



**NORTHWESTERN**  
R A N G E R S

**NWOSU CSP PROGRAM  
ACTIVITY REPORT 2024**

## 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 4,000 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. Serving as a resource to the public and treatment community, the program assists licensure candidates in rural Oklahoma in obtaining supervised practicum hours, mitigating travel challenges.

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. Since 2020, NWOSU-CSP has integrated Social Work practicum students into the program, enriching both educational and practical aspects of the initiative. This ongoing development ensures continuous improvement and adaptation to evolving needs. The following will be an overview of the services provided for fiscal year 2024.

## Demographics

The population of trainees in the CSP program is predominantly Caucasian with the second largest portion identifying as Black, followed by American Indian, and Mexican. 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. 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) In summary, prioritizing counselor diversity in the CSP program is essential for ensuring culturally competent care and improving outcomes for trainees. By actively recruiting, supporting, and retaining counselors from diverse backgrounds, NWOSU-CSP can continue to advance its mission of providing quality treatment and support to its diverse trainee population.

Race	Total	Group Percent
White	192	54.39%
Black	50	14.16%
Amer Indian	49	13.88%
Asian	1	0.28%
Mexican	29	8.22%
Puerto Rican	4	1.13%
Unknown	5	1.42%
Other	23	6.52%

Age at time of Interview	Total	Group Percent
18 - 20	2	0.57%
21 - 30	83	23.51%
31 - 40	177	50.14%
41 - 50	88	24.93%
51 - 65	3	0.85%
<b>Total</b>	<b>353</b>	

## Family

The CSP program at Northwestern Oklahoma State University recognizes another significant aspect of its trainee population: marital status and the impact of substance abuse and incarceration on spouses and minor children. Research underscores the profound effects, including violence, that addiction can have on family dynamics (Ficaro, 1999). Distorted perceptions often hinder addicts' ability to trust themselves and others.

In response, the program aims to address these challenges by integrating reentry preparation for spouses or domestic partners of trainees during the late stages of treatment. This approach has demonstrated effectiveness in reducing recidivism rates. By focusing on supporting family units and promoting healthy relationships, NWOSU-CSP seeks to enhance the overall rehabilitation and successful reintegration of its trainees back into society.

The largest portion of the CSP trainee population identify themselves as single (never married) (54.67%), with the second largest group being married or living as married (25.21%), followed by divorced (16.43%), and lastly legally separated (3.12%). 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.

<b>Current Marital Status</b>	<b>Total</b>	<b>Group Percent</b>
<b>Married or living as married</b>	<b>89</b>	<b>25.21%</b>
<b>Widowed</b>	<b>2</b>	<b>0.57%</b>
<b>Legally separated</b>	<b>11</b>	<b>3.12%</b>
<b>Divorced</b>	<b>58</b>	<b>16.43%</b>
<b>Single (Never married)</b>	<b>193</b>	<b>54.67%</b>
<b>Total</b>	<b>353</b>	

The CSP program at Northwestern Oklahoma State University acknowledges the multifaceted impact of addiction and incarceration on families, particularly concerning children and familial dynamics. Research underscores a genetic predisposition to addiction and highlights the risks children face due to prenatal exposure and chaotic family environments. These factors contribute to instability and legal issues, perpetuating cycles of incarceration across generations. The program emphasizes individualized treatment and discharge planning that addresses family responsibilities to promote rehabilitation, break cycles of incarceration, and foster healthier family dynamics.

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 in itself creates an overall lack of structure which will eventually lead to legal issues.

The CSP program at Northwestern Oklahoma State University addresses the pervasive issue of multigenerational incarceration in Oklahoma, recognizing its impact on grandparents, parents, children, and grandchildren. Emphasizing individualized treatment and discharge planning, the program focuses on both the risks and opportunities associated with the responsibility for minor children. By preparing participants to reintegrate into family roles responsibly and promoting stability within family units, NWOSU-CSP aims to mitigate the cycle of incarceration and support long-term family well-being.

<b>Close Relationship with any Children, in Lifetime</b>	<b>Total</b>	<b>Group Percent</b>
<b>Not sure</b>	<b>1</b>	<b>0.40%</b>
<b>No</b>	<b>32</b>	<b>12.70%</b>
<b>Yes</b>	<b>219</b>	<b>86.90%</b>
<b>Total</b>	<b>252</b>	

The CSP program at Northwestern Oklahoma State University is reevaluating its approach to group composition within treatment settings, recognizing the potential benefits of considering marital status and paternity as criteria for group assignment. Currently, group placement primarily revolves around logistical considerations such as trainee and staff schedules within the correctional environment, with limited attention given to criterion-based assignment.

Moving forward, the program aims to prioritize treatment matching by refining group composition strategies. This involves aligning participants based on factors like marital status and paternity, which can influence the effectiveness of group dynamics and therapeutic outcomes. By enhancing these practices, NWOSU-CSP seeks to optimize treatment delivery, better address the diverse needs of its trainees, and ultimately improve the overall rehabilitation and reintegration efforts within the correctional setting.

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**

In addition to familial considerations, NWOSU-CSP recognizes the critical influence of educational levels and English fluency on treatment outcomes. The Residential Drug Abuse Program (RDAP), which relies extensively on workbooks and written assignments, places a strong emphasis on literacy and comprehension support. This ensures that all participants, regardless of educational background or language proficiency, can engage effectively with the program's curriculum and maximize their rehabilitation potential.

The program is also evolving its approach to group composition within treatment settings. While logistical factors currently guide group assignments, there is a growing effort to implement criterion-based assignment strategies. Factors such as marital status and paternity are being considered to optimize group dynamics and therapeutic outcomes, reflecting NWOSU-CSP's commitment to refining treatment matching strategies.

By integrating evidence-based practices and continuously adapting to the diverse needs of its trainee population, NWOSU-CSP strives to enhance treatment effectiveness and support successful reintegration into society. Moving forward, the program remains dedicated to improving outcomes through targeted interventions, informed research insights, and a steadfast commitment to breaking the cycle of incarceration in Oklahoma communities.

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. Trainees that have completed some college credits comprise roughly 18% of the population, while those with junior high education levels comprise 3% 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.

<b>Education - Highest Level Completed</b>	<b>Total</b>	<b>Group Percent</b>
6th grade or less	2	0.57%
7th grade	8	2.27%
8th grade	10	2.83%
9th grade	30	8.50%
10th grade	27	7.65%
11th grade	43	12.18%
Graduated high school or received a G.E.D	170	48.16%
1 year of college	23	6.52%
2 years of college or an associates degree	27	7.65%
3 years of college	5	1.42%
4 years of college or a bachelors degree	8	2.27%
2 Years Grad School or MA		
<b>Total</b>	<b>353</b>	
<b>Employment Situation, Past 3 Years</b>	<b>Total</b>	<b>Group Percent</b>
Full-Time (35+ hrs/wk)	187	52.97%
Part-Time (Reg hrs)	13	3.68%
Part -Time (Irreg hrs)	3	0.85%
Retired or disabled	2	0.57%
Unemployed	105	29.75%
Hospital or prison	43	12.18%
<b>Total</b>	<b>353</b>	

### **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 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).

The NWOSU-CSP program utilizes data effectively to assist in working with a resistant client base and addressing addiction norms. By presenting comparative data on substance abuse patterns among clients' friends and family members, counselors broaden clients' perspectives on what constitutes typical addiction behaviors. This approach helps normalize discussions around addiction while highlighting the unique challenges each client faces.

Moreover, data-driven assessments provide objectivity in decision-making processes within the program. By relying on factual information rather than subjective biases or opinions, counselors can make informed judgments and tailor treatment plans more effectively to meet individual client needs. This objective approach enhances the credibility and reliability of the program's interventions.

Furthermore, these assessments play a crucial role in treatment planning by aiding counselors in accurately identifying substance use disorders and related issues. They provide a structured framework for evaluating client progress and adjusting interventions as needed. This systematic approach ensures that each client receives targeted support based on their specific challenges and goals.

Moving forward, NWOSU-CSP continues to leverage data to enhance its understanding of client needs and improve treatment outcomes. By addressing identified problem areas through data-informed strategies, the program remains dedicated to providing effective, personalized care that supports clients in their journey towards recovery and successful reintegration into the community.



## Problem Snapshot

Primary Substance Problem	Total	Group Percent
Alcohol	65	20.57%
Heroin	18	5.70%
Methadone		
Opiates or painkillers	14	4.43%
Sedatives or tranquilizers	4	1.27%
Cocaine	9	2.85%
Amphetamines or Meth	176	55.70%
Marijuana or hashish	21	6.65%
Hallucinogens	6	1.90%
Ecstasy	2	0.63%
Over the counter medication	1	0.32%
<b>Total</b>	<b>316</b>	

Jail/Prison, Reason, the Last Time	Total	Group Percent
DWI	3	0.93%
Failure to pay alimony or child support	29	8.98%
Prostitution	78	24.15%
Shoplifting or vandalism	4	1.24%
Parole or probation violations	32	9.91%
Drug charges or possession	66	20.43%
Forgery	5	1.55%
A weapons offense	42	13.00%
Burglary, larceny, or breaking and entering	2	0.62%
Assault	1	0.31%
Rape	8	2.48%
Homicide or manslaughter	53	16.41%
<b>Total</b>	<b>323</b>	

**Clients reporting History of Emotional, Physical, Sexual Abuse**

<b>Emotionally Abused, in Lifetime</b>	<b>Total</b>	<b>Group Percent</b>
<b>Not sure</b>	<b>2</b>	<b>0.57%</b>
<b>No</b>	<b>317</b>	<b>89.80%</b>
<b>Yes</b>	<b>34</b>	<b>9.63%</b>
<b>Total</b>	<b>353</b>	
<b>Physically Abused, in Lifetime</b>	<b>Total</b>	<b>Group Percent</b>
<b>Not sure</b>	<b>1</b>	<b>0.28%</b>
<b>No</b>	<b>318</b>	<b>90.08%</b>
<b>Yes</b>	<b>34</b>	<b>9.63%</b>
<b>Total</b>	<b>368</b>	
<b>Sexually Abused, in Lifetime</b>	<b>Total</b>	<b>Group Percent</b>
<b>Not sure</b>	<b>2</b>	<b>0.57%</b>
<b>No</b>	<b>330</b>	<b>93.48%</b>
<b>Yes</b>	<b>21</b>	<b>5.95%</b>
<b>Total</b>	<b>368</b>	

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

<b>Severity Score averages in BHI-MV Domains</b>	<b>Average</b>
<b>Legal</b>	<b>1.48</b>
<b>Alcohol</b>	<b>1.62</b>
<b>Drugs</b>	<b>4.23</b>
<b>Medical</b>	<b>1.01</b>
<b>Employment</b>	<b>2.13</b>

<b>Family</b>	<b>0.38</b>
<b>Psych</b>	<b>1.84</b>

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

<b>Composite Score averages for each BHI-MV Domain</b>	<b>Average</b>
<b>Legal</b>	<b>0.063</b>
<b>Alcohol</b>	<b>0.032</b>
<b>Drugs</b>	<b>0.025</b>
<b>Medical</b>	<b>0.065</b>
<b>Employment</b>	<b>0.914</b>
<b>Family</b>	<b>0.044</b>
<b>Psych</b>	<b>0.130</b>

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      139

B      0

X      2

**Number & Type of Program Terminations**

**Total Discharges before Completion of Treatment:      101**

**Reasons for Discharge:**

Behavior Issues	26	No treatment Provided	60
Discharge from Court	2	Other	5
Discharge from DOC	3	Parole	5

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	23
	1-Disagree	11
	2-Agree	200
	Total	234
2. The CSP staff were available to help me when I needed them.	0-Does not Apply	15
	1-Disagree	8
	2-Agree	211
	Total	234
3. Relapse Prevention material was understandable	0-Does not Apply	14
	1-Disagree	6
	2-Agree	214
	Total	234
4. The CSP program helped me to prepare me to live drug and alcohol free in the community	0-Does not Apply	21
	1-Disagree	6
	2-Agree	214
	Total	234
5. The CBRP program was beneficial to me.	0-Does not Apply	16
	1-Disagree	8
	2-Agree	210
	Total	234
6. The counseling services met my individual needs.	0-Does not Apply	15
	1-Disagree	13
	2-Agree	206
	Total	234

\*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.

Jul-23	231	Jul-23	46
Aug-23	294	Aug-23	53
Sep-23	271	Sep-23	77
Oct-23	225	Oct-23	55
Nov-23	198	Nov-23	48
Dec-23	196	Dec-23	78
Jan-24	246	Jan-24	81
Feb-24	265	Feb-24	130
Mar-24	213	Mar-24	80
Apr-24	205	Apr-24	38
May-24	197	May-24	13
Jun-24	225	Jun-24	24
Avg. Participants 231 per mo.		Total Completions of all programs: 723	

CBRP/RDAP			
Year	Completed	Still In	% Recidivated
2018	258	0	28.0%
2019	276	0	25.0%
2020	187	2	21.0%
2021	146	8	17.0%
2022	205	25	9.0%
2023	265	60	1.0%

## 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 utilized by NWOSU-CSP play a crucial role in evaluating the effectiveness of their treatment programs aimed at reducing recidivism and enhancing pro-social behaviors among clients. Pre-treatment scores reveal initial challenges such as high levels of past problems and lower motivation, while higher resistance to triggers suggests a readiness for change. Post-treatment scores show significant improvements, with clients demonstrating enhanced pro-social behavior, increased resistance to triggers, and greater motivation towards positive behaviors. This indicates that NWOSU-CSP's interventions are perceived positively by clients, underscoring the program's value in promoting behavioral change and reducing recidivism.

Moreover, the availability of detailed assessment data allows NWOSU-CSP to conduct insightful analytics and tailor treatments based on outcome measures. This dynamic approach ensures that interventions can be continually adjusted to meet the evolving needs of clients, maximizing the effectiveness of the program. By leveraging these assessment tools, NWOSU-CSP not only validates the impact of its interventions but also fosters a responsive and adaptive treatment environment that benefits all stakeholders involved in the rehabilitation process.