Assess for Success:
Administering and Using Assessment Instruments in Drug Court Settings

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Outline

- Best Practice Standards
- Screening and Assessment Overview
- Reliability and Validity
- Additional Considerations
- What to Measure in Client Behavior
- Lessons Learned
Best Practice Standards

• “Candidates for the drug court are assessed for eligibility using validated risk-assessment tools.”
  - Volume I, pg. 5

• “Significantly better results are achieved when substance abuse patients are assigned to a level of care based on a standardized assessment of their treatment needs.”
  - Volume I, pg. 40

• “…outcomes are superior when case managers administer reliable and valid needs-assessment instruments.”
  - Volume II, pg. 11
Importance

• Provide valuable information to help make data-informed decisions
  • Program Eligibility
  • Treatment Matching and Appropriateness
  • Case Management
  • Program Evaluation

• Data-informed decisions ensure program success and positive outcomes.
  • Improved retention and graduation
  • Decreased recidivism
Screening vs. Assessment

**Screening**
- Determine the presence of a characteristic or problem
- Identify responsivity issues
- Define major areas of a clients strengths and deficits
- Typically don’t require extensive experience

**Assessment**
- Determine the nature and scope of problem
- Identify specific psychosocial problems
- Service matching
- Requires experience and training in treatment, diagnosis, and counseling techniques
Selecting an Appropriate Assessment

Available Assessments
- Ease of use
- Validated
- Assessment Cost

Agency Resources
- Staff
- Time
- Money

Offender Attributes
- Criminal Thinking
- Trauma
- Peers
- Therapist Matching
- Literacy

Projected Impact
- Ability to implement
- Number of offenders impacted
Reliability and Validity

• **Reliability** – The extent to which measurements are consistent or repeatable.

• **Validity** – A judgement regarding how well a measurement tool measures what it purports to measure.

• For a test to be **valid** it must also be **reliable**.
Types of Validity

- **Face Validity** - Does the test appear to measure what it claims to?

- **Construct Validity** - Does the test capture a specific theoretical construct?

- **Criterion-Related Validity** – can a score be used to infer an individual’s standing on another measure of interest?
  - **Concurrent**: Test corresponds to an external criterion that is known concurrently.
  - **Predictive**: Test accurately predicts a criterion that will occur in the future.
Norm-Referenced Assessment

• Deriving meaning from scores by comparing an individual’s assessment score to that of a group.

• To obtain a distribution of reference data (norms), the tool is distributed to individuals in the target population.
  • Characteristics of sample
    • Date
    • Size
    • Location

• Types of Norms
  • Percentiles
  • Age
  • National
  • Subgroup
  • Local
Agency Resources

• Will implementation require extensive staff trainings?
  - or -
  Do staff need to have certain qualifications?

• How long does it take for the tool to be administered, scored, and interpreted?

• What additional costs are associated with the tool?
OHI Screening and Assessments

- **Offender Risk/Needs**
  - Ohio Risk Assessment System (ORAS)

- **Substance Abuse**
  - Substance Abuse Subtle Screening Inventory (SASSI-3)

- **Criminal Thinking**
  - TCU Criminal Thinking Scales (TCU CTS)

- **Trauma / Mental Health**
  - PTSD Checklist (PCL-C)
  - Correctional Mental Health Screener (CMHS)

- **Physical Health**
  - Short Inventory of Problems – 2 Revised (SIP-2R)
Risk / Need Assessment
ORAS Community Supervision Tool

- Developed by the University of Cincinnati as a universal Ohio-based assessment system.
- Can be utilized at various points in the criminal justice system.
- Community Supervision Tool (CST) designed to assist in designation of supervision level and case management.
- Obtains an overall risk score/classification; scores across seven criminogenic need domains; and identifies responsivity issues.
ORAS Community Supervision Tool

- 35 items across 7 domains
  - Criminal History
  - Education, Employment and Finances
  - Family and Social Support
  - Neighborhood Problems
  - Substance Abuse
  - Antisocial Associations
  - Antisocial Attitudes and Behavioral Problems

- Modified Burgess method assigns point values to each item

- Potential risk score ranges from 0-49 and are classified as low, moderate, high, or very high risk.
### 1.0 CRIMINAL HISTORY:

1.1 Most Serious Arrest Under Age 18
   - 0 = None
   - 1 = Yes, Misdemeanor
   - 2 = Yes, Felony

1.2 Number of Prior Adult Felony Convictions
   - 0 = None
   - 1 = One or Two
   - 2 = Three or more

1.3 Prior Sentence as Adult to a Jail or Secure Correctional Facility
   - 0 = No
   - 1 = Yes

1.4 Received Official Misconduct while Incarcerated as Adult
   - 0 = No
   - 1 = Yes

1.5 Prior Sentence to Probation as an Adult
   - 0 = No
   - 1 = Yes

1.6 Community Supervision Ever Been Revoked for Technical Violation as Adult
   - 0 = No
   - 1 = Yes

**Total Score in Criminal History:**
ORAS Community Supervision Tool

Descriptive Statistics for the CST Supervision Validation Sample (n = 678)

<table>
<thead>
<tr>
<th>Category</th>
<th>N</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sex</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>513</td>
<td>75.7</td>
</tr>
<tr>
<td>Female</td>
<td>165</td>
<td>24.3</td>
</tr>
<tr>
<td>Race</td>
<td></td>
<td></td>
</tr>
<tr>
<td>White</td>
<td>471</td>
<td>70.0</td>
</tr>
<tr>
<td>African American</td>
<td>186</td>
<td>27.0</td>
</tr>
<tr>
<td>Other</td>
<td>21</td>
<td>3.0</td>
</tr>
<tr>
<td>Any New Arrest</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>259</td>
<td>38.2</td>
</tr>
<tr>
<td>No</td>
<td>419</td>
<td>61.8</td>
</tr>
</tbody>
</table>
ORAS Community Supervision Tool

• PROS
  • Risk level accurately predicted one-year recidivism
  • ORAS CST performed better than the LSI-R and Wisconsin Risk/Needs Assessment
  • Norming data obtained from offenders on community supervision

• CONS
  • Requires 16 hour training and certification process
  • Fees
  • Takes about an hour to administer
  • Additional validation is needed
ORAS Community Supervision Tool

- Caseworkers work to target any domain areas that score moderate to high risk.

- Identified as Goal Areas on Individual Program Plan (IPP) and Community Program Plan (CPP)

<table>
<thead>
<tr>
<th>Goal Area: Criminal Attitude/Behavior</th>
</tr>
</thead>
<tbody>
<tr>
<td>Goal: I will learn skills that will help me change my overall behavior.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Steps</th>
<th>Expected Completion</th>
</tr>
</thead>
<tbody>
<tr>
<td>5. Attend, participate in and complete Anger Management on Tuesdays from 7pm to 830pm in room 123</td>
<td>12/8/2015</td>
</tr>
<tr>
<td>6. Pay attention to thoughts and feelings and surroundings; Recognizing the risk in those thoughts feelings and surroundings; using new thinking</td>
<td>12/17/2015</td>
</tr>
</tbody>
</table>

| Goal: I will use the skills I learned to make better decisions so I can continue to change my behavior. |

<table>
<thead>
<tr>
<th>Steps</th>
<th>Expected Completion</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Pay attention to my thoughts and feelings; 2. Recognize the risk in those thoughts and feelings; 3. Use new thinking.</td>
<td>12/17/2016</td>
</tr>
<tr>
<td>2. Stay focused on daily activities</td>
<td>12/17/2016</td>
</tr>
</tbody>
</table>
Substance Abuse
SASSI-3

- Used as a component within the drug court’s standardized chemical dependency assessment

- Distributed, scored, and interpreted by a licensed chemical dependency counselor

- Based on results OHMAS level of care is established to determine recommendations for treatment
SASSI-3

• OHMAS Level of Care determination
  
  • Range of classifications from IOP to Hospital Detox
  
  • Must meet 4 out of 6 dimensions in each level of care
    • Include intoxication withdrawal, biomedical conditions, emotional/behavioral/cognitive conditions or complications, treatment acceptance resistance, relapse potential, and recovery environment
Criminal Thinking
TCU Criminal Thinking Scales

- Developed from the work of Glen Walters and the Bureau of Prisons in 1996
- A dynamic measure of cognitive risk
- Provides an overall score and six subscale scores

<table>
<thead>
<tr>
<th>TCU CTS Scales</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personal Irresponsibility</td>
<td>Blaming others/external factors for criminal behavior.</td>
</tr>
<tr>
<td>Entitlement</td>
<td>Feeling of privilege</td>
</tr>
<tr>
<td>Power Orientation</td>
<td>Need for power/ control over others</td>
</tr>
<tr>
<td>Justification</td>
<td>Minimalization of seriousness of antisocial acts</td>
</tr>
<tr>
<td>Cold Heartedness</td>
<td>Callousness</td>
</tr>
<tr>
<td>Criminal Rationalization</td>
<td>Negative attitude toward law and authority figures</td>
</tr>
</tbody>
</table>
TCU Criminal Thinking Scales

- 36 items rated on a 5-point Likert-Type scale (1 = strongly disagree, 2 = disagree, 3 = uncertain, 4 = agree, 5 = strongly agree)

- Scales contain an average of 6 items each

- Subscale scores are obtained by summing and dividing by the number of items included and multiplying by ten (10 – 50)

- Higher scores on a subscale indicate a greater tendency to exhibit the pattern of thinking measured by that subscale
TCU Criminal Thinking Scales

Please indicate how much you AGREE or DISAGREE with each statement.

1. You get upset when you hear about someone who has lost everything in a natural disaster. .................................. ◯ ◯ ◯ ◯ ◯

2. You are locked-up because you had a run of bad luck. .................................. ◯ ◯ ◯ ◯ ◯

3. The real reason you are locked-up is because of your race. .................................. ◯ ◯ ◯ ◯ ◯

4. When people tell you what to do, you become aggressive. .................................. ◯ ◯ ◯ ◯ ◯
TCU Criminal Thinking Scales

• Validation Sample
  • 3,266 offenders participating in 26 US corrections-based drug treatment programs in 2003 and 2004 (Knight et al., 2006).
  • 250 drug-involved offenders (Taxman et al., 2011).

• Subscales represent core domains of criminal thinking demonstrating acceptable construct validity

• Moderate degree of Concurrent Validity

• Limited degree of predictive validity
TCU Criminal Thinking Scales

• PROS
  • The instrument is easy to administer (~15 minutes)
  • No associated costs
  • Easy to score compared to other criminal thinking assessments
  • Can be used as a pre- and post-test

• CONS
  • TCU scoring Norms had limitations due to a diverse validation sample. Criminal thinking information based on additional specific subgroups is needed for better comparison norms.
CTS: Scoring Breakdown
TCU Criminal Thinking Scales

How we use at OHI:
- Intake
  - Homework
- Exit
- Evaluate Programming
TCU Criminal Thinking Scales

- CBT evaluation

<table>
<thead>
<tr>
<th></th>
<th>Pre-Test</th>
<th>Post-Test</th>
<th>T-Test Results</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Entitlement</strong></td>
<td>17.4</td>
<td>17.5</td>
<td>.85</td>
</tr>
<tr>
<td><strong>Justification</strong></td>
<td>18.8</td>
<td>18.3</td>
<td>.04*</td>
</tr>
<tr>
<td><strong>Power Orientation</strong></td>
<td>22.3</td>
<td>21.9</td>
<td>.18</td>
</tr>
<tr>
<td><strong>Cold Heartedness</strong></td>
<td>25.0</td>
<td>24.8</td>
<td>.48</td>
</tr>
<tr>
<td><strong>Criminal Rationalization</strong></td>
<td>28.4</td>
<td>27.8</td>
<td>.05*</td>
</tr>
<tr>
<td><strong>Personal Irresponsibility</strong></td>
<td>21.5</td>
<td>20.6</td>
<td>.00*</td>
</tr>
</tbody>
</table>
Trauma
PTSD Checklist – Civilian

• 17 item, self-report measure rated on a 5-point likert scale (1 = Not at all; 2 = A little bit; 3 = Moderately; 4 = Quite a bit; 5 = Extremely).

• DSM-IV symptoms of PTSD

• Can be used to screen individuals for PTSD to aid in diagnostic assessment of PTSD, and monitor changes in PTSD symptoms

• Three different versions: Military, civilian, and specific. Extensively validated on various populations
Screening and Assessment Process

All Drug Court Clients
N=410

PCL Assessment

17

No further follow-up
n=110

Continued Observation
n=154

Screened as indicating PTSD
n=99

CAPS Assessment

Refused further assessment or not yet assessed
n=20

Individual Counseling
n=

Not meeting PTSD criteria
n=

Met less strict criteria for PTSD
n=

Met strict criteria for PTSD
n=
Physical and Mental Health
Short Inventory of Problems – 2 Revised

• Assessment of adverse consequences that are related to substance abuse

• 15 items rated on a 4-point Likert-Type scale (0 = Never, 1 = Once or a few times, 2 = Once or twice a week, 3 = Daily or almost daily)

• Items are summed to produce a total score (0-45) and five subscale scores (0-9).
  • **Physical** – “Because of using Drugs I have not eaten properly.”
  • **Interpersonal** – “My family has been hurt by my drug use.”
  • **Intrapersonal** – “I have been unhappy because of my drug use.”
  • **Impulse Control** – “I have taken foolish risks while using drugs.”
  • **Social Responsibility** – “I have had money problems because of my drug use.”
Short Inventory of Problems – 2 Revised

**Drinker Inventory of Consequences (Drinc)**
- 50 items measuring alcohol-related consequences in five domains: physical, social, interpersonal and interpersonal.

**Inventory of Drug Use Consequences (InDUC)**
- 50 Drinc items; modified wording from “drinking” to “drinking or using drugs”.

**Short Inventory of Problems — Alcohol and Drugs (SIP-AD)**
- 15 InDUC items (three months); items chosen from each subscale based on correlation with total score; 12 of 15 SIP items included.

**Short Inventory of Problems — Alcohol and Drugs Modified for Drug Use Only (SIP-DU)**
- Current study.

**SIP-SUD**
- 15 SIP items; modified wording from “drinking” to “drinking or drug use”.

**SIP-BD**
- 15 SIP items; modified wording from “drinking” to “bipolar disorder”.

**SIP-D**
- 15 SIP items; modified wording from “drinking” to “drug use”.

**FIGURE 1.** Derivation of the short inventories of problems. Drinc = Drinker Inventory of Consequences; InDUC = Inventory of Drug Use Consequences; SIP = Short Inventory of Problems; SIP-AD = Short Inventory of Problems — Alcohol and Drugs; SIP-SUD = Short Inventory of Problems — Substance Use Disorder; SIP-BD = Short Inventory of Problems — Bipolar Disorder; SIP-D = Short Inventory of Problems — Drugs; SIP-DU = Short Inventory of Problems — Drug Use.

Short Inventory of Problems – 2 Revised

• Was originally developed for alcohol use, but has recently been validated on drug using populations
  • Active outpatient substance use disordered patients Bender,
  • Outpatients diagnosed with substance use disorder and bipolar disorder
  • Injured patients in ER department
  • 469 non-treatment MSM with reported club use
  • 57 outpatient substance abusers with co-occurring psychiatric illness
  • 866 Substance Use disorder treatment seekers across 10 sites in the US
Short Inventory of Problems – 2 Revised

• Piloted in the drug court population at OHI
  • Administered at intake, 6 months, and Discharge

• Goal is to use scores to predict/evaluate in-program outcomes
  • Significant reductions in consequences from intake to discharge among graduates AND terminations
  • Graduates had a significant decrease when compared to discharges
Short Inventory of Problems – 2 Revised

- Average SIP-2R Score
- Graduates
- Terminations

Intake: 21.0, 21.9
6 mos: 6.4, 14.0
Discharge: 0.5, 13.0
Correctional Mental Health Screener

- Assessment designed to assist in the early detection of psychiatric illness during the jail intake process

- Separate forms for both males and females
  - Males – 12 questions
  - Females – 8 questions

- Respondents answer yes or no to each item that represents a common symptom associated with mental health issues.
  - Males: yes to 6 or more require assessment referral
  - Females: yes to 5 or more require assessment referral
## Correctional Mental Health Screener

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. Have you ever had worries that you just can’t get rid of?</strong></td>
<td>☐</td>
<td>☑</td>
</tr>
<tr>
<td><strong>2. Some people find their mood changes frequently – as if they spend everyday on an emotional roller coaster. Does this sound like you?</strong></td>
<td>☐</td>
<td>☑</td>
</tr>
<tr>
<td><strong>3. Do you get annoyed when friends or family complain about their problems? Or do people complain that you’re not sympathetic to their problems?</strong></td>
<td>☐</td>
<td>☑</td>
</tr>
<tr>
<td><strong>4. Have you ever felt like you didn’t have any feelings, or felt distant or cut off from other people or from your surroundings?</strong></td>
<td>☐</td>
<td>☑</td>
</tr>
<tr>
<td><strong>5. Has there ever been a time when you felt so irritable that you found yourself shouting at people or starting fights or arguments?</strong></td>
<td>☐</td>
<td>☑</td>
</tr>
</tbody>
</table>
Correctional Mental Health Screener

• Validation Sample
  • Phase I - 2,196 adults in 5 Connecticut Jails
  • Phase II – 206 participants from phase I

• Piloted in the drug court population at OHI
  • Administered at intake, 6 months, and Discharge

• Goal is to use scores to predict/evaluate in-program outcomes
Correctional Mental Health Screener

Insert results graph here
Some Lessons Learned

• The organizations need should drive the ‘quality’ of the assessment

• Be sure to not only train staff how to administer/score assessments but how to use them.

• Ensure a reliable tracking method is in place for the project.

• Consistently use the same tool throughout your organization to measure a construct of interest.

• Monitoring should be in place to ensure fidelity to processes that can be affected by human error.
1. What are some screenings and assessments that you have used within your organization?

2. How have you used the results of the screening or assessment?
Questions?

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