical skills related to service delivery.
• The treatment specialists do not meet the CPC-GA educational requirements of an Associate’s degree or higher in a helping profession and do not have at least 2 years of experience working with offenders in a treatment capacity.
• Treatment specialists formally meet only one time per month to review client progress.
• While facilitators receive adequate initial training related to group curricula, the requirements for additional annual training related to service delivery is inadequate.
• The facility and/or Camp Hill may wish to consider using the Youthful Level of Service/Case Management Inventory with its younger participants (e.g., those under 18 years of age).
• Groups do not consistently begin and end on time, which appears primarily related to security and movement issues. Although the facilitators noted that the YAOP groups are more likely to start and end on time because the groups are run in the units.
• While treatment specialists appear to have a good rapport with the participants, they should work to ensure that every client actively participates in each group.
• Space is a problem with the YAOP groups. One of the groups observed was conducted in the middle of the pod, which compromised the group atmosphere and the confidentiality of its participants.
• The identification and application of appropriate rewards does not occur regularly in the group.
• The application of rewards does not outnumber the application of punishers by at least a ratio of 4 to 1.
• Facilitators do not consistently encourage participants to recognize and promote prosocial behavior.
• Alternatives to inappropriate behavior are not taught after a punisher is applied.
• Potential negative effects produced by a punishment are not consistently recognized or addressed across facilitators.
• Participants do not consistently practice new prosocial behaviors not do they practice behaviors in increasingly difficult situations.
• Group participants are not given sufficient opportunity to practice risk or relapse prevention plans.
• Participants are not surveyed as to their satisfaction with the group.
• The Batterers’ curriculum does not have clearly outlined criteria as to when the program terminates for each often.
SCI-Pine Grove
Thinking for a Change

CPC-GA SECTIONS       SCORE       RATING
Program Staff and Support  40.0%       Ineffective
Offender Assessment        83.3%       Highly Effective
Treatment                  60.0%       Effective
Quality Assurance           60.0%       Effective
Overall Capacity            46.7%       Needs Improvement
Overall Content             63.4%       Effective
Overall Score               58.9%       Effective

Strengths:
• SCI Pine Grove has both a Young Adult Offender Program (YAOP) as well as groups targeting adults. Youth under the age of 19.5 at the time they enter the institution are placed in the YAOP. The program currently serves participants ages 15-21. The facility has approximately 320 individuals currently in the YAOP.
• There is a treatment manager in place to oversee the treatment groups and supervise the treatment specialists.
• Ethical guidelines are in place for group facilitators.
• The treatment programs appear to be supported by the institutional staff and administration.
• PA DOC has developed a matrix to place offenders in groups based upon risk and need. Similarly, the offenders placed in Thinking for A Change were deemed appropriate by the group facilitators.
• The risk and needs level is consistently assessed using the LSI-R. Additional needs are assessed using the Criminal Sentiments Scale-Modified and the Hostile Interpretations Questionnaire. The same assessment process is utilized for both YAOP and adult populations.
• Responsivity factors are assessed for many of the offenders participating in treatment via tools such as the PAI, MMPI, WRAT, BETA, and TCU Motivation Scales. These assessments are conducted at Camp Hill but can be accessed by staff.
• The major targets for Thinking for a Change are criminogenic and include the following: antisocial attitudes, problem solving, conflict resolution, and social skills. Furthermore, the Thinking for A Change curriculum is considered evidenced based.
• The program offers the Thinking for a Change groups for both the YAOP as well as their adult population.
• Group norms and expectations are established for each group and followed. The participants are required to sign the form at the beginning of group.
• The length of group (e.g., 22 sessions) is sufficient to affect target behaviors. Length of group does not differ for the YAOP or adult populations.
• The Thinking for a Change manual appears to be consistently followed across group facilitators. The facilitators utilize the same curriculum and approach for both the YAOP and the adult groups.
• The facilitators appear knowledgeable about the treatment program and curriculum.
• Regular assignment of homework, along with review and feedback, occurs consistently.
• Thinking for a Change groups are facilitated by staff from beginning to end.
• Group facilitators attempt to address the different learning styles and barriers of the participants by pairing inmates together or meeting with clients individually. The facilitators modified examples used in the curriculum to make them more relevant to youth.
• The facilitators appear to respond appropriately in group to noncompliance such as not completing their homework or refusing to participate. Participants are normally given verbal warnings and/or sent back to their units. Some facilitators utilize yard restrictions and cell restrictions.
• There were clearly established boundaries between the facilitator and group participants and they had established good rapport. Moreover, it appeared that the facilitators work to ensure all of the participants are active in group.
• Treatment specialists modeled appropriate skills and explained its benefits. Moreover, clients were required to practice skills in group.
• Thinking for a Change group has several sessions that target participants’ underlying attitudes, values, and beliefs.
• Group facilitators are regularly observed and evaluated with regard to service delivery skills. The program manager utilizes the DOC program evaluation tool and provides the facilitator with feedback.
• Both pre and post-tests (i.e., CSSM & HIQ) are utilized to assess changes in target behaviors.
• Each Thinking for a Change group participant is required to have a discharge summary upon completion of the group.

Areas that Need Improvement:
• The treatment manager was not involved in selecting treatment specialists for their current positions.
• Treatment specialists were selected based upon who volunteered for the job rather than clinical skills related to service delivery.
• The treatment specialists do not meet the CPC-GA educational requirements of an Associate’s degree or higher in a helping profession and do not have at least 2 years of experience working with offenders in a treatment capacity.
• Treatment specialists formally meet only one time per month to review client progress.
• While facilitators receive adequate initial training related to group curricula, the requirements for additional annual training related to service delivery is inadequate.
• The facility and/or Camp Hill may wish to consider using the Youthful Level of Service/Case Management Inventory with its younger participants (e.g., those under 18 years of age).
• Groups do not consistently begin and end on time, which appears primarily related to security and movement issues. Although the facilitators noted that the YAOP groups are more likely to start and end on time because the groups are run in the units.
• Space is a problem with the YAOP groups. One of the groups observed was conducted in the middle of the pod which compromised the group atmosphere and the confidentiality of its participants.
• The Thinking for a Change group size exceeds the CPC-GA requirement of no more than 8-10 participants per facilitator. Groups typically begin with 12-15 participants.
• The identification and application of appropriate rewards does not occur regularly in the group.
• The application of rewards does not outnumber the application of punishers by at least a ratio of 4 to 1.
• Facilitators do not consistently encourage participants to recognize and promote prosocial behavior.
• Alternatives to inappropriate behavior are not taught after a punisher is applied.
• Potential negative effects produced by a punishment are not consistently recognized or addressed across facilitators.
• Participants do not consistently practice new prosocial behaviors in increasingly difficult situations.
• Thinking for a Change group participants are not given sufficient opportunity to practice risk or relapse prevention plans.
• Participants are not surveyed as to their satisfaction with the group.
• Thinking for a Change group does not have clearly outlined criteria as to when the program terminates for each offender.
SCI-Pine Grove
Violence Prevention

CPC-GA SECTIONS | SCORE | RATING
--- | --- | ---
Program Staff and Support | 40.0% | Ineffective
Offender Assessment | 83.3% | Highly Effective
Treatment | 54.2% | Effective
Quality Assurance | 40.0% | Ineffective
Overall Capacity | 40.0% | Ineffective
Overall Content | 58.5% | Effective
Overall Score | 53.5% | Needs Improvement

Strengths:
- SCI Pine Grove has both a Young Adult Offender Program (YAOP) as well as groups targeting adults. Youth under the age of 19.5 at the time they enter the institution are placed in the YAOP. The program currently serves participants ages 15-21. The facility has approximately 320 individuals currently in the YAOP.
- There is a treatment manager in place to oversee the treatment groups and supervise the treatment specialists.
- Ethical guidelines are in place for group facilitators.
- The treatment programs appear to be supported by the institutional staff and administration.
- PA DOC has developed a matrix to place offenders in groups based upon risk and need. Similarly, the offenders placed in Violence Prevention groups were deemed appropriate by the group facilitators.
- The risk and needs level is consistently assessed using the LSI-R. Additional needs are assessed using the Criminal Sentiments Scale-Modified and the Hostile Interpretations Questionnaire. The same assessment process is utilized for both YAOP and adult populations.
- Responsivity factors are assessed for many of the offenders participating in treatment via tools such as the PAI, MMPI, WRAT, BETA, and TCU Motivation Scales. These assessments are conducted at Camp Hill but can be accessed by staff.
- The major targets for Violence Prevention are criminogenic and include the following: antisocial attitudes, problem solving, conflict resolution, and anger management. Furthermore, the violence prevention curriculum is based on some evidence based principles, however, there is limited research to support its effectiveness. The program offers the Violence groups for both the YAOP as well as their adult population.
- Group norms and expectations are established for each group and followed. The participants are required to sign the form at the beginning of group.
- The length of group (e.g., 24 sessions) is sufficient to affect target behaviors. Length of group does not differ for the YAOP or adult populations.
- The Violence Prevention manual appears to be consistently followed across group facilitators. The facilitators utilize the same curriculum and approach for both the YAOP and the adult groups.
- Group facilitators appear knowledgeable about the treatment program and curriculum.
- Regular assignment of homework, along with review and feedback, occurs consistently.
- The groups are facilitated by staff from beginning to end.
- Group facilitators attempt to address the different learning styles and barriers of the participants by pairing inmates together or meeting with clients individually. The facilitators modified examples used in the curriculum to make them more relevant to youth.
- The facilitators appear to respond appropriately in group to noncompliance such as not completing their homework or refusing to participate. Participants are normally given verbal warnings and/or sent back to their units. Some facilitators utilize yard restrictions and cell restrictions.
- There were clearly established boundaries between the facilitator and group participants and they had established good rapport.
- Treatment specialists modeled appropriate skills and explained its benefits. Moreover, clients were required to practice skills in group.
The Violence Prevention group has several sessions that target participants’ underlying attitudes, values, and beliefs. Group facilitators are regularly observed and evaluated with regard to service delivery skills. The program manager utilizes the DOC program evaluation tool and provides the facilitator with feedback. Both pre and post-tests (i.e., CSSM & HIQ) are utilized to assess changes in target behaviors. Each group participant is required to have a discharge summary upon completion of the group.

Areas that Need Improvement:

- The treatment manager was not involved in selecting treatment specialists for their current positions.
- Treatment specialists were selected based upon who volunteered for the job rather than clinical skills related to service delivery.
- The treatment specialists do not meet the CPC-GA educational requirements of an Associate’s degree or higher in a helping profession and do not have at least 2 years of experience working with offenders in a treatment capacity.
- Treatment specialists formally meet only one time per month to review client progress.
- While facilitators receive adequate initial training related to group curricula, the requirements for additional annual training related to service delivery is inadequate.
- The facility and/or Camp Hill may wish to consider using the Youthful Level of Service/Case Management Inventory with its younger participants (e.g., those under 18 years of age).
- Groups do not consistently begin and end on time, which appears primarily related to security and movement issues. Although the facilitators noted that the YAOP groups are more likely to start and end on time because the groups are run in the units.
- While treatment specialists appear to have a good rapport with the participants, they should work to ensure that every client actively participates in each group.
- Space is a problem with the YAOP groups. One of the groups observed was conducted in the middle of the pod which compromised the group atmosphere and the confidentiality of its participants.
- The Violence Prevention group size exceeds the CPC-GA requirement of no more than 8-10 participants per facilitator. Groups typically begin with 12-15 participants.
- The identification and application of appropriate rewards does not occur regularly in the group.
- The application of rewards does not outnumber the application of punishers by at least a ratio of 4 to 1.
- Facilitators do not consistently encourage participants to recognize and promote prosocial behavior.
- Alternatives to inappropriate behavior are not taught after a punisher is applied.
- Potential negative effects produced by a punishment are not consistently recognized or addressed across facilitators.
- Participants do not consistently practice new prosocial behaviors in increasingly difficult situations.
- Group participants are not given sufficient opportunity to practice risk or relapse prevention plans.
- Participants are not surveyed as to their satisfaction with the group.
- The Violence Prevention curriculum does not have clearly outlined criteria as to when the program terminates for each offender.
SCI-Pine Grove
Outpatient Sex Offender Programming

CPC-GA SECTIONS          SCORE          RATING
Program Staff and Support    50.0%        Effective
Offender Assessment         100%        Highly Effective
Treatment                   41.2%        Ineffective
Quality Assurance           20.0%        Ineffective
Overall Capacity            40.0%        Ineffective
Overall Content             47.3%        Needs Improvement
Overall Score               45.3%        Needs Improvement

Strengths:
- SCI Pine Grove has both a Young Adult Offender Program (YAOP) as well as groups targeting adults. Youth under the age of 19.5 at the time they enter the institution are placed in the YAOP. The program currently serves participants ages 15-21. The facility has approximately 320 individuals currently in the YAOP.
- There is a program coordinator in place to oversee the treatment groups.
- The psychological services staff member meet the CPC-GA educational requirements of an Associate’s degree or higher in a helping profession and has at least 2 years of experience working with offenders in a treatment capacity.
- Ethical guidelines are in place for group facilitators.
- The institution/stakeholders provide overall support for the facilitation of sex offender programming.
- There are exclusionary criteria in place for group participation and offenders appear appropriate for the services being offered.
- Offender risk and need is assessed using both the LSI-R and the Static-99. The assessment process is the same for both youth in the YAOP and the adult population.
- Responsivity factors are assessed for many of the SOP participants via tools such as the MMPI, WRAT, BETA, TCU-Treatment Motivation scales and PAI.
- Sex offenders are separated by risk by offering a both a low and moderate-high risk group. However, Pine Grove had very few adult sex offenders. As such, they allowed one adult offender YAOP SOP group. The same curriculum is used for both adult and youthful offenders.
- The primary focus of the sex offender program is on criminogenic needs such as sexual deviance, cognitive distortions, self-management skills and relapse prevention. Furthermore, the Medlin program is based on some evidence based principles, however, there is limited research to supports its effectiveness.
- The high intensity program lasts approximately 18 months and the low intensity program approximately 6-8 months.
- The facilitator indicated that she follows the curriculum closely and gives and reviews homework in nearly every session.
- The facilitator will assign a peer facilitator to a participant who is struggling to comprehend the material covered in group. Moreover, the facilitators modified examples used in the curriculum to make them more relevant to youth.
- Group norms and expectations are established for each group and followed. The participants are required to sign the form at the beginning of group.
- Groups were consistently conducted by the staff.
- The facilitators appear to respond appropriately in group to noncompliance such as not completing their homework or refusing to participate. Participants are normally given verbal warnings and/or lose points for the particular day.
- Boundaries between the facilitators and group participants appeared to be clearly established and she appeared to avoid arguments with the participants.
- SOP sessions target participants’ underlying attitudes, values, and beliefs.
- Each SOP group participant is required to have a discharge summary upon completion of the group.
Areas that Need Improvement:

- The program coordinator does not provide consistent clinical supervision.
- The current program coordinator was not responsible for selecting or approving group facilitators at the time of the assessment.
- Group facilitators do not consistently attend staff meetings to review client progress (i.e. bimonthly at minimum).
- The program utilizes the same Medlin curriculum for both youthful and adult offenders. The staff noted that the curriculum is too long for the youthful offender population given many of them are transferred out of the facility before they are able to complete the program.
- While facilitator did participate in the 3-day Medlin curriculum training. However she had no experience in sex offender treatment and was given no mentoring (at the facility level) or additional training before she began facilitating groups. Moreover, the requirements for yearly trainings related to service delivery is inadequate.
- The group size was not consistently at or below the recommended ratio of 1 staff to 8-10 offenders. On average groups start with approximately 13-14 participants.
- The identification and application of appropriate rewards does not occur regularly in the group.
- The application of rewards does not outnumber the application of punishers by at least a ratio of 4 to 1.
- The program does not have an adequate range of consequences for negative behavior. Moreover, alternatives to inappropriate behavior are not regularly taught after a punisher is applied.
- Potential negative effects produced by a punishment are not consistently recognized or addressed.
- New prosocial skills are not modeled, nor are the benefits of learning the new skill consistently explained by facilitators.
- Participants are not required to practice and rehearse alternative prosocial skills throughout the group.
- Participants do not consistently practice new prosocial behaviors in increasingly difficult situations.
- While relapse plans are developed in Phase 7 of the SOP curriculum, they lack detail related to coping skills and offenders are not required to rehearse relapse prevention techniques.
- Group facilitators are not regularly observed and evaluated with regard to service delivery skills.
- Participants are not surveyed as to their satisfaction with the group.
- Group participants are not administered pre-post tests to assess changes in target behaviors.
- SOP group does not have clearly outlined criteria as to when the program terminates for each offender.
Figure 25a: SCI Pine Grove Compared to PADO C

*Sex Offender Scores include both outpatient and therapeutic community programs if applicable.
Figure 25b: Staff Survey Results of SCI Pine Grove (n=50) Compared to All SCI Respondents (N=1229)
Strengths:

- There is a program coordinator in place to oversee management of the groups.
- The group facilitators meet the CPC-GA educational requirements of an Associate’s degree or higher in a helping profession.
- The group facilitators meet the CPC-GA requirement of working in treatment programs with offenders for at least two years.
- Ethical guidelines are in place for group facilitators.
- The institution/stakeholders provide overall support for the facilitation of Batterers’ Intervention.
- PA DOC has developed a matrix to place offenders in groups based upon risk and need. Similarly, the offenders placed in Batterers’ Intervention were deemed appropriate by the group facilitators.
- The risk and needs level is consistently assessed using the LSI-R. Additional needs are assessed using the Criminal Sentiments Scale-Modified and the Hostile Interpretations Questionnaire.
- Responsivity factors are assessed for many of the offenders participating in treatment via tools such as the PAI, MMPI, WRAT, BETA, TCU Motivation Scales, and PAI.
- The group does meet the CPC-GA criteria requiring at least 70% of participants score moderate to high risk on the LSI-R.
- The major targets for the Batterers’ Intervention group are criminogenic and include the following: antisocial attitudes, problem solving, conflict resolution, promoting family communication, and anger management.
- Facilitators appeared comfortable facilitating group and there was a consistent demonstration of clear knowledge of the curriculum content.
- Group facilitators consistently encourage participation by all members of the group.
- Group norms and expectations are established for each group and followed.
- The length of group is sufficient to affect target behaviors.
- The Batterers’ Intervention manual was consistently followed across group facilitators.
- Groups are consistently facilitated by staff from beginning to end.
- Group facilitators attempt to address the different learning styles and barriers of the participant.
- Facilitators regularly respond to matters of noncompliance.
- Rapport between the facilitator and group participants is clearly established across facilitators.
- There are clearly established boundaries between the facilitator and group participants.
- Arguments with group participants are avoided consistently across facilitators.
- The group has several sessions that target participants’ underlying attitudes, values, and beliefs.
- Group facilitators are teaching participants how to address antisocial thinking and identify high risk situations, providing coping and management techniques for both.
- Participants are directly and consistently taught techniques to replace antisocial thinking with appropriate prosocial thoughts.
- Group participants are administered both pre and post-tests to assess changes in target behaviors.
- Each group participant is required to have a discharge summary upon completion of the group.

Areas that Need Improvement:
• The program director is not adequately involved in the selection or approval of group facilitators.
• The program coordinator is not involved in providing direct supervision to group facilitators.
• Group facilitators were not selected for skills and values consistent with rehabilitation.
• Group facilitators do not attend staff meetings to review client progress (i.e., bi-monthly meetings at minimum).
• While facilitators receive adequate initial training related to group curricula, the requirements for additional yearly training related to service delivery is inadequate.
• Not all offenders participating in Batterers’ Intervention were identified as having moderate to high need in aggression.
• The Duluth Model for Batterers’ Intervention is not considered an evidenced based intervention.
• Groups do not consistently begin and end on time, which appears primarily related to movement issues.
• There was not a consistent, regular assignment of homework, along with review and feedback.
• Results from responsivity assessments were not used by the facilitators.
• Facilitators have not identified a range of appropriate rewards to use within the context of the group.
• The application of rewards does not outnumber the application of punishers by at least a ratio of 4 to 1.
• The application of appropriate rewards does not occur regularly in the group.
• Appropriate punishers are not used to extinguish antisocial expressions and promote behavioral change consistently across facilitators.
• Punishers are not consistently applied to extinguish antisocial expressions and promote behavioral change consistently across facilitators.
• Alternatives to inappropriate behavior are not taught after a punisher is applied.
• Potential negative effects produced by a punishment are not consistently recognized or addressed across facilitators.
• Skills are neither modeled nor are the benefits of learning a new skill consistently explained by facilitators.
• Participants are not required to practice and rehearse alternative prosocial skills throughout the group consistently across facilitators.
• Participants do not consistently practice new prosocial behaviors in increasingly difficult situations.
• While the group devotes some sessions to developing risk or relapse prevention plans, participants are not required to practice relapse prevention techniques or plans.
• Group facilitators are not regularly observed and evaluated with regard to service delivery skills.
• Participants are not formally surveyed as to their satisfaction with the group.
• Batterers’ Intervention group does not have clearly outlined criteria as to when the program terminates for each offender—only based on attendance and homework completion.
### CPC-GA Sections

<table>
<thead>
<tr>
<th>Section</th>
<th>Score</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program Staff and Support</td>
<td>50%</td>
<td>Needs Improvement</td>
</tr>
<tr>
<td>Offender Assessment</td>
<td>100%</td>
<td>Highly Effective</td>
</tr>
<tr>
<td>Treatment</td>
<td>62.9%</td>
<td>Effective</td>
</tr>
<tr>
<td>Quality Assurance</td>
<td>40%</td>
<td>Ineffective</td>
</tr>
<tr>
<td>Overall Capacity</td>
<td>46.7%</td>
<td>Needs Improvement</td>
</tr>
<tr>
<td>Overall Content</td>
<td>68.3%</td>
<td>Highly Effective</td>
</tr>
<tr>
<td>Overall Score</td>
<td>62.5%</td>
<td>Effective</td>
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</table>

### Strengths:

- There is a program coordinator in place to oversee management of the groups.
- The group facilitators meet the CPC-GA educational requirements of an Associate’s degree or higher in a helping profession.
- The group facilitators meet the CPC-GA requirement of working in treatment programs with offenders for at least two years.
- Ethical guidelines are in place for group facilitators.
- The institution/stakeholders provide overall support for the facilitation of Thinking for a Change.
- PA DOC has developed a matrix to place offenders in groups based upon risk and need. Similarly, the offenders placed in Thinking for a Change were deemed appropriate by the group facilitators.
- The risk and needs level is consistently assessed using the LSI-R. Additional needs are assessed using the Criminal Sentiments Scale-Modified and the Hostile Interpretations Questionnaire.
- Responsivity factors are assessed for many of the offenders participating in treatment via tools such as the PAI, MMPI, WRAT, BETA, TCU Motivation Scales, and PAI.
- The group does meet the CPC-GA criteria requiring at least 70% of participants score moderate to high risk on the LSI-R.
- Offenders participating in Thinking for a Change were identified as having moderate to high need in criminal thinking.
- The major targets for Thinking for a Change are criminogenic and include the following: antisocial attitudes, problem solving, conflict resolution, and social skills.
- The Thinking for a Change model is considered an evidenced based intervention.
- Facilitators appeared comfortable facilitating group and there was a consistent demonstration of clear knowledge of the curriculum content.
- Group facilitators consistently encourage participation by all members of the group.
- There was consistent, regular assignment of homework, along with review and feedback.
- Group norms and expectations are established for each group and followed.
- The length of group is sufficient to affect target behaviors.
- The Thinking for a Change manual was consistently followed across group facilitators.
- Groups are consistently facilitated by staff from beginning to end.
- Group facilitators attempt to address the different learning styles and barriers of the participant.
- Facilitators have identified a range of appropriate rewards to use within the context of the group.
- Facilitators consistently encourage participants to recognize and promote prosocial behavior within the group.
- Facilitators regularly respond to matters of noncompliance.
- Rapport between the facilitator and group participants is clearly established across facilitators.
- There are clearly established boundaries between the facilitator and group participants.
- Arguments with group participants are avoided consistently across facilitators.
- The group has several sessions that target participants’ underlying attitudes, values, and beliefs.
- Group facilitators are teaching participants how to address antisocial thinking and identify high risk situations, providing coping and management techniques for both.
• Participants are directly and consistently taught techniques to replace antisocial thinking with appropriate prosocial thoughts.
• Group participants are administered both pre and post-tests to assess changes in target behaviors.
• Each group participant is required to have a discharge summary upon completion of the group.

Areas that Need Improvement:
• The program director is not adequately involved in the selection or approval of group facilitators.
• The program coordinator is not involved in providing direct supervision to group facilitators.
• Group facilitators were not selected for skills and values consistent with rehabilitation.
• Group facilitators do not attend staff meetings to review client progress (i.e., bi-monthly meetings at minimum).
• While facilitators receive adequate initial training related to group curricula, the requirements for additional yearly training related to service delivery is inadequate.
• Groups do not consistently begin and end on time, which appears primarily related to movement issues.
• Results from responsivity assessments were not used by the facilitators.
• The application of rewards does not outnumber the application of punishers by at least a ratio of 4 to 1.
• The application of appropriate rewards does not occur regularly in the group.
• Appropriate punishers are not used to extinguish antisocial expressions and promote behavioral change consistently across facilitators.
• Punishers are not consistently applied to extinguish antisocial expressions and promote behavioral change consistently across facilitators.
• Alternatives to inappropriate behavior are not taught after a punisher is applied.
• Potential negative effects produced by a punishment are not consistently recognized or addressed across facilitators.
• Skills are neither modeled nor are the benefits of learning a new skill consistently explained by facilitators.
• Participants are not required to practice and rehearse alternative prosocial skills throughout the group consistently across facilitators.
• Participants do not consistently practice new prosocial behaviors in increasingly difficult situations.
• While the group devotes some sessions to developing risk or relapse prevention plans, participants are not required to practice relapse prevention techniques or plans.
• Group facilitators are not regularly observed and evaluated with regard to service delivery skills.
• Participants are not formally surveyed as to their satisfaction with the group.
• Thinking for a Change group does not have clearly outlined criteria as to when the program terminates for each offender—only based on attendance and homework completion.
SCI-Retreat
Violence Prevention

CPC-GA Sections          Score      Rating
Program Staff and Support 50%        Needs Improvement
Offender Assessment       66.7%      Highly Effective
Treatment                 60%        Effective
Quality Assurance          40%        Ineffective
Overall Capacity           46.7%      Needs Improvement
Overall Content            61%        Effective
Overall Score              57.1%      Effective

Strengths:
- There is a program coordinator in place to oversee management of the groups.
- The group facilitators meet the CPC-GA educational requirements of an Associate’s degree or higher in a helping profession.
- The group facilitators meet the CPC-GA requirement of working in treatment programs with offenders for at least two years.
- Ethical guidelines are in place for group facilitators.
- The institution/stakeholders provide overall support for the facilitation of Violence Prevention.
- PA DOC has developed a matrix to place offenders in groups based upon risk and need. Similarly, the offenders placed in Violence Prevention were deemed appropriate by the group facilitators.
- The risk and needs level is consistently assessed using the LSI-R. Additional needs are assessed using the Criminal Sentiments Scale-Modified and the Hostile Interpretations Questionnaire.
- Responsivity factors are assessed for many of the offenders participating in treatment via tools such as the PAI, MMPI, WRAT, BETA, TCU Motivation Scales, and PAI.
- The major targets of Violence Prevention are criminogenic and include the following: antisocial attitudes, anger, and conflict resolution.
- The Violence Prevention model is considered an evidenced based intervention.
- Facilitators appeared comfortable facilitating group and there was a consistent demonstration of clear knowledge of the curriculum content.
- Group facilitators consistently encourage participation by all members of the group.
- Group norms and expectations are established for each group and followed.
- The length of group is sufficient to affect target behaviors.
- The Violence Prevention manual was consistently followed across group facilitators.
- Groups are consistently facilitated by staff from beginning to end.
- Group facilitators attempt to address the different learning styles and barriers of the participant.
- Facilitators have identified a range of appropriate rewards to use within the context of the group.
- Facilitators consistently encourage participants to recognize and promote prosocial behavior within the group.
- Facilitators regularly respond to matters of noncompliance.
- Rapport between the facilitator and group participants is clearly established across facilitators.
- There are clearly established boundaries between the facilitator and group participants.
- Arguments with group participants are avoided consistently across facilitators.
- The group has several sessions that target participants’ underlying attitudes, values, and beliefs.
- Group facilitators are teaching participants how to address antisocial thinking and identify high risk situations, providing coping and management techniques for both.
- Participants are directly and consistently taught techniques to replace antisocial thinking with appropriate prosocial thoughts.
- Group participants are administered both pre and post-tests to assess changes in target behaviors.
- Each group participant is required to have a discharge summary upon completion of the group.
Areas that Need Improvement:

- The program director is not adequately involved in the selection or approval of group facilitators.
- The program coordinator is not involved in providing direct supervision to group facilitators.
- Group facilitators were not selected for skills and values consistent with rehabilitation.
- Group facilitators do not attend staff meetings to review client progress (i.e., bi-monthly meetings at minimum).
- While facilitators receive adequate initial training related to group curricula, the requirements for additional yearly training related to service delivery is inadequate.
- The group does not meet the CPC-GA criteria requiring at least 70% of participants score moderate to high risk on the LSI-R.
- Not all offenders participating in Violence Prevention were identified as having moderate to high need in aggression.
- Groups do not consistently begin and end on time, which appears primarily related to movement issues.
- The group does not meet the CPC-GA requirement of no more than 8-10 participants per facilitator.
- Results from responsivity assessments were not used by the facilitators.
- The application of rewards does not outnumber the application of punishers by at least a ratio of 4 to 1.
- The application of appropriate rewards does not occur regularly in the group.
- Appropriate punishers are not used to extinguish antisocial expressions and promote behavioral change consistently across facilitators.
- Punishers are not consistently applied to extinguish antisocial expressions and promote behavioral change consistently across facilitators.
- Alternatives to inappropriate behavior are not taught after a punisher is applied.
- Potential negative effects produced by a punishment are not consistently recognized or addressed across facilitators.
- Skills are neither modeled nor are the benefits of learning a new skill consistently explained by facilitators.
- Participants are not required to practice and rehearse alternative prosocial skills throughout the group consistently across facilitators.
- Participants do not consistently practice new prosocial behaviors in increasingly difficult situations.
- While the group devotes some sessions to developing risk or relapse prevention plans, participants are not required to practice relapse prevention techniques or plans.
- Group facilitators are not regularly observed and evaluated with regard to service delivery skills.
- Participants are not formally surveyed as to their satisfaction with the group.
- Violence Prevention group does not have clearly outlined criteria as to when the program terminates for each offender—only based on attendance and homework completion.
SCI-Retreat
Outpatient Sex Offender Programming

<table>
<thead>
<tr>
<th>CPC-GA Sections</th>
<th>Score</th>
<th>Rating</th>
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<tbody>
<tr>
<td>Program Staff and Support</td>
<td>80%</td>
<td>Highly Effective</td>
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<tr>
<td>Offender Assessment</td>
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<tr>
<td>Treatment</td>
<td>41.2%</td>
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</tr>
<tr>
<td>Quality Assurance</td>
<td>40%</td>
<td>Ineffective</td>
</tr>
<tr>
<td>Overall Capacity</td>
<td>66.7%</td>
<td>Highly Effective</td>
</tr>
<tr>
<td>Overall Content</td>
<td>47.4%</td>
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</tr>
<tr>
<td>Overall Score</td>
<td>52.8%</td>
<td>Needs Improvement</td>
</tr>
</tbody>
</table>

Strengths:
- There is a program coordinator in place to oversee management of the groups.
- The program director is involved in the selection or approval of group facilitators.
- The program coordinator is involved in providing direct supervision to group facilitators.
- The group facilitators meet the CPC-GA educational requirements of an Associate’s degree or higher in a helping profession.
- The group facilitators meet the CPC-GA requirement of working in treatment programs with offenders for at least two years.
- Group facilitators were selected for skills and values consistent with rehabilitation.
- Ethical guidelines are in place for group facilitators.
- The institution/stakeholders provide overall support for the facilitation of sex offender programming.
- PA DOC has developed a matrix to place offenders in groups based upon risk and need. Similarly, the offenders placed in sex offender programming were deemed appropriate by the group facilitators.
- The risk and needs level is consistently assessed using the LSI-R, as well as the Static-99. Additional needs are assessed using the Criminal Sentiments Scale-Modified and the Hostile Interpretations Questionnaire.
- Responsivity factors are assessed for many of the offenders participating in treatment via tools such as the PAI, MMPI, WRAT, BETA, TCU Motivation Scales, and PAI.
- Some of the targets for Medlin: Responsible Living are criminogenic and include the following: antisocial attitudes, problem solving, conflict resolution, relapse prevention and social skills.
- The sex offender programming model is considered an evidenced based intervention.
- Facilitators appeared comfortable facilitating group and there was a consistent demonstration of clear knowledge of the curriculum content.
- Group facilitators consistently encourage participation by all members of the group.
- There was consistent, regular assignment of homework, along with review and feedback.
- Group norms and expectations are established for each group and followed.
- The Medlin manual was consistently followed across group facilitators.
- Groups are consistently facilitated by staff from beginning to end.
- Group facilitators attempt to address the different learning styles and barriers of the participant.
- Facilitators consistently encourage participants to recognize and promote prosocial behavior within the group.
- Rapport between the facilitator and group participants is clearly established across facilitators.
- The group has several sessions that target participants’ underlying attitudes, values, and beliefs.
- Group facilitators are teaching participants how to address antisocial thinking and identify high risk situations, providing coping and management techniques for both.
- The sex offender program group has clearly outlined criteria as to when the program terminates for each offender.
- Each group participant is required to have a discharge summary upon completion of the group.

Areas that Need Improvement:
• Group facilitators do not attend staff meetings to review client progress (i.e., bi-monthly meetings at minimum).
• While facilitators receive adequate initial training related to group curricula, the requirements for additional yearly training related to service delivery is inadequate.
• Groups do not consistently begin and end on time, which appears primarily related to movement issues.
• The group does not meet the CPC-GA requirement of no more than 8-10 participants per facilitator.
• Results from responsivity assessments were not used by the facilitators.
• Facilitators have not identified a range of appropriate rewards to use within the context of the group.
• The application of rewards does not outnumber the application of punishers by at least a ratio of 4 to 1.
• The application of appropriate rewards does not occur regularly in the group.
• Appropriate punishers are not used to extinguish antisocial expressions and promote behavioral change consistently across facilitators.
• Facilitators do not regularly respond to matters of noncompliance.
• Punishers are not consistently applied to extinguish antisocial expressions and promote behavioral change consistently across facilitators.
• Alternatives to inappropriate behavior are not taught after a punisher is applied.
• Potential negative effects produced by a punishment are not consistently recognized or addressed across facilitators.
• Skills are neither modeled nor are the benefits of learning a new skill consistently explained by facilitators.
• Participants are not required to practice and rehearse alternative prosocial skills throughout the group consistently across facilitators.
• Participants do not consistently practice new prosocial behaviors in increasingly difficult situations.
• Boundaries between the facilitator and group participants were not clearly established.
• Arguments with group participants are not consistently avoided across facilitators.
• Participants are not directly and consistently taught techniques to replace antisocial thinking with appropriate prosocial thoughts.
• While the group devotes some sessions to developing risk or relapse prevention plans, participants are not required to practice relapse prevention techniques or plans.
• Group facilitators are not regularly observed and evaluated with regard to service delivery skills.
• Participants are not formally surveyed as to their satisfaction with the group.
• Group participants are not administered both pre and post-tests to assess changes in target behaviors.
Figure 26a: SCI Retreat Compared to PADOCC

*Sex Offender Scores include both outpatient and therapeutic community programs if applicable.
Figure 26b: Staff Survey Results of SCI Retreat (n=33) Compared to All SCI Respondents (N=1229)
SCI-Rockview
Batterers’ Intervention

CPC-GA Sections | Score | Rating
--- | --- | ---
Program Staff and Support | 70% | Highly Effective
Offender Assessment | 83.3% | Highly Effective
Treatment | 61.1% | Effective
Quality Assurance | 20% | Ineffective
Overall Capacity | 53.3% | Needs Improvement
Overall Content | 64.2% | Effective
Overall Score | 62.5% | Effective

Strengths:
- There is a program coordinator in place to oversee management of the groups.
- The group facilitators meet the CPC-GA educational requirements of an Associate’s degree or higher in a helping profession.
- The program director is adequately involved in the selection or approval of group facilitators. Furthermore, group facilitators were selected for skills and values consistent with rehabilitation.
- The group facilitators meet the CPC-GA requirement of working in treatment programs with offenders for at least two years.
- Ethical guidelines are in place for group facilitators.
- The institution/stakeholders provide overall support for the facilitation of Batterers’ Intervention.
- PA DOC has developed a matrix to place offenders in groups based upon risk and need. Similarly, the offenders placed in Batterers’ Intervention were deemed appropriate by the group facilitators.
- The risk and needs level is consistently assessed using the LSI-R. Additional needs are assessed using the Criminal Sentiments Scale-Modified and the Hostile Interpretations Questionnaire.
- Responsivity factors are assessed for many of the offenders participating in treatment via tools such as the PAI, MMPI, WRAT, BETA, and TCU Motivation Scales.
- The group meets the CPC-GA criteria requiring at least 70% of participants score moderate to high risk on the LSI-R.
- The major targets of Violence Prevention are criminogenic and include the following: antisocial attitudes, anger, and conflict resolution.
- Facilitators appeared comfortable facilitating group and there was a consistent demonstration of clear knowledge of the curriculum content.
- Group facilitators consistently encourage participation by all members of the group.
- Regular assignment of homework, along with review and feedback, occurs consistently.
- Group norms and expectations are established for each group and followed.
- Both facilitators were active throughout the group.
- Batterers’ Intervention groups are consistently facilitated by staff from beginning to end.
- The length of group is sufficient to affect target behaviors.
- The Batterers’ Intervention group size meets the CPC-GA requirement of no more than 8-10 participants per facilitator.
- Group facilitators attempt to address the different learning styles and barriers of the participants.
- Appropriate punishers are used to extinguish antisocial expressions and promote behavioral change consistently across facilitators.
- Facilitators regularly respond to matters of noncompliance.
- Punishers are consistently and appropriately applied to extinguish antisocial expressions and promote behavioral change consistently across facilitators.
- Rapport between the facilitator and group participants is clearly established across facilitators.
- There are clearly established boundaries between the facilitator and group participants.
- Arguments with group participants are avoided consistently across facilitators.
• Batterers’ Intervention group has several sessions that target participants’ underlying attitudes, values, and beliefs.
• Batterers’ Intervention group teaches participants how to address antisocial thinking and identify high risk situations, providing coping and management techniques for both.
• Participants are directly and consistently taught techniques to replace antisocial thinking with appropriate prosocial thoughts.
• Each Batterers’ Intervention group participant is required to have a discharge summary upon completion of the group.

Areas that Need Improvement:
• The program coordinator is not involved in providing direct supervision to group facilitators.
• Group facilitators do not attend staff meetings to review client progress (i.e. bi-monthly meetings at minimum).
• While facilitators receive adequate initial training related to group curricula, the requirements for additional yearly training related to service delivery is inadequate.
• Not all offenders participating in Batterers’ Intervention were identified as having moderate to high need in antisocial attitudes.
• Batterers’ Intervention is not considered an evidenced based treatment.
• Groups do not consistently begin and end on time, which appears primarily related to movement issues.
• The Batterers’ Intervention manual was not consistently followed across group facilitators.
• The identification and application of appropriate rewards does not occur regularly in the group.
• The application of rewards does not outnumber the application of punishers by at least a ratio of 4 to 1.
• Facilitators do not consistently encourage participants to recognize and promote prosocial behavior.
• Alternatives to inappropriate behavior are not taught after a punisher is applied.
• Potential negative effects produced by a punishment are not consistently recognized or addressed across facilitators.
• Skills are neither modeled nor are the benefits of learning a new skill consistently explained by all facilitators.
• Participants are not required to practice and rehearse alternative prosocial skills throughout the group consistently across facilitators.
• Participants do not consistently practice new prosocial behaviors in increasingly difficult situations.
• While Batterers’ Intervention devotes some sessions to developing risk or relapse prevention plans, participants are not required to practice relapse prevention techniques or plans.
• Group facilitators are not regularly observed and evaluated with regard to service delivery skills.
• Participants are not surveyed as to their satisfaction with the group.
• Group participants are not administered both pre and post-tests to assess changes in target behaviors.
• Batterers’ Intervention group does not have clearly outlined criteria as to when the program terminates for each offender.
SCI-Rockview
Thinking for a Change

**CPC-GA Sections** | **Score** | **Rating**
---|---|---
Program Staff and Support | 70% | Highly Effective
Offender Assessment | 66.7% | Highly Effective
Treatment | 71.4% | Highly Effective
Quality Assurance | 20% | Ineffective
**Overall Capacity** | **53.3%** | **Needs Improvement**
**Overall Content** | **70.7%** | **Highly Effective**
**Overall Score** | **66.1%** | **Highly Effective**

**Strengths:**
- There is a program coordinator in place to oversee management of the groups.
- The group facilitators meet the CPC-GA educational requirements of an Associate’s degree or higher in a helping profession.
- The program director is adequately involved in the selection or approval of group facilitators. Furthermore, group facilitators were selected for skills and values consistent with rehabilitation.
- The group facilitators meet the CPC-GA requirement of working in treatment programs with offenders for at least two years.
- Ethical guidelines are in place for group facilitators.
- The institution/stakeholders provide overall support for the facilitation of Thinking for a Change.
- PA DOC has developed a matrix to place offenders in groups based upon risk and need. Similarly, the offenders placed in Thinking for a Change were deemed appropriate by the group facilitators.
- The risk and needs level is consistently assessed using the LSI-R. Additional needs are assessed using the Criminal Sentiments Scale-Modified and the Hostile Interpretations Questionnaire.
- Responsivity factors are assessed for many of the offenders participating in treatment via tools such as the PAI, MMPI, WRAT, BETA, TCU Motivation Scales, and PAI.
- The major targets for Thinking for a Change are criminogenic and include the following: antisocial attitudes, problem solving, conflict resolution, and social skills. Furthermore, Thinking for a Change is considered an evidenced based treatment.
- Facilitators appeared comfortable facilitating group and there was a consistent demonstration of clear knowledge of the curriculum content.
- Group facilitators consistently encourage participation by all members of the group.
- Regular assignment of homework, along with review and feedback, occurs consistently.
- Group norms and expectations are established for each group and followed.
- The Thinking for a Change manual was consistently followed across group facilitators.
- Thinking for a Change groups are consistently facilitated by staff from beginning to end.
- The length of group is sufficient to affect target behaviors.
- Group facilitators attempt to address the different learning styles and barriers of the participants.
- Appropriate punishers are used to extinguish antisocial expressions and promote behavioral change consistently across facilitators.
- Facilitators regularly respond to matters of noncompliance.
- Punishers are consistently and appropriately applied to extinguish antisocial expressions and promote behavioral change consistently across facilitators.
- Skills are modeled and the benefits of learning a new skill are consistently explained by facilitators.
- Participants are required to practice and rehearse alternative prosocial skills throughout the group consistently across facilitators.
- Rapport between the facilitator and group participants is clearly established across facilitators.
- There are clearly established boundaries between the facilitator and group participants.
- Arguments with group participants are avoided consistently across facilitators.
• Thinking for a Change group has several sessions that target participants’ underlying attitudes, values, and beliefs.
• Thinking for a Change group teaches participants how to address antisocial thinking and identify high risk situations, providing coping and management techniques for both.
• Participants are directly and consistently taught techniques to replace antisocial thinking with appropriate prosocial thoughts.
• Each Thinking for a Change group participant is required to have a discharge summary upon completion of the group.

Areas that Need Improvement:
• The program coordinator is not involved in providing direct supervision to group facilitators.
• Group facilitators do not attend staff meetings to review client progress (i.e. bi-monthly meetings at minimum).
• While facilitators receive adequate initial training related to group curricula, the requirements for additional yearly training related to service delivery is inadequate.
• The group does not meet the CPC-GA criteria requiring at least 70% of participants score moderate to high risk on the LSI-R.
• Not all offenders participating in Thinking for a Change were identified as having moderate to high need in antisocial attitudes.
• Groups do not consistently begin and end on time, which appears primarily related to movement issues.
• The Thinking for a Change group size does not meet the CPC-GA requirement of no more than 8-10 participants per facilitator.
• The identification and application of appropriate rewards does not occur regularly in the group.
• The application of rewards does not outnumber the application of punishers by at least a ratio of 4 to 1.
• Facilitators do not consistently encourage participants to recognize and promote prosocial behavior.
• Alternatives to inappropriate behavior are not taught after a punisher is applied.
• Potential negative effects produced by a punishment are not consistently recognized or addressed across facilitators.
• Participants do not consistently practice new prosocial behaviors in increasingly difficult situations.
• Thinking for a Change does not devote any sessions to developing risk or relapse prevention plans.
• Group facilitators are not regularly observed and evaluated with regard to service delivery skills.
• Participants are not surveyed as to their satisfaction with the group.
• Group participants are not administered both pre and post-tests to assess changes in target behaviors.
• Thinking for a Change group does not have clearly outlined criteria as to when the program terminates for each offender.
SCI-Rockview  
Violence Prevention  

CPC-GA Sections | Score | Rating  
---|---|---  
Program Staff and Support | 70% | Highly Effective  
Offender Assessment | 83.3% | Highly Effective  
Treatment | 62.9% | Effective  
Quality Assurance | 20% | Ineffective  
Overall Capacity | 53.3% | Needs Improvement  
Overall Content | 65.9% | Highly Effective  
Overall Score | 62.5% | Effective  

Strengths:  
- There is a program coordinator in place to oversee management of the groups.  
- The group facilitators meet the CPC-GA educational requirements of an Associate’s degree or higher in a helping profession.  
- The program director is adequately involved in the selection or approval of group facilitators. Furthermore, group facilitators were selected for skills and values consistent with rehabilitation.  
- The group facilitators meet the CPC-GA requirement of working in treatment programs with offenders for at least two years.  
- Ethical guidelines are in place for group facilitators.  
- The institution/stakeholders provide overall support for the facilitation of Violence Prevention.  
- PA DOC has developed a matrix to place offenders in groups based upon risk and need. Similarly, the offenders placed in Violence Prevention were deemed appropriate by the group facilitators.  
- The risk and needs level is consistently assessed using the LSI-R. Additional needs are assessed using the Criminal Sentiments Scale-Modified and the Hostile Interpretations Questionnaire.  
- Responsivity factors are assessed for many of the offenders participating in treatment via tools such as the PAI, MMPI, WRAT, BETA, TCU Motivation Scales, and PAI.  
- The group meets the CPC-GA criteria requiring at least 70% of participants score moderate to high risk on the LSI-R.  
- The major targets of Violence Prevention are criminogenic and include the following: antisocial attitudes, anger, and conflict resolution.  
- Furthermore, Violence Prevention is considered an evidenced based treatment.  
- Facilitators appeared comfortable facilitating group and there was a consistent demonstration of clear knowledge of the curriculum content.  
- Group facilitators consistently encourage participation by all members of the group.  
- Regular assignment of homework, along with review and feedback, occurs consistently.  
- Group norms and expectations are established for each group and followed.  
- The Violence Prevention manual was consistently followed across group facilitators.  
- Violence Prevention groups are consistently facilitated by staff from beginning to end.  
- The length of group is sufficient to affect target behaviors.  
- Group facilitators attempt to address the different learning styles and barriers of the participants.  
- Appropriate punishers are used to extinguish antisocial expressions and promote behavioral change consistently across facilitators.  
- Facilitators regularly respond to matters of noncompliance.  
- Punishers are consistently and appropriately applied to extinguish antisocial expressions and promote behavioral change consistently across facilitators.  
- Potential negative effects produced by a punishment are consistently recognized or addressed across facilitators.  
- Rapport between the facilitator and group participants is clearly established across facilitators.  
- There are clearly established boundaries between the facilitator and group participants.  
- Arguments with group participants are avoided consistently across facilitators.
Violence Prevention group has several sessions that target participants’ underlying attitudes, values, and beliefs.
Violence Prevention group teaches participants how to address antisocial thinking and identify high risk situations, providing coping and management techniques for both.
Participants are directly and consistently taught techniques to replace antisocial thinking with appropriate prosocial thoughts.
Each Violence Prevention group participant is required to have a discharge summary upon completion of the group.

Areas that Need Improvement:
- The program coordinator is not involved in providing direct supervision to group facilitators.
- Group facilitators do not attend staff meetings to review client progress (i.e. bi-monthly meetings at minimum).
- While facilitators receive adequate initial training related to group curricula, the requirements for additional yearly training related to service delivery is inadequate.
- Not all offenders participating in Violence Prevention were identified as having moderate to high need in antisocial attitudes.
- Groups do not consistently begin and end on time, which appears primarily related to movement issues.
- The Violence Prevention group size does not meet the CPC-GA requirement of no more than 8-10 participants per facilitator.
- The identification and application of appropriate rewards does not occur regularly in the group.
- The application of rewards does not outnumber the application of punishers by at least a ratio of 4 to 1.
- Facilitators do not consistently encourage participants to recognize and promote prosocial behavior.
- Alternatives to inappropriate behavior are not taught after a punisher is applied.
- Skills are neither modeled nor are the benefits of learning a new skill are consistently explained by facilitators.
- Participants are not required to practice and rehearse alternative prosocial skills throughout the group consistently across facilitators.
- Participants do not consistently practice new prosocial behaviors in increasingly difficult situations.
- While Violence Prevention devotes some sessions to developing risk or relapse prevention plans, the participants are not required to practice these.
- Group facilitators are not regularly observed and evaluated with regard to service delivery skills.
- Participants are not surveyed as to their satisfaction with the group.
- Group participants are not administered both pre and post-tests to assess changes in target behaviors.
- Violence Prevention group does not have clearly outlined criteria as to when the program terminates for each offender.
SCI-Rockview
Sex Offender Programming--Therapeutic Community

<table>
<thead>
<tr>
<th>CPC SECTIONS</th>
<th>SCORE</th>
<th>RATING</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program Leadership &amp; Development</td>
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<td>Staff Characteristics</td>
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</tr>
<tr>
<td>Overall Content</td>
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</tr>
<tr>
<td>Overall Score</td>
<td>45.0%</td>
<td>Ineffective</td>
</tr>
</tbody>
</table>

The following summary pertains to the TC option targeting mod/high intensity non-SNU clients. Both treatment and correctional staff were included in the assessment.

**Strengths:**
- The program director is qualified with a Master’s degree and has been there for a little over 2 years.
- The program director regularly conducts groups and individual counseling with clients.
- There is evidence that the program and services are regularly piloted before full implementation.
- The SOP program does not experience any difficulties with the at-large community.
- Funding appears to be adequate to implement the program as designed. Additionally, it appears relatively stable over the past two years.
- The TC program has been in operation for over 19 years.
- Staff do meet the CPC criteria for education and experience. Additionally, staff are mainly selected for their skills and values related to the rehabilitative ideal.
- Group facilitators assessed on skills related to service delivery by the clinical supervisor.
- Ethical guidelines are in place for staff.
- There are exclusionary criteria in place for group participation and offenders appear appropriate for the services being offered.
- Offender risk and need is assessed using both the LSI-R and the Static-99.
- Responsivity factors are assessed for many of the SOP participants via tools such as the MMPI, WRAT, BETA, TCU-Treatment Motivation scales and PAI.
- Although peer groups on the unit target areas that are mostly non-criminogenic, the primary focus of the sex offender program is on criminogenic needs such as sexual deviance, cognitive distortions, self-management skills and relapse prevention.
- The Medlin curriculum is used and followed for treatment groups.
- Groups are separated by risk and the intensity of treatment varies by risk. Group facilitators attempt to address the different learning styles of offenders in the treatment groups.
- Offenders can give input into the program through house meetings.
- Program participants have criteria required for program completion including points, rating scales, and a test regarding program content.
- Each SOP group participant is required to have a discharge summary upon completion of the group.
- Aftercare is provided to the group participants through Aftercare group.

**Areas that Need Improvement:**
- The director is not actively involved in selecting, training, and supervising treatment staff who work within the sex offender program.
- There was no evidence that the literature on effective interventions is consistently consulted and disseminated to staff.
- The SOP TC program does not appear to be valued by all the staff at the facility.
• The SOP staff do not currently meet regularly for staff meetings. Furthermore, staff report little input into programing decisions.
• The staff do not regularly receive clinical supervision.
• Not all facilitators have adequate initial training related to the group curriculum, nor are all staff trained in the theory and practice of Therapeutic Communities. Additionally, the requirements for yearly trainings related to service delivery are inadequate.
• Not all staff working with the SOP TC are supportive of treatment goals.
• The program does not appear to be targeting only those that are higher risk, although the program has moved in this direction.
• There was no evidence that the assessment tools have been validated on the population.
• While the Medlin curriculum has some cognitive-behavioral components to it, the groups held on the TC are of a psychodynamic nature.
• The participants in the TC are not separated from the rest of the institution at all times.
• While the program participants attend treatment group once a week and have several therapeutic activities on the group, they are not involved in treatment related activities 40-70% of their time.
• Staff are not matched to the program or program participants on factors identified through responsivity assessments.
• The identification and application of appropriate rewards and punishers does not occur regularly across staff in the program.
• The application of rewards does not outnumber the application of punishers by at least a ratio of 4 to 1.
• Potential negative effects produced by a punishment are not consistently recognized or addressed across staff.
• While some modeling or demonstration of prosocial skills occurs this does not occur on a regular basis across all facilitators.
• Participants are not required to practice and rehearse alternative prosocial skills regularly throughout the group.
• Participants do not consistently practice new prosocial behaviors in increasingly difficult situations.
• A staff member always conducts the Medlin groups, however, inmates facilitate the peer groups on the TC unit.
• Groups do not meet the CPC criteria of 8-10 participants per staff, as not all groups are co-facilitated.
• The program does not work with family members in any capacity.
• While inmates can participate in the Aftercare group, there is no structured curriculum for this group.
• Group facilitators are not regularly observed and evaluated with regard to service delivery skills.
• Participants are not surveyed as to their satisfaction with the group.
• Group participants are not administered pre-post tests to assess changes in target behaviors.
• The program staff are not made aware of the recidivism rates of its participants.
• The program has not been subjected to a formal evaluation.
Figure 27a: SCI Rockview Compared to PADOCC

*Sex Offender Scores include both outpatient and therapeutic community programs if applicable.
Figure 27b: Staff Survey Results of SCI Rockview (n=212) Compared to All SCI Respondents (N=1229)
SCI-Smithfield
Batterers’ Intervention

CPC-GA SECTIONS       SCORE       RATING
Program Staff and Support   60.0%       Effective
Offender Assessment       66.7%       Highly Effective
Treatment                52.8%       Effective
Quality Assurance         20.0%       Ineffective
Overall Capacity          46.7%       Needs Improvement
Overall Content           54.8%       Effective
Overall Score             52.6%       Needs Improvement

Strengths:
• There is a program coordinator in place to oversee the Batterers’ Intervention program.
• The program coordinator plays and active role in selecting treatment specialists.
• The group facilitators meet the CPC-GA educational requirements and are experienced in offender rehabilitation.
• Treatment specialists were selected based upon skills and values consistent with offender rehabilitation.
• Ethical guidelines are in place for group facilitators.
• There are exclusionary criteria in place for group participation and offenders appear appropriate for the services being offered.
• Offender risk and need is assessed using the LSI-R and the HIQ.
• Responsivity factors are assessed for many of the BIP participants via tools such as the MMPI, WRAT, BETA, TCU-Treatment Motivation scales and PAI.
• The primary focus of the Batterers’ Intervention program is on criminogenic need areas.
• The Batterers’ Intervention facilitators appeared knowledgeable of the material being taught.
• Group tended to begin and end on time and was routinely held the entire time scheduled.
• Facilitators consistently encouraged group participation.
• Homework was consistently assigned and regularly reviewed by group facilitators.
• Both of the co-facilitators were active in the group and given that groups were co-facilitated, the group size was appropriate.
• Group norms were established via a pre-treatment contract.
• The length of the group was sufficient to affect behavior change.
• Group manuals were developed and followed and groups were consistently conducted by the facilitator.
• Responsivity issues such as language barriers or material comprehension were consistently addressed by group facilitators.
• Group facilitators responded appropriately to noncompliance issues.
• The facilitators had clearly established rapport and boundaries with the group participants.
• Batterers’ Intervention sessions target participant’s underlying attitudes, values, and beliefs, and addresses antisocial thinking and high risk situations.
• Staff complete discharge summaries for each Batterers’ Intervention participant upon completion of the group.

Areas that Need Improvement:
• The program coordinator plays a limited role in supervising treatment specialists.
• Group facilitators do not consistently attend staff meetings to review client progress (i.e. bimonthly at minimum).
• While facilitators have adequate initial training related to the group curriculum, the requirements for yearly trainings related to service delivery is inadequate.
• The institution/stakeholders provide limited support for the facilitation of Batterers’ Intervention programming.
• Batterers’ Intervention fails to target at least 70% moderate to high risk offenders, based upon the LSI-R.
• While most offenders in the BIP group where moderate to high need based on the HIQ and LSI-R, this was not true for all participants.
• The Duluth program model being used for BIP has been shown to be ineffective at reducing offending behavior.
• The range of rewards and punishers used by the program was inadequate.
• The application of rewards and punishers could be improved and the frequency of rewards does not outnumber punishers by a ratio of at least 4 to 1.
• Facilitators do not consistently encourage participants to recognize and promote one another’s prosocial behavior.
• Prosocial alternatives to inappropriate behavior were not regularly taught after a punisher was applied and facilitators did not consistently recognize and deal with possible negative effects of punishers.
• While skills training with corrective feedback is built in to the Batterers’ Intervention curriculum, offenders spent a significant amount of time having antisocial behaviors modeled to them via the videos and offenders would sometimes practice antisocial rather than just the prosocial alternatives.
• Participants do not consistently practice new prosocial behaviors in increasingly difficult situations.
• Facilitators did not consistently avoid argumentation and roll with resistance.
• Use of prosocial alternatives to replace antisocial thinking was not routinely practiced in the program.
• Comprehensive relapse prevention plans were not developed to help decrease future violent behaviors.
• Batterers’ Intervention groups were not regularly observed with feedback given to facilitators on group delivery skills.
• Group participants were not administered pre-post-tests to assess changes in target behaviors.
• Batterers’ Intervention participants were not given a satisfaction survey upon group completion.
• Objective completion criteria were not in place.
CPC-GA SECTIONS    SCORE    RATING
Program Staff and Support    60.0%    Effective
Offender Assessment    83.3%    Highly Effective
Treatment    57.1%    Effective
Quality Assurance    20.0%    Ineffective
Overall Capacity    46.7%    Needs Improvement
Overall Content    61.0%    Effective
Overall Score    57.1%    Effective

Strengths:
- There is a program coordinator in place to oversee the Thinking for a Change program.
- The program coordinator plays an active role in selecting treatment specialists.
- The group facilitators meet the CPC-GA educational requirements and are experienced in offender rehabilitation.
- Treatment specialists were selected based upon skills and values consistent with offender rehabilitation.
- Ethical guidelines are in place for group facilitators.
- There are exclusionary criteria in place for group participation and offenders appear appropriate for the services being offered.
- Offender risk and need is assessed using the LSI-R and the CSS-M.
- Responsivity factors are assessed for many of the TFC participants via tools such as the MMPI, WRAT, BETA, TCU-Treatment Motivation scales and PAI.
- Thinking for a Change targets high risk offenders, based upon the LSI-R.
- The primary focus of the Thinking for a Change program is on criminogenic need areas.
- The program model being used is an evidence-based, cognitive-behavioral model.
- The Thinking for a Change facilitators appeared knowledgeable of the material being taught.
- Facilitators consistently encouraged group participation.
- Homework was consistently assigned and regularly reviewed by group facilitators.
- Group norms were established via a pre-treatment contract.
- The length of the group was sufficient to affect behavior change.
- Group manuals were developed and followed and groups were consistently conducted by the facilitator.
- Responsivity issues such as language barriers or material comprehension were consistently addressed by group facilitators.
- Group facilitators responded appropriately to noncompliance issues.
- Prosocial skills were regularly modeled in group.
- The facilitators had clearly established rapport and boundaries with the group participants, and avoided argumentation.
- Thinking for a Change sessions target participant’s underlying attitudes, values, and beliefs, and addresses antisocial thinking and high risk situations.
- Staff complete discharge summaries for each Thinking for a Change participant upon completion of the group.

Areas that Need Improvement:
- The program coordinator plays a limited role in supervising treatment specialists.
- Group facilitators do not consistently attend staff meetings to review client progress (i.e. bimonthly at minimum).
- While facilitators have adequate initial training related to the group curriculum, the requirements for yearly trainings related to service delivery is inadequate.
- The institution/stakeholders provide limited support for the facilitation of Thinking for a Change programming.
• While most offenders in the TFC group where moderate to high need based on the CCS-M and LSI-R, this was not true for all participants.
• Due to institutional movement issues, group does not consistently start and end on time.
• The group size was not consistently at or below the recommended ratio of 1 staff to 8-10 offenders.
• The range of rewards and punishers used by the program was inadequate.
• The application of rewards and punishers could be improved and the frequency of rewards does not outnumber punishers by a ratio of at least 4 to 1.
• Facilitators do not consistently encourage participants to recognize and promote one another’s prosocial behavior.
• Prosocial alternatives to inappropriate behavior were not regularly taught after a punisher was applied and facilitators did not consistently recognize and deal with possible negative effects of punishers.
• While skills training with corrective feedback is built in to the Thinking for a change curriculum, all participants are not required to practice each skill and offenders sometime practiced antisocial choices rather than just the prosocial alternatives.
• Participants do not consistently practice new prosocial behaviors in increasingly difficult situations.
• Prosocial alternatives to antisocial thinking was not routinely practiced and reinforced in the program.
• Comprehensive relapse prevention plans were not developed to help decrease future criminal behaviors.
• Thinking for a Change groups were not regularly observed with feedback given to facilitators on group delivery skills.
• Group participants were not administered pre-post-tests to assess changes in target behaviors.
• Thinking for a Change participants were not given a satisfaction survey upon group completion.
• Objective completion criteria were not in place.
SCI-Smithfield
Violence Prevention

CPC-GA SECTIONS       SCORE       RATING
Program Staff and Support  60.0%   Effective
Offender Assessment       83.3%   Highly Effective
Treatment                54.3%   Needs Improvement
Quality Assurance         20.0%   Ineffective
Overall Capacity          46.7%   Needs Improvement
Overall Content           58.5%   Effective
Overall Score             55.4%   Effective

Strengths:
• There is a program coordinator in place to oversee the violence prevention program.
• The program coordinator plays and active role in selecting treatment specialists.
• The group facilitators meet the CPC-GA educational requirements and are experienced in offender rehabilitation.
• Treatment specialists were selected based upon skills and values consistent with offender rehabilitation.
• Ethical guidelines are in place for group facilitators.
• There are exclusionary criteria in place for group participation and offenders appear appropriate for the services being offered.
• Offender risk and need is assessed using the LSI-R and the HIQ.
• Responsivity factors are assessed for many of the VP participants via tools such as the MMPI, WRAT, BETA, TCU-Treatment Motivation scales and PAI.
• Violence prevention targets high need offenders, based upon the LSI-R and HIQ.
• The primary focus of the violence prevention program is on criminogenic need areas.
• The program model being used incorporates evidence-based, cognitive-behavioral elements.
• The violence prevention facilitators appeared knowledgeable of the material being taught.
• Facilitators consistently encouraged group participation.
• Homework was consistently assigned and regularly reviewed by group facilitators.
• Group norms were established via a pre-treatment contract.
• The length of the group was sufficient to affect behavior change.
• Group manuals were developed and followed and groups were consistently conducted by the facilitator.
• Responsivity issues such as language barriers or material comprehension were consistently addressed by group facilitators.
• Group facilitators responded appropriately to noncompliance issues.
• Prosocial skills were regularly modeled in group.
• The facilitators had clearly established rapport and boundaries with the group participants, and avoided argumentation.
• Violence prevention sessions target participant’s underlying attitudes, values, and beliefs, and attempts to replace antisocial thinking with prosocial alternatives.
• Staff complete discharge summaries for each violence prevention participant upon completion of the group.

Areas that Need Improvement:
• The program coordinator plays a limited role in supervising treatment specialists.
• Group facilitators do not consistently attend staff meetings to review client progress (i.e. bimonthly at minimum).
• While facilitators have adequate initial training related to the group curriculum, the requirements for yearly trainings related to service delivery is inadequate.
• The institution/stakeholders provide limited support for the facilitation of violence prevention programming.
• The program failed to target at least 70% moderate to high risk offenders.
• Due to institutional movement issues, group does not consistently start and end on time.
• The group size was not consistently at or below the recommended ratio of 1 staff to 8-10 offenders.
• The range of rewards and punishers used by the program was inadequate.
• The application of rewards and punishers could be improved and the frequency of rewards does not outnumber punishers by a ratio of at least 4 to 1.
• Facilitators do not consistently encourage participants to recognize and promote one another’s prosocial behavior.
• Prosocial alternatives to inappropriate behavior were not regularly taught after a punisher was applied and facilitators did not consistently recognize and deal with possible negative effects of punishers.
• Participants are not required to practice and rehearse alternative prosocial skills frequently enough throughout the group. Likewise, participants do not consistently practice new prosocial behaviors in increasingly difficult situations.
• Antisocial thinking and values were not consistently addressed in the group.
• Comprehensive relapse prevention plans were not developed to help decrease future violent behaviors.
• Violence prevention groups were not regularly observed with feedback given to facilitators on group delivery skills.
• Group participants were not administered pre-post-tests to assess changes in target behaviors.
• Violence prevention participants were not given a satisfaction survey upon group completion.
• Objective completion criteria were not in place.
SCI-Smithfield
Outpatient Sex Offender Programming

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<th>CPC-GA SECTIONS</th>
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<td>Overall Content</td>
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<tr>
<td>Overall Score</td>
<td>66.7%</td>
<td>Highly Effective</td>
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Strengths:
- There was a program coordinator in place to oversee the groups being offered and to select or approve group facilitators.
- The program coordinator provides direct supervision to facilitators and regular staff meetings are held.
- The group facilitators meet the CPC-GA educational requirements and are experienced in offender rehabilitation.
- The group facilitators are selected for skills and values consistent with offender rehabilitation.
- Ethical guidelines are in place for group facilitators.
- The institution/stakeholders provide overall support for the facilitation of sex offender programming.
- There are exclusionary criteria in place for group participation and offenders appear appropriate for the services being offered.
- Offender risk and need is assessed using both the LSI-R and the Static-99.
- Responsivity factors are assessed for many of the SOP participants via tools such as the MMPI, WRAT, BETA, TCU-Treatment Motivation scales and PAI.
- Sex offenders are separated by risk by offering a both a low and moderate-high risk group.
- The primary focus of the sex offender program is on criminogenic needs such as sexual deviance, cognitive distortions, self-management skills and relapse prevention.
- SOP treatment is based upon a cognitive-behavioral model.
- The SOP facilitators appeared knowledgeable of the material being taught.
- Groups were consistently conducted by the staff and staff encouraged group participation.
- Group norms were established and followed.
- SOP programming attempts to address responsivity issues by offering a group for special needs offenders and working individually with individuals who have difficulty comprehending the material.
- Appropriate types and procedures for punishing unwanted behavior were in place. Likewise, facilitators responded appropriately to noncompliance.
- Boundaries between the facilitators and group participants appeared to be clearly established. Additionally, facilitators avoided argumentation and appeared to have good rapport with the offenders.
- Risk or relapse prevention plans were developed and rehearsed.
- A participant satisfactions survey is completed for each program graduate.
- The program has objective completion criteria in place.
- A discharge summary is written for each participant that completes SOP group.

Areas that Need Improvement:
- While facilitators have adequate initial training related to the group curriculum, the requirements for yearly trainings related to service delivery is inadequate.
- Due to movement issues, the group did not consistently begin and end on time.
- While homework is regularly assigned and consistently reviewed by the facilitator in high and low intensity groups, in it not readily incorporated into aftercare.
- While the Medlin curriculum is used for Low and High intensity SOP, the aftercare group does not use a structured curriculum.
- The group size was not consistently at or below the recommended ratio of 1 staff to 8-10 offenders, due to limited ability for group co-facilitation.
- The identification and application of appropriate rewards does not occur regularly in the group. Likewise, the application of rewards does not outnumber the application of punishers by at least a ratio of 4 to 1. Facilitators do not consistently encourage participants to recognize and promote one another’s prosocial behavior.
- Alternatives to inappropriate behavior are not regularly taught after a punisher is applied.
- Potential negative effects produced by a punishment are not consistently recognized or addressed across facilitators.
- New prosocial skills are not regularly modeled, nor are the benefits of learning the new skill consistently explained by facilitators.
- Participants are not required to practice and rehearse alternative prosocial skills throughout the group.
- Participants do not consistently practice new prosocial behaviors in increasingly difficult situations.
- Group facilitators are not regularly observed and evaluated with regard to service delivery skills.
- While participants do receive end of session exams, there is no pre-post testing used to gauge offender progress in treatment.
Figure 28a: SCI Smithfield Compared to PADO C

*Sex Offender Scores include both outpatient and therapeutic community programs if applicable.
Figure 28b: Staff Survey Results of SCI Smithfield (n=37) Compared to All SCI Respondents (N=1229)
SCI-Somerset  
Batterers’ Intervention  

CPC-GA SECTIONS  
Program Staff and Support  50.0%  Effective  
Offender Assessment  83.3%  Highly Effective  
Treatment  52.7%  Needs Improvement  
Quality Assurance  40.0%  Ineffective  
Overall Capacity  46.6%  Needs Improvement  
Overall Content  57.1%  Effective  
Overall Score  54.3%  Needs Improvement

Strengths:
- There is a unit manager in place to oversee the treatment groups.
- The unit manager was involved in selecting treatment specialists for their current positions.
- The treatment specialists met the CPC-GA educational requirements of an Associate’s degree or higher in a helping profession.
- Ethical guidelines are in place for group facilitators.
- The treatment programs appear to be supported by the institutional staff and administration.
- PA DOC has developed a matrix to place offenders in groups based upon risk and need. Similarly, the offenders placed in Batterers’ Intervention program were deemed appropriate by the group facilitators.
- The risk and needs level is consistently assessed using the LSI-R. Additional needs are assessed using the Criminal Sentiments Scale-Modified and the Hostile Interpretations Questionnaire.
- Responsivity factors are assessed for many of the offenders participating in treatment via tools such as the PAI, MMPI, WRAT, BETA, and TCU Motivation Scales. These assessments are conducted at Camp Hill but can be accessed by staff.
- The major targets for the Batterers’ Intervention group are criminogenic and include the following: antisocial attitudes, problem solving, conflict resolution, promoting family communication, and anger management.
- Group norms and expectations are established for each group and followed. The participants are required to sign the form at the beginning of group.
- The length of group (e.g., approximately 6 months) is sufficient to affect target behaviors.
- The manual appears to be consistently followed across group facilitators.
- Group facilitators appear knowledgeable about the treatment program and curriculum and encourage participation.
- Regular assignment of homework, along with review and feedback, occurs consistently.
- Batterers’ groups were facilitated by staff from beginning to end.
- Group facilitators attempt to address the different learning styles and barriers of the participants by pairing inmates together or meeting with clients individually.
- The Batterers’ group size fit within the CPC-GA requirement of no more than 8-10 participants per facilitator. Groups typically begin with 15 participants. Both facilitators were active in group.
- The facilitators appear to respond appropriately in group to noncompliance such as not completing their homework or refusing to participate. Participants are normally given verbal warnings and/or loss of points for a day.
- Facilitators appear to promote prosocial alternatives to inappropriate behavior. The support team meetings are used for particularly difficult clients.
- There are clearly established boundaries between the facilitator and group participants and they have established good rapport. Moreover, the facilitators appear to avoid arguments with the participants.
- The manual has several sessions that target participants’ underlying attitudes, values, and beliefs and high risk situations.
- Both pre and post-tests (i.e., CSSM & HIQ) are utilized to assess changes in target behaviors.
- Each group participant is required to have a discharge summary upon completion of the group.
**Areas that Need Improvement:**

- The unit manager does not provide clinical supervision.
- Not all of the treatment specialists met the CPC-GA experience requirements of having at least 2 years of experience working with offenders in a treatment capacity.
- Treatment specialists were assigned to the treatment specialist position because no one else volunteered for the job. As a result, it is not clear that facilitators were selected based on group facilitation experience and skills.
- Treatment specialists meet on an as-needed basis but not formally to review client progress.
- While facilitators receive adequate initial training related to group curricula, the requirements for additional annual training related to service delivery is inadequate.
- Groups do not consistently begin and end on time, which appears primarily related to security and movement issues.
- The identification and application of appropriate rewards does not occur regularly in the group.
- The application of rewards does not outnumber the application of punishers by at least a ratio of 4 to 1.
- Facilitators do not consistently encourage participants to recognize and promote prosocial behavior.
- Potential negative effects produced by a punishment are not consistently recognized or addressed across facilitators.
- There was not sufficient evidence that all of the treatment specialists modeled appropriate skills and explained its benefits or consistently required participants to practice behaviors.
- Participants do not consistently practice new prosocial behaviors or practice them in increasingly difficult situations.
- Group participants are not given sufficient opportunity to practice risk or relapse prevention plans.
- The group does not have clearly outlined criteria as to when the program terminates for each offender. Simply completing the prescribed number of sessions is not sufficient.
- Group facilitators are not regularly observed and evaluated with regard to service delivery skills.
- The group participants do not complete a satisfaction survey at the end of group.
<table>
<thead>
<tr>
<th>CPC-GA SECTIONS</th>
<th>SCORE</th>
<th>RATING</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program Staff and Support</td>
<td>50.0%</td>
<td>Needs Improvement</td>
</tr>
<tr>
<td>Offender Assessment</td>
<td>83.3%</td>
<td>Highly Effective</td>
</tr>
<tr>
<td>Treatment</td>
<td>60.0%</td>
<td>Effective</td>
</tr>
<tr>
<td>Quality Assurance</td>
<td>40.0%</td>
<td>Ineffective</td>
</tr>
<tr>
<td>Overall Capacity</td>
<td>53.3%</td>
<td>Needs Improvement</td>
</tr>
<tr>
<td>Overall Content</td>
<td>62.5%</td>
<td>Effective</td>
</tr>
<tr>
<td>Overall Score</td>
<td>60.0%</td>
<td>Effective</td>
</tr>
</tbody>
</table>

Strengths:

- There is a unit manager in place to oversee the treatment groups.
- The unit manager was involved in selecting treatment specialists for their current positions.
- The treatment specialists met the CPC-GA educational requirements of an Associate’s degree or higher in a helping profession.
- Ethical guidelines are in place for group facilitators.
- The treatment programs appear to be supported by the institutional staff and administration.
- PA DOC has developed a matrix to place offenders in groups based upon risk and need. Similarly, the offenders placed in Thinking for a Change program were deemed appropriate by the group facilitators.
- The risk and needs level is consistently assessed using the LSI-R. Additional needs are assessed using the Criminal Sentiments Scale-Modified and the Hostile Interpretations Questionnaire.
- Responsivity factors are assessed for many of the offenders participating in treatment via tools such as the PAI, MMPI, WRAT, BETA, and TCU Motivation Scales. These assessments are conducted at Camp Hill but can be accessed by staff.
- The major targets for Thinking for a Change are criminogenic and include the following: antisocial attitudes, problem solving, conflict resolution, and social skills. Furthermore, the Thinking for A Change curriculum is considered evidenced based.
- Group norms and expectations are established for each group and followed. The participants are required to sign the form at the beginning of group.
- The length of group (e.g., 22 sessions) is sufficient to affect target behaviors.
- The manual appears to be consistently followed across group facilitators.
- Group facilitators appear knowledgeable about the treatment program and curriculum and encourage participation.
- Regular assignment of homework, along with review and feedback, occurs consistently.
- The Thinking for a Change groups were facilitated by staff from beginning to end.
- Group facilitators attempt to address the different learning styles and barriers of the participants by pairing inmates together or meeting with clients individually.
- The facilitators appear to respond appropriately in group to noncompliance such as not completing their homework or refusing to participate. Participants are normally given verbal warnings and/or loss of points for a day.
- Facilitators appear to promote prosocial alternatives to inappropriate behavior. The support team meetings are used for particularly difficult clients.
- There are clearly established boundaries between the facilitator and group participants and they have established good rapport. Moreover, the facilitators appear to avoid arguments with the participants.
- The facilitators do use role playing in groups.
- The manual has several sessions that target participants’ underlying attitudes, values, and beliefs and high risk situations.
- Both pre and post-tests (i.e., CSSM & HIQ) are utilized to assess changes in target behaviors.
- Each group participant is required to have a discharge summary upon completion of the group.
**Areas that Need Improvement:**

- The unit manager does not provide clinical supervision.
- Not all of the treatment specialists met the CPC-GA experience requirements of having at least 2 years of experience working with offenders in a treatment capacity.
- Treatment specialists were assigned to the treatment specialist position because no one else volunteered for the job. As a result, it is not clear that facilitators were selected based on group facilitation experience and skills.
- Treatment specialists meet on an as-needed basis but not formally to review client progress.
- While facilitators receive adequate initial training related to group curricula, the requirements for additional annual training related to service delivery is inadequate.
- Groups do not consistently begin and end on time, which appears primarily related to security and movement issues.
- The Thinking for a Change group size does not meet the CPC-GA requirement of no more than 8-10 participants per facilitator. Groups typically begin with 15 participants and only have one facilitator.
- The identification and application of appropriate rewards does not occur regularly in the group.
- The application of rewards does not outnumber the application of punishers by at least a ratio of 4 to 1.
- Facilitators do not consistently encourage participants to recognize and promote prosocial behavior.
- There was not sufficient evidence that all of the treatment specialists modeled appropriate skills and explained its benefits.
- Participants do not consistently practice behaviors in increasingly difficult situations.
- Group participants are not given sufficient opportunity to practice risk or relapse prevention plans.
- The group does not have clearly outlined criteria as to when the program terminates for each offender. Simply completing the prescribed number of sessions is not sufficient.
- Group facilitators are not regularly observed and evaluated with regard to service delivery skills.
- The group participants do not complete a satisfaction survey at the end of group.
SCI-Somerset
Violence Prevention

<table>
<thead>
<tr>
<th>CPC-GA SECTIONS</th>
<th>SCORE</th>
<th>RATING</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program Staff and Support</td>
<td>60.0%</td>
<td>Effective</td>
</tr>
<tr>
<td>Offender Assessment</td>
<td>83.3%</td>
<td>Highly Effective</td>
</tr>
<tr>
<td>Treatment</td>
<td>52.9%</td>
<td>Needs Improvement</td>
</tr>
<tr>
<td>Quality Assurance</td>
<td>40.0%</td>
<td>Ineffective</td>
</tr>
<tr>
<td>Overall Capacity</td>
<td>46.6%</td>
<td>Needs Improvement</td>
</tr>
<tr>
<td>Overall Content</td>
<td>56.1%</td>
<td>Effective</td>
</tr>
<tr>
<td>Overall Score</td>
<td>53.5%</td>
<td>Needs Improvement</td>
</tr>
</tbody>
</table>

Strengths:
- There is a unit manager in place to oversee the treatment groups.
- The unit manager was involved in selecting treatment specialists for their current positions.
- The treatment specialists met the CPC-GA educational requirements of an Associate’s degree or higher in a helping profession.
- Ethical guidelines are in place for group facilitators.
- The treatment programs appear to be supported by the institutional staff and administration.
- PA DOC has developed a matrix to place offenders in groups based upon risk and need. Similarly, the offenders placed in the Violence Prevention program were deemed appropriate by the group facilitators.
- The risk and needs level is consistently assessed using the LSI-R. Additional needs are assessed using the Criminal Sentiments Scale-Modified and the Hostile Interpretations Questionnaire.
- Responsivity factors are assessed for many of the offenders participating in treatment via tools such as the PAI, MMPI, WRAT, BETA, and TCU Motivation Scales. These assessments are conducted at Camp Hill but can be accessed by staff.
- The major targets for Violence Prevention are criminogenic and include the following: antisocial attitudes, problem solving, conflict resolution, and anger management. Furthermore, the violence prevention curriculum is based on some evidence based principles, however, there is limited research to support its effectiveness. Group norms and expectations are established for each group and followed. The participants are required to sign the form at the beginning of group.
- The length of group (e.g., 25 sessions) is sufficient to affect target behaviors.
- The manual appears to be consistently followed across group facilitators.
- Group facilitators appear knowledgeable about the treatment program and curriculum and encourage participation.
- Regular assignment of homework, along with review and feedback, occurs consistently.
- The Violence Prevention groups were facilitated by staff from beginning to end.
- Group facilitators attempt to address the different learning styles and barriers of the participants by pairing inmates together or meeting with clients individually.
- The facilitators appear to respond appropriately in group to noncompliance such as not completing their homework or refusing to participate. Participants are normally given verbal warnings and/or loss of points for a day.
- Facilitators appear to promote prosocial alternatives to inappropriate behavior. The support team meetings are used for particularly difficult clients.
- There are clearly established boundaries between the facilitator and group participants and they have established good rapport. Moreover, the facilitators appear to avoid arguments with the participants.
- The manual has several sessions that target participants’ underlying attitudes, values, and beliefs and high risk situations.
- Both pre and post-tests (i.e., CSSM & HIQ) are utilized to assess changes in target behaviors.
- Each group participant is required to have a discharge summary upon completion of the group.

Areas that Need Improvement:
• The unit manager does not provide clinical supervision.
• Not all of the treatment specialists met the CPC-GA experience requirements of having at least 2 years of experience working with offenders in a treatment capacity.
• Treatment specialists were assigned to the treatment specialist position because no one else volunteered for the job. As a result, it is not clear that facilitators were selected based on group facilitation experience and skills.
• Treatment specialists meet on an as-needed basis but not formally to review client progress.
• While facilitators receive adequate initial training related to group curricula, the requirements for additional annual training related to service delivery is inadequate.
• Groups do not consistently begin and end on time, which appears primarily related to security and movement issues.
• The Violence Prevention group size does not meet the CPC-GA requirement of no more than 8-10 participants per facilitator. Groups typically begin with 15 participants and only have one facilitator.
• The identification and application of appropriate rewards does not occur regularly in the group.
• The application of rewards does not outnumber the application of punishers by at least a ratio of 4 to 1.
• Facilitators do not consistently encourage participants to recognize and promote prosocial behavior.
• There was not sufficient evidence that all of the treatment specialists modeled appropriate skills and explained its benefits.
• Participants do not consistently practice new prosocial behaviors or practice them in increasingly difficult situations.
• Group participants are not given sufficient opportunity to practice risk or relapse prevention plans.
• The group does not have clearly outlined criteria as to when the program terminates for each offender. Simply completing the prescribed number of sessions is not sufficient.
• Group facilitators are not regularly observed and evaluated with regard to service delivery skills.
• The group participants do not complete a satisfaction survey at the end of group.
SCI-Somerset  
Outpatient Sex Offender Programming

<table>
<thead>
<tr>
<th>CPC-GA SECTIONS</th>
<th>SCORE</th>
<th>RATING</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program Staff and Support</td>
<td>40.0%</td>
<td>Ineffective</td>
</tr>
<tr>
<td>Offender Assessment</td>
<td>100%</td>
<td>Highly Effective</td>
</tr>
<tr>
<td>Treatment</td>
<td>44.1%</td>
<td>Ineffective</td>
</tr>
<tr>
<td>Quality Assurance</td>
<td>20.0%</td>
<td>Ineffective</td>
</tr>
<tr>
<td>Overall Capacity</td>
<td>33.3%</td>
<td>Ineffective</td>
</tr>
<tr>
<td>Overall Content</td>
<td>50.0%</td>
<td>Needs Improvement</td>
</tr>
<tr>
<td>Overall Score</td>
<td>45.3%</td>
<td>Ineffective</td>
</tr>
</tbody>
</table>

Strengths:
- The program offers moderate-high and low intensity groups as well as aftercare.
- The psychological services staff meet the CPC-GA educational requirements of an Associate’s degree or higher in a helping profession and have at least 2 years of experience working with offenders in a treatment capacity.
- Ethical guidelines are in place for group facilitators.
- The treatment programs appear to be supported by the institutional staff and administration although the staff did note that this has not always been the case.
- There are exclusionary criteria in place for group participation and offenders appear appropriate for the services being offered.
- Offender risk and need is assessed using both the LSI-R and the Static-99. They also conduct an interview that includes an evaluation of the offender’s offense details.
- Responsivity factors are assessed for many of the SOP participants via tools such as the MMPI, WRAT, BETA, TCU-Treatment Motivation scales and PAI. The staff also consider personality and IQ when deciding whether to place in their special needs unit groups.
- Sex offenders are separated by risk by offering a both a low and moderate-high risk groups.
- The primary focus of the sex offender program is on criminogenic needs such as sexual deviance, cognitive distortions, self-management skills and relapse prevention. Furthermore, the Medlin program is based on some evidence based principles, however, there is limited research to support its effectiveness.
- Homework is regularly assigned and is consistently reviewed by the facilitator, with feedback provided to participants.
- The group facilitators encouraged participant involvement by requiring active participation by all offenders.
- Group norms and expectations are established for each group and followed. The participants are required to sign the form at the beginning of group.
- The Medlin curriculum appears to be consistently followed across group facilitators.
- Groups were consistently conducted by the treatment staff.
- The facilitators appear to respond appropriately in group to noncompliance such as not completing their homework or refusing to participate. Participants are normally given verbal warnings first but also may lose points for the particular day.
- Boundaries between the facilitators and group participants appeared to be clearly established. Additionally, the current facilitators appeared to avoid arguments with participants.
- SOP sessions target participants’ underlying attitudes, values, and beliefs and participants are taught techniques for addressing high risk situations.
- Each SOP group participant is required to have a discharge summary upon completion of the group.

Areas that Need Improvement:
- The program is currently without a Chief Psychologist that would oversee the treatment groups and supervise the psychological services staff or be involved in hiring decisions.
- Group facilitators only attend formal staff meetings once a month.
• While facilitators have adequate initial training related to the group curriculum, the requirements for annual trainings related to service delivery is inadequate.
• The SOP group size exceeds the CPC-GA requirement of no more than 8-10 participants per facilitator. Groups typically begin with 15 participants.
• Not all of the SOP facilitators appeared knowledgeable of the material being taught.
• Not all of the SOP facilitators had good rapport with their clients. Related, not all of the facilitators were committed to providing services for sex offenders.
• The length of SOP groups, particularly for the moderate-high intensity groups was not clear.
• The identification and application of appropriate rewards does not occur regularly in the group.
• The application of rewards does not outnumber the application of punishers by at least a ratio of 4 to 1.
• The program does not have an adequate range of consequences for negative behavior.
• Alternatives to inappropriate behavior are not regularly taught after a punisher is applied.
• New prosocial skills are not modeled, nor are the benefits of learning the new skill consistently explained by facilitators.
• Participants are not required to practice and rehearse alternative prosocial skills throughout the group.
• The facilitators do not appear to consistently model appropriate skills in groups and explain the skill’s benefits.
• Participants do not consistently practice new prosocial behaviors or practice them in increasingly difficult situations.
• While relapse plans are developed in Phase 7 of the SOP curriculum, they lack detail related to coping skills and offenders are not required to rehearse relapse prevention techniques.
• Group facilitators are not regularly observed and evaluated with regard to service delivery skills.
• Participants are not consistently surveyed as to their satisfaction in each group.
• Group participants are not given pre-post tests to assess changes in target behaviors.
• SOP group does not have clearly outlined criteria as to when the program terminates for each offender.
Figure 29a: SCI Somerset Compared to PADO

*Sex Offender Scores include both outpatient and therapeutic community programs if applicable.
Figure 29b: Staff Survey Results of SCI Somerset (n=39) Compared to All SCI Respondents (N=1229)
SCI-Waymart
Batterers’ Intervention

<table>
<thead>
<tr>
<th>CPC-GA Sections</th>
<th>Score</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program Staff and Support</td>
<td>60%</td>
<td>Effective</td>
</tr>
<tr>
<td>Offender Assessment</td>
<td>83.3%</td>
<td>Highly Effective</td>
</tr>
<tr>
<td>Treatment</td>
<td>38.9%</td>
<td>Ineffective</td>
</tr>
<tr>
<td>Quality Assurance</td>
<td>40%</td>
<td>Ineffective</td>
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<tr>
<td>Overall Capacity</td>
<td>53.3%</td>
<td>Needs Improvement</td>
</tr>
<tr>
<td>Overall Content</td>
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</tr>
<tr>
<td>Overall Score</td>
<td>47.4%</td>
<td>Needs Improvement</td>
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</table>

**Strengths:**
- There is a program coordinator in place to oversee management of the groups.
- The group facilitators meet the CPC-GA educational requirements of an Associate’s degree or higher in a helping profession.
- Group facilitators were selected for skills and values consistent with rehabilitation.
- The group facilitators meet the CPC-GA requirement of working in treatment programs with offenders for at least two years.
- Ethical guidelines are in place for group facilitators.
- The institution/stakeholders provide overall support for the facilitation of Batterers’ Intervention.
- PA DOC has developed a matrix to place offenders in groups based upon risk and need. Similarly, the offenders placed in Batterers’ Intervention were deemed appropriate by the group facilitators.
- The risk and needs level is consistently assessed using the LSI-R. Additional needs are assessed using the Criminal Sentiments Scale-Modified and the Hostile Interpretations Questionnaire.
- Responsivity factors are assessed for many of the offenders participating in treatment via tools such as the PAI, MMPI, WRAT, BETA, TCU Motivation Scales, and PAI.
- The group does meet the CPC-GA criteria requiring at least 70% of participants score moderate to high risk on the LSI-R.
- The major targets for the Batterers’ Intervention group are criminogenic and include the following: antisocial attitudes, problem solving, conflict resolution, promoting family communication, and anger management.
- Facilitators appeared comfortable facilitating group and there was a consistent demonstration of clear knowledge of the curriculum content.
- Group norms and expectations are established for each group and followed.
- The Batterers’ Intervention manual was consistently followed across group facilitators.
- The length of group is sufficient to affect target behaviors.
- Batterers’ Intervention groups are consistently facilitated by staff from beginning to end.
- The Batterers’ Intervention group size meets the CPC-GA requirement of no more than 8-10 participants per facilitator.
- Facilitators regularly respond to matters of noncompliance.
- Rapport between the facilitator and group participants is clearly established across facilitators.
- There are clearly established boundaries between the facilitator and group participants.
- Arguments with group participants are avoided consistently across facilitators.
- Batterers’ Intervention group has several sessions that target participants’ underlying attitudes, values, and beliefs.
- Group participants are administered both pre and post-tests to assess changes in target behaviors.
- Each Batterers’ Intervention group participant is required to have a discharge summary upon completion of the group.
- Group participants are administered both pre and post-tests to assess changes in target behaviors.

**Areas that Need Improvement:**
• The program coordinator is not involved in providing direct supervision to group facilitators.
• The program director is not adequately involved in the selection or approval of group facilitators.
• Group facilitators do not attend staff meetings to review client progress (i.e., bi-monthly meetings at minimum).
• While facilitators receive adequate initial training related to group curricula, the requirements for additional yearly training related to service delivery is inadequate.
• Not all offenders participating in Batterers’ Intervention were identified as having moderate to high need in aggression.
• The Duluth Model for Batterers’ Intervention is not considered an evidenced based intervention.
• Groups do not consistently begin and end on time, which appears primarily related to movement issues.
• Group facilitators did not consistently encourage participation by all members of the group.
• There was not a consistent, regular assignment of homework, along with review and feedback, in Batterers’ Intervention Groups.
• There was not consistent participation by both co-facilitators in group.
• Group facilitators did not appear to attempt to address the different learning styles and barriers of the participants, nor was there any indication that responsivity assessment results were used by the facilitators.
• Facilitators have not identified a range of appropriate rewards to use within the context of the group.
• The application of appropriate rewards does not occur regularly in the group.
• Additionally, the application of rewards does not outnumber the application of punishers by at least a ratio of 4 to 1.
• Appropriate punishers are not used to extinguish antisocial expressions and promote behavioral change consistently across facilitators.
• Facilitators do not consistently encourage participants to recognize and promote prosocial behavior within the Batterers’ Intervention group.
• Punishers are not consistently applied to extinguish antisocial expressions and promote behavioral change consistently across facilitators.
• Alternatives to inappropriate behavior are not taught after a punisher is applied.
• Potential negative effects produced by a punishment are not consistently recognized or addressed across facilitators.
• Skills are neither modeled nor are the benefits of learning a new skill consistently explained by facilitators.
• Participants are not required to practice and rehearse alternative prosocial skills throughout the group consistently across facilitators.
• Participants do not consistently practice new prosocial behaviors in increasingly difficult situations.
• Group facilitators are not teaching participants how to address antisocial thinking and identify high risk situations, providing coping and management techniques for both.
• Participants are not directly and consistently taught techniques to replace antisocial thinking with appropriate prosocial thoughts.
• While Batterers’ Intervention devotes some sessions to developing risk or relapse prevention plans, participants are not required to practice relapse prevention techniques or plans.
• Group facilitators are not regularly observed and evaluated with regard to service delivery skills.
• Participants are not formally surveyed as to their satisfaction with the group.
• Batterers’ Intervention group does not have clearly outlined criteria as to when the program terminates for each offender—only based on attendance and homework completion.
SCI-Waymart
Thinking for a Change

<table>
<thead>
<tr>
<th>CPC-GA Sections</th>
<th>Score</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program Staff and Support</td>
<td>70%</td>
<td>Highly Effective</td>
</tr>
<tr>
<td>Offender Assessment</td>
<td>66.7%</td>
<td>Highly Effective</td>
</tr>
<tr>
<td>Treatment</td>
<td>55.6%</td>
<td>Effective</td>
</tr>
<tr>
<td>Quality Assurance</td>
<td>40%</td>
<td>Ineffective</td>
</tr>
<tr>
<td>Overall Capacity</td>
<td>60%</td>
<td>Effective</td>
</tr>
<tr>
<td>Overall Content</td>
<td>57.1%</td>
<td>Effective</td>
</tr>
<tr>
<td>Overall Score</td>
<td>57.9%</td>
<td>Effective</td>
</tr>
</tbody>
</table>

**Strengths:**

- There is a program coordinator in place to oversee management of the groups.
- The program director is involved in the selection or approval of group facilitators.
- The group facilitators meet the CPC-GA requirement of working in treatment programs with offenders for at least two years.
- Group facilitators were selected for skills and values consistent with rehabilitation.
- Group facilitators attend staff meetings to review client progress (i.e., bi-monthly meetings at minimum).
- Ethical guidelines are in place for group facilitators.
- The institution/stakeholders provide overall support for the facilitation of Thinking for a Change.
- PA DOC has developed a matrix to place offenders in groups based upon risk and need. Similarly, the offenders placed in Thinking for a Change were deemed appropriate by the group facilitators.
- The risk and needs level is consistently assessed using the LSI-R. Additional needs are assessed using the Criminal Sentiments Scale-Modified and the Hostile Interpretations Questionnaire.
- Responsivity factors are assessed for many of the offenders participating in treatment via tools such as the PAI, MMPI, WRAT, BETA, TCU Motivation Scales, and PAI.
- The major targets for Thinking for a Change are criminogenic and include the following: antisocial attitudes, problem solving, conflict resolution, and social skills. Furthermore, Thinking for A Change is considered an evidenced based treatment.
- Facilitators appeared comfortable facilitating group and there was a consistent demonstration of clear knowledge of the curriculum content.
- Group facilitators consistently encourage participation by all members of the group.
- There was consistent, regular assignment of homework, along with review and feedback.
- Group norms and expectations are established for each group and followed.
- There was consistent participation by both co-facilitators in group.
- The length of group is sufficient to affect target behaviors.
- The Thinking for a Change manual was consistently followed across group facilitators.
- Groups are consistently facilitated by staff from beginning to end.
- Group facilitators attempt to address the different learning styles and barriers of the participant.
- Alternatives to inappropriate behavior are taught after a punisher is applied.
- Potential negative effects produced by a punishment are consistently recognized or addressed across facilitators.
- Participants are required to practice and rehearse alternative prosocial skills throughout the group consistently across facilitators.
- Rapport between the facilitator and group participants is clearly established across facilitators.
- The group has several sessions that target participants’ underlying attitudes, values, and beliefs.
- Group facilitators are teaching participants how to address antisocial thinking and identify high risk situations, providing coping and management techniques for both.
- Group participants are administered both pre and post-tests to assess changes in target behaviors.
- Each group participant is required to have a discharge summary upon completion of the group.
Areas that Need Improvement:

- The program coordinator is not involved in providing direct supervision to group facilitators.
- Not all group facilitators meet the CPC-GA educational requirements of an Associate’s degree or higher in a helping profession.
- While facilitators receive adequate initial training related to group curricula, the requirements for additional yearly training related to service delivery is inadequate.
- The group does not meet the CPC-GA criteria requiring at least 70% of participants score moderate to high risk on the LSI-R.
- Not all offenders participating in Thinking for a Change were identified as having moderate to high need in criminal thinking.
- Groups do not consistently begin and end on time, which appears primarily related to movement issues.
- The group does not meet the CPC-GA requirement of no more than 8-10 participants per facilitator.
- Results from responsivity assessments were not used by the facilitators.
- Facilitators have not identified a range of appropriate rewards to use within the context of the group.
- Additionally, the application of rewards does not outnumber the application of punishers by at least a ratio of 4 to 1.
- The application of appropriate rewards does not occur regularly in the group.
- Facilitators do not consistently encourage participants to recognize and promote prosocial behavior within the group.
- Appropriate punishers are not used to extinguish antisocial expressions and promote behavioral change consistently across facilitators.
- Facilitators do not regularly respond to matters of noncompliance.
- Punishers are not consistently applied to extinguish antisocial expressions and promote behavioral change consistently across facilitators.
- Skills are neither modeled nor are the benefits of learning a new skill consistently explained by facilitators.
- Participants do not consistently practice new prosocial behaviors in increasingly difficult situations.
- Boundaries between the facilitator and group participants were not clearly established.
- Arguments with group participants are not consistently avoided across facilitators.
- Participants are not directly and consistently taught techniques to replace antisocial thinking with appropriate prosocial thoughts.
- While the group devotes some sessions to developing risk or relapse prevention plans, participants are not required to practice relapse prevention techniques or plans.
- Group facilitators are not regularly observed and evaluated with regard to service delivery skills.
- Participants are not formally surveyed as to their satisfaction with the group.
- Thinking for a Change group does not have clearly outlined criteria as to when the program terminates for each offender—only based on attendance and homework completion.
### CPC-GA Sections

<table>
<thead>
<tr>
<th>Section</th>
<th>Score</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program Staff and Support</td>
<td>70%</td>
<td>Highly Effective</td>
</tr>
<tr>
<td>Offender Assessment</td>
<td>66.7%</td>
<td>Highly Effective</td>
</tr>
<tr>
<td>Treatment</td>
<td>48.6%</td>
<td>Needs Improvement</td>
</tr>
<tr>
<td>Quality Assurance</td>
<td>40%</td>
<td>Ineffective</td>
</tr>
<tr>
<td>Overall Capacity</td>
<td>60%</td>
<td>Effective</td>
</tr>
<tr>
<td>Overall Content</td>
<td>51.2%</td>
<td>Needs Improvement</td>
</tr>
<tr>
<td>Overall Score</td>
<td>53.6%</td>
<td>Needs Improvement</td>
</tr>
</tbody>
</table>

### Strengths:

- There is a program coordinator in place to oversee management of the groups.
- The program director is in the selection or approval of group facilitators.
- The group facilitators meet the CPC-GA requirement of working in treatment programs with offenders for at least two years.
- Group facilitators were selected for skills and values consistent with rehabilitation.
- Group facilitators attend staff meetings to review client progress (i.e., bi-monthly meetings at minimum).
- Ethical guidelines are in place for group facilitators.
- The institution/stakeholders provide overall support for the facilitation of Violence Prevention.
- PA DOC has developed a matrix to place offenders in groups based upon risk and need. Similarly, the offenders placed in Violence Prevention were deemed appropriate by the group facilitators.
- The risk and needs level is consistently assessed using the LSI-R. Additional needs are assessed using the Criminal Sentiments Scale-Modified and the Hostile Interpretations Questionnaire.
- Responsivity factors are assessed for many of the offenders participating in treatment via tools such as the PAI, MMPI, WRAT, BETA, TCU Motivation Scales, and PAI.
- The major targets of Violence Prevention are criminogenic and include the following: antisocial attitudes, anger, and conflict resolution.
- The Violence Prevention model is considered an evidenced based intervention.
- Facilitators appeared comfortable facilitating group and there was a consistent demonstration of clear knowledge of the curriculum content.
- Group facilitators consistently encourage participation by all members of the group.
- There was consistent, regular assignment of homework, along with review and feedback.
- Group norms and expectations are established for each group and followed.
- The length of group is sufficient to affect target behaviors.
- The Violence Prevention manual was consistently followed across group facilitators.
- Groups are consistently facilitated by staff from beginning to end.
- Group facilitators attempt to address the different learning styles and barriers of the participant.
- Alternatives to inappropriate behavior are taught after a punisher is applied.
- Potential negative effects produced by a punishment are consistently recognized or addressed across facilitators.
- Rapport between the facilitator and group participants is clearly established across facilitators.
- The group has several sessions that target participants’ underlying attitudes, values, and beliefs.
- Group facilitators are teaching participants how to address antisocial thinking and identify high risk situations, providing coping and management techniques for both.
- Group participants are administered both pre and post-tests to assess changes in target behaviors.
- Each group participant is required to have a discharge summary upon completion of the group.

### Areas that Need Improvement:

- The program coordinator is not involved in providing direct supervision to group facilitators.
• Not all group facilitators meet the CPC-GA educational requirements of an Associate’s degree or higher in a helping profession.
• While facilitators receive adequate initial training related to group curricula, the requirements for additional yearly training related to service delivery is inadequate.
• The group does not meet the CPC-GA criteria requiring at least 70% of participants score moderate to high risk on the LSI-R.
• Not all offenders participating in Violence Prevention were identified as having moderate to high need in aggression.
• Groups do not consistently begin and end on time, which appears primarily related to movement issues.
• The group does not meet the CPC-GA requirement of no more than 8-10 participants per facilitator.
• Results from responsivity assessments were not used by the facilitators.
• Facilitators have not identified a range of appropriate rewards to use within the context of the group.
• Additionally, the application of rewards does not outnumber the application of punishers by at least a ratio of 4 to 1.
• The application of appropriate rewards does not occur regularly in the group.
• Facilitators do not consistently encourage participants to recognize and promote prosocial behavior within the group.
• Appropriate punishers are not used to extinguish antisocial expressions and promote behavioral change consistently across facilitators.
• Facilitators do not regularly respond to matters of noncompliance.
• Punishers are not consistently applied to extinguish antisocial expressions and promote behavioral change consistently across facilitators.
• Skills are neither modeled nor are the benefits of learning a new skill consistently explained by facilitators.
• Participants are not required to practice and rehearse alternative prosocial skills throughout the group consistently across facilitators.
• Participants do not consistently practice new prosocial behaviors in increasingly difficult situations.
• Boundaries between the facilitator and group participants were not clearly established.
• Arguments with group participants are not consistently avoided across facilitators.
• Participants are not directly and consistently taught techniques to replace antisocial thinking with appropriate prosocial thoughts.
• While the group devotes some sessions to developing risk or relapse prevention plans, participants are not required to practice relapse prevention techniques or plans.
• Group facilitators are not regularly observed and evaluated with regard to service delivery skills.
• Participants are not formally surveyed as to their satisfaction with the group.
• Violence Prevention group does not have clearly outlined criteria as to when the program terminates for each offender—only based on attendance and homework completion.
SCI-Waymart
Outpatient Sex Offender Programming

CPC-GA Sections     Score     Rating
Program Staff and Support    70%     Highly Effective
Offender Assessment    100%     Highly Effective
Treatment    48.6%     Needs Improvement
Quality Assurance    40%     Ineffective
Overall Capacity    60%     Effective
Overall Content     53.8%     Needs Improvement
Overall Score     55.6%     Effective

Strengths:
- There is a program coordinator in place to oversee management of the groups.
- The program director is involved in the selection or approval of group facilitators.
- The group facilitators meet the CPC-GA requirement of working in treatment programs with offenders for at least two years.
- Group facilitators were selected for skills and values consistent with rehabilitation.
- Group facilitators attend staff meetings to review client progress (i.e., bi-monthly meetings at minimum).
- Ethical guidelines are in place for group facilitators.
- The institution/stakeholders provide overall support for the facilitation of sex offender programming.
- PA DOC has developed a matrix to place offenders in groups based upon risk and need. Similarly, the offenders placed in sex offender programming were deemed appropriate by the group facilitators.
- The risk and needs level is consistently assessed using the LSI-R, as well as the Static-99. Additional needs are assessed using the Criminal Sentiments Scale-Modified and the Hostile Interpretations Questionnaire.
- Responsivity factors are assessed for many of the offenders participating in treatment via tools such as the PAI, MMPI, WRAT, BETA, TCU Motivation Scales, and PAI.
- Some of the targets for Medlin: Responsible Living are criminogenic and include the following: antisocial attitudes, problem solving, conflict resolution, relapse prevention and social skills. Furthermore, Medlin: Responsible Living is considered an evidenced based treatment.
- Groups consistently begin and end on time.
- Facilitators appeared comfortable facilitating group and there was a consistent demonstration of clear knowledge of the curriculum content.
- There was consistent, regular assignment of homework, along with review and feedback.
- Group norms and expectations are established for each group and followed.
- The Medlin manual was consistently followed across group facilitators.
- Groups are consistently facilitated by staff from beginning to end.
- The group meets the CPC-GA requirement of no more than 8-10 participants per facilitator.
- Group facilitators attempt to address the different learning styles and barriers of the participant.
- Facilitators consistently encourage participants to recognize and promote prosocial behavior within the group.
- Potential negative effects produced by a punishment are consistently recognized or addressed across facilitators.
- Rapport between the facilitator and group participants is clearly established across facilitators.
- The group has several sessions that target participants’ underlying attitudes, values, and beliefs.
- Group facilitators are teaching participants how to address antisocial thinking and identify high risk situations, providing coping and management techniques for both.
- The sex offender program group has clearly outlined criteria as to when the program terminates for each offender.
- Each group participant is required to have a discharge summary upon completion of the group.

Areas that Need Improvement:
• The program coordinator is not involved in providing direct supervision to group facilitators.
• Not all group facilitators meet the CPC-GA educational requirements of an Associate’s degree or higher in a helping profession.
• While facilitators receive adequate initial training related to group curricula, the requirements for additional yearly training related to service delivery is inadequate.
• Group facilitators did not consistently encourage participation by all members of the group.
• There was not consistent participation by both co-facilitators in group.
• Results from responsivity assessments were not used by the facilitators.
• Facilitators have not identified a range of appropriate rewards to use within the context of the group.
• Additionally, the application of rewards does not outnumber the application of punishers by at least a ratio of 4 to 1.
• The application of appropriate rewards does not occur regularly in the group.
• Appropriate punishers are not used to extinguish antisocial expressions and promote behavioral change consistently across facilitators.
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• While the group devotes some sessions to developing risk or relapse prevention plans, participants are not required to practice relapse prevention techniques or plans.
• Group facilitators are not regularly observed and evaluated with regard to service delivery skills.
• Participants are not formally surveyed as to their satisfaction with the group.
• Group participants are not administered both pre and post-tests to assess changes in target behaviors.
Figure 30a: SCI Waymart Compared to PADO C

*Sex Offender Scores include both outpatient and therapeutic community programs if applicable.
Figure 30b: Staff Survey Results of SCI Waymart (n=22) Compared to All SCI Respondents (N=1229)

Staff Survey Question

<table>
<thead>
<tr>
<th>Staff Survey Question</th>
<th>Waymart</th>
<th>All SCIs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administration Supports Tx</td>
<td>86.4</td>
<td></td>
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<tr>
<td>Treatment Staff Support Tx</td>
<td>78.1</td>
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<tr>
<td>Security/Custody Staff Support Tx</td>
<td>81.8</td>
<td></td>
</tr>
<tr>
<td>Prison Environment Is Conductive to Tx</td>
<td>79.2</td>
<td></td>
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<tr>
<td>Programs are Well Organized</td>
<td>86.4</td>
<td></td>
</tr>
<tr>
<td>Institution Provides Good Inmate Tx</td>
<td>77.3</td>
<td></td>
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<tr>
<td>Compared to All SCI Respondents (N=1229)</td>
<td>81.8</td>
<td>90.9</td>
</tr>
<tr>
<td>Institution Provides Good Inmate Tx</td>
<td>61.3</td>
<td>73.2</td>
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