Assess for Success:
Administering and Using Assessments in Drug Court Settings

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Outline

• Best Practice Standards

• Screening and Assessment Overview

• Selecting an Appropriate Screener / Assessment

• What to Measure in Client Behavior

• Other Considerations
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

• “…Drug Courts can evaluate short-term outcomes [that] provide significant information about participants’ clinical progress and the likely long-term impacts of the drug court on public health and public safety.”
  -Volume II, pg. 62
Importance

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

• Data-informed decisions contribute to program success and positive outcomes
  1
  • 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
- Cost

Agency Resources
- Staff
- Time
- Money

Offender Attributes
- Risk
- Criminal Thinking
- Trauma
- Physical Health

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

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

• **Validity** – A judgement regarding how well a tool measures what it is supposed 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?
  - A test to measure anxiety
    - “My Stomach gets upset when I think about taking a test.”
    - “My heart starts pounding fast whenever I think about all of the things I need to get done.”

- **Construct Validity** - Does the test capture a specific theoretical construct?
  - Convergent - Test should correlate with related measures
    - i.e. IQ test and academic achievement
  - Test should not correlate with unrelated measures
    - i.e. Self-esteem and Narcissism
    - “I take a positive attitude towards myself.” vs. “I am an extraordinary person.”
Types of Validity

- **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 (typically the gold standard).
    - New PTSD scale should correlate with an existing PTSD assessment when taken at the same time

  - **Predictive:** Test accurately predicts a criterion that will occur in the future.
    - Risk/needs assessment predicting recidivism
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
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)

• Mental & Physical Health
  • PTSD Checklist (PCL-C)
  • Correctional Mental Health Screener (CMHS)
  • 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, 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.
## ORAS Community Supervision Tool

### 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

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**Total Score in Criminal History:** 

---
<table>
<thead>
<tr>
<th>Domain</th>
<th>Programming</th>
</tr>
</thead>
<tbody>
<tr>
<td>Criminal History</td>
<td>CBT (T4C, Thinking Errors)</td>
</tr>
<tr>
<td>Education, Employment, Finances</td>
<td>GED Prep, ABLE, Employment Readiness</td>
</tr>
<tr>
<td>Family and Social Support</td>
<td>Family matters, Conjoint Sessions</td>
</tr>
<tr>
<td>Neighborhood Problems</td>
<td>Recovery Housing</td>
</tr>
<tr>
<td>Substance Abuse</td>
<td>Tx Readiness, IOP, Aftercare</td>
</tr>
<tr>
<td>Peer Associations</td>
<td>Recovery Coaching, Self-help meetings</td>
</tr>
<tr>
<td>Criminal Attitudes and Behavioral Problems</td>
<td>CBT (T4C, Thinking Errors), Anger Management</td>
</tr>
</tbody>
</table>
ORAS Community Supervision Tool

- Identified as goal areas in case management and post-release

<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>
ORAS Community Supervision Tool

• PROS
  • Risk level accurately predicted one-year recidivism
  • ORAS CST compared favorably to other risk/needs assessments\(^1\)
  • 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

Risk/Needs Assessment

- **Creation and Validation of the Ohio Risk Assessment System**\(^1\)

- **Selecting and Using Risk and Need Assessments**\(^2\)
  - Correctional Offender Management Profiling for Alternative Sanctions (COMPAS)
  - Level of Service – Case Management Inventory (LS/CMI)
  - Post Conviction Risk Assessment (PCRA)

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Substance Abuse
Adult Substance Abuse Subtle Screening Inventory

• Screening instrument used to identify individuals who have a high probability of having a substance use disorders (SUD)

• Based on a “subtle” or “indirect” approach to screening for SUD

• Instrument can circumvent denial and accurately detect SUD regardless of the respondent’s honesty or awareness
SASSI-3

- 67 true/false
  - Subtle items
    - Symptoms of Substance Abuse
    - Obvious Attributes
    - Subtle Attributes
    - Defensiveness
    - Supplemental Addictions Measure
    - Family vs. control subjects
    - Correctional
    - Random Answering Pattern

- 26 Likert-scale items
  - Face Valid Scales
    - Face-valid Alcohol
    - Face-Valid Other drugs
### Check every rule, yes or no.

<table>
<thead>
<tr>
<th>Rule</th>
<th>Condition</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>FVA 20 or more?</td>
<td></td>
<td>✔</td>
</tr>
<tr>
<td>2</td>
<td>FVOD 21 or more?</td>
<td></td>
<td>✔</td>
</tr>
<tr>
<td>3</td>
<td>SYM 7 or more?</td>
<td></td>
<td>✔</td>
</tr>
<tr>
<td>4</td>
<td>OAT 10 or more?</td>
<td></td>
<td>✔</td>
</tr>
<tr>
<td>5</td>
<td>SAT 6 or more?</td>
<td></td>
<td>✔</td>
</tr>
<tr>
<td>6</td>
<td>OAT 7 or more ___ and SAT 5 or more ___</td>
<td></td>
<td>✔</td>
</tr>
<tr>
<td>7</td>
<td>{FVA 9 or more OR FVOD 15 or more} _ and SAM 8 or more ___</td>
<td></td>
<td>✔</td>
</tr>
<tr>
<td>8</td>
<td>OAT 5 or more ___ and DEF 8 or more ___ and SAM 8 or more ___</td>
<td></td>
<td>✔</td>
</tr>
<tr>
<td>9</td>
<td>{FVA 14 or more OR FVOD 8 or more } _ and SAT 2 or more ___ and DEF 4 or more ___ and SAM 4 or more ___</td>
<td></td>
<td>✔</td>
</tr>
</tbody>
</table>

### High Probability
of moderate to severe Substance Use Disorder

### Low Probability
of moderate to severe Substance Use Disorder

### Mild Substance Use Disorder Guideline

Check if any are “yes”? FVA 9 or more ✔ FVOD 9 or more ___ SYM 6 or more ___
OAT 8 or more ___ SAT 5 or more ___.
Further evaluation is suggested if any are checked “yes.”

Check if DEF is 8 or more ____. Elevated DEF scores increase the possibility of the SASSI missing individuals with a substance use disorder. Elevated DEF may also reflect situational factors.
SASSI-3 in Practice

• Used as a screening component prior to full standardized chemical dependency assessment

• Defensiveness scores
  • ↑ - Possibility of missing individuals with SUD
  • ↓ - Possible need for a mental health evaluation

• Random Answering Pattern
  • Results may not be meaningful
SASSI-3

• Pros
  • Validated
  • Random Answering Pattern Scale
  • SASSI-4 screens along the full DSM-5 continuum of severity

• Cons
  • Scored and interpreted by a licensed chemical dependency counselor
  • Associated costs / training
  • Not a measure of the use of drugs/alcohol
Substance Use Screenings

**National Institute on Drug Abuse**
Evidenced-Based Screening Tools for Adults and Adolescents

**Alcohol and Drug Abuse Institute Library – University of Washington**
Provides a searchable database of alcohol / drug screenings and assessments.

**SAMHSA**
Provides a variety screening tools in the areas of mental health including drug and alcohol use
Criminal Thinking
TCU Criminal Thinking Scales

- Developed from the work of Glen Walters and the Bureau of Prisons in 1996 → Psychological Inventory of Criminal Thinking Styles

- 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 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

• Subscales represent core domains of criminal thinking demonstrating acceptable construct validity\(^1\)

• Moderate degree of Concurrent Validity\(^2\)

• Limited degree of predictive validity\(^2\)

• Validation Samples
  • 3,266 offenders participating in 26 US corrections-based drug treatment programs (jails & prisons) in 2003 and 2004\(^1\)
    • Used to create scoring norms


TCU Criminal Thinking Scales

- How we use at OHI:
  - Intake (pre-test)
    - Homework
  - Exit (post-test)
  - Evaluate Programming
# TCU Criminal Thinking Scales

<table>
<thead>
<tr>
<th></th>
<th>Pre-Test</th>
<th>Post-Test</th>
<th>T-Test Results</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Average Intake Score for 546 clients who completed post-test</td>
<td>Average post-test score</td>
<td>p-value</td>
</tr>
<tr>
<td>Entitlement</td>
<td>17.4</td>
<td>17.5</td>
<td>.85</td>
</tr>
<tr>
<td><strong>Justification</strong></td>
<td>18.8</td>
<td><strong>18.3</strong></td>
<td><strong>.04</strong>*</td>
</tr>
<tr>
<td>Power Orientation</td>
<td>22.3</td>
<td>21.9</td>
<td>.18</td>
</tr>
<tr>
<td>Cold Heartedness</td>
<td>25.0</td>
<td>24.8</td>
<td>.48</td>
</tr>
<tr>
<td><strong>Criminal Rationalization</strong></td>
<td><strong>28.4</strong></td>
<td><strong>27.8</strong></td>
<td><strong>.05</strong>*</td>
</tr>
<tr>
<td><strong>Personal Irresponsibility</strong></td>
<td><strong>21.5</strong></td>
<td><strong>20.6</strong></td>
<td><strong>.00</strong>*</td>
</tr>
</tbody>
</table>
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.
Criminal Thinking Assessments

TCU Criminal Thinking Scales, scoring guide, and norms

The Psychological Inventory of Criminal Thinking (PICTS)

Criminal Sentiments Scale – Modified (CSS-M)

Criminogenic Cognitions Scales (CCS)

Criminogenic Thinking Profile (CTP)

The Measure of Offender Thinking Styles – Revised (MOTS-R)
Mental & Physical Health
PTSD Checklist – 5

• 20 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).

• Assesses the 20 DSM-5 symptoms of PTSD
  • Stressor

• Previous versions (based on DSM-IV criteria) extensively validated on various populations
PTSD Checklist - 5

• Total symptom severity score – Sum scores for each of the 20 items (range – 0-80)

• Cluster severity score – Sum scores from the items within a cluster, i.e., cluster B (items 1-5), cluster c (items 6-7), cluster D (items 8-14), and cluster E (items 15-20)

• Provisional PTSD - treat each item as 2 = “Moderately” or higher as a symptom endorsed and follow DSM-5 criteria
  • 1 intrusion item (questions 1-5)
  • 1 avoidance item (questions 6-7)
  • 2 cognition/mood items (questions 8-14)
  • 2 arousal/ reactivity items (questions 15-20)
# PTSD Checklist - 5

## PCL-5

**Instructions:** Below is a list of problems that people sometimes have in response to a very stressful experience. Please read each problem carefully and then circle one of the numbers to the right to indicate how much you have been bothered by that problem in the past month.

<table>
<thead>
<tr>
<th>In the past month, how much were you bothered by:</th>
<th>Not at all</th>
<th>A little bit</th>
<th>Moderately</th>
<th>Quite a bit</th>
<th>Extremely</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Repeated, disturbing, and unwanted memories of the stressful experience?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>2. Repeated, disturbing dreams of the stressful experience?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>3. Suddenly feeling or acting as if the stressful experience were actually happening again (as if you were actually back there reliving it)?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>4. Feeling very upset when something reminded you of the stressful experience?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>5. Having strong physical reactions when something reminded you of the stressful experience (for example, heart pounding, trouble breathing, sweating)?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>
Screening Process

All Drug Court Clients
N=410

PCL Assessment
n=387

- Screened as indicating PTSD
  n=107
- No further follow-up
  n=126
- Continued Observation
  n=154

CAPS Assessment
n=79

- Met less stringent criteria for PTSD
  n=22
- Met strict criteria for PTSD
  n=49
- Refused further assessment or not assessed by grant end
  n=182

Started PE Counseling
n=56
PTSD Checklist - 5

• Pros
  • 5-10 minutes to complete
  • Free to public
  • Arguably the gold-standard for PTSD screening
  • Pre-post test design
  • Has been validated on many populations

• Cons
  • PLC scores based on DSM-IV criteria are not comparable to PCL-5 scores
    • PCL-C scale (1-5) ; PCL-5 scale (0-4)
    • PCL-C = 17 items ; PCL-5 = 20 items
  • Interpretation should be done by a clinician
  • Cut-off and change scores still being determined
PTSD Assessments DSM-5

PTSD Checklist for DSM-5

Clinician Administered PTSD Scale (CAPS)

Posttraumatic Stress Disorder Symptom Scale Interview (PSSI)
Trauma Exposure

**Brief Trauma Questionnaire (BTQ)**

**Combat Exposure Scale (CES)**

**Life Events Checklist for DSM-5 (LEC-5)**

**Life Stressor Checklist-Revised (LSC-R)**

**Traumatic Life Events Questionnaire (TLEQ)**
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

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## Mental Health Screener

<table>
<thead>
<tr>
<th>Question</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Have you ever had worries that you just can’t get rid of?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Some people find their mood changes frequently – as if they spend everyday on an emotional roller coaster. Does this sound like you?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Has there ever been a time when you felt so irritable that you found yourself shouting at people or starting fights or arguments?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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 evaluate in-program outcomes
  - Significant decrease in mental health symptoms among male graduates AND terminations
  - Significant decrease in mental health symptoms among female graduates
Mental Health Screener

- Number of Endorsed Symptoms Among Male Graduates and Terminations

Graph showing the number of endorsed symptoms among male graduates and terminations from intake to discharge.
Mental Health Screener

- Number of Endorsed Symptoms Among Female Graduates and Terminations

<table>
<thead>
<tr>
<th></th>
<th>Female Graduates</th>
<th>Female Terminations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intake</td>
<td>4.11</td>
<td>4.17</td>
</tr>
<tr>
<td>6 months</td>
<td>3.55</td>
<td>3.95</td>
</tr>
<tr>
<td>Discharge</td>
<td>3.07</td>
<td>2.00</td>
</tr>
</tbody>
</table>
Mental Health Screener

• Pros
  • Easy to administer (≈ 5 min)
  • Can provide quick information with regards to mental health
  • Free to public and minimal training needed

• Cons
  • Reporting Bias
  • Most questions measure static dimensions
Short Inventory of Problems

• 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).
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

• 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

• 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

![Graph showing the average SIP-2R Score for Graduates and Terminations over time.

- **Graduates**
  - Intake: 21.9
  - 6 mos: 6.4
  - Discharge: 0.5

- **Terminations**
  - Intake: 21.0
  - 6 mos: 14.0
  - Discharge: 13.0

**X-axis:** Intake, 6 mos, Discharge
**Y-axis:** Average SIP-2R Score
Physical & Mental Health Screeners

**Short form 12 (SF-12)**

**Duke Health Profile**

**Brief Jail Mental Health Screen (BJMHS)**

**Patient Stress Questionnaire (PHQ-9)**
Other Considerations

- 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.
Questions?

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