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COUN 6965 Program Evaluation Plan Part 1

Name

Institutional Affiliation

COUN 6965 Program Evaluation Plan Part 1

Introduction and Description Program

Drug dependence and misuse in offending populations pose serious concerns for not only the public health but also justice systems. Scholars suggest that there is evidence regarding the association between criminal behavior and drug and substance abuse where most of them state that drug users are 7 times more likely to offend when compared to non-drug users. 58% of the prisoners in Australia are subject to high-risk drinking, whereas 67% of these prisoners admit to engaging in comorbid addiction whereby they have been engaging in substance abuse in the previous twelve months before being imprisoned (Stahler et al., 2013). Their rate of taking methamphetamine was also noted to be ten times more than the general population. Diagnostic and statistical manual of mental disorders in the U.S suggests 65% of the prisoners in the country are vulnerable to drinking. The statistics in the U.S and Australia suggest that the prisoners are seven and five times more subject to substance abuse disorders as compared to the general population. While this problem may affect people aged between 12 years and 50 years, it is prevalent among people aged 21 and 35 years. Despite the gravity of the concern, the consideration of the criminal justice system correction program has been noted to be impactful in reducing recidivism in this population segment.

Description of the Program

The criminal justice system (CJS) has come up with various programs that have been tailored towards reducing the incidence of recidivism among prisoners who are vulnerable to drugs and substance abuse. The reason behind this is that engaging in comorbid addiction affects them in a way that they develop impaired judgments that makes them vulnerable to commit offenses. However, the consideration of these interventions has been impactful in the sense that

they reduce their engagement on such comorbid addiction. Some interventions associated with the CJS are a diversion to treatment, prison-based treatment, jail-based treatment, and drug courts alongside other interventions (Stahler et al., 2013). Narrowing to prison-based treatment, CJS has designed education programs where the prisoners vulnerable to substance abuse disorders learn about the dangers associated with comorbid addiction, especially with regards to jeopardizing the subjects to make impaired judgments that will eventually make them vulnerable to offend. This intervention program has been potential in the sense that it has seen a significant reduction in the incidence of the post-release re-arrest of the offenders who were previously victims of substance and drug abuse. The potentiality of the program is centered on its main objective wherein, specifically, it strives to change the thinking patterns of the prisoners that account for their engagement in criminal acts and substance abuse.

Literature Review

U.S prisons have revolving doors where more than 75% of the people released from the prison recidivate within three years. This is primarily because of the failure of the previous inmates to get back into society successfully. Such people are usually vulnerable to some issues after being released, and some of them are housing, financial, and social concerns. Being unable to secure employment has been noted to be the most serious concern that champions for recidivism, and this makes it clear that the local labor markets primarily impacts the incidence of recidivism not only, in the U.S, but across the world. Various pieces of evidence suggested that incarceration and high lifetime crime among those who leave school amid recessions in the UK and the U.S is prevalent (Houser, Saum, & Hiller, 2019). This has been because of the desperation evident in these individuals that leave them to opt for drug and substance abuse as an

alternative. However, their engagement in comorbid addiction contributes to their impaired judgment that augments their chances of offending, hence being vulnerable to being imprisoned.

The researchers challenge prisons, especially those in the U.S to point out the need of implementing intervention programs that will be impactful in molding the behaviors of the prisoners, especially those who are victims of substance abuse. This was after learning the high incidence of recidivism in the country. At the same time, they also challenge the government to come up with policies that will encourage entrepreneurs to invest in the country, hence increasing job opportunities for the locals (Houser, Saum, & Hiller, 2019). They acknowledge that prison-based treatment is the potential to reduce the incidence of recidivism because the program intends to change the thinking patterns of the offenders to reduce their engagement in substance abuse that jeopardize them to offend, hence ending up in prisons.

Researchers suggest that still many people return to risky substance abuse and alcoholism after being released from prison. It should be made clear that engaging in hazardous substance abuse after being released augments the chances of contracting an infectious disease, and fatal, plus non-fatal overdose. This augments their chances to re-offend because their engagement in substance abuse impairs the thoughts that then predispose them to commit offenses. The World Health Organization (WHO) in 1993 acclaimed the integration of the treatment interventions in prisons to minimize the prevalence of substance abuse among the ex-prisoners that would increase the rate of recidivism in the country (Scott, Dennis, & Lurigio, 2017). Its acclaim has seen the implementation of various psychological treatment alternatives in the prison systems like the prison-based treatment and cognitive-behavioral therapy (CBT) programs to augment the motivation of the prisoners and promote their willingness to change.

The prison-based treatment has been designed in a way that it attempts to change the thought patterns of the ex-prisoners that may see them engage in substance abuse and criminal practices. The prison-based treatment acknowledges that it presents the prisoners with the techniques to manage their high-risk situations for substance abuse. Despite the recommendations by the WHO to deal with the issue of recidivism in the country, only a few prisoners are exposed to alcohol and drug treatment while in prison. The thoughts of an individual are because of the experience and behavior of a person are because of his or her thoughts, and the thoughts may sometimes be distorted and fail to echo the reality necessarily (Scott, Dennis, & Lurigio, 2017). The prison-based treatment has been pointed out to be effective for adult offenders including violent and substance abuse offenders, parolees, prisoners, and probationers. It is impactful in various CJS settings, both in the community and institutions, and responds to vast issues based on criminal behavior. The reason behind this is that it works by optimizing the social skills, critical reasoning, means-end problem-solving, self-control, moral reasoning, self-efficacy, and impulse management of the offender.

Program Evaluation Model Selected

Various models can be considered when it comes to evaluating a program, but the model that seems to determine the credibility of the prison-based treatment entails scientific inquiry. This model acknowledges that it challenges the evaluators to be certain about the outcomes associated with the program and associate the outcomes with the scientific practices of the scientific inquiry. Acknowledging this evaluation model ensures that the evaluators can be certain about the findings in that they depict the investigated phenomenon. Scientific inquiry assumes a circle stated below:

- Formulating a theory to illustrate the phenomena associated with the effectiveness of the program, behavior of the offender, or another phenomenon evident in the correctional facilities.
- Coming up with a hypothesis regarding the situation as per the process of deduction. The hypothesis should also reflect the outcomes associated with the intervention and the various elements of the program that led to the outcomes (Katsiyannis et al., 2018).
- Scheme a test of hypothesis associated with the correction facility and the selected intervention that is tailored towards reducing the recidivism rate.
- Utilize the test for not only data collection but also data analysis.
- Interpret data.
- Verify, modify, or do away with the intervention associated with the corrections facility by following the inductive process.
- Modify the procedures of the policies based on the intervention program and the corrections facility that is then amalgamated into the evidence-based practice and champion for its adoption and implementation throughout the program.

Treating this process as a cycle is critical, particularly within the field of social science because the behavior of a person is intricate (Katsiyannis et al., 2018). Myriad reasons suggest the involvement of an individual in criminal practices and their engagement in alcohol and substance abuse. For this reason, it is critical to treat the scientific investigation as an unending circular process.

Needs Assessment

The risk and needs assessment tool to examine the criminal risk factors of the offender and the needs that when addressed will minimize the possibility of the imminent criminal

practice. The assessment contains some questions that allow the interviewer to collect data regarding the attitudes and the behaviors of the offender as they relate to his or her engagement in substance abuse. The tool normally encompasses both dynamic and static risk factors where static factors remain unchanged over time. Some factors associated with the static risk factors are gender, age when the offender was first arrested, past issues associated with substance abuse and alcoholism, former history of violating supervision terms like probation or parole, and prior mental health disorders (Pan et al., 2020). On the other hand, dynamic risk factors sometimes referred to as criminogenic needs can be addressed by engaging some interventions. Some examples associated with dynamic factors are level of education, current age, employment status, marital status, substance abuse, and having a stable residence.

Expounding on the risk factors, antisocial cognition is an issue affecting people who hold beliefs attitudes, personal identity, and rationalization that promote crime. The indicators associated with this factor are negative attitudes towards justice and law and beliefs that crime will be fruitful to them. it would be possible to address this problem by minimizing their antisocial thoughts and feelings by discouraging them from risky thoughts and feelings. Marital circumstances are another risk factor where poor-quality associations between the spouses in combination with either pro-criminal anticipations or anticipations with regards to crime (Pan et al., 2020). It would be possible to deal with this risk factor by championing positive relationships, reducing conflict, and necessitate monitoring and supervision. Substance abuse is also a risk factor where engaging in substance abuse and alcoholism compels one to offend. However, it would be possible to deal with this issue by restricting the engagement of substance abuse, minimize support for substance-oriented conduct, and advocate for an alternative to substance abuse.

Ethical and Evaluation Standards

It is always necessary to consider demographic data when determining the degree of recidivism among ex-prisoners as it relates to their engagement in substance abuse. However, an ethical issue may be experienced when assigning specific demography to be highly vulnerable. Risk-needs assessment may deny people their liberty following the likelihood of future criminal action (Vick, 2020). This has hence led many criminals to believe that such evaluation practice tends to breach human rights.

We normally examine the chances of recidivism to assign the needed interventions that would be critical in addressing the problem. Some organizations currently rely on riskassessment tools to imprison the ex-prisoners for longer sentences, though they may even coerce them to take part in sustained forced surveillance after release. Practitioners play a critical role in CJS where they should be clear when it comes to ensuring the liberty of the offender and protecting the safety of the public (Goulter, Kimonis, & Heller, 2018). They can pursue this role necessarily by restricting their participation in exploitation, deception, or invading the privacy of the offenders unnecessarily. Practitioners who fail to uphold this standard emerge as social control agents.

Clinical judgment in determining the risk classification of the ex-prisoner to be vulnerable to recidivism may also present inaccurate results. Nevertheless, this does not suggest that it is impossible to assess the ex-prisoner thoroughly, though it is advisable to promote the implementation of the risk assessment for clinical judgment and discretion to do away with the inaccuracies, and this can be possible by integrating a clinical interview, actuarial tool, and collateral information that are ideal in generating accurate information (Goulter, Kimonis, & Heller, 2018). All the same, the LS/LSCI/CMI assessments have been noted to be exceptional in

drawing ultimate results because they have exemplified the integration of the clinical outlook by engaging a clinical assessment as a portion of the process and allowing the clinician to illustrate why they do not agree with the score.

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