

AN EVALUATION FRAMEWORK FOR THE MAISON DECISION HOUSE SUBSTANCE ABUSE TREATMENT PROGRAM

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Abstract: An evaluation framework was prepared for Maison Decision House (MDH) to guide its future examination of the success of its substance abuse treatment program. MDH is a halfway house accommodating substance-abusing male federal offenders. This residential intervention is based on a cognitive-behavioral model and has incorporated specific program activities to achieve the ultimate objective of lifelong abstinence. The first section of this framework is a program profile containing background information on the program as well as an outline of its elements and structure in conjunction with a logic model. The next section focuses on the evaluation questions and issues relevant to this substance abuse program, describes the issues and indicators matrix, and summarizes various evaluation methodologies. The framework concludes with a presentation of three evaluation options, with a recommendation as to the most advantageous option.

Résumé: Un cadre d'évaluation a été préparé pour la Maison Decision House afin de fournir à cette organisation un plan en vue de l'examen futur de la réussite de son programme de traitement de la toxicomanie. La Maison Decision House est une maison de transition qui héberge des délinquants toxicomanes purgeant une peine de ressort fédéral. Cette intervention de nature résidentielle se fonde sur un modèle cognitive-comportemental et comprend des activités de programme spécifiques ayant pour objectif ultime l'abstinence permanente. La première partie du cadre d'évaluation dresse le profil du programme incluant des renseignements de base sur le programme ainsi qu'un aperçu de sa structure et des éléments qui le composent, le tout accompagné d'un modèle logique. La partie suivante se concentre sur les questions d'évaluation et sur d'autres points qui sont pertinents à ce programme de traitement de la toxicomanie. Elle décrit également les questions et la matrice des indicateurs, en plus de résumer différentes d'évaluation. Le cadre d'évaluation se termine par la présentation de trois options d'évaluation ainsi qu'une recommandation sur l'option la plus avantageuse.

Research completed in both Canada and the United States has concluded that approximately 70% of male federal offenders have substance abuse problems (Lightfoot & Hodgins, 1988; U.S. Bureau of Justice Statistics, 1983a, 1983b; Weekes et al., 1993). In addition, within this population more than 30% of offenders have been identified with poly-substance abuse problems (i.e., problems with both alcohol and other drugs). The theory of criminal conduct has identified substance abuse as a criminogenic need factor, suggesting that effective correctional intervention targeted toward offenders with substance abuse problems has the potential for reducing recidivism (Andrews, 1995; Andrews & Bonta, 1998).

Based on these statistics, the theory of criminal conduct, and current treatment research, the Maison Decision House (MDH) Substance Abuse Treatment program was developed to meet the needs of those male federal offenders and parolees identified as having substance abuse problems and who are completing parole in the community. The MDH program strives to teach participants the skills required for the achievement of lifelong abstinence from alcohol and other drugs.

PROGRAM PROFILE

The present program evaluation framework was undertaken to provide MDH with a guide to future examination of the success of its substance abuse treatment program. More specifically, the goal of the present evaluation framework is simply to outline various methodological approaches that can, at some later point in time, be implemented for the examination of program success. Several aspects of program success were of interest to MDH, such as whether participants increased their knowledge and ability as well as achieved lifelong abstinence.

In this section of the evaluation framework, various details specific to the MDH Substance Abuse Treatment program will be presented, including the program's mission and rationale, a description of the program, and the elements and structure of the intervention.

Background

Mission

Given that the clients of the MDH program are federal offenders falling under the jurisdiction of the Correctional Service of Canada

(CSC), MDH follows the same mission statement as that of the CSC. This mission states that “as part of the criminal justice system, [the CSC] contributes to the protection of society by actively encouraging and assisting offenders to become law abiding citizens while exercising reasonable, safe, secure, and humane control” (Correctional Service of Canada, 1998, p. 4). The program implemented at MDH was a direct response to the evident and urgent need of substance-abusing offenders. Through the targeting of substance abuse problems, MDH recognizes the mission by offering assistance to these offenders in an effort to enable them to become law-abiding citizens, thereby promoting the protection of society.

Rationale

Based on social learning theory, one approach within the area of substance abuse intervention is the cognitive-behavioral method. Social learning theory asserts that substance abuse is a learned behavior that can be “unlearned” through the development of new thinking and acting skills. These new skills are developed with the use of cognitive-behavioral techniques. The substance abuse treatment literature suggests that the primary target of this type of intervention must be the abuse of alcohol and/or other drugs. However, for long-term changes in this specific behavior, secondary targets also need to be addressed in the program using cognitive-behavioral techniques. The secondary components with the greatest empirical support for substance abuse intervention include structured relapse prevention and management techniques, social skills training, assertion training, problem solving, employment training, and methadone maintenance treatment.

With the recognition of this model of substance abuse treatment, MDH developed a program theory for substance-abusing offenders. The MDH program suggests that substance-abusing behavior can be modified and lifelong abstinence attained through the combination of education, recognition of problem areas, and promotion of positive thinking and behavioral skills. Consequently, the MDH Substance Abuse Treatment program has three program activities: (1) counselling, (2) drug and alcohol education, and (3) cognitive-behavioral intervention. It should be noted that there is some overlap between the three activities. More specifically, issues covered in the cognitive-behavioral intervention, such as pro-social skills and relapse prevention, are also addressed and discussed in the counselling sessions.

Resources

The MDH Substance Abuse Treatment program is funded through the Correctional Service of Canada. The CSC is thus one of the stakeholders of this program, and therefore has significant interest in how well the program is functioning. The board of directors is the other stakeholder of this program. The board has seven members with a range of professional backgrounds, such as engineering, health care, accounting, criminology, and academia.

Description

The MDH program is a residential substance abuse intervention located in a local halfway house for male federal offenders and parolees. It is available to participants in both English and French. The halfway house is supervised 24 hours a day, seven days a week, by various staff.

There are 13 staff members who run the operations at the house, including the executive director. Four are full-time program delivery staff. All of the staff are required to have extensive experience in the field of addictions.

The substance abuse program delivered at Maison Decision House has been in operation since March 2, 1998. Upon recognition of the need for male federal offenders and parolees with substance abuse problems to be treated in the community, a substance abuse program was developed and MDH approached the CSC for funding. Maison Decision House is the only substance abuse program for male federal offenders and parolees in the Ottawa area.

The majority of the clients in this program are federal parolees. Participation in this program is usually an element of the offender's release plan and a condition of their release. Given that most offenders on parole at MDH have conditions attached to their release requiring participation in a substance abuse intervention program, few participants voluntarily enroll in this program. All of the residents at MDH participate in the substance abuse treatment program.

Before an individual is accepted into the halfway house program, several issues are investigated and discussed during a community assessment hearing, parties to which include the police, parole officers, and members from the community residential facility (in this

case MDH) such as the executive director or board members. The first issue considered is whether the participant has a substance abuse problem. This criterion ensures that the client's need is appropriately matched to the substance abuse treatment. To be able to participate in the MDH program, the offender must also demonstrate motivation toward treatment. Although only a subjective measure of motivation is possible, this criterion provides a preliminary indication of the client's commitment to the program and willingness to receive help with his substance abuse problem.

Other considerations for participation in the program are institutional behavior, type of crime convicted of, indicators of violence toward other offenders or institutional staff, security issues such as being a member of a gang, and whether the police have any concerns about the release of the offender into the program or community. These criteria are examined prior to program participation to enhance the safety of the staff at the halfway house, the other parolees in the program, and the community at large.

Elements and Structure

This section of the framework outlines and describes the various elements of the program logic model. The logic model is an important evaluative tool because it helps to explain the ideas behind the development of the program and the reasons the program is expected to elicit change in substance-abusing behavior among offenders (see Figure 1).

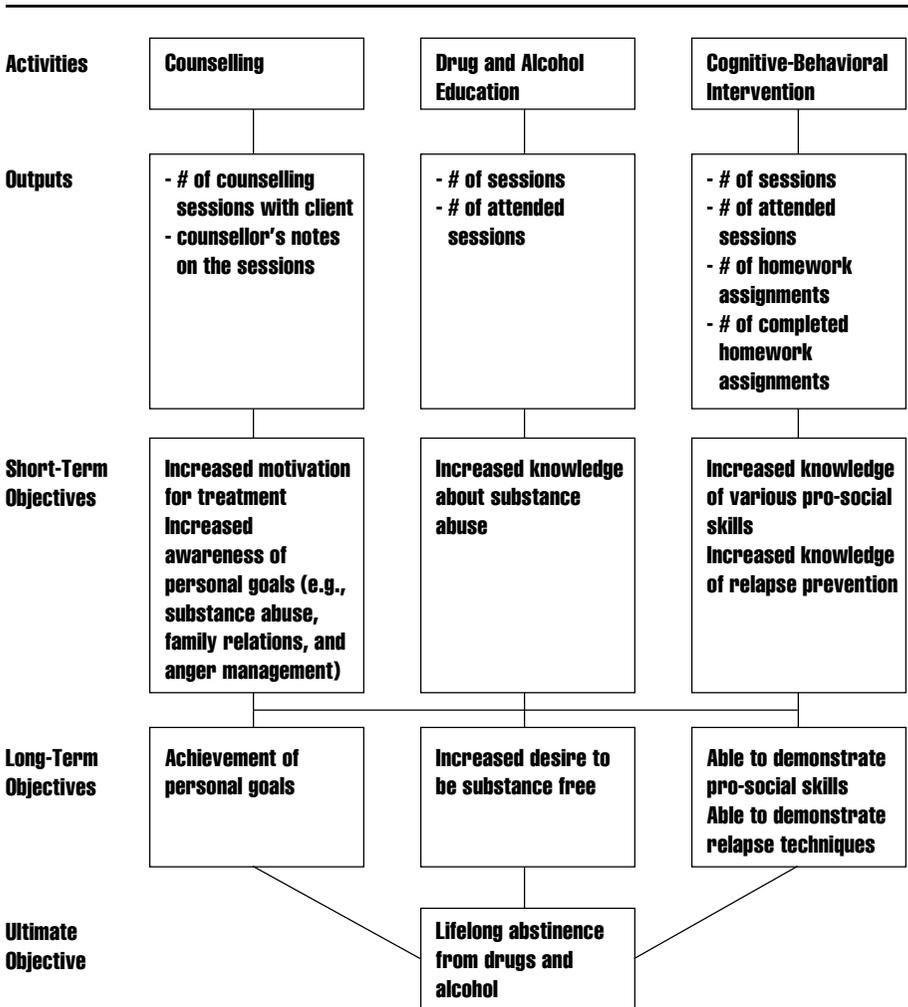
Activities

The program components can be viewed as activities or sets of activities that have a direct impact on program targets and are intended to lead to the attainment of program goals (Rush & Osborne, 1991). In the next three subsections, each activity is described.

Counselling. The counselling component of the substance abuse treatment program was included to provide an opportunity for participants to engage in one-on-one sessions with a counsellor. At intake to the MDH program, assessments of substance abuse severity are completed and each offender is assigned to a counsellor. The assessed substance abuse severity level of the offender is used to estimate the number of counselling sessions the offender will participate in

each week. An offender identified as having a severe substance abuse problem will be required to meet with his counsellor twice a week for approximately one hour each time over the duration of his program residency. An offender with a less severe substance abuse problem will attend one counselling session per week for about an hour each time during his participation in the program. In addition, the counselling activity has an open-door policy, meaning that the offender, if he wishes to, is able to schedule extra sessions with his

Figure 1
Logic Model: Maison Decision House Substance Abuse Treatment Program



assigned counsellor. It should be noted that all four full-time program staff assume the role of counsellor for specific offenders.

The sessions present an opportunity for the participants to discuss, monitor, and achieve personal goals. Personal goals can be defined as problem areas in the offender's life that he wants to change for the better while participating in the residential substance abuse treatment program. With the guidance of his counsellor, the client chooses three personal goals that he will attempt to achieve during his residency. Given that all of the participants in the MDH program have been assessed with a substance abuse problem, one of the three goals selected by the offender is always to remain substance free during his participation in the MDH program. Examples of other possible personal goals are (1) to improve personal relations with his family, (2) to learn how to manage his anger, or (3) to learn how to be more assertive.

Drug and Alcohol Education. This activity provides a forum for program staff to teach participants about suggested causes and mediators of substance abuse behavior, rationalization of substance abuse behavior, and the physical and psychological consequences of alcohol and/or drug abuse.

These education sessions are delivered using two different media: individual film viewing and classroom groups. The first medium is implemented at intake to the program. Each offender watches several videos about substance abuse; after viewing the films, he completes questionnaires assessing his knowledge of the content of each film. Several different topics are covered in the videos, including denial, staying off cocaine, shame and addiction, and alcohol and tobacco. The viewing of these films accounts for 2 of the 22 sessions in the educational component. The second medium — the group educational sessions — involves 20 sessions. Two sessions are delivered daily (one two-hour session in the morning and one two-hour session in the afternoon) over a two-week period. The delivery of the educational group sessions is alternated daily among the four full-time program staff. Content quizzes and program feedback forms are completed for every session.

Cognitive-behavioral Intervention. Cognitive-behavioral intervention was designed to address two specific skills: pro-social skills and relapse prevention. In these group sessions, program deliverers teach about the relationship between these two skills and substance abuse behavior.

Pro-social skills are presented to the offenders in two ways. First, for a variety of life situations the offender encounters on a daily basis, participants are introduced to more appropriate and effective thought and behavior responses. Examples of these life situations are anger, stress, and cravings. Second, program staff attempt to teach participants techniques to improve their life functioning skills, communication skills, problem solving, and behavior management.

Relapse prevention skills are incorporated into the cognitive-behavioral activity by training participants how to think and act when trying to avoid relapse to substance use or abuse. Staff examine with participants such issues as the concept of relapse prevention, identification of high-risk situations, and understanding, preventing, and managing relapse.

The cognitive-behavioral intervention component is approximately 60 sessions in length. As with the drug and alcohol education activity, two sessions are delivered daily via two two-hour sessions over a five-to-six-week period. The delivery of the cognitive-behavioral activity is also alternated daily among the four full-time program staff. Content quizzes and program feedback forms are conducted after every session. Selected sessions require participants to complete homework assignments.

The education and cognitive-behavioral activities of the MDH Substance Abuse Treatment program are delivered sequentially and then repeated. Each program client participates in the education component and then the cognitive-behavioral component of the program twice. For the duration of the substance abuse treatment program, the counselling activity is delivered to all of the participants on a regular basis.

Outputs

The outputs of a program are the goods and services generated by the program activities and delivered to the program participants. Outputs are the link between the program activities and the short-term outcomes/objectives (Rush & Ogborne, 1991). The outputs of the MDH program are described below.

Counselling. The first output resulting from the counselling component is the number of counselling sessions the counsellor has with a particular offender. The notes kept by the counsellor are another

output of the counselling activity. The program staff are required to keep notes on each session outlining the issues covered in the session, the progress of the offender, and any concerns the program staff might have about the offender.

Drug and Alcohol Education. The first output here is the actual number of sessions offered within this activity. The second output is directly related to the number of sessions designed in the program, which is the number of educational sessions attended by the offender.

Cognitive-behavioral Intervention. The four outputs of this activity are: (1) the number of cognitive-behavioral sessions within this activity, (2) the number of sessions attended by a particular offender, (3) the number of homework assignments complementing this activity, and (4) the number of assignments actually completed by the offender.

Short-Term Objectives

Short-term objectives can be described as changes in participants (offenders) as a result of their participation in an activity, with the change occurring soon after the activity is performed. Short-term objectives are often referred to as immediate goals or outcomes.

With completion of the program activities, the MDH Substance Abuse Treatment program hopes to achieve several short-term objectives (see Figure 1). The first immediate outcome is increased motivation for treatment. It is thought that the participant's motivation for treatment can be enhanced through participation in the program. The next short-term objective is increased awareness of personal goals. The MDH program theorizes that the program will assist the offender to recognize the problems in his life, and as a result the offender will be able to identify areas that require guidance or treatment.

From the activities, the program seeks to modify the knowledge offenders have about substance abuse as well as various pro-social skills and relapse prevention. It is anticipated that offenders will gain more knowledge about issues related to alcohol and other drugs, life functioning skills, communication skills, problem solving, behavior management, and relapse prevention as well as knowledge about more appropriate and effective thoughts and behaviors associated with these various areas.

Long-Term Objectives

Long-term objectives are also changes in the participants (offenders) as a result of their participation in an activity. However, unlike short-term objectives, long-term objectives are met over a longer duration of time. Long-term objectives are often referred to as intermediate outcomes or goals.

With the completion of the program activities, the MDH Substance Abuse Treatment program hopes to achieve several long-term goals. It is anticipated that in the long term offenders will achieve their three personal goals. In particular, during the MDH program each offender is expected to have addressed and modified the three problematic areas identified in his life.

Another intermediate outcome of the program is increased desire to be substance free. More specifically, the participant has more drive to eliminate alcohol and/or drug use from his life. According to the program theory, the increased desire to be substance free is achieved not only through instruction on various substances, but also through the participants' increased knowledge about issues related to the abuse of alcohol and/or other drugs.

The last long-term objective of the program includes the ability to demonstrate both pro-social and relapse prevention skills. This intermediate outcome requires that participants be able to demonstrate pro-social skills such as problem solving, communication, and behavior management as well as relapse prevention techniques, including identification of high-risk situations and management of relapse, as means to modify their substance-abusing behavior.

Ultimate Objective

The ultimate objective or goal of a program can be defined as the desired changes in a participant's (offender's) behavior(s) resulting from the overall program (Wong-Reiger & David, 1995). As a result of the program theory and rationale previously discussed, the ultimate objective of the MDH Substance Abuse Treatment program is lifelong abstinence from drugs and alcohol. With the implementation of the three program activities and achievement of both short-term and long-term change in the participants, this substance abuse treatment program aims to have offenders stop using alcohol and other drugs for the rest of their lives.

EVALUATION ISSUES/QUESTIONS, MATRIX, AND METHODOLOGIES

The first half of this framework described the MDH Substance Abuse Treatment program and summarized the program theory in the logic model. This next section of the framework focuses on the proposed evaluation of the program. The issues and corresponding data collection methodology relevant to the MDH Substance Abuse Treatment program are detailed and reviewed, and are followed by a description of the table outlining the evaluation questions/issues specific to the MDH program as well as the information needed to evaluate the various questions (see Table 1). At the end of this section, three evaluation options are outlined and a recommendation for a future evaluation approach is provided.

Evaluation Issues/Questions

The evaluation issues contained within this framework are based on four broad issues that should be addressed in any program evaluation. These broad categories are: (1) rationale/relevance, (2) design and delivery, (3) impact/success, and (4) alternatives/cost-effectiveness. The present plan has developed questions within all four of these broad categories that are relevant to the MDH program.

Rationale/Relevance

Questions outlined in the rationale category are included to provide a means for testing the fundamental theory of the program. Questions in the relevance section explore the logic of the program activities and objectives and the ability of the program to attain its objectives (see Table 1, issues 1.1–1.3).

Design and Delivery

Issues related to design and delivery address the development and organization as well as the implementation of the program. With respect to the MDH program, the general question here pertains to the effectiveness of the design and delivery of the substance abuse program. Given the breadth of this issue, several specific questions were included to address design and delivery.

Table 1
Maison Decision House Substance Abuse Treatment Program Overall Evaluation Plan: Issues, Indicators, Data Sources, and Methods

Issues/Questions	Indicators	Data Source	Method
Rationale			
<i>1. To what extent is the MDH substance abuse program relevant?</i>			
1.1 Is there a need for this type of intervention?	<ul style="list-style-type: none"> • Number of federal offenders requiring community substance abuse treatment in the Ottawa area • Expert opinion 	<ul style="list-style-type: none"> • Parole office statistics on current parolees • Federal institution statistics on potential parolees • Expert 	<ul style="list-style-type: none"> • Administrative file review • Expert panel
1.2 Is there empirical evidence to demonstrate the effectiveness of this type of substance abuse intervention?	<ul style="list-style-type: none"> • Evidence of causal relationship between this type of program and the reduction of substance use • Expert opinion 	<ul style="list-style-type: none"> • Literature on substance abuse programs for offenders and outcome of programs • Expert 	<ul style="list-style-type: none"> • Literature review • Expert panel
1.3 Is the program relevant to the needs of the clients?	<ul style="list-style-type: none"> • Degree to which the program theory meets the needs of the clients • Identified needs of the clients • Expert opinion 	<ul style="list-style-type: none"> • Literature on substance abuse programming and the needs of substance-abusing offenders • MDH assessments of the clients' needs • Expert 	<ul style="list-style-type: none"> • Literature review • Administrative file review • Expert panel
Design and Delivery			
<i>2. Is the program designed and delivered effectively?</i>			
Design			
2.1 Is the program design based on the principles of effective correctional programming?	<ul style="list-style-type: none"> • Degree to which the program manual adheres to the principles of effective correctional intervention • Expert opinion 	<ul style="list-style-type: none"> • Literature on the principles of effective correctional programs • MDH program manual • Expert 	<ul style="list-style-type: none"> • Literature review • Program documentation review • Expert panel

Issues/Questions	Indicators	Data Source	Method
<p>2.2 Do any of the program activities not contribute to the attainment of the program's objectives?</p>	<ul style="list-style-type: none"> • Number and type of activities that do not contribute to the attainment of program objectives • Program staff opinion • Director opinion • Expert opinion 	<ul style="list-style-type: none"> • Client outcome scores (issues 3.2, 3.3, 3.5–3.10) • Program staff • Director • Expert 	<ul style="list-style-type: none"> • Impact assessment • Focus group - program staff • Key informant interview - director • Expert panel
<p>2.3 Are appropriate substance abuse assessment measures implemented to collect information on the clients?</p>	<ul style="list-style-type: none"> • Degree to which the program assessment measures reflect current knowledge of appropriate substance abuse assessment • Expert opinion 	<ul style="list-style-type: none"> • Literature on appropriate substance abuse assessment • MDH program assessments for substance abuse • Expert 	<ul style="list-style-type: none"> • Literature review • Program documentation review • Expert panel
<p>2.4 Is there enough staff to meet the needs of the clients?</p>	<ul style="list-style-type: none"> • Client opinion • Program staff opinion 	<ul style="list-style-type: none"> • Client • Program staff • Director 	<ul style="list-style-type: none"> • Client survey • Focus group: program staff • Key informant interview - director
<p>Delivery 2.5 Is the program offered in both official languages?</p>	<ul style="list-style-type: none"> • Director opinion • Degree to which clients can participate in official language of choice 	<ul style="list-style-type: none"> • Client 	<ul style="list-style-type: none"> • Client survey
<p>2.6 Does the program delivery conform to the program design?</p>	<ul style="list-style-type: none"> • Degree to which the program delivery adheres to the program design • Program staff opinion • Expert opinion 	<ul style="list-style-type: none"> • MDH staff training manual • MDH program manual • Program staff • Expert 	<ul style="list-style-type: none"> • Program documentation review • Focus group: program staff • Expert panel
<p>2.7 Is the program staff delivering the program in a manner consistent with the principles of effective correctional supervision and counselling?</p>	<ul style="list-style-type: none"> • Degree to which program staff deliver the program in a manner consistent with the principles of 	<ul style="list-style-type: none"> • Literature on the principles of effective correctional supervision and counselling • Program staff • Expert 	<ul style="list-style-type: none"> • Literature review • Focus group: program staff • Expert panel

Issues/Questions	Indicators	Data Source	Method
2.8 Is the program being delivered to the target population?	<ul style="list-style-type: none"> • effective supervision and counselling • Program staff opinion • Expert opinion 	<ul style="list-style-type: none"> • MDH assessments of clients' substance abuse problems 	<ul style="list-style-type: none"> • Administrative file review
2.9 Is staff trained to deliver the program?	<ul style="list-style-type: none"> • Number of clients identified with and without substance abuse problems • Level of certification of staff • Program staff opinion 	<ul style="list-style-type: none"> • Personnel files • Program staff • Director • Expert 	<ul style="list-style-type: none"> • Administrative file review • Focus group: program staff • Key informant interview: director • Expert panel
2.10 Are clients satisfied with the services received?	<ul style="list-style-type: none"> • Director opinion • Expert opinion 	<ul style="list-style-type: none"> • Client 	<ul style="list-style-type: none"> • Client survey
Impact			
3. To what extent do the program objectives contribute to the attainment of the program objectives?			
3.1 What impact does different levels of treatment service have on the program objectives?	<ul style="list-style-type: none"> • Number of counselling sessions attended 	<ul style="list-style-type: none"> • Counsellor's notes from sessions • Program staff attendance records 	<ul style="list-style-type: none"> • Impact assessment
3.2 Is motivation increased?	<ul style="list-style-type: none"> • Number of education sessions attended • Number of cognitive-behavioral sessions attended • Level of motivation 	<ul style="list-style-type: none"> • Motivation scores (time-series) • Counsellor • Counsellor's notes from sessions • Client 	<ul style="list-style-type: none"> • Impact assessment • Focus group: counsellor • Program documentation review • Client survey
3.3 Is knowledge of the three personal goals increased?	<ul style="list-style-type: none"> • Counsellor opinion • Client opinion • Level of knowledge of personal goals 	<ul style="list-style-type: none"> • Knowledge scores (pre- and post-program) • Goal reports • Counsellor's notes from sessions • Client 	<ul style="list-style-type: none"> • Impact assessment • Program documentation review • Client survey

Issues/Questions	Indicators	Data Source	Method
3.4 Are personal goals achieved?	<ul style="list-style-type: none"> • Number of completed goal reports • Counsellor opinion • Client opinion 	<ul style="list-style-type: none"> • Treatment plans • Final program reports • Counsellor's notes from sessions • Counsellor • Client 	<ul style="list-style-type: none"> • Program documentation review • Focus group: counsellor • Client survey
3.5 Is knowledge about substance abuse increased?	<ul style="list-style-type: none"> • Completion of steps outlined for the fulfillment of goals • Counsellor opinion 	<ul style="list-style-type: none"> • Session quizzes (pre- and post-program) • Film questionnaires 	<ul style="list-style-type: none"> • Impact assessment • Program documentation review
3.6 Is desire to be substance free increased?	<ul style="list-style-type: none"> • Client opinion • Level of knowledge on substance abuse 	<ul style="list-style-type: none"> • Client questionnaire (time-series) 	<ul style="list-style-type: none"> • Impact assessment
3.7 Is knowledge of various pro-social skills increased?	<ul style="list-style-type: none"> • Level of aspiration to be substance free • Level of knowledge of pro-social skills 	<ul style="list-style-type: none"> • Session quizzes (pre- and post-program) • Relapse prevention plan • Homework assignments • Program staff • Client 	<ul style="list-style-type: none"> • Impact assessment • Program documentation review • Focus group: program staff • Client survey
3.8 Is knowledge of relapse prevention increased?	<ul style="list-style-type: none"> • Program staff opinion • Client opinion • Level of knowledge of relapse prevention 	<ul style="list-style-type: none"> • Session quizzes (pre- and post-program) • Relapse prevention plan • Homework assignments • Program staff • Client 	<ul style="list-style-type: none"> • Impact assessment • Program documentation review • Focus group: program staff • Client survey
3.9 Are clients able to demonstrate pro-social skills?	<ul style="list-style-type: none"> • Program staff opinion • Client opinion 	<ul style="list-style-type: none"> • Assertiveness scale (pre- and post-program) • Problem-solving scale (pre- and post-program) • Counsellor's notes • Client 	<ul style="list-style-type: none"> • Impact assessment • Program documentation review • Client survey
3.10 Are clients able to demonstrate relapse prevention techniques?	<ul style="list-style-type: none"> • Evidence of ability to demonstrate appropriate pro-social skills 	<ul style="list-style-type: none"> • Ability scores (pre- and post-program) • Client weekend 	<ul style="list-style-type: none"> • Impact assessment • Program documentation review

Issues/Questions	Indicators	Data Source	Method
3.11 Do clients abstain from drugs and alcohol while in the program?	<ul style="list-style-type: none"> • Counsellor opinion • Client opinion • Evidence of ability to demonstrate appropriate relapse prevention techniques • Counsellor opinion 	evaluations <ul style="list-style-type: none"> • Weekly client journal entries after developed relapse prevention plan • Counsellor's notes • Client • Breach of abstinence parole conditions • Urinalysis files at MDH 	<ul style="list-style-type: none"> • Client survey • Administrative file review
3.12 Do clients abstain from drugs and alcohol while on parole?	<ul style="list-style-type: none"> • Client opinion • Degree to which clients are not using drugs and alcohol while in the program 	<ul style="list-style-type: none"> • Breach of abstinence parole conditions • Urinalysis files at Parole Office 	<ul style="list-style-type: none"> • Administrative file review
Alternatives			
4. Are there any more effective and efficient methods for achieving the objectives outlined in the MDH substance abuse program?			
4.1 Are there services already provided in the community for substance-abusing federal offenders?	Degree to which clients are not using drugs and alcohol while completing the rest of their parole	<ul style="list-style-type: none"> • Community program documentation • Director 	<ul style="list-style-type: none"> • Program documentation review • Key informant interview: director
4.2 Is the MDH program as effective as other similar programs offered in the community for federal offenders?	<ul style="list-style-type: none"> • Existence of similar programs in the community • Director opinion 	<ul style="list-style-type: none"> • Client outcome scores (issues 3.2, 3.3, 3.5–3.10) • Outcome studies of other community programs • Expert 	<ul style="list-style-type: none"> • Program documentation review • Expert panel
4.3 Can any of the program activities be achieved at a lower cost?	<ul style="list-style-type: none"> • Outcome/impact of MDH program as well as other community substance abuse programs for federal offenders • Expert opinion • Cost of activities compared to cost of similar community program activities 	<ul style="list-style-type: none"> • Budget for MDH program • Budget for other similar program activities • Program staff • Program staff from other, similar programs • Director • Expert 	<ul style="list-style-type: none"> • Administrative file review • Focus group: program staff • Focus group: other program staff • Key informant interview: director • Expert panel
	<ul style="list-style-type: none"> • Program staff opinion 		

Questions developed on the design of the MDH program encompass a range of issues related to the principles and organization of the program. Issues associated with design that are of interest include the principles of the design, ineffective design activities, the type of assessment instruments used to identify clients, staff resources, and language accessibility (see Table 1, issues 2.1–2.4). It should be noted that issue 2.2 (see Table 1) will be examined once the impact assessment outlined in the next section of the framework is completed.

Questions developed on the delivery of the MDH program comprise a series of issues related to the implementation of the program. Issues associated with delivery that are of interest include the consistency of program delivery with the program design, staff delivery techniques, staff delivery training, delivery to appropriate targets, and client satisfaction (see Table 1, issues 2.5–2.10).

Impact/Success

The issue of program impact concerns questions that can be answered to determine whether the program is achieving its objectives. In view of the fact that the impact section is based on the logic model (see Figure 1), the issues address all of the short-term and long-term objectives outlined. Questions have also been developed to generate data on the ultimate objective of lifelong abstinence.

The general question of the impact section asks to what extent the program activities influence the program objectives. Given the scope of this general question, several specific questions were developed. Questions associated with impact that are of interest include program service levels; motivation; achievement of personal goals; knowledge of substance abuse, pro-social skills, and relapse prevention; desire to be substance free; and ability to demonstrate pro-social and relapse prevention skills as well as lifelong abstinence (see Table 1, issues 3.1–3.12).

Alternatives/Cost-Effectiveness

Questions related to the issue of alternatives address other possible methods for achieving program objectives that are more effective and efficient. The general issue for this section of the framework is to ascertain whether there are more effective and efficient methods for achieving the objectives outlined in the MDH Substance Abuse

Treatment program. This category of issues includes questions about whether there are other community programs for offenders, the effectiveness of the MDH program in comparison to other community substance abuse programs and whether certain activities can be done at lower costs (see Table 1, issues 4.1–4.3).

Evaluation Matrix

An issues and indicators matrix (table) has been developed outlining each of the issues/questions described above as well as specific indicators, data sources, and methodology to address these issues/questions (see Table 1). Like the logic model, the matrix is an important and useful tool within this evaluation plan. The issues and indicators matrix is valuable because it clearly and concisely summarizes the research strategy for future evaluation of the MDH program.

Evaluation Methodologies

The following sections describe the various methodologies that can be utilized to address the issues outlined in the issues and indicators matrix. Table 2 presents a checklist matrix outlining the various methodologies as well as the specific issues each method addresses.

Administrative File Review

An administrative file review is an examination of various files containing administrative information. A detailed list of the files that would need to be collected and reviewed in a future evaluation of the MDH program is provided in Table 3. This methodology is important because it provides the only means for determining whether the ultimate objectives of the MDH program are being attained (see Table 2).

For the present evaluation, an administrative file review would involve reviewing files at the Ottawa District Parole Office as well as several federal institutions within the province of Ontario and on-site at MDH. This method has the advantage of being easy and inexpensive to conduct. However, the collection of particular files may be very time consuming, as some of the files are located at institutions across the province, and would require travel to review. Per-

mission for the evaluation staff to review confidential files would also have to be obtained from the institutions and parole offices. This evaluation method will not necessitate any participation from the program clients, but program staff will need to assist in the collection of on-site administrative files.

Program Documentation Review

A program documentation review is very similar to an administrative file review, but instead of examining files, as with the administrative file review, the program documentation review examines various program documents containing pertinent program information. This type of review is important because these written documents trace the process of the program, and can corroborate or not corroborate information on the perceptions and knowledge of program staff and clients collected using other methodologies. Table 3 provides details about the program documents that will need to be collected and reviewed.

This method is inexpensive, and most program documents can be located on-site. In addition, this methodology is useful because it can be implemented to address many of the impact issues (see Table 2). As with the administrative file review, this method will not require any participation on the part of the clients. However, some program staff hours will have to be allocated to assist with the collection of on-site program documents.

Literature Review

To conduct a literature review, published and unpublished academic research investigations must be assembled for drawing conclusions about a question of interest. These empirical studies must be related to the specific content area of interest, regardless of the results of the studies. A literature review is a valuable addition to a program evaluation because the review analyzes current research related to the content and process of a specific program, which can then be used to determine whether the content and process of the program are up to date and effective. Table 3 outlines specific areas of literature that should be reviewed to address several of the issues outlined in the present program evaluation framework.

The literature review would be essential to complete in an evaluation of the MDH program because it addresses fundamental issues

Table 2
Issues/Questions Addressed by Methodologies

Issues	Methodologies							
	Administrative File Review	Program Documentation Review	Literature Review	Client Survey	Focus Group	Key Informant Interview	Impact Assessment	Expert Panel
<i>Rationale</i>								
1.1	✓							✓
1.2			✓					✓
1.3	✓		✓					✓
<i>Design</i>								
2.1		✓	✓					✓
2.2					✓	✓	✓	✓
2.3		✓	✓					✓
2.4				✓	✓	✓		
<i>Delivery</i>								
2.5				✓				
2.6		✓			✓			✓
2.7			✓		✓			✓
2.8	✓							
2.9	✓				✓	✓		✓

Issues	Methodologies							
	Administrative File Review	Program Documentation Review	Literature Review	Client Survey	Focus Group	Key Informant Interview	Impact Assessment	Expert Panel
2.10				√				
Impacts								
3.1							√	
3.2		√		√	√		√	
3.3		√		√			√	
3.4		√		√	√			
3.5		√					√	
3.6							√	
3.7		√		√	√		√	
3.8		√		√	√		√	
3.9		√		√			√	
3.10		√		√			√	
3.11	√							
3.12	√							
Alternatives								
4.1		√				√		
4.2		√						√
4.3	√				√	√		√

related to the design and delivery of the program. As with the administrative file review and the program documentation review, the literature review should be inexpensive to complete. Given that the topics requiring examination in an evaluation of the MDH program are well researched, locating the studies and articles will not be a lengthy and difficult task. A literature review does not require the participation of program clients or staff.

Client Survey

In general, a survey is the collection of information from a group of individuals by means of interviews or questionnaires administered to a selection of individuals from a specific population (Rossi, Freeman, & Lipsey, 1999). The inclusion of the client survey in a program evaluation is useful because it allows for the collection of data that are sometimes unobservable, on the perceptions, knowledge, experience, and expectations of clients participating in a program. The clients offer unique information of particular interest, given that they are the only individuals who actually participate in the program.

The client survey methodology outlined in the present evaluation plan refers to an interview that clients of the MDH program would complete upon departure from the intervention. The client survey should be conducted as a face-to-face interview and not a paper-and-pencil questionnaire. Not only does this type of administration help offenders who have difficulty reading or writing, but it also allows the person administering the survey to clarify any questions the offenders may have as well as ensure offenders understand the questions being asked.

The survey should be completed at the end of the program and prior to departure from the halfway house for two specific reasons. The first would be to guarantee that the client has completed the program or at least had some exposure to the program activities. In addition to those offenders who complete the program, clients who drop out of the program or are returned to custody should be given the survey. Otherwise, the data collected would only represent those offenders who had actually completed the program rather than all clients participating in the program, regardless of completion. The other reason for the survey to be completed at the end of the program and prior to departure from the halfway house is that once

clients leave the halfway house it becomes more difficult to track them down, especially when they reach warrant expiry.

Table 3 describes areas that need to be included in the client survey to address issues and questions outlined in the matrix. Implementing this method would be easy and inexpensive. The client survey would not be time consuming for staff to administer, and it could be incorporated into the existing client satisfaction questionnaire conducted with offenders prior to their departure from the program. This method does require the participation of the client, yet not much more than is needed with the present program debriefing. Administration of the client survey also necessitates staff involvement, but again, not much more time than is presently required.

Focus Group

A focus group is an interview with a small number of people (usually six to eight), selected for their knowledge or perspective on a topic of interest, that is convened to discuss the topic with the assistance of a moderator (Patton, 1990; Rossi, Freeman, & Lipsey, 1999). The discussion is used to identify important themes or summarize views on the issue presented (Rossi, Freeman, & Lipsey, 1999) and to gather qualitative evaluation information.

In the present plan, it is suggested that two focus groups be completed, one with the MDH program staff/counsellors and the other with program staff from similar community programs. The main advantage of conducting a focus group is that the interview provides quick and less costly qualitative data than individually interviewing and collecting data from staff. Completing individual interviews with every MDH staff member as well as other staff from similar programs would be extremely time consuming (requiring more than the two hours allocated for one focus group) and expensive (requiring payment for more of the evaluator's time). A focus group also allows for some quality controls on data collection in that the participants tend to provide checks and balances on each other that weed out false or extreme views (Patton, 1990).

Issues that can be addressed through the focus groups are outlined in Table 3. A focus group interview would involve additional staff hours, as the MDH program staff would need to schedule time outside of their regular responsibilities and duties to participate in the focus group. Client participant is not necessary.

Table 3
Data to Collect for the Methodologies

Methodologies							
Administrative File Review	Program Documentation Review	Literature Review	Client Survey	Focus Group	Key Informant Interview	Impact Assessment	Expert Panel
<ul style="list-style-type: none"> • Parole files on parolee statistics • Institutional files on parolee statistics • Assessment of clients' SA^a problems • Needs assessments on clients • Personnel files on certification • Parolee case files for breaches and ur-analysis tests • Files on MDH budget • Files on similar program budgets 	<ul style="list-style-type: none"> • MDH program manual • MDH staff training manual • MDH program assessments for SA • Counsellor's notes from sessions • Goal reports • Treatment plans • Relapse prevention plans • Final program reports • Film questionnaire assignments • Homework • Client weekend evaluations • Client journals • Community program documentation • Outcome studies of similar programs 	<ul style="list-style-type: none"> • SA programs for offenders • Outcomes of SA programs • General SA programs • Needs of SA clients • Principles of effective correctional intervention • Appropriate SA assessment • Principles of effective correctional supervision and counselling 	<ul style="list-style-type: none"> • Sufficient staff for client needs • Program in both languages • Client satisfaction with program • Increased motivation • Increased knowledge of goals • Achieved goals • Increased knowledge of pro-social skills • Increased knowledge of RP^b • Able to identify pro-social skills • Able to identify RP techniques 	<ul style="list-style-type: none"> • Activities attain objectives • Sufficient staff for client needs • Delivery consistent with design • Staff delivery of program • Staff trained to deliver program • Increased motivation • Achieved goals • Client knowledge increased on pro-social skills • Client knowledge increased on RP • Any activities done at a lower cost 	<ul style="list-style-type: none"> • Activities attain objectives • Sufficient staff for client needs • Staff trained to deliver program • Services already provided in community • Any activities done at a lower cost • Increased motivation • Achieved goals • Client knowledge increased on pro-social skills • Client knowledge increased on RP • Any activities done at a lower cost 	<ul style="list-style-type: none"> • Assess motivation (time-series) • Assess knowledge of three personal goals (pre/post) • Assess knowledge of SA (pre/post) • Assess desire to be SA free (time-series) • Assess knowledge of pro-social skills (pre/post) • Assess knowledge of RP (pre/post) • Assess ability to demonstrate pro-social skills (pre/post) • Assess ability to demonstrate relapse prevention techniques (pre/post) • Client outcome scores 	<ul style="list-style-type: none"> • Need for type of treatment • Relationship between MDH program and reduced SA • Theory relevant to need of client • Design based on principles of effective treatment • Activities contribute to attainment of objectives • Appropriate assessments • Delivery matches design • Delivery consistent with principles of effective supervision and counselling • Staff trained to deliver program • Program as effective as similar program • Activities at lower cost

^a SA =

substance abuse.

^b RP =

relapse prevention programs

Key Informant Interview

A key informant interview can be defined as a one-on-one consultation with a person who has a professional position giving him or her a perspective on the nature and scope of a program, the program participants, and the program staff (Rossi, Freeman, & Lipsey, 1999). It is a valuable methodology not only because of the professional opinion provided, but because the opinion comes from someone who has intimate knowledge of the workings of the program that cannot be obtained from any other source.

Table 3 provides a concise summary of the five issues to cover in a key informant interview. To address the outlined issues relevant to the evaluation of the MDH program, only the executive director of the program would need to be interviewed by the evaluator. Few issues need to be addressed during this interview. Therefore, this method would require only a few hours of the executive director's time.

Impact Assessment

Impact assessment is undertaken in a program evaluation to determine whether the program produces its desired effects (i.e., attains the program objectives) over and above what would have occurred either with or without a program (Rossi, Freeman, & Lipsey, 1999). To complete an impact assessment, measurable outcomes that represent the objectives of the program need to be identified.

For the present evaluation plan several measurable outcomes have been identified that represent the short-term and long-term objectives (see Table 3). For the assessment of the defined outcomes, two designs have been selected: time-series analysis, and pre- and post-test design (see Table 3).

A time-series analysis is a non-random design where a measure is administered to program participants before and after the program as well as several times over the course of program participation (Rossi, Freeman, & Lipsey, 1999). The advantage of using time-series analysis is the implementation of an objective instrument to measure outcomes of the program. In the present evaluation plan, the time-series analysis would be implemented to measure increased motivation and increased desire to be substance free as a result of program participation. This type of design allows for the examina-

tion of patterns in motivation and desire levels across various program clients over the duration of the program.

The second design suggested for the impact assessment is the pre- and post-test design. Like the time-series analysis, this design is non-random. However, with the pre- and post-test design the outcome is measured on clients only before and after the intervention (Rossi, Freeman, & Lipsey, 1999). In addition, the benefit of this design is that it utilizes objective assessments to measure the various program outcomes. This type of design allows for the examination of changes in clients after participation in the treatment program. Changes in knowledge and ability are examples of outcomes that can be observed with this method.

Neither the time-series analysis nor the pre- and post-test design incorporates a control group, even though the lack of such a group can make it difficult to disentangle the effects of other factors from those of the intervention itself. Although the two designs included in this framework do not have control groups, it is believed that the designs do lend themselves to drawing accurate conclusions for several reasons: (1) the characteristics of the outcomes being measured (i.e., motivation, desire, knowledge, and ability); (2) the measurement of short-term objectives; and (3) the residential design of the program.

The time-series analysis without a control group is an appropriate method for measuring increased motivation and desire because numerous measures of motivation and desire are collected over the course of program participation to increase confidence in the conclusions drawn from this analysis. In addition, motivation for program participation and desire to be substance free are quite specific to the substance abuse program. Consequently, it can be assumed that program participants are not likely to gain this motivation and desire outside the program.

Because the pre- and post-test design lacks a control group, it has been recommended that this design be implemented for short-term impact assessments of programs attempting to affect conditions that are unlikely to change much on their own (Rossi, Freeman, & Lipsey, 1999). Most of the outcomes being measured by the pre- and post-tests within the present framework are short-term objectives (e.g., issues 3.3, 3.5, and 3.8; see Table 1), and the outcomes are highly unlikely to change without intervention. The pre- and post-test de-

sign has also been suggested for use with some of the long-term objectives (e.g., issues 3.9 and 3.10; see Table 1) primarily because these outcomes are again not likely to change without treatment.

For both the time-series analysis and pre- and post-test design, another factor allows for drawing more accurate conclusions from the analyses, which is the fact that the program is residential. The clients are thus always in the program, and therefore their substance abuse programming motivation, desire, and knowledge as well as ability would be influenced by little else.

The MDH program is presently collecting data on some of the impact assessment measures with pre- and post- tests, although several outcomes included in the impact assessment are not measured. Therefore, specific outcome measures would have to be developed and implemented in order to complete the entire impact assessment outlined. In addition, a few of the assessment tools utilized by MDH examine only post-program outcomes. Given the lack of pre-program testing in some areas of the program, a baseline measure needs to be created to accurately assess the anticipated change in program participants. As a result of the measurement procedures already in place at MDH, this impact assessment methodology would not require much more staff time or client participation.

Expert Panel

An expert panel normally consists of academics or professionals renowned in a particular discipline of study who meet to review and form an expert opinion about specific aspects of a program. This type of panel is usually composed of experts who are external to the program being evaluated. The primary advantage of an expert panel is the expertise possessed by the members in an area of study related to the program being evaluated. This expertise is a perspective that cannot be obtained from any other source. In addition, an expert panel convened for review of the MDH program would be familiar with modern research and literature in the area of substance abuse and treatment, and therefore would be able to indicate to program management the components of the treatment program that appear to be effective as well as those that do not.

Table 3 outlines the issues that the expert panel needs to assess. It is important to note one of the principal limitations of an expert panel: cost. Expert panels are expensive primarily because expert

time comes at a high price. Not only do the experts receive payment for meeting to discuss the program with other panel members, but they also charge a fee for reviewing any program documentation prior to the panel consultation. The completion of an expert panel does not require any staff or client participation.

Evaluation Options

The next section summarizes three evaluation options based on the various methodologies presented above. The three options are then followed by a recommendation of which option to implement for future evaluation of the MDH Substance Abuse Treatment program.

Particular considerations were taken into account when constructing the three evaluation options for the MDH Substance Abuse Treatment program. The first was the expressed evaluation interests of MDH, such as increased knowledge and ability among participants. The second consideration was the utility of an evaluation on success as well as design and delivery issues for program management. Not only could this type of examination provide evidence of the success of this intervention; it could also provide suggestions on how to improve the program. The nature of this information is thought to be of value to the MDH program because it can assist in securing future operation and funding.

Option 1

This first option includes the following methodologies: (1) administrative file review, (2) program documentation review, and (3) literature review (see Table 4). Implementing this evaluation option would allow for examination of all but one impact issue, the majority of the design and delivery questions, and two issues related to program rationale (see Table 2). Moreover, it addresses issues that are valuable for documented program success and improvement. Another advantage to it is the low cost. However, this option only provides basic evaluation coverage. It does not allow for feedback or input from the program clients and staff. In addition, the measurement of impact is particularly weak within this option.

Option 2

The second option includes the three methodologies presented in Option 1 as well as a few others: client survey, focus group, key

informant interview, and impact assessment (see Table 4). It should be noted that the focus group methodology for Option 2 involves the coordination of a focus group with MDH program staff only.

Option 2 covers many of the same issues/questions as Option 1, but it also addresses one issue in the alternative section (see Table 2). It provides an evaluation plan that is more comprehensive than Option 1. Not only does this option collect feedback from both the program clients, staff, and executive director, but it also measures outcome through an impact assessment. The scope of this evaluation is associated with higher costs; however, the end result will have more utility for MDH.

Option 3

The last option consists of all of the methodologies presented in this framework (see Table 4). This option is the most comprehensive evaluation plan. Option 3 includes focus groups with program staff from MDH and other similar community programs as well as an expert panel, none of which were incorporated into Option 2. The advantage of these two additional methodologies is the added input from two other unique and independent sources. Out of all of the options presented, Option 3 is the most expensive (it is the inclusion of the expert panel that substantially increases the costs of this evaluation plan option).

Table 4
Methodologies Addressed by Option

Methodologies	Option 1	Option 2	Option 3
Administrative File Review	√	√	√
Program Documentation Review	√	√	√
Literature Review	√	√	√
Client Survey		√	√
Focus Group		√	√
Key Informant Interview		√	√
Impact Assessment		√	√
Expert Panel			√

Recommendation

The descriptions of the three evaluation options outlined above illustrate several factors about Options 1 and 3. First, Option 1 addresses the same issues/questions as in Option 2. Yet Option 1 has very limited coverage of these issues, including weak measurement of impact, making it difficult to justify investment of the MDH program's time and money. Second, Option 3 incorporates two additional distinct perspectives (the program staff from similar community programs and the experts). However, this option is expensive.

Given these facts, Option 2 is recommended for the evaluation of the MDH Substance Abuse Treatment program. This option provides a sound and defensible evaluation framework. More specifically, Option 2 offers broad coverage of all of the general issues deemed relevant to this substance abuse treatment program. It covers not only the critical issues of success as well as delivery and design, but also various issues relating to program rationale and alternatives.

Implementation of Option 2 does not result in disregarding issues covered by the experts in the panel or by the other program staff in the additional focus group. All of the issues and questions discussed by the expert panel and program staff from similar community programs are considered in other methodologies within Option 2. Even though Option 2 is more expensive than Option 1, this option yields more advantageous information for management of the MDH Substance Abuse Treatment program.

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