

# REPORT

## EVIDENCE-BASED CORRECTIONAL PROGRAM CHECKLIST (CPC)

### **Utah Youth Village: Families First Salt Lake City, Utah Evaluation Date: March 18<sup>th</sup> & 19<sup>th</sup>, 2014**



THE UNIVERSITY OF UTAH

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## CONTEXT AND SCOPE OF THE EVALUATION<sup>1</sup>

Programs that adhere to the principles of effective intervention are more likely to impact criminal reoffending (see Andrews & Bonta, 2003 for a review). Specifically, correctional research suggests that cognitive behavioral and social learning models of treatment for offenders are associated with considerable reductions in recidivism (Gendreau, 1996; Smith, Gendreau, & Goggin, 2005). As such, during the last several years legislatures and policymakers have requested that interventions are consistent with the research literature on evidence-based practices.

Within this context, the Families First program was assessed using the Evidence-Based Correctional Program Checklist (CPC). The objective of this assessment is to conduct a detailed review of services and program materials, and compare them to “best practices” in corrections as identified by empirical studies. This evaluation is part of an effort by the Utah Criminal Justice Center (UCJC) at the University of Utah to identify and improve the use of evidence-based practices for correctional programs within the state. This is the sixth CPC evaluation completed on the Families First program, with the previous evaluations in October 2012, August 2011, August 2010, September 2009, and July 2008. Continued recommendations based on evidence-based practices to enhance the effectiveness of the services delivered by the program are offered throughout this report.

## SUMMARY OF THE PROGRAM

The Families First program, located in Salt Lake City, Utah, is one of the several programs operated by the Utah Youth Village. The program provides in-home, family-based services to youth and their families 8-10 hours a week for 6-8 weeks (though the number of weeks can be extended based on need and progress toward established goals). The in-home services are based on an adaptation of the Teaching Family Model<sup>2</sup> (i.e. Teaching Family Curriculum). The program has been providing in-home services to transitioning and struggling youth and families since 1993, and serves both male and female youth. The goal of Families First is to provide services to meet the family’s needs, stabilize the family and help families’ stay together through skill development.<sup>3</sup>

Throughout the year, the program serves approximately 100 court-involved youth between the 2<sup>nd</sup>, 3<sup>rd</sup> and 4<sup>th</sup> Districts, representing about one-fourth of the youth and families served by Families First. Currently the program employs one program director, one intake coordinator, and 33 family specialists and/or coordinators (this is an increase from years past). The Families First program operates on an annual budget of \$1.6 million, with \$250,000 coming from Juvenile Court-State Supervision monies. Additional funding comes from internal sources, insurance, private pay and fundraising.

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<sup>1</sup> Portions of this report that pertain to standard CPC issues were provided by University of Cincinnati, Corrections Institute, and are used with the Institute’s permission.

<sup>2</sup> <http://www.teaching-family.org/bibliography.htm>

<sup>3</sup> Utah Youth Village Families First Program Operations Manual

## PROCEDURES

### Description of the Evidence-Based Correctional Program Checklist (CPC)

The CPC is a tool that was developed to assess correctional intervention programs,<sup>4</sup> and is used to ascertain how closely correctional programs meet known principles of effective intervention. Several recent studies conducted by the University of Cincinnati on both adult and juvenile programs were used to develop and validate the indicators on the CPC.<sup>5</sup> These studies found strong correlations with outcomes and overall scores, domain areas, and individual items (Holsinger, 1999; Lowenkamp, 2003, Lowenkamp & Latessa, 2003; Lowenkamp & Latessa, 2005a; Lowenkamp & Latessa, 2005b).

The CPC is divided into two basic areas: CAPACITY and CONTENT. The CAPACITY area is designed to measure whether a correctional program has the capability to deliver evidence-based interventions and services for offenders. There are three domains in the capacity area including: (1) Leadership and Development; (2) Staff; and (3) Quality Assurance. The CONTENT area focuses on the substantive domains of: (1) Offender Assessment; and (2) Treatment Characteristics. This area evaluates the extent to which the program meets the principles of risk, need, responsivity, and treatment. There are a total of seventy-seven indicators, worth up to 83 total points. Each area 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 lower).

The scores in all five domains are totaled, and the same scale is used for the overall assessment score. It should be noted that not all of the five 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 that should be noted. First, the instrument is based upon an "ideal" program. 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 an issue. Although steps are taken to ensure that the information gathered is accurate and reliable, given the nature of the process, decisions about the information and data gathered are invariably made by the assessor(s). Third, the process is time specific. That is, the assessment is based on the program at the time of the assessment. Though changes or modifications may be under development, only those activities and processes that are present at the time of the review are considered for scoring. 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.

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<sup>4</sup> The CPC is modeled after the Correctional Program Assessment Inventory (CPAI) developed by Gendreau and Andrews (1989); however, the CPC includes a number of items not contained in the CPAI. In addition, items that were not positively correlated with recidivism were deleted.

<sup>5</sup> 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 at [www.uc.edu/criminaljustice](http://www.uc.edu/criminaljustice). A large part of this research involved the identification of program characteristics that were correlated with recidivism outcome.

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

## **Norm Information**

Researchers at the University of Cincinnati have assessed over 500 programs nationwide and have developed a large database on correctional intervention programs.<sup>6</sup> Approximately 7 percent of the programs assessed have been classified as “HIGHLY EFFECTIVE”, 17 percent “EFFECTIVE”, 31 percent “NEEDS IMPROVEMENT”, and 45 percent “INEFFECTIVE”.<sup>7</sup> The average scores in each of the areas as well as the total score are contained in the figure at the end of the report.

## **Assessment Process**

The Families First program received their sixth CPC evaluation on March 18<sup>th</sup> & 19<sup>th</sup>, 2014 which consisted of a series of structured interviews with administration, staff members, and program participants as well as group observations. Additional data were gathered via the examination of 10 representative files (open and closed) and the review of relevant program materials (e.g., treatment manuals, course syllabi, ethical guidelines, and staff surveys). There were three certified evaluators from the University of Utah present; data from the various sources were utilized to determine a consensus CPC score and to provide the recommendations that follow.

# **FINDINGS**

## **Program Leadership and Development**

The first CPC domain examines the program director’s qualifications and previous experience, as well as his/her current involvement with the staff and the program participants. The program director is identified as the individual responsible for overseeing the daily operations of the program. Wayne Arner was identified as the program director for the purposes of this

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<sup>6</sup> Several versions of the CPAI were used prior to the development of the CPC. Scores and averages have been adjusted as needed.

<sup>7</sup> The previous categories used were “very satisfactory”, “satisfactory”, “needs improvement”, and “unsatisfactory”.

assessment. The Program Leadership and Development section also evaluates whether empirical literature was consulted prior to initiation of programming and whether new initiatives are piloted prior to implementation. This section of the CPC assesses the degree of support for the program from both the at-large and criminal justice communities. Finally, this domain considers the stability of the program, including the adequacy of funding.

### **Strengths:**

The first sub-component of this section concerns the qualifications and involvement of the program director. Mr. Wayne Arner, the program director, has a master's degree in Mental Health Counseling (CMHC) and a bachelor's degree in Criminal Justice. Mr. Arner has been the program director for 9 years, and worked with Utah Youth Village for 15 years, of which 12 years were with the Families First program. Prior to his placement with Utah Youth Village, Mr. Arner worked in a residential treatment center for 2-3 years. He also has certifications in trauma/loss and sex specific therapy (i.e., Network on Juveniles Offending Sexually; NOJOS).

Mr. Arner is an integral person in the hiring, training and supervision of program staff, conducting interviews, teaching sections during the training period, and supervising coordinators. He also carries one juvenile court involved youth and his or her family on his caseload per quarter, for a total of three to four youth and their families per year. Mr. Arner's education, experience, and direct involvement with staff and participants are all considered major strengths of the program.

The second sub-component of this section concerns the initial design and implementation of the program. Interventions should be designed so that they are consistent with the literature on effective correctional treatments. The Teaching Families curriculum was developed from a model that has received empirical support as an effective cognitive-behavioral intervention with juveniles who struggle in residential settings. Families First adapted this model and has continued to make improvements in the implementation of this model over time, including developing a Phase Manual based on the Teaching Families Model.

Further efforts to implement best practices have included the use of piloting changes made in the program. This is a recent improvement based on a recommendation from the last evaluation to implement a formal pilot period when making adjustment and improvements to the program. In this case, a 30-60 day pilot period was determined to evaluate the usefulness of using the Motivation for Youth Treatment Scale (MYTS).

The third sub-component of this section addresses the support for the program from the criminal justice community and the local community as well as financial support from Juvenile Court and private monies. The Families First program appears to be supported by the criminal justice community and the local community, as evidenced by referrals from probation officers and judges as well as an extensive wait list. In addition, they receive generous donations of monetary and physical resources from the community. The program has enjoyed stable funding since inception and has adequate funding to provide the services as designed. Finally, the program is more than three years old, suggesting a level of stability.

### **Areas that Need Improvement and Recommendations:**

Currently the Families First program is excelling in program leadership and development. Best practices should be continued for maximum effectiveness in this area.

**Rating:** Highly Effective (100%)

### **Staff Characteristics**

This section of the CPC concerns the qualifications, experience, stability, training, supervision, and involvement of the program staff. Staff considered in this section includes all full-time and part-time employees who conduct groups or provide direct service/treatment to the participants. Support staff is excluded from this group as is the program director (evaluated in the previous section).

#### **Strengths:**

The program staff have adequate levels of education in helping professions and are hired based on skills and values related to effective service delivery, i.e., teaching skills, rapport, appropriate cultural responses, empathy.

Staff meetings are held weekly, consisting of trainings, staffing individual cases and other items of concern. In addition, coordinators meet with specialists weekly to discuss the progress of each youth and family, and Mr. Arner meets with coordinators regularly to discuss the specialists and their youth and families. Furthermore, yearly evaluations are performed on staff via an external evaluator.

Newly hired staff attend two weeks of pre-service training to learn about the Teaching Families Model, the philosophy of the program, evidence-based practices around risk, need and responsivity, and about several other core elements of the program. Following this training, new staff shadow coordinators for three months, and then are assigned their own families. Continued observation and support is provided by the coordinator for the next three months. After this point in time, continued training occurs in weekly staff meetings and as often as needed per the coordinator or program director. Additionally, staff are expected to attend 40 hours of training in subjects related to Families First youth and family model. Staff reported attending the Troubled Youth Conference, the Teaching Families Conference, and completing training in Anger Management, Positive Psychology, and several other relevant areas.

There is evidenced that program staff support the goals and values of the program. Staff, as well as the program director, report the culture and climate as supportive and that there is a program-wide desire to help employees and families succeed. The staff reported this environment helps them feel comfortable offering input to the program. A few changes to the program have occurred based on specific staff input. For instance, Families First implemented the MYTS based

on a staff recommendation as well as moving to a paperless system. Lastly, staff follow ethical guidelines from their related professional fields when applicable.

### **Areas that Need Improvement and Recommendations:**

Although most staff have received education in relevant fields of study, some staff did not have a minimum of two years of experience working with court involved/delinquent youth.

- Recommendation:
  - In addition to education and skills, staff should be selected based on their experience working with individuals who are involved in the court system. Preferably staff will have two years of experience with this population, and this will enhance the effectiveness of service delivery.

**Rating:** Highly Effective (90%): The Families First Program has improved in this area over the past year.

## **Offender Assessment**

The extent to which services provided are appropriate for the offender, and the program's use of proven assessment methods are critical to effective treatment programs. Effective programs assess the risk, need, and responsivity of offenders, and then provide services and treatment accordingly. Assessments and treatment should be focused on the attributes of offenders that are directly related to criminal behavior, referred to as criminogenic needs. The Offender Assessment domain examines three areas regarding assessment: selection of offenders; the assessment of risk, need, and personal characteristics of the offender; and the manner in which these characteristics are assessed.

### **Strengths:**

Families First has identified a target population, and exclusionary criteria have been clearly defined and are understood across staff members. It was consistently reported by program staff that the vast majority of participants in the program should be moderate to high risk. Additionally, youth and families who are experiencing mental health problems (especially suicide), domestic violence, active substance abuse problems or who are in homes where communicable diseases are found are not be served by Families First. Staff reported they rarely, if ever, admitted youth and families with these struggles unless they have been resolved.

The program's assessment of risk and need factors is a strength to the program. The staff reported they receive Protective Risk Assessments (PRA) from the probation officers as well as the case conceptualization worksheet listing both the risk level and goals of the youth. However, in some cases only a Pre-Screen Risk Assessment (PSRA) was received, but the staff relied heavily on the case conceptualization worksheet in these instances. Staff reported continued training about the background of the PRA and PSRA and the Risk, Need and Responsivity

factors from the courts. Information from the PRAs and the case conceptualization worksheets were found in the case plans, demonstrating the use of these tools in treatment planning.

A major strength and improvement in the Families First program is the implementation of responsivity assessments. Currently, Families First is utilizing the Jessness Inventory as well as the MYTS. Staff continued to report the value of having a responsivity assessment that guides them in the most effective ways to administer treatment to the youth and the family.

Other assessments being used are:

- 1) Youth Outcome Questionnaire (YOQ) - administered to the parents in an effort to help staff and families identify mental health, suicide ideation, and other behavioral struggles with their youth.
- 2) Protective Factor Scales (PFS) - administered to help staff understand the protective factors within the family and to help develop a strong case plan based on low or high protective factors.
- 3) Youth Criminogenic Inventory (YCI) - administered to youth to help provide information about behavior change that occurred as a result of the Families First intervention.

The combination of these assessments provides information to help guide the treatment plan, provides the responsivity for the youth and the family and provides a scale to measure progress.

### **Areas that Need Improvement and Recommendations:**

In some case files, when only the PSRA was being given to the staff from probation, a need level was not being defined. The PSRA only produces a risk level-the risk to reoffend.

- Recommendations:
  - When working with offenders it is imperative to determine both risk level to reoffend and criminogenic need level (i.e. risk factors that can be changed) for effective treatment planning. For example a client can be low risk/low need; low risk/high need; high risk/low need; or high risk/high need. Program staff should work with probation officers to ensure the need level is identified and forwarded with the referral.

**Rating:** Highly Effective (93%): The Families First Program has improved in this area over the last year.

### **Treatment Characteristics**

This domain of the CPC examines whether or not the program targets criminogenic behaviors, the types of treatment used to target these behaviors, specific treatment procedures, the use of positive reinforcement and sanctions, the methods used to train participants in new pro-social skills, and the provision and quality of aftercare services. Other important elements of effective intervention include matching the participant's risk, needs, and personal characteristics with appropriate treatment programs, treatment intensity, and staff. Finally, the use of relapse

prevention strategies designed to assist the participant in anticipating and coping with problem situations is considered.

### **Strengths:**

Families First uses the Teaching Family model, which is a family-based model with empirical support for residential services with juveniles. The program uses this model as well as a formal phase manual, intended to unify treatment amongst family specialists. In addition, the case files consistently showed the program staff use the PRA results to identify corresponding skills aimed at reducing criminogenic risk factors and needs. Some of these skills included decision-making, attitudes and behaviors, communication amongst family members, and conflict-resolution.

There was evidence the program staff are knowledgeable about the Teaching Family model and manual and the process for treatment plan development with the PRA results, including an understanding of skill development.

Direct services vary per youth based on results from the responsivity assessments. Staff consistently reported the usefulness of understanding the youth's motivation and responsive needs. Additionally, youth were placed with specialists based on specific needs such as autism, language, culture, age, gender, and court-involvement. Higher risk youth are commonly placed with more experienced specialists.

Youth in the program are monitored by probation in the form of school visits, home visits and urinalysis tests. Additionally, families are being trained by the specialists to monitor and supervise their youth during their free time.

While program staff reported knowledge and understanding of evidence-based practices, the program staff also consistently displayed skills in administering evidence-based practices. In-home visits started on time with a review of skills learned from the previous meeting. Opportunities to utilize those skills were provided, and sessions transitioned well into needs of the youth and families. New skills were introduced as well, with program staff implementing cognitive-behavioral techniques of modeling, training, and role-playing. Program staff also regularly assigned homework. Rewards are administered to the youth and family based upon completion of homework, which is associated with new skills and pro-social behavior change. The youth and families collaborate with the program staff to determine rewards; rewards included candy bars, games, free time, dinner and/or movies. The rewards were administered regularly, and staff reported understanding that rewards should be administered at a 4:1 ratio.

Completion criteria for the program were included in the phase system. Families First youth and their families complete the program at a rate of 85%. Upon completion, a discharge summary reviews the process and the skills developed by the youth and family as well as recommendations for continued needs. Youth and families have several opportunities to provide input into the program throughout and again at program completion.

The Families First program offers on-call aftercare services and formal follow up occurs at 30, 90, 180 days and 1 year. Booster sessions and possible continued intervention are offered as needed for the youth and the family based on the formal follow up meetings.

### **Areas that Need Improvement and Recommendations:**

The length of treatment varies according to the needs of the youth. While this is a positive aspect of treatment, treatment should at a minimum be twelve weeks in length. Also, while treatment is intensified based on the youth and family's needs or crisis; it is not intensified according to the formal risk level of the youth.

- Recommendations:
  - Treatment should at a minimum be twelve weeks in length. Research has found more significant results with moderate to high risk offenders when treatment is twelve weeks to nine months.
  - The intensity of program for youth and families should vary according to the risk level of the youth.

Families First specialists spend 8-10 hours a week, between 4-5 times a week, on structured intervention. Outside of this allotted time, youth are not spending the majority of their time in structured activities. One youth reported having free time during the day, with the exception of spending two hours at school.

- Recommendations:
  - 40% of program participants' time, per week, should include engagement in therapeutic tasks (which can include work and/or school).

Sanctions or consequences for anti-social behavior by parent's or youth are not administered directly by the program staff, rather program staff teach parents behaviorally-based parenting practices during the home visits. Staff reported withholding rewards as the primary tactic for consequences.

- Recommendations:
  - Consequences should be designed for both parents' and youth in direct and immediate response to anti-social behaviors. Consequences are used to extinguish antisocial behavior and to promote behavioral change in the future by showing offenders that behavior has consequences.
  - Additionally, consequences should vary, consisting of extra work duties, time-out, mild aversion stimuli rather than just response cost.

Although aftercare services have been implemented to the program, discrepancies in case file notes reflected a lack of quality aftercare services. One follow up note reported a youth having several problems and the mother's concerns about the youth. The program staff helped them make a treatment plan and offered to follow up in several months. In another case file, the notes

reported the youth was doing extremely well with no problems and the program staff determined to follow up with the family and youth the following week. This discrepancy showed a lack of quality aftercare services.

- Recommendations:
  - Quality aftercare should ensure youth with greater immediate need receive follow-up services more quickly than one with relatively less need. Moreover, a plan for the duration of follow-up services and a maximum time between contacts should be formalized within the program. Aftercare provided at the 30, 90, and 180-days and at the 1-year mark should be based on identified needs at each time point, and should meet a program established duration and level of quality.

**Rating:** Highly Effective (80%): Despite a slight decline in score, the program continues to be strong in this area. Most areas have remained consistent and met the standards of the CPC evaluation. However, ensuring that consequences are designed for both parents' and youth in direct and immediate response to anti-social behaviors and providing aftercare on a consistent basis based on the needs of each youth and their families are certain areas that did not meet standards set forth by criminal justice research and could be improved upon.

### Quality Assurance

Ongoing monitoring of the Families First's functioning is vital to ensuring that the program is operating as designed and is adjusting as needed. This CPC domain focuses on the quality assurance and evaluation processes used to monitor how well the program is functioning.

#### Strengths:

The Families First program has an internal quality assurance system in place to evaluate all services provided by the program staff, direct services and record keeping. The program leadership is also evaluated on a regular basis. Client surveys are sent to youth and families, and results are given to program staff as a part of their evaluation.

Youth recidivism reports have been calculated by the University of Utah, and the program director frequently reviews these rates for program improvement processes. The Families First program is, and has been, evaluated by a qualified researcher and was evaluated using a comparison group indicating greater improvement in the treatment group over the past five years.

#### Areas that Need Improvement:

While youth are reassessed on a few of the assessment tools (YOQ, PFS) at discharge from the program, youth are not formally reassessed on criminogenic targets via a standardized assessment tool while participating in the program or prior to discharge.

- Recommendations:

- The youth's progress towards treatment goals related to criminogenic needs should be formally reassessed with a standardized assessment tool during treatment and prior to discharge.

**Rating:** Highly Effective (75%): The Families First Program has improved in this area over the last year.

### **Concluding Comments**

The overall score for the Families First CPC was 86 percent, which places it in the Highly Effective category. The overall capacity score, which is designed to measure whether the program has the capability to deliver evidence-based interventions and services for offenders, is 90 percent, which also falls into the Highly Effective category. Families First scored an 86 percent on overall content, which measures the extent to which the program meets the principles of risk, need, responsivity and treatment. This score places the program in the Highly Effective category.

While it is up to program administration and staff to determine which areas to prioritize, the following suggestions are offered as possible starting points for the evidence-based continuous quality improvement plan:

#### 1) Risk and Needs Assessment

- a. Families First currently receives the PSRA and the PRA from probation as a tool for assessing the risk and needs for the youth they serve. It was reported and observed that the PRA identifying risk and need levels was not always received from probation prior to case planning and implementation of the intervention. To implement the research regarding risk and needs for effective treatment planning the Families First program should ensure they receive the PRA from probation to identify risk and need levels, prior to working with the youth and families.
  - i. The youth's level of risk should inform the intensity of services provided and the interventions utilized. Research suggests that the intensity of participants' supervision and treatment should be based on their level of risk for reoffending (i.e., higher risk participants should receive the most supervision/treatment). Programs that vary the dosage and duration of intensive services according to the client's risk level, and tailor services based on criminogenic needs, have positive impacts on reducing recidivism.
  - ii. The youth's level of need should inform the intensity of services provided, the targets of intervention and the associated interventions utilized. Participants who are at higher risk to recidivate, by definition, have more criminogenic needs. These participants should be required to attend additional treatment groups, dictated by the needs identified through the

use of a formal and validated needs assessment. Thus, participants identified overall as high risk to recidivate should have longer and more intense treatment and be separated from lower risk participants.

## 2) Rewards and Sanctions

- a. The Families First program consistently used appropriate rewards for both the youth and the families, as well as training the parents on appropriate behavior management systems. To increase the effectiveness of a behavior management system, rewards should work in conjunction with sanctions on targeted behaviors. It is recommended that the program develop a systematic approach for the use of sanctions with their current rewards.
  - i. Sanctions provide a means for participants to connect their criminal behaviors to undesired sanctions. They are an integral part to extinguishing behaviors and should be appropriately utilized by the program. Formal written criteria should be created and used to implement sanctions for behaviors the program seeks to extinguish. Sanctions should expand beyond the processes of the group (not used solely to control group behavior) and most importantly address targeted behaviors.
  - ii. For sanctions to achieve maximum effectiveness, they should be administered in the following manner: 1) escape from the sanction should be impossible; 2) the sanction should be administered immediately and after every occurrence of the deviant response; 3) the sanction should be of maximum intensity; 4) alternative pro-social behaviors should be offered after the sanction is administered; and 5) there should be variation in the sanctions used.
  - iii. In order for behavioral interventions to be effective they must be consistently applied. As a result, when behavior contracts are utilized they should be carefully contracted and strictly enforced.

## Families First CPC Domain Effectiveness Score Trends



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### **Additional Resources**

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