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Analyzing the Effectiveness of
Rehabilitation Programs

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Introduction

Rehabilitating criminals has become a highly debated topic throughout the U.S. With the majority of criminals being repeat offenders, the correctional institution has made rehabilitation a top priority. Research over the last twenty five years has shown that some programs are more effective than others. After reviewing the body of research, I developed a modification of a widely used assessment instrument, the Correctional Program Assessment Inventory, to make it more suitable for use in Rhode Island. I used this modification together with the State of Michigan's Program Assessment Tool to assess the degree of which four of the over 100 programs offered to offenders at Rhode Island's Adult Correctional Institute have the characteristics known to be associated with effective treatment. The ones tested were the substance abuse, the domestic violence and the sex offender treatment programs. Assessments involved reviewing the curricula, observing classes, and interviewing staff and program participants.

Keywords: Rehabilitation, Assessment Tool, Criminology

Research conducted by Doris MacKenzie and others find that rehabilitation programs that have shown to be effective include the following¹:

- Academic education
- Vocational education
- MRT (Moral Recognition Therapy)
- R&R (reasoning and rehabilitation)
- Cognitive restructuring
- Cognitive behavioral treatment for sex offenders
- Behavioral treatment for sex offenders, hormonal

¹ MacKenzie, Doris L. 2006. *What Works in Corrections: reducing the criminal activities of offenders and delinquents*. Cambridge University Press. p. 331

- Surgical treatment for sex offenders
- MST for juveniles (Multi-systemic therapy)
- Drug courts
- Drug treatment in the community
- Incarceration based drug treatment

Studies of successful programs have shown they share certain characteristics. The characteristics and implementation of program's can be tested by assessment tools.

The Rhode Island Department of Corrections tool is based on the Correctional Program Assessment Inventory 2000 and Michigan's Department of Corrections Evaluation tool. The CPAI and Michigan's Department of Corrections (PET) tool are evaluating the effectiveness of rehabilitation programs, the implementation of programs, the staff associated with the implementation and the research supporting the curriculum.

Assessment Tool

The C.P.A.I. is an evaluation tool that looks at program implementation, client pre-service assessment, program characteristics, staff characteristics and evaluation.²The CPAI program measures program integrity and quality. The term "program integrity" refers to the degree to which a program meets the principles of effective intervention. Program quality measures how the program intervention and services are delivered to the inmates in the class.³The instrument is based on seventy seven scores, weighted in terms of their importance and grouped into six categories. The total scale ranges from very satisfactory (70-100%) to unsatisfactory (less than 50%).

² Lowenkamp, Christopher T., Edward J. Latessa, Paula Smith. 2006. Does Correctional Program Quality Really Matter? The Impact of Adhering to the Principles of Effective Intervention. *Criminology and Public Policy*. Vol. 5, p.581

³ Yates, Heather M. 2009. Correctional Program Assessment Inventory Conducted on the Forensic Reentry Development Program (FRED)

There are several limitations to the C.P.A.I that should be noted. Out of 260 programs nationwide, only 8% of programs were found to be very satisfactory.⁴ The lack of effective programs based on this model has caused it to be questioned and several modifications have been developed.

Michigan's Department of Correctional Evaluation tool reviews the:

- Curriculum: A manual that clearly defines the goals and objectives of the program. The curriculum defines and determines the criminogenic needs and risk assessment of the offender.⁵
- Facilitators guide: A manual that provides instruction for trainers who deliver the curriculum to the offender population⁶
- Participation materials: A manual, workbook, or other written materials provided for the participants to use as part of the curriculum.⁷
- Theoretical or empirically-based approaches: Program is grounded in theoretical or philosophical principles that guide the content of the curriculum, method of delivery and outcomes. The theory should be grounded in empirical evidence to support effectiveness.⁸
- Responsivity: Responsivity implies the matching of learning styles and personality of participants using evidence-based methods and approaches. It further requires that participant characteristics be matches with therapist/facilitator characteristics. The conditions necessary for these methods to operate effectively should be specified as part of the curriculum.⁹
- Curriculum integrity: Integrity is the competent and appropriate use of techniques specified within the curriculum that relate to the underlying theory. The curriculum is consistent with the theory and adheres to the guidelines for the style of delivery.¹⁰
- Evaluation: The efficacy of a curriculum is demonstrated through evaluation. Evidence-based considerations require that the evaluation include both process and outcome measures as two critical components. Only through evaluation is it possible to determine with confidence that the program achieves these outcomes it claims to accomplish.¹¹

⁴ Yates, Heather M. 2009. Correctional Program Assessment Inventory Conducted on the Forensic Reentry Development Program (FRED)

⁵ Michigan's Department of Corrections Evaluation Tool p. 2

⁶ Ibid, p. 3

⁷ Ibid, p. 4

⁸ Ibid, p. 5

⁹ Ibid, p.6

¹⁰ Ibid, p. 7

¹¹ Ibid, p. 8

Additionally, the evaluation reviews women's programs that consist of strength based, child centered, relationship-based, open, trauma informed and safety¹². Michigan's Evaluation tool is based on a 100 point scale. The scale ranges from approved (71-100 points), conditional approval (46-70 points) and denied (0-45 points)¹³.

Rhode Island's Department of Corrections Evaluation tool is comprised of both the C.P.A.I and Michigan's Department of Corrections Evaluation tool. The assessor focuses on:

- Program evaluation: The curriculum is detailed and makes use of an effective treatment module. The program is based on risk assessment and compatibility of characteristics with offenders and facilitators.¹⁴
- Facilitators guide: The facilitator is provided with a daily instruction manual that will outline the lesson plan for the allotted amount of time.¹⁵
- References: The program is known to be effective based on literature reviews, evaluations and prior research on the program.¹⁶
- Facilitator's evaluation: The facilitators are qualified to teach the designated program.¹⁷
- Supervisor of the specified program: The director/ supervisor conduct's weekly meetings to discuss implementation of programs with facilitators. The supervisor observes the implementation of programs and evaluates the program annually.¹⁸
- Evaluation: There are on-going evaluations of the programs. The inmates at the completion of the program have evaluated the facilitators and the curriculum.¹⁹

Unlike Michigan and the C.P.A.I., Rhode Island's instrument focuses on the program implementation, program characteristics and research and staff credentials. The scale is made up of 64 points and divided as Approved (47-64 points), provisional approval (31-46 points) and denied (0-30 points). The point systems are different, yet, the percent scale

¹² Ibid, p. 9

¹³ Ibid. p.1

¹⁴ Rhode Island Department of Corrections Assessment Tool p.2

¹⁵ Ibid p. 3

¹⁶ Ibid p.4

¹⁷ Ibid p. 5

¹⁸ Ibid p. 6

¹⁹ Ibid p.7

co-insides with Michigan's Department of Corrections Evaluation Tool. The programs are approved at 71- 100%, provisionally approved at 46-70% and 45% and under are denied as effective styles of rehabilitation.

Risk assessment is a vital part to a successful program and heavily weighted. The risk evaluation should be a component assessed prior to a program being implemented²⁰. Without risk assessment, offenders can be placed into programs that will not be beneficial to their criminogenic needs, cognitive abilities and interpersonal skills. Funding for rehabilitation programs is not an element mentioned in the assessment process. Having no prior education and knowledge on the topic of funding programs, there is no correct way to analyze this component. However keep in mind that without proper funding, the lack of qualified facilitators and proper curriculums would create an unsatisfactory program implementation.

The Rhode Island assessment will be evaluated by comparing findings from Michigan's tool to Rhode Islands. The three programs that were evaluated using the Rhode Island Department of Corrections Evaluation and Michigan's Department of Corrections Evaluation tool were Domestic Violence, Sex Offender Treatment and Substance Abuse programs at the Adult Correctional Institute (ACI) in Cranston, Rhode Island. The evaluation is focused on the treatment group not the offender so a R.I.B. was not recommended.

The Program- Domestic Violence Program

The Vantage Point Program for Domestic Violence operates at maximum security for males. Vantage Point was established in 1999 by Dr. Kathy Carty. The program is a

²⁰ Andrews, Donald A. 2006. Enhancing Adherence to Risk-Need-Responsively: Making Quality A Matter of Policy. *Criminology and Public Policy*. Vol. 5. p.596

psycho-education class. Psycho-education is a treatment that instructs people about their problem, how to treat their problem, and how to recognize the signs of reoccurrence so the offender can go to treatment before the problem comes back.²¹ Psycho-education programs include cognitive behavioral techniques and motivational interviewing.²² A cognitive behavioral technique emphasizes the important role of thinking in how we feel and what we do.²³ Motivational Interviewing is focused on collaborative, respectful and guiding an inmate to rehabilitation instead of confrontational, authoritative and instructional.²⁴ The curriculum is based on 8 modules; Redefine abuse, cycles and vicious cycles of abuse, defense mechanisms, 9/11 empathy building, impact of parental incarceration on children, socialization of men and women, STORC (which links the relationships of the psycho-physiological response to stress and cognitive disorders) communication-receptive and expressive and substance use and correlation with domestic violence.

The program's goal is to provide inmates with information that will assist early entry into the community programs, behavioral changes and connection to outside resources.²⁵ Domestic Violence is an open ended program that last 12 weeks, 1.5-2 hours with 85 men total in the program. In maximum security facility, there are only 7-10 inmates in the class.

Graph:

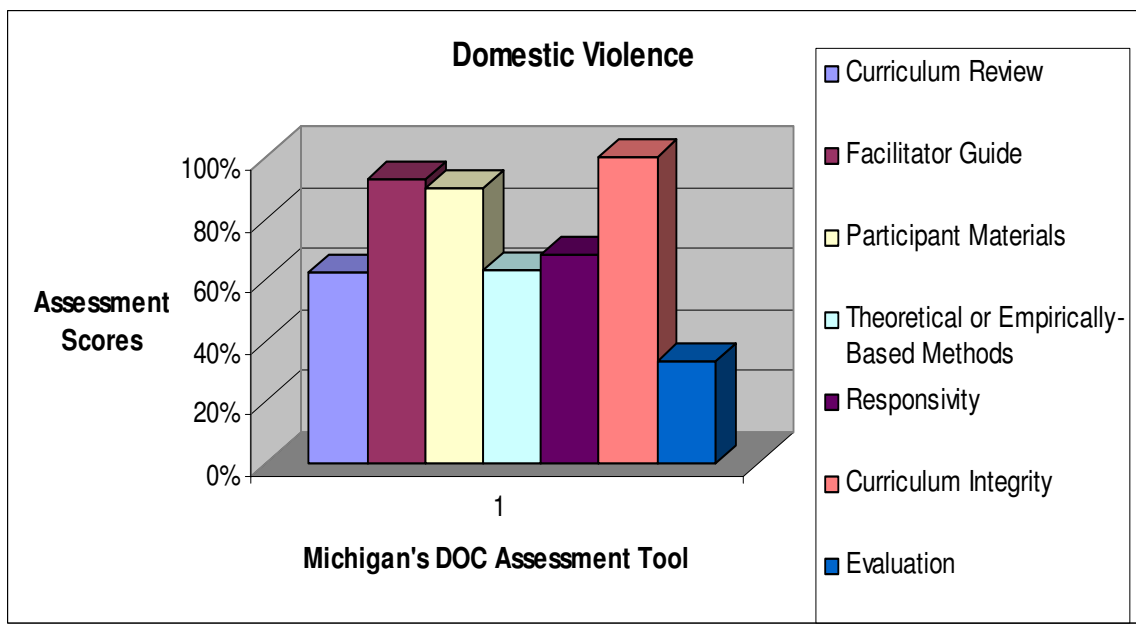
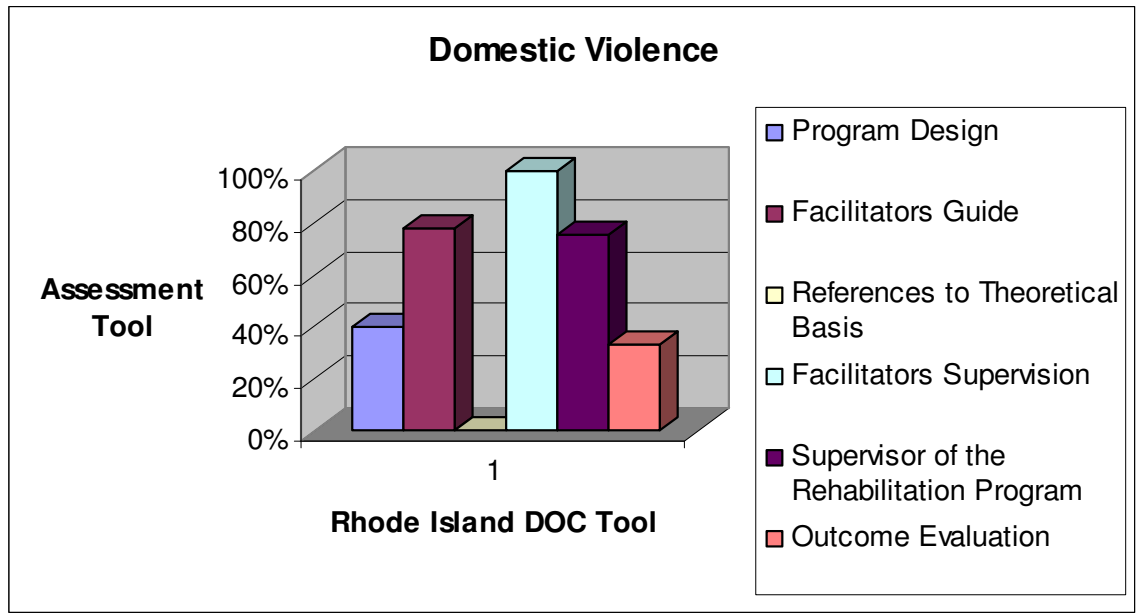
²¹ ECRI's Bulimia Nervosa Resource Guide. (2009). *Psycho-educational Therapy*. Retrieved April 2009, from ECRI Institute. Website: http://www.bulimiaguide.org/summary/detail.aspx?doc_id=9399

²² Carty, Kathleen A. 2008. Batterers' Intervention Program: RIDOC p.4

²³ NACBT Online Headquarters. (1996-2009). *Cognitive Behavioral Therapy*. Retrieved April 2009. From National Associate of Cognitive Behavioral Therapy. Website: <http://www.nacbt.org/whatiscbt.htm>

²⁴ Florida Health Partners. FHP 108: Motivational Interviewing. www.floridahealthpartners.com/_docs/providers/criteria/FHP%20108%20Motivational%20Interviewing.pdf

²⁵ Carty, Kathleen A. 2008. Batterers' Intervention Program: RIDOC p.8



Procedure:

The Domestic Violence program was observed in Maximum Security on Friday,

March 13th and 27th from 1:00-2:30 p.m. The observation of the program happened after a literature review of the course and its purpose of being a rehabilitation program in corrections.

Component 1: Program Evaluation

The program evaluation section examines the program design. The assessment looks at defined goals, objectives, risk assessments and compatibility of characteristics with offenders and facilitators. The curriculum was established by Dr. Kathy Carty, Licensed social worker.

Strengths

- Curriculum- The curriculum for Vantage Point's Domestic Violence program is based on previous curriculums in the field. The manual is detailed and has a set 12 week syllabus. The overview of the program shows a great deal of research and professionalism from the founder of Vantage Point. The program makes use of effective treatment models. The models are described and can be easily followed by inmates.

Areas in Need of Improvement/Recommendations

- Risk Assessment- The ACI has recently begun using a risk assessment tool called the LSI-R. However because the domestic violence inmates are not being evaluated by this tool, they are labeled as Self-Referrals. Having a risk assessment instrument will help establish a permanent way for offenders to be placed into appropriate classes based on risk and criminogenic need. For example, if an offender who has never had domestic violence issues before was put into prison for drug offenses why would he/she be allowed in this group? Based on Differential Association Theory, criminal behavior is learned by interaction and

communication with others²⁶. The placement of a non-violent offender into a domestic violence class can not only be ineffective, but also lead to a violent crime to occur.

- Compatibility- The offenders are not placed with staff members who are similar in temperament. The increase in risk for a dangerous situation to occur is based on different personalities. The ACI is allowing inmates to place themselves into classes without knowing the instructor or the premises of the characteristics of the group. The lack of compatibility placement can lead to argumentative scenarios or a decrease in effectiveness for the inmate's recovery.

Rating: 40% Denied

Component 2: Facilitators Guide

Facilitator's guides should provide a daily instruction manual that will outline the lesson plan for the allotted amount of time. The facilitators should have detailed description of rules and regulations in the workbook. The facilitators guide should stress the importance of confidentiality and order maintenance in the classroom.

Strengths

- **Rules and Regulations:** The program has a set of rules and regulations that have to be abided by in the beginning of class. There is a clear and concise confidentiality handout which shows the consequences of disobeying the written agreement. Confidentiality is a very important aspect of a rehabilitation program. If an offender feels like the information talked about in class will be repeated the chances of him/her talking is unlikely. The aspect of communication and relationship building is vital for progress to be made in regards to effective

²⁶ Sutherland, Edwin H. 1947. Differential Association. Principles of Criminology. 4th Edition. p.272

rehabilitation methods.²⁷

- **Structured Activities:** The program requires the inmates to be in over 40% of structured activities. Individual involvement is beneficial. The activities range from watching short films to discussions of personal violent actions that the inmate bestowed upon someone else. For example, an inmate talking about his experience of beating his girlfriend/ wife.

Areas in Need of Improvement/ Recommendations

- Rewards and punishments are not emphasized in class and in the facilitator guide. Social and Natural reinforcer's were rarely used and didn't seem to be effective when applied. For example, Dr. Carty would acknowledge when inmates would participate a lot in class with positive feedback. The instructor is not guided in the facilitator handbook to constantly reward or punish. Facilitators should reward then punish an offender in a ratio of 4:1²⁸.
- The facilitators guide seems to be easily followed however; I observed the supervisor and founder of the program. This caused a great concern in how the offenders and facilitators handled the curriculum in the other sessions. The guide was not very detailed just had a description of important topics and homework assignments leaving a great amount open to the interpreter. There should be more guidelines on how to react if an offender responds in certain ways to the material. The facilitators guide didn't seem as much of a guide as it did an outline.

Rating: 78.6% Approved

²⁷ Andrews, Donald A. 2006. Enhancing Adherence to Risk-Need-Responsively: Making Quality A Matter of Policy. *Criminology and Public Policy*. Vol. 5. p.598

²⁸ Yates, Heather M. 2009. Correctional Program Assessment Inventory Conducted on the Forensic Reentry Development Program (FRED)

Component 3: References

The program is based on extensive literature and references, listed in the proposal of the program, that indicate that programs of this type are effective.

Strengths

- There were no strengths in the reference section of the evaluation

Areas in Need of Improvement/ Recommendations

- References: The literature review of the sources is not as extensive as a proposal should be and did not seem to be consistent with current research on domestic violence. It seemed that there was not enough evidence to support the program besides the evidence of the founder's findings. The program should have a literature review of documentation. This would include, outside resources that the program is shown to be effective as well as cited information supporting domestic violence rehabilitation²⁹.

Evaluation/Rating: 0 % Denied

Component 4: Facilitators Qualifications

The facilitator is qualified to teach the designated program. The facilitator is Dr. Kathy Carty, the founder of Vantage Point, West Warwick, Rhode Island.

Strengths

- Working in Corrections: Dr. Kathy Carty has worked in corrections for approximately 24 years starting with children who were being abused, adult victims of abuse and adult offenders. Vantage point is the 2nd largest intervention program in the state of Rhode Island and holds one of the primary

²⁹ Yates, Heather M. 2009. Correctional Program Assessment Inventory Conducted on the Forensic Reentry Development Program (FRED), P.5

accounts for rehabilitation programs³⁰.

- **Credentials:** Dr. Kathy Carty is a licensed psychologist, clinical social worker and researcher in the field of interpersonal violence, intervention and prevention, mental healthy therapist and substance abuse counselor. The additional facilitators have bachelor's degrees and some have their masters. Facilitators must participate in 100 hours of supervised training and 35 additional hours towards facilitation in domestic violence interventions. Vantage Point is certified by the state of Batters' Intervention Oversight Committee. Vantage Point facilitators have experience at the ACI and some working experience for RIDOC.
- **Training:** The Vantage Point staff is trained at national and international conferences on the development of Batters intervention programs³¹. The training shows how to implement programs, abide by ethical guidelines and how to deal with additional issues such as substance abuse and mental health issues.
- **Evaluations:** The facilitators get evaluated weekly by the Supervisor, Dr. Carty.

Areas in Need of Improvement/ Recommendations

- **Training Manual:** There was no training manual provided for the domestic violence the instructors. The facilitators guide is the manual for how to run the class. I would suggest making two separate manuals one for facilitator and one to learn how to facilitate the domestic violence group. The more detailed the guide the more efficient the instructor can teach the course.

³⁰ Carty, Kathleen A. 2008. Batterers' Intervention Program: RIDOC p. 16

³¹ Ibid. p.17

Ratings: 100% Approved

Component 5: Director of the Rehabilitation Program

The director should evaluate the process of the treatment programs in the specialized area. The director should supervise the implementation of the programs and evaluate the facilitators.

Strengths:

- Director Supervision: The supervisor for Vantage point does weekly check-ups and audit groups monthly.

Areas in Need of Improvement/ Recommendations

- The director does not have an evaluation tool for the programs being offered for Domestic Violence. Dr. Carty will observe the classes and discuss with the positives and negatives of their implementation of the program.

Ratings: 75% Approved

Component 6: Evaluation

The director and staff of rehabilitation program should have assessed this program and found it an effective approach for inmates at the ACI.

Strengths

- Evaluation from Inmates: the evaluation is done by monthly check-ups and feedback from the inmates. Verbal communication is extremely important and a vital part in the progress of domestic violence rehabilitation.
- Weekly Evaluations: There are weekly evaluations done by Dr. Carty however the Department of Corrections employees do not evaluate the program. Dr. Carty stated that there has never been an evaluation of the program from an employee of the Department of Corrections³².

³² Carty, Kathleen A. personal communication. March 13, 2009

Areas in Need of Improvement/ Recommendations:

- The Domestic Violence supervisors and facilitators are clearly supportive of the program. The department of corrections claims to be supportive yet has not evaluated or attended to ensure that these programs are implemented correctly. This finding is consistent with all the programs. The Department of Corrections is not evaluating the programs that are being demonstrated and implemented in their prisons. This is a very serious factor and can be the reason for the 2/3rd of the 6.9 million offenders that are recidivating³³.
- The department of Corrections is short in staff which led to the lack of involvement in evaluating the programs. The decline in involvement has resulted from shortage in funding, not enough staff and the increased work load of the few staff members in rehabilitation.

Ratings: 33.33% Denied

Comparison on the Two Instruments

The score for the domestic violence program on the Michigan DOC instrument was 73 out of a possible 100 points. It scored 43 of a possible 64 points on the RIDOC instrument. The percentage for Rhode Island is 67.18% and has a 5.82% difference from Michigan's tool. Based on prior research on effective rehabilitation programs, the program has most of the characteristics associated with effective treatment. The program emphasizes cognitive behavioral skills, a detailed facilitator's guide, proper facilitator's qualification, supervision from the vendor and over 40% of structured activities.

³³ Lowenkamp, Christopher T., Edward J. Latessa, Paula Smith. 2006. Does Correctional Program Quality Really Matter? The Impact of Adhering to the Principles of Effective Intervention. *Criminology and Public Policy*. Vol. 5, p.575

Sex Offender Treatment Program

In the book, “What Works in Corrections” Dr. MacKenzie found that sex offender treatment and drug rehabilitation for inmates of American prisons are more effective than domestic violence and faith based programs. Cognitive and Behavioral sex offender treatment are effective in reducing inappropriate sexual urges. Behavioral treatment reduces sexual urges through modification of sexual preferences³⁴. Both programs for sexual offenders are a vital part of rehabilitation and if financially possible should be in all of the correctional facilities.

In 1987, the Sex Offender Treatment Program (SOTP) was established by Peter Loss, a consultant to the Department of Corrections and Academy of Certified Social Workers (ACSW, Inc). Classes are offered at women’s, maximum and high security, but the residential rehabilitation is held in medium (Loss, p.1). After sentencing, the inmates are brought to a SOTP orientation where they choose to attend, refuse or refuse but temporarily attend a seven-session class that encourages participation. If the inmates choose to participate in the program, they will be placed in a specialized 72-cell housing unit. The reason for specialized units is to create support, joint therapeutic/correctional observation, control of non-sexual behaviors that contribute to sex crimes and promoting compliance with the program and ACI rules.

The introductory programs offered in the housing unit are weekly psycho educational classes for 6 months. Once, the psycho education phase is completed each inmate is assigned to a weekly ongoing sex offender treatment group³⁵. The group meets

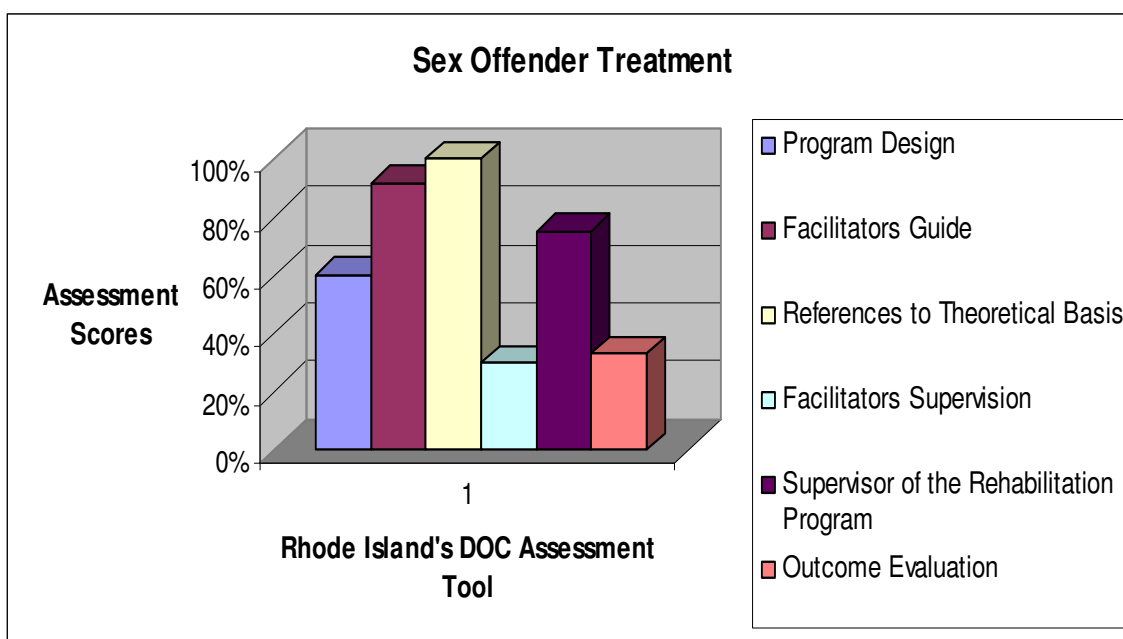
³⁴ MacKenzie, Doris L. 2006. What Works in Corrections: *reducing the criminal activities of offenders and delinquents*. Cambridge University Press. p.147

³⁵ Loss, Peter. 2003. Sex Offender Treatment Program Discription. ACSW p.2

for 90 minutes with a maximum of 8 members³⁶. As the offenders continue through the program there are weekly SOTP programs that target specific areas of improvement³⁷.

When the offender is assessed to safely manage parole, the SOTP will ask the parole board to impose guidelines such as community sex offender treatment, supervised contact with minors and substance/ drug abuse treatment if necessary³⁸. Once the inmate is recommended for parole he/she will attend parole preparation classes³⁹. The parole preparation class is the final stage of the SOTP program. The preparation class entails, information on public safety, re-offense cycles, personal warning signs and other information relative to parole expectations⁴⁰.

Graph:



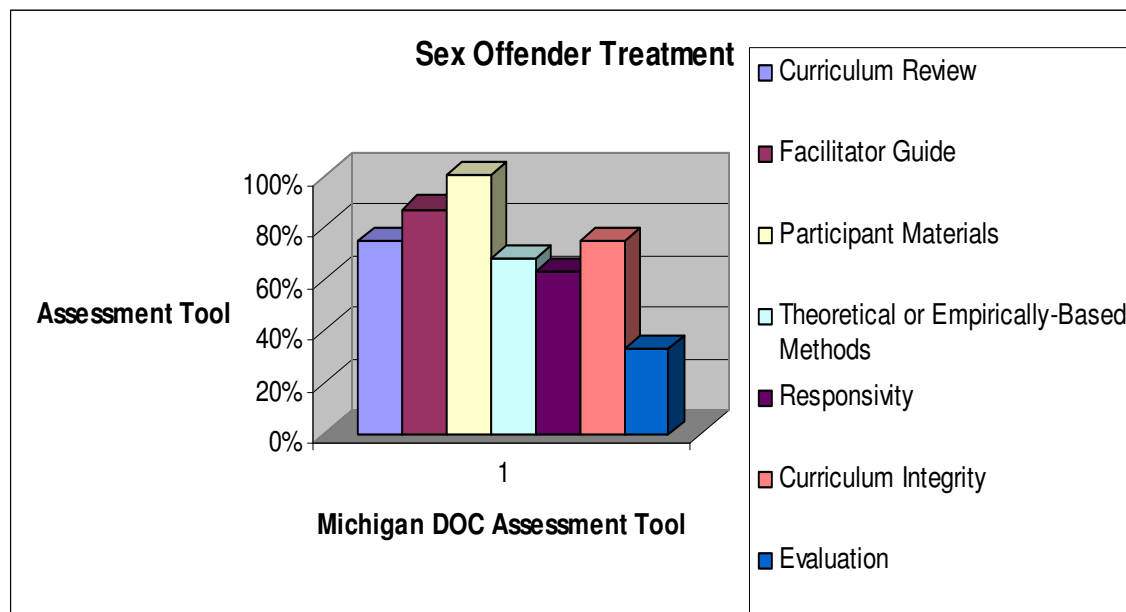
³⁶ Ibid. p.2

³⁷ Ibid. p.2

³⁸ Loss, Peter. 2003. Sex Offender Treatment Program Discription. ACSW p.3

³⁹ Ibid. p.3

⁴⁰ Ibid. p.3



Procedure:

The SOTP was observed on Friday, April 3, 2009 from 8:00-10:30. The program was a 90 minute weekly treatment group. There were 8 inmates and the class style was discussion based. The literature review was done after the observation of the program because I did not obtain the information until after the discussion.

Component 1: Program Evaluation

The curriculum was designed by Peter Loss, ACSW.

Strengths

- Curriculum and Manual: The program had a very detailed curriculum and manual. The packet had every SOTP course offered as well as a detailed facilitator's guide

for every section. The treatment model's had an attached bibliography and had an appropriate reading level for the inmates to understand.

- Self-Referrals: SOTP minimizes self referrals by judges mandating entry into the sex offender program. Some sex offenders do not have to attend treatment yet, it is highly suggested. Sex offender treatment is categorized as an offense that is not even allowed in minimum security.

Areas in Need of Improvement/ Recommendations

- Risk assessment is a necessity for sex offender treatment. Like Domestic Violence, there needs to be a system that places offenders into risk level. The sex offender treatment program is more specialized however still has high risk and low risk offenders in the same 72 unit housing cell.
- Compatibility: For sex offender treatment there is a lot of discussion about past actions. SOTP allows inmates to be facilitators and this causes a concern. Sex Offenders are known to struggle and abuse the power that is given to them⁴¹. This is an issue because sex offenders do not always commit offenses for sexual gratification. Obtaining power over the victim and controlling the situation can be the main cause for the sexual offense⁴². Keeping this in mind, giving a sex offender responsibility with power may not be ideal. The inmates may be more compatible with other inmates than an educated professional. However, the similarity of criminal activity doesn't mean that the personality is compatible. I believe that if inmates are going to be facilitating classes there needs to be a

⁴¹ Loss, Peter. 2003. Sex Offender Treatment Program Discription. ACSW.

⁴² MacKenzie, Doris L. 2006. What Works in Corrections: *reducing the criminal activities of offenders and delinquents*. Cambridge University Press.

compatibility test for the inmate facilitators and participants.

Ranking: 60 % Provisional Approval.

Component 2: Facilitator Guide

Strengths

- Writing level- The facilitators guide can be easily understood because of the word choice. The reading level in prison can range from elementary to college entry level⁴³. The facilitators guide conveyed detailed descriptions of modules that could be easily followed and taught.
- Rules and Regulations: The rules are talked about in every facilitators guide, participant brochure, introductory meeting, signed contract, and facilitator's agreement. The rules are a key element to sex offender treatment based on constant discussions in the class. Confidentiality is discussed in every class and is part of the rules and regulations. The offenders are expected to keep all the discussions to themselves and never talk about what is said. The rules and regulations are maintained by having the offenders realize the importance of following the guidelines. If the guidelines are not followed the punishments can range from having the offender be privately talked to by the supervisor to being asked to leave the SOTP.
- Rewards/ Punishers: The rewards that are given in SOTP are extremely beneficial to the inmate's recovery. The Director of the program, Peter Loss, acknowledges the amount of time the offenders put into the program and will reward job's to inmates. The jobs are Core Group Facilitator, Sponsor, Conflict Resolution,

⁴³ MacKenzie, Doris L. 2006. *What Works in Corrections: reducing the criminal activities of offenders and delinquents*. Cambridge University Press.

Clerk, Library Clerk, Tutor and Block class leader⁴⁴. The rewards are valuable for the offenders to learn organizational leadership skills, improve on anti-social tendencies and help the new entry offenders learn the curriculum.

- Structured Activities- The introductory level classes have over 90% of structured activities during class time. There are journal entries, videos, discussions, and homework. The facilitators guide shows the importance of structured activity by allowing there to be different learning methods for the offenders. As the classes change and get more in depth there are less structured.

Areas in Need of Improvement/ Recommendations

- Class Structure: The inmates are not involved in the structure of the class. However, if the inmates want to talk about something that is bothersome to them then there will be discussion on the topic. The discussion can alter the class curriculum for the day yet talking about the problems is one of the most important concepts of the sex offender treatment at the ACI.

Ranking: 92.8% Approved

Component 3: References

Strengths

- Effectiveness: SOTP has been around for 30 years. The program has been proven effective in regards to the decrease in recidivism among the inmates in the program.⁴⁵
- The Program meets CSOM standards (Center for Sex Offender Mgt.) and best

⁴⁴ Loss, Peter. 2003. Sex Offender Treatment Program Discription. ACSW. P.1

⁴⁵ Loss, Peter. Personal communication. April 3, 2009

practices. The best practices guidelines entails use of groups, individualized goals/expectations, waivers of confidentiality, cognitive distortion and relapse prevention work, interpersonal skill building/support network, conflict resolution skills, offender accountability, public safety philosophy, direct work with probation/parole/correctional authorities, police reports and risk assessment. The state of Rhode Island has a CSOM task force which includes DOC personnel, Peter Loss, Day one RI, AG, State and local police, probation/parole, SOCNU and DCYF.

- The literature shows that the program contains cognitive distortion/relapse prevention approach and entails the guidelines listed above.

Areas in Need of Improvement/ Recommendation

- There are no recommendations or areas of improvement for the reference section of the Rhode Island Department of Corrections Evaluation Tool.

Ranking: 100% Approved

Component 4: Facilitators Evaluation

The facilitator is Peter Loss, ACSW, and Director of SOTP.

Strengths

- Amount of time in corrections: Peter Loss has been in corrections for approximately 30 years. Mr. Loss is the director of the program and facilitates the majority of the sessions during the day. Since 1987, Peter Loss has been the director of the sex offender program at the ACI and is the founder of the program modules. Mr. Loss turns to the Colorado Department of Corrections sex offender treatment program for guidance and updated modules for the program.

- Degree: Peter Loss has MSW and is in the Academy of Certified Social Workers (ACSW). Peter Loss has specializations in corrections and is qualified for the position.
- Facilitators Training manual: The training manual is a descriptive explanation of what sex offender treatment, how the curriculums should be followed, the rules and regulations should be followed by facilitators, a signed agreement from facilitators stating that they will abide by the given rules, description of their jobs and how the facilitators should implement the program.
- Aftercare prevention: The facilitator, Peter Loss, is qualified to teach aftercare prevention at the end of the treatment series. Before leaving the correctional system the inmate goes to extensive parole preparation classes. As previously noted, the classes bring knowledge to the inmates on how to survive in the community after being charged with a sex offender sentence. The SOTP requests for the parole board to mandate community sex offender treatment. The SOTP meets with the community sex offender provider regularly to monitor post-release adjustment and safety supervision information⁴⁶.

Areas in Need of Improvement/ Recommendations

- The facilitator's evaluation section would have been drastically different if the other facilitators were assessed. There are DOC personnel and volunteers that come to provide corollary groups/classes in relationships, ethics, decision making, personal development, treatment expectations and art therapy. The inmates act as sponsors, facilitators, discussion group leaders, and assist with conflict resolution

⁴⁶ Loss, Peter. 2003. Sex Offender Treatment Program Description. ACSW.

under Peter Loss's supervision. Having inmates acting as facilitators is controversial. The different demeanors of the inmates and risk levels can lead to a dangerous outcome. Peter Loss has provided the inmates with responsibilities that they might not be able to handle. The inmates are aware that their responsibilities will be taken away if handled in an inappropriate manner. Peter Loss has success with this method and the inmates value the privileges. The evaluation's percentage would have been altered if evaluating the inmates. First, the inmates are not adequately trained for facilitating a group. Second, the inmates have had no prior experience with counseling in corrections. Yet, these factors have not seemed to make an impact in the success rate of the program.

Ranking: 30 % Denied

Component 5: Director of Sex Offender Treatment

The director and Supervisor is Peter Loss, MSW.

Strengths

- The director, Peter Loss, meets with the facilitators weekly. Mr. Loss regularly observes and discusses the sessions the facilitators had with the inmates. The constant observation and regular discussions allowed the facilitators to positively progress in teaching the curriculum.

Areas in Need of Improvement/ Recommendations

- In the packet of information provided by the SOTP program there was no evaluation of the implementation of the programs. The evaluation could be the weekly observations however there should be an evaluation method such as the C.P.A.I or Michigan's Department of Corrections Evaluation tool to analyze the

programs inside the sex offender treatment program.

Evaluation/ Rating: 75% Approved

Component 6: Evaluation

Strength

- Program Delivery: The director analyzes the program implementation by weekly observation and discussion with the facilitators. The facilitators are studied and talked to if there is a better way of teaching the program. The director is always available for questions and can provide help if needed.
- The inmates evaluation: The inmates evaluate the programs daily by constant questions of how the class is going today, is there anything else that can be talked about, would you have changed anything about class today, etc.

Area's in Need of Improvement/ Recommendation

- Director as a Facilitator: The problem with the director facilitating groups is when the DOC is not properly evaluating the programs. There is no way for the director to know that the program is being incorrectly implemented since he/she is in charge of the courses. Similar to domestic violence, the DOC has never come into evaluate the programs or observe the implementation of the programs offered. This is a very serious problem and is the most recommended change for the DOC.
- The director does not have an outcome evaluation. Without the proper assessment of the program there is no way to see if the implementation is correct.

Ranking: 33.3% Denied

Comparison on the Two Instruments

The Michigan Department of Corrections Evaluating Tool assessed the SOTP

with 73 out of 100 points. The Rhode Island Department of Corrections Assessment came up with 39/64 points. The percentage for Rhode Island is 60.93% which is a 12.07 % difference from Michigan's tool. The evaluation of the SOTP program showed that it could be effective, but needs to have more risk assessment, supervision of the director, list of references and more licensed facilitators.

The Program- Substance Abuse

In prison, 65% of the offenders have a history of illicit drug use and only 15% are getting help from the department of corrections⁴⁷. Research has shown that based on the National Institute of Drug Abuse survey 75% of inmates have a history of alcohol or drugs⁴⁸. Drug and Substance use has been associated with 50% of all violent crimes and up to 80% of child abuse and neglect cases⁴⁹. Incarceration based drug treatment consists of counseling or informational classes about alcohol and drug abuse⁵⁰. The incarceration based treatment is voluntary unless mandated into the program for more severe offenses. In her meta-analysis of programs, reported in "What Works in Corrections" MacKenzie found drug treatment programs to have the most potential for success rates. Drug treatment groups will show how harmful the drug is to the offender's health as well as to their families, friends and communities.

Spectrum Health Systems, Inc. is the forefront of substance abuse and mental health treatment for the past 38 years. In 1993, Spectrum came into corrections based on a dire need for rehabilitation services. Spectrum started in Massachusetts and has since

⁴⁷ Ibid. p.252

⁴⁸ Spectrum Health System. 2009. <http://www.spectrumhealthsystems.org> p.1

⁴⁹ Spectrum Health System. 2009. <http://www.spectrumhealthsystems.org> p.1

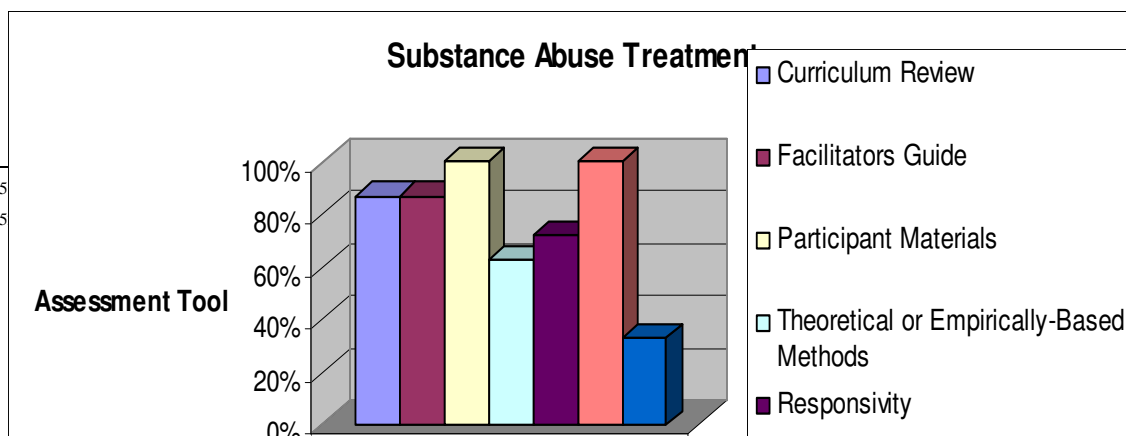
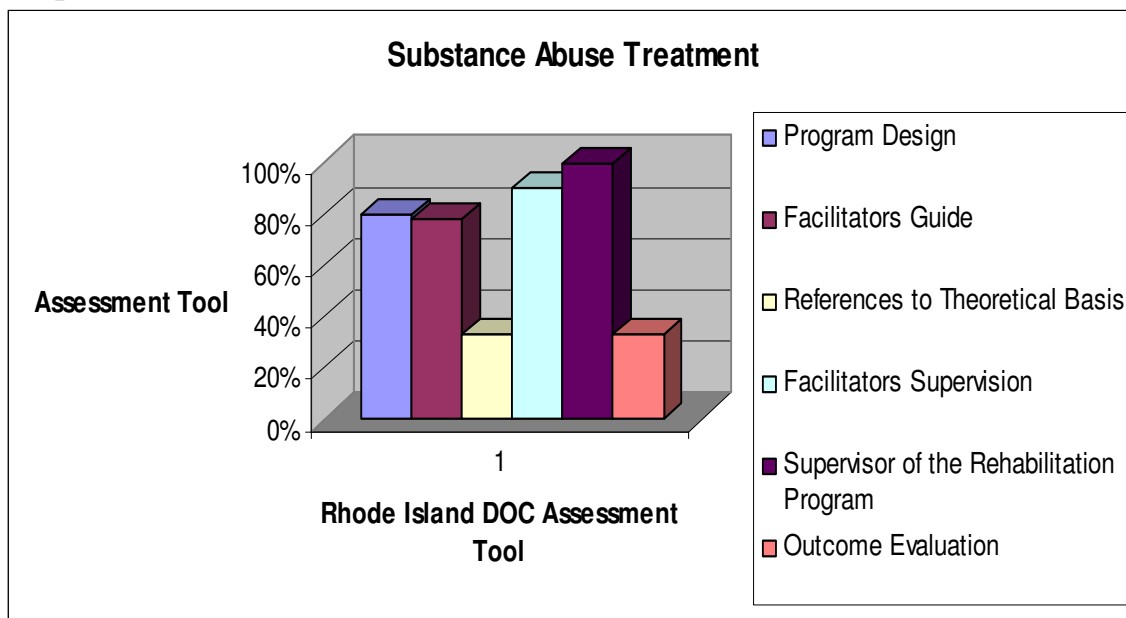
⁵⁰ MacKenzie, Doris L. 2006. *What Works in Corrections: reducing the criminal activities of offenders and delinquents*. Cambridge University Press. p.251

expanded into other states. Spectrums specialization is in high-risk populations such as offender addicts and troubled youth. Spectrum serves 18,000 individuals each year at more than 90 institutional and community based programs that are accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF).

Spectrum is based on a therapeutic community model that teaches incarcerated offenders and parolees to abide by the law free from substance and crime. Spectrum Substance Abuse programs and other treatment programs have decreased the recidivism rate from 75% to 27%⁵¹.

In 2007, Spectrum in the State of Rhode Island added residential services to minimum, medium, and maximum security locations. In FY 2007 the completion rate reached 73% and increased admissions from 336 (FY06) to 1,112 (FY07)⁵².

Graph:



Procedure:

On April 8, 2009, I attended two classes for substance abuse treatment at the Women's Facility. The programs ran for an hour and a half and had approximately 15 inmates each. After observing the classes, I interviewed Lori Alvitti and read all the information on the Spectrum program.

Component 1: Program Evaluation

The program was designed by Charles J. Faris and implemented by Lori Alviti Director and Supervisor at women's facility at the ACI.

Strengths

- Curriculum and Manual: The curriculum and manual are detailed and show all the courses that are offered through Spectrum. The curriculum entails the rules and regulations, the assessment of the offenders, program mission statement, after-care prevention, facilitators guide, program assessment and program implemented.
- Risk Assessment: Spectrum assesses inmates before accepting them into the program. Each evaluation takes approximately two hours and a

counselor/facilitator talks to the inmates about the style of the program, counseling, the offenses that the individual was charged with, confidentiality, rules and regulations, what the offender wants to make of the program, aftercare intervention, residential drug treatment (aftercare), good-time requirements, and the amount of participation time.

- **Self-Referrals:** The inmates in the Women's division are placed into Spectrum. There are inmates who apply to be in the program but this is a rare scenario. Self Referrals need to be evaluated as high risk offenders to be admitted into the program. The self-referrals have to admit to having an addiction to alcohol or drugs and will be put on a waiting list.

Areas in Need of Improvement/ Recommendations

- **Compatibility:** The offenders are not strategically placed with facilitators that meet their personality. Yet, when the inmates receive counseling they are matched with facilitators that have similar personality traits. I would recommend an evaluation system for compatibility with offenders especially since the inmates in this scenario are women. The female inmates are more territorial, emotional and expressive of their opinions⁵³. Based on the high emotions in the women's facilities there should be a compatibility evaluation done when being inducted into the program.

Ranking: 80% Approved

Component 2: Facilitators Guide

Strengths

⁵³ Alvitti, Lori. Personal communication. April 8, 2009

- **Facilitators Manual:** The curriculum in the facilitators guide is at an appropriate reading level to convey into a classroom setting. The rules and regulations are shown in every curriculum in the facilitators guide. Having a detailed handbook helps the facilitators teach the lesson and only bring a little portion of their own opinion into the lecture. In every section of the facilitators guide there is a list of the amount of materials needed, how many sessions for the curriculum, the amount of structured activities and the number of inmates allowed in each section. The program is an hour and ½ over a 6-8 week period. Overall the handbook is user friendly for the clinician and participant.
- **Rewards and Punishments:** Spectrum has rewards that are given throughout the residential program. The senior peers are mainly given rewards such as seniority over classes, respect from other inmates and facilitators. The rewards are given once there is an indicator that this inmate has really prevailed and conquered her addiction. There is no way to tell what the inmate will do when she leaves the facilities nevertheless the inmate is still succeeding in the program. The punishments are called written learning experiences. The basis behind the written punishment is to learn from the consequences and see how the behavior can be changed. The punishments range from taking away a privilege to being asked to leave the program. The rules and regulations help bring structure and sobriety into the inmate's life.

Areas in Need of Improvement

- **Confidentiality handout:** There was no confidentiality handout in the facilitators guide. When I observed the classes, confidentiality was not

discussed. Facilitators should talk about confidentiality and the importance of not discussing personal business with others. Rehabilitating through discussion can only be obtained if the offenders feel comfortable in the environment. Once, the inmates feel disrespected by other offenders the discussion will not be as effective⁵⁴. I would recommend talking about confidentiality every class to make sure the inmate feel that they can disclose personal information that will not leave the group.

Ranking: 78.6% Approved

Component 3: References

Strengths

- There are no strengths in the reference section of the evaluation

Areas in Need of Improvement/ Recommendations

- The curriculum and the facilitators guide did not show any documentation that the program was researched. I went to the Spectrum website to find research about the program and there is little documentation to support the treatment program. The documentation of research is not a literature review or based on other programs in the field. The lack of research to support this program has decreased the effectiveness. I believe that there is research to support the program, but this was never obtained. The research should be in the facilitators guide as well as in the main curriculum.

Ranking: 33.3% Denied

⁵⁴ MacKenzie, Doris L. 2006. *What Works in Corrections: reducing the criminal activities of offenders and delinquents*. Cambridge University Press.

Component 4: Facilitators Evaluation

The facilitator is Lori Alvitti and is the program Supervisor/ Director.

Strength

- **Years of Experience:** The facilitator has had six years of experience in corrections and has worked in rehabilitation for approximately twenty. Ms. Alvitti's other facilitators have worked in corrections ranging from 6 years to 6 months. All of the facilitators are qualified based on education and training. The facilitators have their bachelors and most are currently in the process of achieving their master's degree in criminal justice or social work. The training consists of observing a 6-8 week class session and then facilitating the lesson place.
- **Aftercare prevention:** In the Spectrum unit at the women's facility there is an after care prevention for inmates. Marissa Bedrosian is the supervisor for aftercare for the women's facility. Ms. Bedrosian's supervises re-entry observation, working out in the community and follow up of every 6 months. The aftercare program includes substance and drug abuse treatment and psychological counseling if needed.

Area's in Need of Improvement/ Recommendation

- **Training Manual:** For the first time in 5 years the training manual has been updated. The observation of the classes on Wednesday, April 8, 2009 was the first section of the new curriculum. The curriculum should be updated annually and is not beneficial for the inmates to be learning information that has not been edited.

Ranking: 90% Approved

Component 5: Director of Rehabilitation Programs

Strengths

- Before and After Completion: The director meets with the facilitators before and after the completion of the program. There are bi weekly meetings with all the facilitators that involve discussion and questions about the curriculums. There are meetings every week with the facilitator and supervisor to ask individual questions and address any concerns.
- Evaluation Tool: The GQI is an evaluation tool that assesses the facilitator's implementation of the program and changes that can be made. The GQI is used to assess the program quarterly and is a beneficial aspect for improvement in the program implementation.

Area's in Need of Improvement/ Recommendations

- There are no areas of in need of improvement for the director and supervisor of Spectrum.

Ranking: 100% Approved

Component 6: Evaluation

Strengths

- On going evaluations: As previously noted, the GQI is an evaluation to ensure the program is being implemented correctly. Spectrum has an aftercare program called REPACC that was talked about in both classes that I observed as well as in the curriculum. The evaluations are done quarterly and are taken seriously. The areas where there is low scoring will be addressed and changed as soon as possible. The implementation of the program is important to the

inmates lifestyle change.

Areas in Need of Improvement/ Recommendation

- Outcome Evaluations: There are no outcome evaluations done by the director of rehabilitation services. The lack of outcome evaluations can result in incorrect implementation of programs and a decline in effectiveness for offenders.

Ranking: 100%

Comparison on the Two Instruments

The Michigan's Department of Corrections Evaluation Tool assessment score summary is 78 out of 100 points. The Rhode Island Department of Corrections evaluation score of 49 out of 64 points. Rhode Island's percentage is 76.56% which is a 1.44% difference from Michigan's evaluation tool. Spectrum's substance and drug abuse treatment was a well run residential rehabilitation program and I was impressed by the supervisors work at the women's facility. The recommendations for the program would be to have more documentation of the research that supports the program and the curriculum.

Conclusion

Over the past 25 years, research has shown that some rehabilitation groups are effective. At the ACI, sex offender, domestic violence and substance abuse treatment programs support this claim. The Rhode Island Adult Correctional Institute Evaluation tool has found all three programs as effective ways of rehabilitating the offenders. Observing the curricula, classes and implementation has shown that at the ACI there is a dire need of a risk assessment programs, compatibility testing, DOC evaluations and

literature reviews. The DOC is aware of the necessity for these programs. Unfortunately, there is a lack of sufficient resources and support to correctly implement the curriculums. It is possible that with state or grant funding, enthusiastic attitudes from facilitators will make it feasible to implement these programs in the future.

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