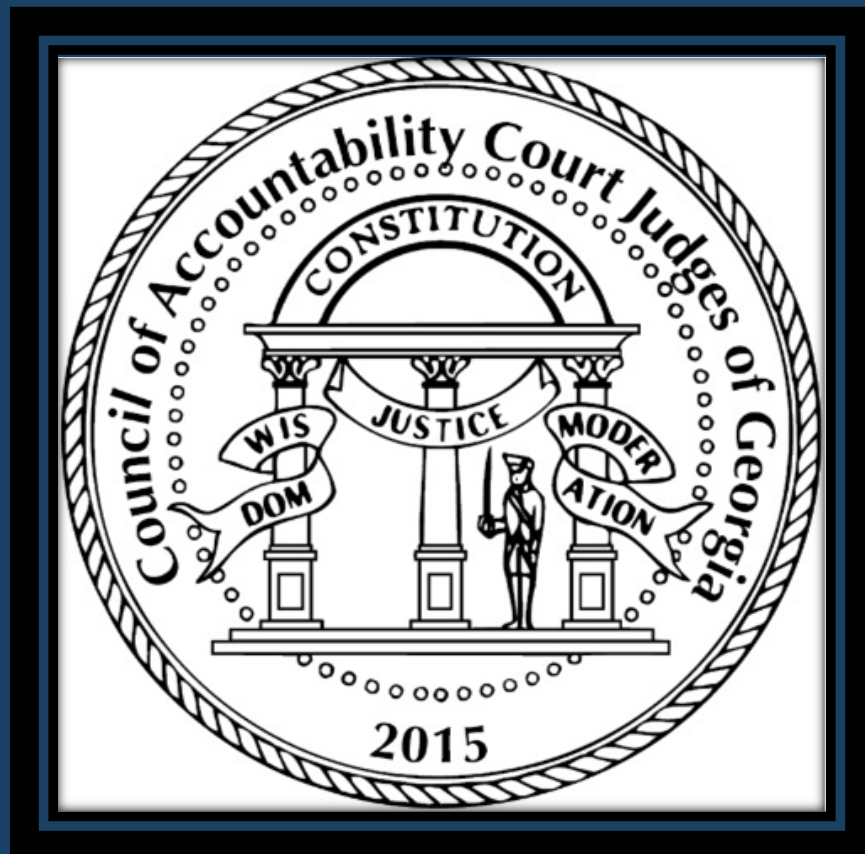


Council of Accountability Court Judges  
Model Fidelity Handbook for  
Evidence-Based Programs



July 2020

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### **Council of Accountability Court Judges**

The Council of Accountability Court Judges (Council) was created by House Bill 328 in 2015. The Council was established to effectively carry forth the constitutional by-laws and legislative responsibility to improve accountability courts and their quality through the expertise of judges. The Council was also formed to establish standards and practices for all drug court divisions based on the National Drug Court Institute and Substance Abuse and Mental Health Services Administration, with a state goal of reducing recidivism of offenders with drug abuse problems.

The Council's mission is *to provide a unified framework that promotes and improves the quality, accessibility, and administration of Accountability Courts.*

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For Treatment Fidelity related questions, please contact:

Ms. Lasheika Kassa, CADC-II  
Treatment Fidelity Program Manager  
Council of Accountability Court Judges  
244 Washington St. SW, Suite 300  
Atlanta, GA 30334  
470-249-1768  
[Lasheika.Kassa@georgiacourts.gov](mailto:Lasheika.Kassa@georgiacourts.gov)

### Criminal Justice Reform and Accountability Courts

In February 2017, Governor Deal received the Criminal Justice Reform Report. Based on the findings in that report, Governor Deal said, “In the last five years, our efforts to improve Georgia’s criminal justice system have improved overall efficiency, bolstered public safety and provided tools for incarcerated individuals to rebuild their lives.”

#### Findings in the report include:

- At the start of 2009, 58 percent of the state’s prison beds were occupied by Georgia’s most serious offenders; now that proportion stands at 67 percent.
- Between 2009 and 2015, overall prison commitments dropped 16.3 percent to the lowest total number of commitments since 2002. In that same timeframe, commitments of African American males dropped 25.3 percent to the lowest total since 1988.
- Since 2013, yearly juvenile commitments to the Department of Juvenile Justice have decreased by 46 percent.
- At the start of 2017, Georgia had 139 accountability courts in 47 out of the 49 judicial circuits. The number of new participants entering such courts statewide increased by 147 percent in 2016, more than doubling capacity.<sup>1</sup>

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<sup>1</sup>To date Georgia now has 170 accountability courts in all 49 judicial circuits.

### Target Population

Many operational requirements, including target population, for accountability courts are outlined in statute. For instance, O.C.G.A. § 15-1-15(a)(3) states,

Each drug court division shall establish a planning group to develop a work plan. The planning group shall include the judges, prosecuting attorneys, public defenders, community supervision officers, and persons having expertise in the field of substance abuse. The work plan shall address the operational, coordination, resource, information management and evaluation needs of the drug court division. The work plan shall include drug court division policies and practices related to implementing the standards and practices developed pursuant to paragraph (4) of this subsection. The work plan shall ensure a risk and needs assessment is used to identify the likelihood of recidivating and identify needs that, when met, reduce recidivism. *The work plan shall ensure that drug court division eligibility shall be focused on moderate-risk and high-risk offenders as determined by a risk and needs assessment. The drug court division shall combine judicial supervision, treatment of drug court division participants and drug testing.*

The National Association of Drug Court Professionals (NADCP) created the Adult Drug Court Best Practice Standards. Volume I recommends that drug courts target offenders for admission who are addicted to illicit drugs or alcohol and are at substantial risk for reoffending or failing to complete a less intensive disposition, such as standard probation or pretrial supervision. These individuals are commonly referred to as high-risk and high-need offenders. If serving a mix of risk and needs, the program should develop alternative tracks with services that are modified to meet the risk and need levels of its participants. If a drug court develops alternative tracks, it should not mix participants with different risk or need levels in the same counseling groups, residential treatment milieu, or housing unit.

## Assessments Utilized to Determine Risk and Need

The Council of Accountability Court Judges Adult Drug Court Treatment Standards (Section II);

1.2 Clinical: Drug courts will enroll participants who meet diagnostic criteria for a Substance-Related Disorder(s) and whose needs can be met by the program. A brief screen for mental health problems should occur.

1.2.1 Recommended Tools: Texas Christian University, Substance Abuse II (TCUDS); Addiction Severity Index Drug Use Subscale (ASI-Drug); Substance Abuse Subtle Screening Inventory-2 (SASSI-2); Brief Jail Mental Health Screen, National GAINS Center.

2.1 Drug courts will employ an assessment tool that captures offenders' risk of recidivism and treatment needs. This should also include a short assessment for mental health needs.

2.1.1 Recommended tools: Level of Service-Case Management Inventory (LS-CMI); Correctional Offender Management and Profiling Alternative Sanctions (COMPAS).

2.2 Appropriate assessment instruments are actuarial tools that have been validated on a targeted population, are scientifically proven to determine a person's risk to recidivate, and to identify criminal risk factors that, when properly addressed, can reduce that person's likelihood of committing future criminal behavior.

2.3 The assessment tool should be suitable for use as a repeat measure. Programs should re-administer the tool as a measure of program effectiveness and offender progress.

3.1 Drug courts will offer an appropriate level of treatment for target population

3.1.1 Recommended tools: ASAM Patient Placement Criteria for the Treatment of Substance-Related Disorders (PPC-2R)

3.2 Drug Courts will match participant risk of recidivism and needs with an appropriate level of treatment and supervision. Ideal length of program is 18-24 months.

## 4 Addiction Treatment Interventions

4.1 Drug courts will use a manualized curriculum and structured [e.g. Cognitive Behavioral Therapy (CBT)] approach to treating addiction. Curricula shall be delivered with fidelity to the model including use of handbooks and homework, and must be administered by appropriately certified, trained, and licensed treatment providers.

4.1.1 Recommended tools: Cognitive-Behavioral Interventions for Substance Abusers (CBI-SA); Thinking for a Change (T4C); Prime for Life; Prime Solutions

4.2 Aftercare services are an important part of relapse prevention. Aftercare is lower in intensity and follows higher-intensity programming.

## 5 Recidivism/Criminality Treatment Interventions

5.1 Drug courts will incorporate programming that addresses criminogenic risk factors: those offender characteristics that are related to risk of recidivism. Curricula shall be delivered with fidelity to the model including the use of handbooks and homework, and must be administered by appropriately certified, trained, and licensed treatment providers.

5.1.1 Recommended tools: Moral Reconciliation Therapy (MRT); Thinking for a Change (T4C).

5.2 Criminal risk factors are those characteristics and behaviors that affect a person's risk for committing future crimes and include, but are not limited to, antisocial behavior, antisocial personality, criminal thinking, criminal associates, substance abuse, difficulties with impulsivity and problem-solving, underemployment, or unemployment.

### Evidence-Based Programs

A substantial body of research spanning several decades reveals that outcomes from correctional rehabilitation are significantly better when (1) offenders receive behavioral or cognitive-behavioral counseling interventions, (2) the interventions are carefully documented in treatment manuals, (3) treatment providers are trained to deliver the interventions reliably according to the manual, and (4) fidelity to the treatment model is maintained through continuous supervision of the treatment providers (Andrews et al., 1990; Andrews & Bonta, 2010; Gendreau, 1996; Hollins, 1999; Landenberger & Lipsey, 2005; Lowenkamp et al., 2006; Lowenkamp et al., 2010; Smith et al., 2009). Adherence to these principles has been associated with significantly better outcomes in Drug Courts (Gutierrez & Bourgon, 2012) and in other drug abuse treatment programs. (Prendergast et al., 2013).

Behavioral treatments reward offenders for desirable behaviors and sanction them for undesirable behaviors. The systemic application of graduated incentives and sanctions in Drug Courts is an example of a behavior therapy technique (Defulio et al., 2013; Marlowe & Wong, 2008). Cognitive-behavioral therapies (CBT) take an active problem-solving approach to managing drug and alcohol-related problems. Common CBT techniques include correcting participants' irrational thoughts related to substance abuse (e.g., "I will never amount to anything anyway, so why bother?"), identifying participants' triggers or risk factors for drug use, scheduling participants' daily activities to avoid coming into contact with their triggers, helping participants to manage cravings and other negative affects without recourse to substance abuse, and teaching participants effective problem-solving techniques are drug-refusal strategies.

Outcomes from CBT are enhanced significantly when counselors are trained to deliver the curriculum in a reliable manner as specified in the manual (Goldstein et al., 2013; Southam-Gerow & McLeod, 2013). A minimum of three days of pre-implementation training, periodic booster sessions, and monthly individualized supervision and feedback are required for probation officers and treatment providers to administer evidence-based practices reliably (Bourgon et al., 2010; Edmunds et al., 2013; Robinson et al., 2012; Schoenwald et al., 2013). In addition, outcomes are better when counselors give homework assignments to the participants that reinforce material covered in the sessions (Kazantis et al., 2000; McDonald & Morgan, 2013). Examples of homework assignments include having participants keep a journal of their thoughts and feelings related to substance abuse, requiring participants to develop and follow through with a preplanned activity schedule, or having them write an essay on a drug-related topic (Sobell & Sobell, 2011).

Research suggests treatment providers are more likely to be effective if they have substantial experience working with criminal offenders and are accustomed to functioning in a criminal justice environment (Lutze & Van Wormer, 2007).



## Overview – Model Fidelity

Outcomes promised by evidence-based programs are only achievable if the programs are delivered exactly as designed and the curricula are followed. The CACJ is focused on getting the optimum results and is creating a fidelity review process for the evidence-based programs being provided to participants. By ensuring fidelity to the treatment model, the CACJ will work on improving evidence-based programs' effectiveness to include changing behavior and continuing to reduce recidivism. To ensure model fidelity, there should be proper training and ongoing support for staff. Under the guidance and expertise of the treatment support fidelity support team, fidelity to program model integrity includes three parts: (1) Training of treatment providers in evidence-based curricula, (2) supervision and coaching of treatment providers, and (3) adherence to fidelity of evidence-based curricula.

Research on adhering to model fidelity demonstrates reductions in recidivism can be realized when the program is implemented as designed. However, when there are deviations from the model, recidivism reductions are not often achieved and in some instances recidivism rates have even increased (Washington State Institute of Public Policy, 2004, 2010).

The CACJ is committed to assisting all certified accountability courts with the implementation of evidence-based programs through coaching and feedback on model fidelity, and general programmatic operations. As such, the treatment fidelity support team is responsible for this effort and will conduct site visits to support the programs.

## Model Fidelity Site Visit

### Purpose

The purpose of the model fidelity site visit by the CACJ is to support treatment providers with the successful implementation of Cognitive Behavioral Interventions for Substance Abusers (CBI-SA), Thinking for A Change (T4C), Moral Reconciliation Therapy (MRT), Prime Solutions, Strengthening Families (SF) and Celebrating Families (CF). By providing coaching and feedback on curricula implementation, recidivism reductions can be achieved for Georgia's participants.

The site visit is intended to identify where the program may need support. Current strengths will also be highlighted so that they do not become diminished as a result of the program focusing solely on recommendations or next steps when they receive their site visit report.

The information below provides a description of the upcoming activities for the model fidelity site visits.

## Site Visit Activities

### Pre-Site Preparation

There are several activities that will occur prior to the model fidelity site visits to guide preparation for the on-site activities. The specific preparation activities and on-site activities follow.

#### ❖ 1 month prior to visit

- A member of the CACJ treatment fidelity support team will contact the program coordinator, judge and treatment provider (if applicable) to let them know a visit will occur via email. The email will contain a copy of the treatment fidelity handbook, a checklist indicating what is needed (treatment calendar, ASAM levels of care, site address, and treatment provider credentials).
- The coordinator and treatment provider will provide a detailed schedule of their evidence-based curricula for all phases within 14 days of original email. This should be submitted in a calendar format. All parties will secure a date and time for the visit to occur.
- The coordinator and/or the treatment provider will provide licensure/certification copy (LPC, CADDC, etc.), copy of evidence-based curricula certificate to facilitate CBI-SA, Moral Reconciliation Therapy, Prime Solutions, Strengthening Families, Celebrating Families or Thinking for A Change, and any other trainings necessary to conduct groups.

#### ❖ 2 weeks prior to visit

- Email sent to the coordinator, judge and treatment provider to remind each of the upcoming visit.
- Schedule conference call if coordinator, judge or treatment provider has any questions related to model fidelity visit.
- Ensure all documents needed from court have been submitted to a CACJ member of the treatment fidelity support team before the initial visit.

Please refer to the Council of Accountability Court Standards below:

*4.9. Treatment shall include standardized, evidence-based practices (see Section II, Adult Drug Court Treatment Standards) and other practices recognized by the Substance Abuse and Mental Health Services Administration Evidence-Based Practices Resources Center. All treatment providers must be appropriately licensed and certified to administer those curricula and services. Similarly, they must be appropriately licensed and certified to administer any clinical services to any accountability court participant. The court should keep a copy of treatment provider licensure and certification on file.*

*4.10. Treatment providers shall maintain a calendar that outlines the dates and times that group treatment sessions and individual counseling sessions take place. The*

*treatment provider shall provide this calendar to the court and the Council of Accountability Court Judges upon request.*

*4.11. Treatment providers shall maintain individualized treatment plans with appropriate dosage hours as determined by the American Society of Addiction Medicine (ASAM).*

CACJ may request that additional materials be made available for review during the site visit.

### On-Site Activities

Depending on group schedules and treatment provider feedback, most on-site program visits will last one to two days. Scheduling of on-site activities will be done in the most efficient manner and with great consideration for group schedules and program routines, with a focus on limiting disruption to both participants and treatment providers.

Group Observation: CACJ treatment fidelity support team will observe one or two group sessions and will work with staff to sit in a place in the room that is not disruptive to group. CACJ staff will not interject unless the treatment provider specifically asks for assistance or have questions regarding the curriculum that is being delivered.

Immediately after the group is completed CACJ staff will speak with the treatment provider to offer constructive feedback as well as answer any questions posed by the provider (coordinators and judges are welcome to attend the debriefing).

### Follow Up-Activities

After the site visit, the CACJ treatment support fidelity team will continue to work with the program. These follow-up activities include the following:

- Model Fidelity Report: Within a month of the site visit, the program will receive a report that summarizes the findings based on the group observation of evidence-based curriculums. The report will give constructive feedback to the treatment providers. A copy will also be sent to the program coordinator and judge for their records.
- Return site visit: If the treatment provider(s) scores below a 65, a technical assistance visit will be subject to take place within 90 days of the original site visit. The CACJ treatment support fidelity team will email the coordinator and judge within 48 hours of the initial fidelity review site visit to notify the court of a score (below 65) and to provide details about the fidelity review and any upcoming technical assistance. This step will occur before the first draft of the report is developed.
- Training and Coaching: If any training or coaching needs are identified in the Model Fidelity Report, CACJ will continue to work with the program to provide that support.

Throughout this progress, program staff are invited and encouraged to ask questions and express concerns prior to, during, and after the model fidelity site visit.

## Virtual Treatment Fidelity Site Visits

Virtual treatment fidelity site visits serve as an adjunct to face to face in person treatment fidelity visits. A virtual treatment fidelity site visit is the observation of evidence-based curriculum delivery, utilizing a web-based, audio and visual, and HIPAA compliant platform. Technologies include videoconferencing and the internet. The virtual treatment fidelity preparation and site visit process are outlined below.

Virtual treatment fidelity site visits will be selected by council staff. Staff will strive to join and review as many on-line groups as possible; with a focus on treatment providers trained by CACJ and on courts that receive funding for evidence-based treatment.

### Virtual Site Visit Preparation:

No less than 30 days prior to a virtual site visit, CACJ staff will email the program coordinator and judge to let them know a visit will occur. The email will contain a copy of the treatment fidelity handbook, a checklist indicating what is needed (treatment calendar, ASAM levels of care, technology requirements, virtual group log-in information, treatment provider credentials, and signed participant consent forms) and the treatment provider memorandum of understanding.

The site should be given two weeks (14 days) to submit all necessary material. Once submitted, staff will utilize the treatment calendar to determine the best day(s) and time(s) to conduct the virtual fidelity visit.

Scheduling of virtual visits will be done in the most efficient manner and with great consideration for group schedules and program routines, with focus on limiting disruption to both participants and treatment providers.

Two weeks prior to virtual fidelity site visit, CACJ staff shall email the coordinator, judge and treatment provider as a reminder of the upcoming virtual fidelity visit. A conference call will be scheduled if the coordinator, judge or treatment provider has any questions.

### During the Virtual Site Visit:

CACJ staff will log-on 10 minutes prior to group observation to allow time for any technical/technology adjustments, to speak with the treatment provider and group participants, and get settled before the groups starts. CACJ staff will strive to observe at least two groups (if schedule permits). CACJ staff will work with accountability court staff to observe the group with treatment fidelity staff's video and microphone disabled to avoid disruption to the group. While observing, CACJ staff will not interject unless the treatment provider specifically asks for assistance or have questions regarding the curriculum that is being delivered. Immediately after the group is completed CACJ staff will speak with the treatment provider to offer constructive feedback as well as answer any questions posed by the provider (coordinators and judges are welcome to attend the debriefing).

After the Virtual Fidelity Visit:

- Model Fidelity Report: Within a month of the site visit, the program will receive a report that summarizes the findings based on the group observation of evidence-based curriculums. The report will give constructive feedback to the treatment providers. A copy will also be sent to the program coordinator and judge for their records.
- Return site visit: If the treatment provider(s) scores below a 65, a technical assistance visit will be subject to take place within 90 days of the original site visit. The CACJ treatment support team will email the coordinator and judge within 48 hours of the initial fidelity review site visit to notify the court of a score (below 65) and to provide details about the fidelity review and any upcoming technical assistance. This step will occur before the first draft of the report is developed.

### Failure to Adhere to the Model Fidelity Report (CACJ Rules)

A. Where a program does not or cannot implement the recommendations in the Model Fidelity Report such that it places that program in violation of grant conditions under Article 4, Council staff will alert the Chair of the Funding Committee. Where a program's deficiency implicates a significant failure to meet standards, Council staff may refer the matter to the Standards & Certification Committee pursuant to Article 8 in staff's discretion.

B. Upon receipt of a referral, the Chair of the Funding Committee will review the matter and send a letter to the program outlining the deficiencies and recommending changes that need to be implemented to avoid a violation of special conditions. The letter shall include a timeline tailored to the program's needs and nature of the violations.

C. If the program disputes the contents of the Model Fidelity Report or the letter from the Chair or both, it must submit an explanation in writing. If the program feels it has now corrected any deficiencies, it may submit additional documentation along with its written response. If a program refuses to comply with this process, the Chair will refer the matter to the full Funding Committee for review of whether the matter violates special conditions and if deobligation is necessary.

D. If the program does not dispute the Model Fidelity Report or the letter from the Chair, it should indicate this in writing as well and outline its plan for returning to compliance with treatment fidelity principles and for implementing the recommendations of the Report and letter.

E. After receipt of the program's response indicating that they are planning to comply or believe they are now in compliance; Council staff will provide a report to the Chair on the program's status and progress pursuant to the timeline in the Chair's noncompliance letter.

F. If staff believes the program has achieved compliance, staff shall inform the Chair and the program in writing. The Chair may request additional information and may refer the matter to the full Funding Committee for review if the Chair differs from staff's recommendation.

G. If staff conclude, in their discretion, that the program remains noncompliant, staff will inform the Chair in writing in a report that outlines their findings. A copy shall be sent to the program. The Chair may, in his or her discretion, grant a program additional time to become compliant, in his or her/its discretion. If a program remains noncompliant, the Chair will refer the matter to the full Funding Committee and will include written findings detailing the manner in which the program remains noncompliant with conditions of its funding. The Committee will then move forward with the procedures outlined in Article 8.

## Introduction to the Curricula

### Cognitive Behavioral Interventions for Substance Abusers (CBI-SA)

The Cognitive Behavioral Interventions for Substance Abuse (CBI-SA) curriculum is designed for individuals that are moderate to high need in the area of substance abuse and well suited for criminal justice populations. The curriculum can be delivered as a stand-alone substance abuse intervention, or incorporated into a larger program, particularly those designed for clients in the corrections system. As the name of the curriculum suggests, this intervention relies on a cognitive behavioral approach to teach participants strategies for avoiding substance abuse. The program places heavy emphasis on skill building activities to assist with cognitive, social, emotional, and coping skills development. Such cognitive behavioral strategies have routinely demonstrated high treatment effects, including when used in a correctional population.

The curriculum is non-proprietary, but training is required. An adolescent version is also available.

***All CBI-SA groups must be operated by CBI-SA certified facilitators, professional staff who has completed the 3-day training.***

### Overview

Components of the 39-session curriculum include the following:

- Pre-Treatment Module (optional)
- Module 1: Motivational Engagement
- Module 2: Cognitive Restructuring
- Module 3: Emotion Regulation
- Module 4: Social Skills
- Module 5: Problem Solving
- Module 6: Success Planning



### Moral Reconciliation Therapy (MRT)

The term “moral” refers to moral reasoning based on Kohlberg’s levels of cognitive reasoning. The word “reconciliation” comes from the psychological terms “conative” and “conation,” both of which refer to the process of making conscious decisions. MRT is a cognitive-behavioral treatment system that leads to enhanced moral reasoning, better decision making, and more appropriate behavior.

MRT was initially developed in the 1980’s as the cognitive-behavioral component in a prison-based therapeutic community. Because of its remarkable success (notably with minority participants), the program was then tested and widely implemented in general inmate populations, with juvenile offenders, in parole and probation settings, community corrections, hospital and outpatient programs, educational settings, and in drug courts. Measured objective outcomes were consistent in all settings. The program leads to increased participation and completion rates, decreased disciplinary infractions, beneficial changes in personality characteristics, and significantly lower recidivism rates. Unlike other program outcomes, MRT research shows that participation and program completion by minority groups can significantly lower long-term recidivism rates-for more than 20 years after treatment. No other cognitive-behavioral treatment for offenders or substance abuse has shown such results.

MRT is typically conducted in weekly or bi-weekly groups, where clients present exercises from one of the workbooks that have been completed as homework. Group facilitators use objective criteria to evaluate the participant’s successful completion of each of the programs’ steps.

***All MRT groups must be operated by MRT-certified facilitators, professional staff who have completed the 32-hour training program.***

## Thinking for a Change (T4C)

T4C is an integrated, cognitive behavioral change program for offenders that includes cognitive restructuring, social skills development, and development of problem-solving skills. The goal of the program is to effect change in thinking so that behavior is positively impacted, ultimately resulting in reduced recidivism. The ideal referral to T4C would be a moderate- to high-risk client who needs to learn skills to make better decisions.

The cognitive self-change component teaches individuals a concrete process for self-reflection aimed at uncovering antisocial thoughts, feelings, attitudes, and beliefs. The development of social skills module prepares participants to engage in pro-social interactions based on self-understanding and consideration of the impact of their actions on others. The development of problem-solving skills section integrates skills from previous interventions to provide the group with an explicit step-by-step process for addressing challenging and stressful real-life situations.

The curriculum is designed for delivery to small groups of 8-12 participants, in 25 lessons, two to three times a week. The social skills covered in T4C include active listening, asking questions, giving feedback, knowing your feelings, understanding the feelings of others, making a complaint, apologizing, responding to anger, and negotiating. The cognitive self-change steps covered in the lessons include paying attention to our thinking, recognizing risk, and using new thinking. The problem-solving skills introduced at the end of the curriculum include stop and think, state the problem, set a goal and gather information, think of choices and consequences, make a plan, and do and evaluate.

In 2016, National Institute of Corrections (NIC) released T4C 4.0. According to NIC, "T4C 4.0 not only reflects the collective wisdom and experience of facilitators, trainers, and the authors, but also the newest innovations in program delivery. NIC worked in consultation with all three original authors to complete this project. Version 4.0 incorporates developments in the field of cognitive behavioral interventions, and it improves upon the original product in both format and content."

***All T4C groups must be operated by T4C certified facilitators, professional staff who has completed the 4-day training.***

T4C developers include Barry Glick, Ph.D.; Jack Bush, Ph.D.; and Juliana Taymans, Ph.D. in cooperation with the National Institute of Corrections.

## Celebrating Families

*Celebrating Families!*™ is a successful, evidence-based 16-week curriculum that addresses the needs of children and parents in families that have serious problems with alcohol and other drugs. The curriculum engages every member of the family, ages three through adult, to foster the development of healthy and addiction-free individuals.

A typical cycle was designed to serve 6 to 15 families depending on the site's physical facilities, referral process and intake of eligible families.

Each session begins with a family meal. Afterwards family members break into age groups for developmentally appropriate activities led by the group facilitators. At the end of each session, all family members re-connect in activities to learn how to apply these new skills and interact in healthy ways.

The model is developed for children of alcoholics/addicts COAs and their parents, many of whom have learning differences or cognitive deficits. *Celebrating Families!*™ is based on recent research about brain chemistry, including skills, education, risk and resiliency factors, and asset development. Emphasis is also placed on the importance of community service and individual spirituality.

*Celebrating Families!*™:

***All CF groups must be operated by CF certified facilitators, professional staff who has completed the training.***

## Strengthening Families

The Strengthening Families Program (SFP) is a nationally and internationally recognized parenting and family strengthening program for high-risk and general population families. SFP is an evidence-based family skills training program found to significantly improve parenting skills and family relationships, reduce problem behaviors, delinquency and alcohol and drug abuse in children and to improve social competencies and school performance. Child maltreatment also decreases as parents strengthen bonds with their children and learn more effective parenting skills.

The original 14-session evidence-based SFP for high-risk families with children ages 6 to 11 years (SFP6-11) was developed and tested in the mid-1980s by Dr. Karol L. Kumpfer on a NIDA research grant with children of substance-abusing parents. Subsequent randomized control trials (RCTs) have found similar positive results with families in many different ethnic groups. Both culturally adapted versions and the core version of SFP have been found effective with African American, Hispanic, Asian, Pacific Islander, and First Nations families. SFP is in 36 countries.

In the early 1990's, Drs. Kumpfer and Molgaard, Co-PIs on an Iowa State University grant, developed a shorter 7-session version for low-risk families with pre- and early teens (SFP10-14). In the 2000s new 14-session versions for high-risk families with both younger children (SFP3-5) and early teens (SFP12-16) were developed by Drs. Kumpfer and Whiteside and replicated in multiple agencies in the USA and Europe with better results than the research RCT studies (Kumpfer, Greene, Whiteside & Allen, 2010, Kumpfer, Xie, & O'Driscoll, 2012; Magalhães, C. & Kumpfer, K. L, 2015).

***All CF groups must be operated by CF certified facilitators, professional staff who has completed the training.***

## Prime Solutions

PRI designed Prime Solutions® to close the gap between the acceptance and full implementation of effective treatment methods. Prime Solutions is a substance use treatment program developed in collaboration with several leading addiction experts. The treatment program helps clients diagnosed with a substance use disorder make changes in their high-risk drinking and drug use. Prime Solutions is a "flexibly manualized" treatment approach that applies best practices in a unique way.

Prime Solutions® does this by:

- Starting with a state-of-the-art training experience, followed by on-line training in best practices.
- Providing treatment session content that is interesting, engaging, and evidence derived.
- Providing the level of protocol-driven standardization state and local agencies need to ensure quality while simultaneously providing counselors with the level of flexibility they need to meet the varied needs of their clients.
- Providing counselors with a unique, media-enriched online manual with all needed content and session-specific training to help counselors implement sessions in a way consistent with evidence-based practices.
- Providing counselors with a non-confrontational approach to treatment that allows clients to maximize their motivation to make changes.
- Providing counselors with print and multimedia tools to help keep clients engaged during the treatment process.

***All Prime Solutions groups must be operated by Prime Solutions certified facilitators, professional staff who has completed the 3-day in person or virtual training.***

## Observation Checklists

### CBI-SA Group Observation Checklist

- (1) Room set up with proper use of visual aids for the lesson (chalk board, white board or Tabletop Easel Pad to write on),
- (2) Room set up in U-shaped seating and tables,
- (3) Review of Practice Work at the beginning and assignment of practice work at the end of every lesson,
- (4) Appropriate modeling of new skill and role playing by facilitator and co-facilitator (if co-facilitator is needed),
- (5) Full participation of group members and encouragement to participate by facilitators,
- (6) Facilitators use active listening skills and use open-ended questions when interacting with participants,
- (7) Facilitators modeling the skills in CBI-SA and the group rules. Facilitators should also redirect participants, as needed, to follow group norms/rules,
- (8) Following the CBI-SA lesson script,
- (9) Clear demonstration that facilitators are providing appropriate reinforcement to positive attitudes and behaviors and linking verbal praise to the attitude/behavior, and
- (10) Promptly, but in a positive manner, redirecting participants who are not following group rules/norms, or demonstrating inappropriate attitudes/behaviors.

### Moral Reconciliation Therapy Group Observation Checklist

- (1) Room and chairs set up in U-shaped seating and tables,
- (2) Group Rules posted in area of room that is visible to all participants,
- (3) Group is once or twice weekly, with a day or two in between for completion of homework assignments,
- (4) Facilitator ensures lower steps start first and MRT steps are read and discussed beforehand,
- (5) Facilitator is well versed in the 16 objectively defined steps (freedom ladder) and understands what behaviors warrant being sent back to lower steps. (1, 2 or 3 depending on behavior exhibited),
- (6) Full participation of group members and encouragement to participate by facilitators,
- (7) Facilitators should redirect participants, as needed to follow group norms/rules,
- (8) Facilitators follow the MRT instructor's manual,
- (9) Clear demonstration that facilitators are providing appropriate reinforcement to positive attitudes and behaviors and linking praise to the attitude/behavior.

### Thinking for a Change Group Observation Checklist

- (1) Room set up in a U-shape with proper use of visual aids for the lesson,
- (2) Review of homework at the beginning and assignment of homework at the conclusion of the lesson,
- (3) Appropriate modeling of new skill and role playing by the co-facilitators,
- (4) Full participation of group members and encouragement to participate by facilitators,
- (5) Facilitators use active listening skills and use open-ended questions when interacting with participants,
- (6) Facilitators modeling the skills in T4C and the group rules. Facilitators should also redirect participants, as needed, to follow group norms/rules,
- (7) Following the T4C lesson script,
- (8) Clear demonstration that facilitators are providing appropriate reinforcement to positive attitudes and behaviors and linking verbal praise to the attitude/behavior, and
- (9) Promptly, but in a positive manner, redirecting participants who are not following group rules/norms, or demonstrating inappropriate attitudes/behaviors.



### Celebrating Families Group Observation Checklist

- (1) Healthy dinner/meal is prepped and served prior/during/after group
- (2) Room set up with proper use of visual aids for the lesson (chalk board, white board or tabletop easel pad to write on)
- (3) Room set up in U-shaped seating and tables
- (4) Parents and children are separated based on age group and then brought back together before group is complete
- (5) Facilitators has the correct art supplies and materials needed for group
- (6) Facilitators have printed materials prior to group starting and are prepared for the lesson
- (7) Review of practice work at the beginning and the assignment of practice work at the end of every lesson
- (8) Following the Celebrating Families lesson
- (9) Facilitators use active listening skills and open-ended questions when interacting with parents and children
- (10) Full participation of group members and encouragement to participate by facilitators
- (11) Clear demonstration that facilitators are providing appropriate reinforcement to positive attitudes and behaviors and linking verbal praise to the attitude/behavior, and
- (12) Promptly, but in a positive manner, redirecting parents and children who are not following group rules/norms, or demonstrating inappropriate attitudes/behaviors.

### Strengthening Families Group Observation Checklist

- (1) Healthy dinner/meal is prepped and served prior/during/after group
- (2) Room set up with proper use of visual aids for the lesson (chalk board, white board or tabletop easel pad to write on)
- (3) Room set up in U-shaped seating and tables
- (4) Parents and children are separated based on age group and then brought back together before group is complete
- (5) Facilitators has the correct art supplies and materials needed for group
- (6) Facilitators have printed materials prior to group starting and are prepared for the lesson
- (7) Review of practice work at the beginning and the assignment of practice work at the end of every lesson
- (8) Following the Strengthening Families lesson Facilitators use active listening skills and open-ended questions when interacting with parents and children.
- (9) Full participation of group members and encouragement to participate by facilitators
- (10) Clear demonstration that facilitators are providing appropriate reinforcement to positive attitudes and behaviors and linking verbal praise to the attitude/behavior, and
- (11) Promptly, but in a positive manner, redirecting parents and children who are not following group rules/norms, or demonstrating inappropriate attitudes/behaviors.

### Prime Solutions Group Observation Checklist

- (1) Room set up with proper use of visual aids for the lesson (chalk board, white board and laptop/computer to display video's),
- (2) Room set up in U-shaped seating and tables,
- (3) Review of previous lesson and practice work (if applicable) at the beginning and assignment of practice work (if applicable),
- (4) Laptop, computer or screen assessible to show lesson video's
- (5) Full participation of group members and encouragement to participate by facilitators,
- (6) Facilitators use active and reflective listening skills and use open-ended questions when interacting with participants,
- (7) Facilitators should review group rules. Facilitators should also redirect participants, as needed, to follow group norms/rules,
- (8) Following the Prime Solutions Training Handbook,
- (9) Clear demonstration that facilitators are providing appropriate reinforcement to positive attitudes and behaviors and linking verbal praise to the attitude/behavior, and
- (10) Promptly, but in a positive manner, redirecting participants who are not following group rules/norms, or demonstrating inappropriate attitudes/behaviors.

Council of Accountability Court Judges Treatment Fidelity Support Team

Lasheika Kassa, CADC II  
Treatment Fidelity Program Manager  
[Lasheika.Kassa@georgiacourts.gov](mailto:Lasheika.Kassa@georgiacourts.gov)  
404-463-0043 (office)  
470-249-1768 (mobile)

Keisha N. Ray, MSW, M.A.  
Treatment Fidelity Program Monitor  
[Keisha.Ray@georgiacourts.gov](mailto:Keisha.Ray@georgiacourts.gov)  
470-650-9338 (mobile)

For questions related to this document, please contact us.

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