

**IOWA EVIDENCE BASED PRACTICES
(EBP)**

PROGRAM AUDIT MANUAL

**(Based on the Department of Corrections'
EBP Program Assessment Criteria)**

_____ **Institution/CBC District**

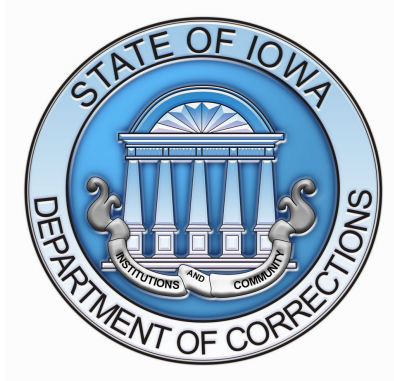


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RISK ASSESSMENT

1. Is a validated risk assessment conducted to determine criminogenic need?

Scoring Criteria: Validated Risk Assessment Identifies Criminogenic Need (LSI-R, Iowa Risk Assessment) - What program specific validated assessments are in use (substance abuse, sex offender, OWI, BEP (CBC BEP does not meet this criteria); What quality assurance process exists to ensure instrument validity—5% LSI-R audit requirement

COMMENTS:

RISK ASSESSMENT

2. Does the program address one of the LSI identified needs (Alcohol/Drugs, Emotional/Personal, Attitude/Orientation, Employment)?

Scoring Criteria: Program/Intervention Addresses Criminogenic Need(s)—The program must be identified as addressing one of the LSI-R criminogenic needs identified in Iowa's offender population. What quality assurance exists to ensure appropriate needs identification? What % of needs is BOP or Court ordered?

COMMENTS:

RISK ASSESSMENT

- 3. Describe the criteria for program placement (risk based, dosage/duration of treatment based on risk, reassessed for risk reduction).**

Scoring Criteria: Documented EBP Program Placement Criteria - Written criteria or policy, including risk, need and responsivity elements (minimum standard criteria) must be in place and followed for placement into the intervention/program, such as risk score cutoffs, specific need identification, stage of change, Jesness type, admission/exclusion criteria. BEP and SOTP are offense based & receive credit due to offense criteria. Program information that does not fit how the program is designed should not receive credit for this item.

COMMENTS:

RESPONSIVITY

- 4. Is intrinsic motivation enhanced (motivational interviewing, incentives, rewards, etc.)?**

Scoring Criteria: Motivation Enhancement - Specific documentation of how motivational interviewing (Spirit of MI demonstrated through collaborative, engaging, supportive partnership with offender— intrinsic, interpersonal, sensitive approach in contrast to teaching, giving advice, direction, controlling, critical approach) is utilized as well as a wide range of motivational enhancements (extrinsic) that are likely to impact a range of offenders, i.e. certificates, early release, graduation events, special recognition for performance, any strategy that promotes HOPE. Quality assurance to ensure/hold MI trained staff accountable to use MI techniques.

COMMENTS:

RESPONSIVITY

5. Is treatment matched with offender characteristics?

Scoring Criteria: Offender Matched to Treatment - Different levels of functioning, gender specific (culture, female only, if coed females not outnumbered by males, not male only facilitator), crime specific, learning styles, stage of change, mental health issues are examples of matching offender characteristics to treatment. Documentation of treatment accommodations made by program/staff to meet specific offender needs.

COMMENTS:

RESPONSIVITY

6. Are staff matched with treatment type?

Scoring Criteria: Staff Assigned Are Matched to Treatment Program - Documentation of flexibility in staff assigned to treatment programs in relation to personality, skill level, interest level, etc. Staff is trained and has the credentials to conduct the type of program being delivered, including MI trained & demonstrates use of MI skills.

COMMENTS:

COGNITIVE BEHAVIORAL INTERVENTIONS

7. Are cognitive behavioral interventions used (thinking, feelings, behavior; skill training with directed practice; modeling, use of structured time booster sessions/aftercare)?

Scoring Criteria: Cognitive Behavioral Treatment

- a. Specific examples of how thinking patterns, thoughts, feeling and behavior are connected, as well as how skill training, modeling, practice, and feedback are utilized to demonstrate the use of cognitive behavioral interventions. Demonstrated understanding of program staff and participating offenders of the foundational cognitive behavioral approach that thoughts produce feelings, feelings produce behavior. Behavior is changed by retooling the thoughts that an individual thinks in response to stimuli (cognitive restructuring). Program facilitators demonstrate understanding of the key elements of cognitive restructuring, **SKILL BUILDING & MODELING—TELL** (rationale), **SHOW** (model), **DO** (practice). Demonstrate that feedback and homework that reinforces the thinking & behavior change are utilized.

- b. The establishment of continuing care is demonstrated after completion of primary treatment intervention.

COMMENTS:

CONTINUING SUPPORT

- 8. Is sustaining community support addressed, including the use of mentors, support groups, etc?**

Scoring Criteria: Community Support Established—Specific examples of how community support and connections that last are established through resource appointments, mentors, relapse prevention plan, community advisory board, pro-social community involvement. Demonstrate that natural community connections are established that support offender after corrections is gone.

COMMENTS:

PROGRAM MEASUREMENT/FEEDBACK

- 9. Has the program had an external evaluation?**

Scoring Criteria: External Evaluation - Documented outcome evaluation conducted by external-to-agency resource that is less than 5 years old (not required for Excellent rating).

COMMENTS:

PROGRAM MEASUREMENT/FEEDBACK

- 10. Is internal program performance or evaluation data collected (CPAI, certification or license, etc)?**

Scoring Criteria: Internal Performance Review - Documented quality assurance reviews, program audits, licensure review, offender feedback that is collected, analyzed & utilized to make program revisions are examples of internal review.

COMMENTS:

CLINICAL SUPERVISION

11. Has the program supervisor been trained in Evidence-based Practices, motivational interviewing or program specific intervention skills?

Scoring Criteria: Program Supervisor Trained to Support Intervention - Documentation in training records/credentials of EBP/ Motivational Interviewing (24 hours) or program specific skills. Demonstrated use of such skills.

COMMENTS:

CLINICAL SUPERVISION

12. Has the program supervisor been trained in clinical supervision skills/techniques?

Scoring Criteria: Clinical Supervision Training of Program Supervisor - A work group has been established to define the requirements for this element. Further review of this standard will not be conducted until the product of that work group are completed and accepted. This standard is not required for Excellent program rating.

COMMENTS:

Intervention Specific Criteria:

VIP

Need area: attitude/orientation

Purpose: Offenders who have a history or current charge of victimization and who would further benefit from seeing the offense from the victim's standpoint.

- JESNESS classifications of CFM, CFC, MP and NA shall be given preferred placed in groups.
- Offenders shall be assessed and shall be minimally in the contemplative stage of change. Precontemplative offenders shall not be referred to VIP.
- Dual Diagnosis issues shall be addressed prior to placement into VIP.
- Personal victimization issues shall be addressed outside the classroom either prior to enrollment or in aftercare.

CALM

Need area: attitude/orientation or emotional/personal

Purpose: Offenders with a history of anger control difficulties as show by behavior or criminal history or through assessment shall be considered for placement.

- The Psychologist may refer offenders to this intervention based on his assessment.

- Schizophrenics and other psychosis shall be screened to determine appropriateness to the program. If allowed entrance, they shall be stable on or off medication as determined by the Psychologist.
- This curriculum requires a 6th grade reading level as shown on the TABE assessment.

Thinking for a Change

Need area: attitude/orientation

Purpose: Offenders learn both cognitive restructuring and social skills intervention. This intervention looks at beliefs, attitudes and values and referrals are based on difficulty of the offender to make positive choices.

JOURNEY

(based on Strategies for Self Improvement and Change – Substance Abuse and Criminal Conduct)

Need area: Alcohol/Drug problem

Purpose: Offenders who have not completed primary substance abuse programming and have a history and/or current charges related to the use and/or abuse of alcohol or drugs.

- The TCU drug screen and SASSI assessment are additionally used to determine level of care necessary.
- Offenders must be responsive to Motivational Interviewing and accept the program, including completion of all course requirements at the start of the intervention.
- Offenders with recent major reports shall be skipped over until the next class.

Relapse & Recidivism

(based on sections of the Strategies for Self Improvement and Change – Substance Abuse and Criminal Conduct)

Need area: Alcohol/Drug problem

Purpose: Offenders who have completed primary substance abuse and show a need for substance abuse programming or have a history and/or current charge revolving substance use/abuse.

- The TCU drug screen and SASSI may be used to determine level of care.
- The offender shall be responsive to motivational interviewing and accepts the class.

MIFVPP

Need area: attitude/orientation or family/marital

Purpose: Domestic Abuse programming for offenders who have a history or show a need to address spousal abuse or abuse with an intimate partner.

- Offenders shall be referred based on the following crime conviction in the past 5 years:
 - Domestic Abuse Assault 708.2A
 - Marital Rape 709.4(1)
 - Stalking 708.11
 - Harassment 708.7
 - Terrorism/Intimidation with a Dangerous Weapon 708.6
 - Going Armed with Intent 708.8
- The following crime conviction may lead to a referral if there is an indication that the offender is abusive to his/her intimate partner or former partner:
 - Third Degree Sexual Abuse 708.4(2), 709.4 (3), 709.4(4)
- Offenders may be court ordered to complete this intervention.

- If the offender and victim are not or have not been in an intimate relationship, substitute CALM for MIFVPP.
- Offenders charged with any of the above crimes but the charge was dropped during plea agreement shall still be placed in this intervention.
- Offenders who self-disclose being abusive in intimate relationships shall be placed in this intervention.
- During the LSI-R assessment, it is found that the offender has abusive tendencies in intimate relationships.

The Next Step

(Cognitive aftercare)

This is an extension of and continuation of Thinking for a Change, MIFVPP, and CALM. The offender would need to meet the criteria for the specific intervention and complete the intervention prior to participation in aftercare.

Exceptions and Over-rides:

- Offenders volunteering to participate in specific areas may be allowed if space is available and participation would not be detrimental to the offender or the group.
- Offenders not meeting the above criteria may be placed into the intervention with reasons being clearly documented in the case management plan.