NORTHWESTERN

RANGERS

NWOSU CSP PROGRAM ACTIVITY REPORT 2022

Overview

Northwestern Oklahoma State University, through the Community Services program (CSP) contracted with the C.E. "Bill" Johnson Correctional Center (BJCC) in October 2004. In May 2009, Cognitive Behavioral Relapse Prevention program was written to provide cognitive behavioral substance abuse treatment services to trainees in the treatment phase of the BJCC comprehensive program. Since 2010, the CSP has completed approximately 3,377 trainees from our program. All treatment staff members of CSP have received certification as certified or licensed alcohol and drug counselors. The hours of treatment the inmates receive can be utilized upon discharge to offset assessed treatment hours stipulated by the courts in numerous areas. This can also assist them in regaining their driver's licenses and further ensures successful re-integration into the public.

NWOSU is actively involved in the assessment and progression process of each trainee throughout the program. They provide a comprehensive data tracking system that provides accurate information for our overall program and works with us to make informed decisions about our treatment services. As an added bonus to the community and to the public, NWOSU's counselors work towards the attainment of a master's degree in Counseling Psychology and also gain the necessary practicum hours to become licensed by the state of Oklahoma with a specialty in drug and alcohol counseling while working at BJCC. This partnership places experienced, licensed treatment personnel throughout our state, while giving our inmates a standard of treatment not found in many facilities.

We are working towards adding another piece to this program which will establish a social worker presence to assist inmates with reentry needs. This too will allow bachelor level students to work under the supervision of a licensed social worker while also accruing the needed practicum hours to become licensed social workers by the State of Oklahoma. It is our intent to not only provide quality treatment services to our inmates but to also be a resource to the public and treatment community in assisting licensure candidates in rural Oklahoma attain their supervised practicum hours which are often difficult to accrue without extensive travel. In addition, the CSP program members conduct orientations, assessments, individual counseling, group counseling, and case management services. The following will be an overview of the services provided for fiscal year 2022. Since 2020, NWOSU-CSP has had 6 Social Work practicum students provide treatment and support for our program. This area is still developing and will continue to develop in the years to come.

Demographics

The population of trainees in the CSP program is predominantly Caucasian (54.83%), with the second largest portion identifying as Black (15.17%), followed by Mexican (12.41%), and American Indian (9.31%). The principle concern associated with this distribution is the recruiting of counselors from minority groups in the program. In the last couple of years, we had a balanced distribution of counselors from different ethnic groups. This breakdown has improved the outcomes of trainees leaving the program and reducing recidivism. The matching of clients and counselors on the basis of race has some beneficial treatment effect on outcome. (TCU, 2005) Counselors have a responsibility to learn about a client's culture and ethnic background and obtain knowledge regarding how that might affect the client's issues, treatment goals, interventions, and etiology of any conditions. (Brown & Srebalus, 2003)

Race	Total	Group Percent
White	159	54.83%
Black	44	15.17%
Amer Indian	27	9.31%
Asian	1	0.34%
Mexican	36	12.41%
Cuban	1	0.34%
Unknown	1	0.34%
Other	21	7.24%
Total	*290*	

Age at time of Interview	Total	Group Percent
18 - 20	6	2.07%
21 - 30	96	33.10%
31 - 40	140	48.28%
41 - 50	47	16.21%
51 - 65	1	0.34%
Total	*290*	

Family

A second dimension of the trainee population is marital status. There is increasing concern with the impact of both substance abuse and incarceration on the spouses and minor children. Violence is a way that children and significant others are affected by addiction. The distortion of reality makes it difficult for an addict to trust either themselves or others (Ficaro, 1999). Preparation for discharge in the late stages of treatment ideally would include reentry work with the spouse or domestic partner of the trainee, which has been shown to significantly reduce recidivism.

The largest portion of the CSP trainee population identify themselves as single (never married) (68.28%), with the second largest group being married or living as married (14.14%), followed by divorced (12.76%), and lastly legally separated (3.45%). The degree of stability in the married and cohabiting relationships is unknown, but should comprise a crucial part of discharge and family re-entry programming. This, according to Zimet et al (2003) is a crucial dimension in the social networks that support the trainee upon re-entry to the community and family.

Current Marital Status	**Total**	**Group Percent**
Married or living as married	**41**	**14.14%**
Widowed	**4**	**1.38%**
Legally separated	**10**	**3.45%**
Divorced	**37**	**12.76%**
Single (Never married)	**198**	**68.28%**
Total	***290***	

Related to the family status of trainees is paternity status. There has been a great deal of work relating to the impact of substance related disorders on minor children, complicated by the enforced absence from the family due to incarceration.

First, there seems to be a genetic component to alcoholism and other types of addictions. Family studies, twin studies, adoption studies, half-sibling studies, and animal studies have all shown a tendency for addiction to run in families (Lawson & Lawson, 1998). Second, children of addicted parents are at risk for prenatal exposure to drugs and alcohol. This can create a host of issues psychologically, physiologically, and psychosocially. A third way children are affected by alcohol and drug addiction is by growing up in an addicted family system characterized by chaos, uncertainty, and an ever changing reality. This is creates an overall lack of structure which will eventually lead to legal issues.

The cycle of incarceration is a known issue in Oklahoma and many have seen or treated grandparents, parents, children, and grandchildren. Both the risks and opportunities represented by responsibility for minor children should constitute a focus in individualized treatment, and in discharge planning.

Close Relationship with any Children, in Lifetime	Total	Group Percent
Not sure	**9**	**4.04%**
No	**44**	**19.73%**
Yes	**170**	**76.23%**
Total	***223***	

In the composition of treatment groups, it has been suggested that both marital status and paternity are potentially useful criteria for group composition. At this time there is little attention being given to criterion based assignment to groups. Group assignment is based largely on the scheduling needs of the trainee and the staff within the correctional environment. Increased attention to treatment matching is a priority for CSP in refining the program.

Incarcerated fathers experience a large drop in employment at discharge, but no change in the probability of re-offending. (Bhuller, Dahl, Loken, and Mogstad, 2018) In Oklahoma, we see that increased incarceration are causing a generational effect. Through parental incarceration, it is not difficult to imagine the impact this has on an inmate's family. Luther (2015) stated that children may experience difficulties maintaining relationships due to lack of support from family members or transportation. Further, Foster and Hagan (2016) stated that young adults experience reduced levels of personal earning, household earning, and perceived socioeconomic status with paternal incarceration. Also, paternal imprisonment is also closely associated with eight health conditions: asthma, migraine, depression, PTSD, anxiety, high cholesterol, HIV/AIDS, fair/poor health. (Lee, Fang & Luo, 2013)

Education

Another dimension of the client population that directly influences the delivery of the treatment program is the educational level of the trainees, coupled with their individual fluency in English. Since CBRP is a program that relies heavily on the use of workbooks and written assignments, literacy and comprehension have been given the required attention necessary to increase program completion and value to the trainee.

Among the most significant accomplishments of the program at BJCC from its inception has been the success rate of the GED/HI-SET program within the facility. The trainee population in CSP reflects this success in part. The largest portion of the population is identified as having completed a GED or graduated with a high school diploma (48.28%) Trainees that have completed some college credits comprise 16.2% of the population, while those with junior high education levels comprise 11.38% of the overall population. Education is important in reducing recidivism as it is considered one of the big eight criminogenic needs. When this is paired with employment recidivism rates drop considerably.

Education - Highest Level Completed	Total	Group Percent
6th grade or less	3	1.03%
7th grade	1	0.34%
8th grade	12	4.14%
9th grade	20	6.90%
10th grade	27	9.31%
11th grade	40	13.79%
Graduated high school or received a G.E.D	140	48.28%
1 year of college	17	5.86%
2 years of college or an associates degree	21	7.24%
3 years of college	2	0.69%
4 years of college or a bachelors degree	7	2.41%
Total	*290*	

Employment Situation, Past 3 Years	Total	Group Percent
Full-Time (35+ hrs/wk)	167	57.59%
Part-Time (Reg hrs)	18	6.21%
Part -Time (Irreg hrs)	9	3.10%
Retired or disabled	7	2.41%
Unemployed	53	18.28%
Hospital or prison	36	12.41%
Total	*290*	

Treatment Process

Initial assessment of all trainees coming in to the program is by means of the LSI-R, most commonly completed while the trainee is at LARC. The current limitations of the available data make detailed assessment difficult, but the overall LSI scores seem to have been relatively stable over time, and serve as the main reference of assignment of trainees to the CSP treatment modality. The LSI is a stable instrument for assessment and is not used as a measure of change due to that fact. It is currently listed in the BJCC protocols as a pre and post measure, but this in in fact not the case. Variations in LSI scores by race are not significant. Other assessments have been added throughout the previous years to include the battery of assessments created for criminal justice clients by Texas Christian University.

According to Texas Christian University, the assessments include adaptations of forms originally used in community settings (based on the DATAR project) as well as assessments designed as part of the TCU Criminal Justice projects, beginning in 1994, for assessing needs and progress of offenders. Emphasis has been on offender needs and problem severity at intake to the CJ system, as well as continued psychosocial functioning and therapeutic engagement during treatment for evaluating and planning of care (see Simpson, Knight, & Dansereau, 2004). By aggregating offender records within correctional units, they also serve program-level evaluations of needs and effectiveness (Simpson & Knight, 2007). Assessments for evaluating CJ treatment staff/organizational functioning are included as well, especially in relation to efforts by programs to adopt treatment innovations (see Simpson, 2002; 2009; Simpson & Flynn, 2007).

This information is useful when working with a resistant client base. Some clients compare their substance abuse to that of a friend or family member. Using this data allows the NWOSU-CSP program to provide a basis to help broaden the client's perspective on addiction norms. Secondly, the data will provide the benefit of objectivity. This will remove bias and opinion from decision making. Lastly, these assessments help counselors in treatment planning and accurate identification of disorders. The following will be an overview of identified problem areas.

Problem Snapshot

Primary Substance Problem	Total	Group Percent
Alcohol	46	16.97%
Heroin	25	9.23%
Opiates or painkillers	16	5.90%
Barbiturates	1	0.37%
Sedatives or tranquilizers	4	1.48%
Cocaine	6	2.21%
Amphetamines or Meth	138	50.92%
Marijuana or hashish	24	8.86%
Hallucinogens	2	0.74%
Ecstasy	3	1.11%
Ketamine	1	0.37%
K2	3	1.11%
Over the counter medication	2	0.74%
Total	*271*	

Jail/Prison, Reason, the Last Time	Total	Group Percent
DWI	1	0.39%
Failure to pay alimony or child support	18	6.98%
Prostitution	68	26.36%
Shoplifting or vandalism	5	1.94%
Parole or probation violations	33	12.79%
Drug charges or possession	42	16.28%
Forgery	9	3.49%
A weapons offense	33	12.79%
Assault	2	0.78%
Rape	2	0.78%
Homicide or manslaughter	45	17.44%
Total	*258*	

Clients reporting History of Emotional, Physical, Sexual Abuse

Emotionally Abused, in Lifetime	Total	Group Percent
Not sure	2	0.69%
No	182	62.76%
Yes	106	36.55%
Total	*290*	
Physically Abused, in Lifetime	Total	Group Percent
No	*204*	70.34%
Yes	*86*	29.66%
Total	*290*	
Sexually Abused, in Lifetime	Total	Group Percent
No	266	91.72%
Yes	24	8.28%
Total	290	

Severity Score (Client's perception of problem) averages in BHI-MV Domains rated from lowest of 0 to highest of 9

Severity Score averages in BHI-MV Domains	Average
Legal	2.51
Alcohol	2.06
Drugs	5.19
Medical	2.07
Employment	2.87

Family	1.64
Psych	2.73

Composite Score averages for each BHI-MV Domain (0-1.0)

Composite Score averages for each BHI-MV Domain	Average
Legal	0.178
Alcohol	0.042
Drugs	0.033
Medical	0.220
Employment	0.906
Family	0.104
Psych	0.175

The target for the CSP program is for program completion in an average of 5 ½ to 6 months. Partial data currently available suggest that while there was some initial variability in meeting this goal; the program has stabilized and program completions are meeting the six-month completion rate goal. Individual client circumstances have affected a seemingly minor number of clients regarding time of completion. The following is a summary of terminations and the reason for ending treatment before completion.

Misconducts Reported after starting group:

A 105

B 0

X 3

Number & Type of Program Terminations

Total Discharges before Completion of Treatment: 84

Reasons for Discharge:

Behavior Issues	12	No treatment Provided	41
Discharge from Court	6	Other	1
Discharge from DOC	6	Parole	18

The program also utilizes the Adult Substance Use Scale for assessment, but not for pre and post assessment. The ASUS has demonstrated utility in discriminating between mental health and criminality issues in populations with co-morbid disorders of this type. The potential for use of this instrument to identify special needs and tailor individualized treatment to those trainees with mental health concerns has not yet been tapped. As the CSP continues to refine the treatment program, the processes of treatment matching and individualization should be better able to make use of the information provided in this assessment instrument.

Summary

Within the program trainees are asked to assess the value of each CBRP session as part of an exit interview. Another evaluation conducted at the time of program exit is the evaluation of the whole treatment program and process. This exit instrument consist of questions to which the trainee responds on a self-administered questionnaire.

Document Breakdown Report		Total
1. The CSP program prepared me for entering and understanding the program.	0-Does not Apply	8
	1-Disagree	5
	2-Agree	210
	Total	223
2. The CSP staff were available to help me when I needed them.	0-Does not Apply	4
	1-Disagree	10
	2-Agree	209
	Total	223
3. Relapse Prevention material was understandable	0-Does not Apply	1
	1-Disagree	12
	2-Agree	210
	Total	223
4. The CSP program helped me to prepare me to live drug and alcohol free in the community	0-Does not Apply	3
	1-Disagree	7
	2-Agree	213
	Total	223
5. The CBRP program was beneficial to me.	0-Does not Apply	2
	1-Disagree	3
	2-Agree	218
	Total	223
6. The counseling services met my individual needs.	0-Does not Apply	4
	1-Disagree	8
	2-Agree	211
	Total	223

*This data is drawn from voluntary responses. Not all Trainees opt to answer these questions.

The following is a report of treatment activity for NWOSU-CSP at the Charles E. "Bill" Johnson Correctional Center in Alva, Oklahoma.

Month	Participants
Jul-21	203
Aug-21	241
Sep-21	244
Oct-21	273
Nov-21	268
Dec-21	299
Jan-22	271
Feb-22	284
Mar-22	293
Apr-22	315
May-22	233
Jun-22	349
Avg. Participants	273 per mo.

Month	Completions
Jul-21	25
Aug-21	20
Sep-21	24
Oct-21	18
Nov-21	14
Dec-21	24
Jan-22	24
Feb-22	15
Mar-22	19
Apr-22	20
May-22	13
Jun-22	21
Total Completions	237

CBRP			
Year	**Completed**	**Still In**	**% Recidivated**
2015	**287**	**2**	**43.0%**
2016	**303**	**7**	**36.0%**
2017	**309**	**7**	**23.0%**
2018	**192**	**16**	**16.0%**
2019	**247**	**25**	**9.0%**
2020	**175**	**45**	**3.0%**
2021	**152**	**72**	**2.0%**

Summary

Research shows that treatment outcomes are related to the following criteria:

- Treatment readiness and problems at intake.
- Treatment engagement and participation.
- Cognitive/behavioral/social interventions.
- Adequate length of stay in programming.

The Texas Christian University (TCU) assessment instruments used by NWOSU-CSP capture data that can indicate psychological and social functioning change that occurs during treatment of clients. These intake instruments measure the following information on all clients:

- **Social/legal history** – Presence or lack of pro-social behavior and contact with law-enforcement.
- **Drug use/treatment history** – Substances used past and present and past treatment.
- **Problem severity** – Depth of presenting issues and possible treatment concerns.
- **Family/peer relations** – Presence or lack of family support and peer group associations which influence decision making.
- **Psychological functioning** – Presence or lack of organic psychological issues and affect of client.
- **Treatment readiness and motivation** – Presence or lack of willingness to change, compulsive behavior, and a support system.

The TCU assessment instruments are designed to measure improvement in basic pro-social behavior, motivation, and resistance to triggers which lead to recidivism. The higher scores on the pre-treatment scores indicate higher levels of resistance, higher levels of past presenting problems/drug use, and lesser values of treatment readiness and motivation within this data group. The lower post-treatment scores indicate improvement in pro-social behavior, higher levels of resistance to triggers, lessened compulsive tendencies, and heightened motivation to succeed and engage in more positive conforming behaviors.

Overall, the current data would suggest that the treatment conducted by NWOSU-CSP is viewed by the clients as worthwhile and beneficial. The benefit of having the information available allows for better analytics and modification of treatment based on outcome measures. Treatment can then be fluid and always able to be modified for the benefit of all stakeholders involved.