

RESIDENTIAL SUBSTANCE ABUSE TREATMENT (RSAT)

Training and Technical Assistance

RSAT Fidelity Assessment Instrument (FAI) Report

County House of Correction
RSAT Program

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County House of Correction

Residential Substance Abuse Treatment (RSAT) Program

2021

Based on Promising Practices Guidelines for Residential Substance Abuse Treatment

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RSAT Fidelity Assessment (FA) Virtual Site Visit

County House of Correction

Residential Substance Abuse Treatment (RSAT) Program

2021

Based on [Promising Practices Guidelines for Residential Substance Abuse Treatment](#)

Introduction

The County House of Corrections' (CHOC) Residential Substance Abuse Treatment (RSAT) Program is located in Somewhere, US. CHOC's has a maximum capacity of 300 men and women held pre-trial and sentenced both from county and state jurisdictions. Due to COVID-19, the current population is 130. In 2019, Somewhere, US had a population of 250,000 people with a median age of 42.8. The median household income is \$75,737. The five largest ethnic groups in Somewhere, US are white (non-Hispanic) (92.4%), Asian (Non-Hispanic) (2.09%), white (Hispanic) (1.64%), Two+ ethnicities (non-Hispanic) (1.54%), and Black or African American (Non-Hispanic) (1.36%).

Since 2012, the number of fatal substance-related overdoses in Somewhere, US has increased by 200%, taking the lives of over 1,900 residents. In 2015, over 400 people in Somewhere, US died as a result of a substance-related overdose of which the majority of those deaths were opioid-related. The effects of the opioid epidemic also resulted in self-neglect, abuse, newborns experiencing withdrawal, unemployment, homelessness, and further public health effects including HIV, Hepatitis C, and ensuing related physical conditions across all socioeconomic levels. The unparalleled increase of opioid misuse, combined with challenges of wider substance misuse and dependence, has adversely impacted community and state systems of care, including emergency rooms, law enforcement and child protection services. During 2017, more than half of new cases opened by the state's Division for Child Welfare for child protection services involved substance misuse as a risk factor. In response to this crisis, the Governor's Office and Commission on Alcohol and Substance Abuse, in collaboration with the state's Department of Health and Human Services, Bureau of Drug and Alcohol Services and community stakeholders outlined a 3-year Action Plan spanning the period from January 1, 2019 to December 31, 2021 specifically focusing on increasing awareness of the dangers of opioid misuse, increasing accessibility of naloxone, availability of treatment services, and supporting the development of more recovery supports. The primary goals of the Action Plan include reducing the number of lives lost to substance misuse, reducing the prevalence of adverse health consequences of alcohol and other substance misuse, decreasing the number of residents who need substance use disorder treatment services but are not receiving them and reducing the prevalence of substance misuse across the lifespan.

Executive Summary

CHOC's Residential Substance Abuse Treatment (RSAT) Program is an alternative sentencing option for individuals assessed as moderate to high risk to reoffend, and may be sentenced and referred by the local courts. The RSAT Program is located within the minimum security unit of the CHOC and participants are also expected to take part in the facility's work release program. Eligible individuals for the RSAT program generally require intensive supervision, comprehensive case management, and cognitive behavioral programming. There are 2 phases to the program; a 90-day classroom/group programming component and a mandatory one-year community-based aftercare program serving men and women released under probation supervision. Weekly groups and individual counseling are a required component of Phase 2.

Evidence-based and promising practices are integrated throughout the program. There are individualized treatment plans developed that inform aftercare reentry plans. Clinical staff are trained in Motivational Interviewing (MI) skills, other evidence-based interventions, and work collaboratively towards the program mission. Uniformed staff are engaged in programming and support the recovery focus and non-punitive orientation towards the program.

Strengths include strong in-house and cross collaboration with multidisciplinary jail and community partners, and cross training for security staff. Another program strength is the community-based aftercare program including wraparound services facilitated through case management services. All RSAT participants are released with approved housing plans, follow up MAT, mental health, and medical appointments in the community. Trauma informed care services are an integral component that is embedded into all facets of the RSAT Program.

Staff state a program need for specialized clinical training in Dialectical Behavior Therapy and the development of a structured motivational incentive system.

Scoring

Strengths are highlighted throughout the Report

Each guideline subcomponent is given a score:

- 1/5 – non-compliance / poor compliance**
- 3/5 – partial compliance**
- 5/5 – full compliance**

At the end of each of the seven guidelines, the scores are added up for that particular guideline and calculated into a percentage, i.e.:

Intake, Screening and Assessment

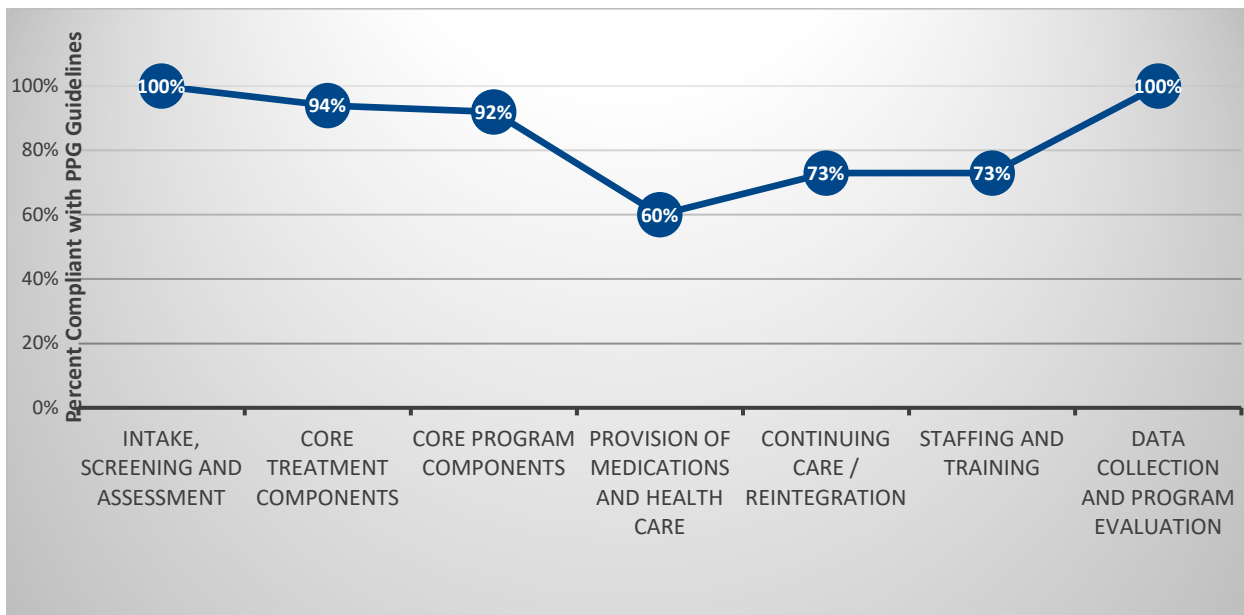
Subcomponent Score

13/15 = 87%

In the next section of the FAI Assessment Report, there is a table and graph that provides a quick glance of all scores categorized within the revised Promising Practices Guidelines for RSAT.

Quick Glance of PPG Guidelines Scores by Section

| | |
|--|---------------|
| I. Intake, Screening, and Assessment | 15/ 15 = 100% |
| II. Core Treatment Components | 33/35 = 94% |
| III. Core Program Components | 23/25 = 92% |
| IV. Provision of Medications and Health Care | 9/15 = 60% |
| V. Continuing Care / Reintegration | 11/15 = 73% |
| VI. Staffing and Training | 11/15 = 73% |
| VII. Data Collection and Program Evaluation | 15/15 = 100% |



Fidelity Assessment of County RSAT Program: Report and Program Strengths

2021

I. Intake, Screening, and Assessment

A. RSAT programs should have clear eligibility criteria, primarily based on substance use and cooccurring mental health disorders screening and assessments and criminogenic risk assessments.

Full Compliance – 5/5

RSAT Program eligibility is based on an individual being assessed as moderate to high risk to reoffend using the Ohio Risk Assessment System (ORAS) and having a moderate to severe substance use disorder based upon Texas Christian University Drug Screening instruments (TCUDS). Many individuals are sentenced and referred by local courts utilizing the aforementioned diagnostic criteria and evidence-based assessments / screenings.

Upon booking, all individuals are screened for co-occurring mental health disorders upon intake using the Brief Jail Mental Health Screening Tool. Medical Department staff also screen people during intake to identify significant mental health disorders or medications needs. Individuals with moderate to severe substance use disorder are also assessed with the ORAS and TCUDS to determine eligibility for the RSAT Program.

B. Individuals should receive a full biopsychosocial assessment to inform the development of individualized treatment plans and case management.

Full Compliance – 5/5

RSAT Program is in full compliance in this area as staff utilize results of assessment and screening instruments to inform and establish treatment and transition plans. There is a formalized procedure that guides treatment from intake and throughout all facets of the program. Input from the client is welcome throughout initial treatment planning, revisions, and reentry planning.

C. Participation in RSAT should not depend on an individual's motivation for change.

Full Compliance – 5/5

Motivational level is gauged through the initial assessment process through parts of the ORAS and TCUDS and measured through the clinician's continuing professional evaluation of readiness to change. A core element of the program is the RSAT Treatment Board which is used as a means of addressing concerns and developing a plan to make changes.

Intake, Screening and Assessment

Subcomponent Score: 15/15 = 100%

II. Core Treatment Components

A. Treatment (§ 10421): RSAT programs should provide a course of comprehensive individual and group substance abuse treatment services that are effective and science based.

Full Compliance – 5/5

RSAT Program is in full compliance within this area utilizing evidence based manualized curriculums, criminal thinking interventions, case management, coping skills, stress and anger management, opportunities to further education, pro-social activities, vocational opportunities and more.

A1. Cognitive behavioral therapy (CBT) and interventions (CBI) should not be limited to specific CBT sessions, but should be practiced and reinforced by all program staff, including both treatment personnel and correctional officers.

Full Compliance – 5/5

RSAT Program is in full compliance in this area as evidence-based practices are demonstrated throughout all programmatic practices and promoted by all staff, including officers. RSAT program offers a wide array of CBT based services including Cognitive Behavior Therapy (CBT), Dialectical Behavior Therapy (DBT), Self-Management and Recovery Training (SMART), cognitive based interventions (CBIs), Seeking Safety, Thinking for a Change (T4C), and Cognitive-Behavioral Interventions for Substance Abuse (CBI-SA).

A2. Motivational interviewing for substance use disorders can help strengthen participants' motivation to stop using substances, make other pro-social changes and constitutes an important component of RSAT programming.

Partial Compliance – 3/5

Motivational Interviewing skills (MI) are used throughout the program by clinical staff who are trained in MI. Clinical staff apply skills and techniques formally and informally throughout daily interactions, within groups and individual meetings, when administering screenings / assessments and other program related tasks. Non-clinical staff and officers in the RSAT Program have not been trained in MI.

A3. Therapeutic communities should be adapted to function within a prison or jail without sacrificing the essential components of a therapeutic community.

RSAT is not a therapeutic community. This area is not evaluated and does not add / subtract to this section's total score.

B. There should be more rewards than sanctions to encourage pro-social behavior and treatment participation.

Full Compliance – 5/5

There is full compliance in this area. Examples of rewards offered to participants include holding classes outside in recognition of the group as a whole working together well and providing gift cards to participants for local shopping centers when re-entering the community.

Consequences are addressed through the RSAT Treatment Board and through certain restrictions such as loss of recreation or added chores for a period of time. RSAT Program participants are made aware of program expectations upon entry, staff reinforce expectations, and work with an individual to develop a plan to address negative behaviors. If a participant receives a suspension or is removed from the program for a serious infraction, they will receive a review within 2 weeks. Additionally, clinical staff may evaluate if there is a mental health issue(s) believed to be driving negative behavior and make appropriate referrals.

If a participant tests positive for substance use while in the community-based aftercare program component, they are sent to the medium / maximum section of the facility to participate in a 5-day Relapse Prevention program and to earn a re-classification to the minimum-security RSAT Program.

C. RSAT Programs should be trauma informed. Trauma-specific services should be provided for those in need or referrals made to such programming, if available, outside of the RSAT Program.

Full Compliance – 5/5

There is a strong trauma-informed care focus demonstrated through training for all staff. Staff utilize trauma informed curricula, daily meetings to address participant care and progress, and a seamless referral process for psychological, psychiatric, and medical services as necessary. Participants attend Helping Men / Women Recovery groups, Healing Trauma and Exploring Trauma groups. All areas of the program are focused on trauma-based practices and responses.

D. RSAT programs should offer integrated treatment for participants with co-occurring substance use and mental health disorders.

Full Compliance – 5/5

There is full compliance in this area with services being provided within the program and from the facility's Mental Health (MH) staff. There are no specific co-occurring groups currently being facilitated within the program other than the trauma-responsive curricula already mentioned. Management staff are planning to implement additional groups with the addition of a new clinician. There are weekly interdisciplinary meetings between medical, mental health, and case management workers to discuss collaborating care and concerns about individual RSAT program participants. In emergency situations, the in-house clinician is always available to meet with participants. After hours, a contracted community-based provider is on call as necessary.

E. Treatment Plans must be assessed and modified periodically to meet changing needs of participants and must incorporate a plan for transition into the community.

Full Compliance – 5/5

Treatment staff develop the initial individual treatment plan based upon substance use and mental health screening and criminogenic risk/need assessment results. Treatment plans are revised on a regular basis with participants and include emphasis on developing continuing care needs within the community.

Core Treatment Components

Subcomponent Score: 33/35 = 94%

III. Core Program Components

A. Program Length and Location (§ 10424): Residential Substance Abuse Treatment programs must provide substance abuse treatment services, lasting a period of at least 6 months, in residential treatment facilities set apart from the general population of a prison or jail. In local correctional and detention facilities program length is not specifically defined by the statute, but shorter programs, under 90 days have not been found to be effective.

Full Compliance – 5/5

There is full compliance within this area.

B. RSAT Program length requirements should be considered minimum, and RSAT programming should be offered in phases based on participants having reached specified behavioral and recovery milestones.

Full Compliance – 5/5

There is full compliance in this area. The program operates a 90-day program within the House of Corrections and a community-based aftercare program for one year for individuals on probation supervision.

C. Pro-social programming should account for the majority of the participants' day.

Full Compliance – 5/5

There is full compliance in this area as there are numerous pro-social activities for participants to engage in within the RSAT community. **They include opportunities for artistic expression, life skills, technology educational classes, financial literacy classes, mindfulness, meditation, and others.**

D. RSAT programs should be culturally competent.

Partial Compliance – 3/5

Staff has access to online cultural competency trainings although it is not required. Cultural accommodations, including dietary services are based upon individual needs / requests. Staff state that cultural competency practices are woven into clinical practices and other components of programming.

There is access to translators and bi-lingual staff when requested. There have been educational classes on effects of racism and stigma in the past.

E. (§ 10422): Urinalysis or other proven reliable forms of testing, including both periodic and random testing before entering and during RSAT and after release if the person remains in custody of the state, is required of all RSAT participants.

Full Compliance – 5/5

There is full compliance in this area as individuals are screened prior to entering the program, randomly throughout the program, and upon reentry according to RSAT statute as they remain under probation supervision.

Core Program Components

Subcomponent Score: 23/25 = 92%

IV. Provision of Medications and Health Care

A. Medications for alcohol / opioid use disorders and mental health disorders.

Partial Compliance – 3/5

People entering the facility on medications for OUD, once confirmed, can be continued on naltrexone, Subutex, suboxone and methadone through a community-based vendor. Prior to release or parole, a case manager ensures individuals have bridge doses of OUD medication until their pre-arranged appointment with a community MAT provider for a follow up Vivitrol injection. For all other medication needs, a 30-day prescription is called into the individual's pharmacy / provider of choice.

RSAT Program participants with alcohol and/or opioid use disorders are assessed for eligibility criteria for the MAT program which provides access to naltrexone / Vivitrol and substance use counseling.

Program participants who are found eligible for services have access to Vivitrol upon admission and for the duration of the program.

If an individual enters the facility under the influence of alcohol, withdrawal protocol includes using a benzodiazepine taper and naltrexone will also be offered. When a person enters the facility under the influence of any illicit substance(s), Medical Department staff follow related withdrawal protocols, and individuals are provided four counseling sessions, administered the DAST (Drug Abuse Screening Test), and if OUD medications are necessary, are prescribed and inducted. Neither RSAT program participants nor anyone else are provided naloxone upon release.

Upon Intake at the facility, individuals will receive a mental health screening and assessment by the Medical Department. Clinical staff conduct outreach to gain history of treatment with a signed consent. Individuals entering a facility are not discontinued from medication without a mental health evaluation or specific clinical reason. If an individual is not on medications but is assessed by psychiatric Nurse Practitioner as potentially benefitting by its use, a person will be offered the choice to begin

medication(s). Individuals are provided a 14-day bridge dose upon reentry for continuing of care until the individual is seen by community-based behavioral health provider.

B. (§10422): RSAT programs must assist participants with aftercare services, which may include case management services and a full continuum of support services, including medical treatment or other health services.

Full Compliance – 5/5

There is full compliance in this area. Health coverage for all RSAT Program participants is coordinated prior to reentry.

C. A growing body of research suggests that health factors may play a role in recidivism. RSAT should provide and encourage health literacy, which refers to how individuals obtain, process, and understand basic health information needed to make appropriate health decisions and access health care services.

Low Compliance – 1/5

Prior to COVID-19, Planned Parenthood came onsite to offer hepatitis C and HIV testing and education. Medical staff currently provide COVID-19 education and information / individual counseling as needed on communicable diseases. Prior to release, referrals to community providers have already been coordinated as necessary and a packet of information is given to individuals outlining access to community resources and partners.

Provisions of Medications and Health Care

Subcomponent Score: 9/15 = 60%

V. Continuing Care / Reintegration

A. Continuity of Care is essential for people with substance use and mental health disorders who are reintegrating back into the community including case management services, support services, behavioral health and treatment programs, educational and job training programs, and parole / probation supervision programs.

Full Compliance – 5/5

There is full compliance in this area. RSAT Program staff, clinical staff, Probation Officers, and community partners work together to coordinate robust reintegration needs. There is a mandatory community-based aftercare program which includes intensive wraparound services, mandatory weekly group attendance and access to case management and mental health clinical support along with probation supervision. **All participants are released with an approved housing plan, follow up appointments in the community for MAT, mental health and medical services, and access to sober living services.** There are case management calls to check in weekly with the individual and assist with relapse concerns / needs for up to one-year post-release. There are many strong linkages with

community partners, including advocacy groups, peer support centers, mental health centers and local stakeholder groups that prioritize collaboration with the facility.

B. RSAT programs must assist participants on medications for alcohol and opioid use disorder to immediately continue these medications upon release.

Full Compliance – 5/5

As part of reentry planning, medical staff ensure that a participant has continued naltrexone injections and counseling set up within the community prior to release. An injection is provided prior to release. Upon release, individuals receive a 30-day supply of mental health and most other medications with a follow-up appointment coordinated for most. In addition, a 30-day prescription for mental health and other medications can be called into the individual's pharmacy as necessary.

C. RSAT programs must involve the coordination of the correctional facility treatment program with other human service and rehabilitation programs to include participation in self-help and peer group programs.

Low Compliance – 1/5

Prior to COVID-19, AA/NA commitments would be held for RSAT Program participants. Although there are some pro-social programming and community partners who provide services, none can be defined as peer provided services.

Continuing Care / Reintegration

Subcomponent Score: 11/15 = 73%

VI. Staffing and Training

A. In group activities, the ratio of RSAT participants to staff should be no more than 20 to 1.

Full Compliance – 5/5

There is full compliance in this area.

B. Both treatment and security staff should receive training about substance use disorders, mental health disorders, and trauma, as well as specific training about the RSAT program, including its mission, operations, policies, and practices.

Full Compliance – 5/5

RSAT Program staff, including officers, are trained in RSAT philosophy and mission, basic training in mental health and SUD, Crisis Intervention Team training, and are involved in daily activities including treatment planning.

C. RSAT staff should be trained in Cognitive behavioral therapy (CBT), Motivational Interviewing (MI) and other evidence based and promising practices and interventions that are implemented in the unit, including screenings, assessments and curriculum and other specific programming offered within the program. Correctional officers should also be involved in these trainings.

Low Compliance – 1/5

Clinical staff are trained in CBT, MI skills, and how to administer assessments / screenings. Non-clinical staff and officers are not trained in CBT or MI skills.

Staffing and Training

Subcomponent Score: 11/15 = 73%

VII. Data Collection and Program Evaluation

A. Performance measures during a RSAT program should include a person's participation, completion rates, urine test results, the percentage of slots in therapeutic communities that were utilized for medium to high criminogenic risk individuals, and other relevant activities. Measured outcomes should include rearrests, reincarcerations, initiation and retention in treatment, abstinence or length of time to relapse, drug overdose, emergency room visits, and drug overdose deaths.

Full Compliance – 5/5

There is full compliance in this area. Data is collected on completion / non-completion rates, urine test results, rearrest, reincarcerations and drug overdose / drug overdose deaths post-release and admission and retention in post-release treatment.

B. RSAT programs should encourage independent evaluations to determine how the outcome measures compare to participants involved in other correctional programs or no programming. Programs should also monitor fidelity of service implementation.

Full Compliance – 5/5

Internal staff conduct ongoing evaluations, including group observation by the Clinical Supervisor and RSAT Program manager. There is a system of fidelity management for clinical and management staff to ensure timeliness and accuracy of all mandated paperwork, evaluations, and group observation. RSAT Program recently participated in a local university criminal justice assessment.

C. Timely and Reliable Data Entry

Full Compliance – 5/5

There is full compliance in this area.

Data Collection and Program Evaluation

Subcomponent Score: 15/15 = 100%

Identification of Need Areas and Training & Technical Assistance (TTA) Recommendations

II. Core Treatment Components

Although clinical staff are trained in motivational interviewing skills, other RSAT Program staff are not.

TTA Recommendations

MI skills are an evidence-based practice that is a collaborative, goal-oriented style of communication with particular attention to the language of change. It is designed to strengthen personal motivation for and commitment to a specific goal and exploring the person's own reasons for change within an atmosphere of acceptance and change. (Miller and Rollnick, 2013) MI skills are helpful to engage participants in the first phase of treatment when they may be experiencing ambivalence towards committing to programmatic and personal goals.

There are several options for staff training in MI, keeping in mind that it is considered a practice. That is, a single MI training should be the start of a MI practice where staff continue to receive feedback from a MI-trained clinician on their use of MI skills.

<https://www.naadac.org/motivational-interviewing-with-criminal-justice-populations> is a one-hour introduction to the "Spirit of MI" for staff to be introduced to the basic principles that are the foundation of MI interactions and skills.

- Although there are very few public domain (free) MI trainings offered, since some of the clinical staff have been trained in MI, if those trainers were local or offer virtual workshops, that would be a good first place to start the process of training all staff.
- Within the next year, RSAT-TTA staff hopes to offer a virtual MI workshop, either on-demand through the RSAT-TTA website or that can be also provided in multiple day trainings upon request.

However – it is strongly recommended that MI training participation be done in person or live "virtually" due to the nature of experiential learning.

There are no specific co-occurring disorder groups offered within the RSAT Program, other than the three trauma-informed / responsive curricula offered to both men and women participants.

TTA Recommendations

Helping Men and Helping Women Recover are both well-regarded curriculum that are specifically designed for individuals within the criminal justice system and address issues of identity, relationships, sexuality, and spirituality. Experiences of trauma in the past, how incarceration may re-traumatize some participants, and how manifestation of trauma is linked with depression, anxiety, and PTSD are all co-occurring issues.

Anger management and stress management are considered life skills but are also necessary for individuals to learn to cope with emotional regulation and distress tolerance – much like dialectical behavioral therapy groups and exercises. Other activities that may help participants learn to de-escalate thoughts and feelings are mindfulness and meditation classes. These options are widely used in other facilities to offer participants more “tools” for wellness.

- SAMHSA provides an Anger Management for Substance Use Disorder and Mental Health Clients 12-session curriculum. There are both a Participant’s Workbook and a Facilitator’s Manual free to download at the links below. The curriculum is based on CBT and very simple, however the Participant’s Workbook contains a higher reading level than is recommended for behavioral health / criminal justice clients.

[SAMHSA Participant Workbook](#)

[SAMHSA Facilitator’s Manual](#)

IV. Provision of Medications and Health Care

There are no prevention education classes on HIV, Hepatitis B and C, sexually transmitted diseases, basic health education, and the use or the provision of Narcan.

TTA Recommendations

All RSAT Program participants should be made aware of health literacy topics which includes how to obtain, process, and understand basic health information and how to navigate the behavioral healthcare system once released. All participants should also receive prevention education on HIV, Hepatitis B and C, sexually transmitted diseases, and how to administer Narcan to prevent an opioid overdose. It is recommended that an educational presentation be provided to all participants at least every two months on these subjects to ensure all participants receive basic health literacy information.

- Within the state, sources to obtain Narcan can be summarized at this website that could also be printed out for participants about to be released to the community:
(link removed)
- The state’s Department of Health and Human Services has websites about HIV Prevention and testing, PrEP Facts Sheet, Hepatitis C, STD Prevention, and other related sites that have information that could be printed out or copied/pasted into informational materials for RSAT participants. Below is the website that contains the PrEP Facts Sheet near the bottom. On the right-hand side of the page, you’ll see under Program Information, a list of topics that will bring you to their own website. (link removed)
- Case managers who work with participants to obtain health insurance are usually an excellent source of information about how to navigate the health / behavioral health system, and how to effectively communicate with providers. Medical department staff have the knowledge of basic

health information that participants need to know regarding routine medical exams, dental care, and men's / women's health issues.

V. Continuing Care / Reintegration

There are little to no peer-based services provided to RSAT Program participants.

TTA Recommendations

Although there are several peer programs for people with mental health issues around the state, there are few that offer peer-based services for people with substance use disorders and co-occurring mental health issues. However, there are peers within the community who have successfully completed the RSAT Program. These graduates are excellent role models and should be utilized to provide practical information to current RSAT Program participants on how they overcame barriers upon re-entry, where they found support to live a healthier lifestyle, and to provide hope within grasp.

VI. Staffing and Training

Treatment staff are trained in CBT, MI, and how to administer assessments / screenings. Non-clinical staff and officers are not trained in CBT or MI.

TTA Recommendations

All staff should be trained in the basic concepts of CBT, motivational interviewing skills, and the administration of assessments and screenings. Even if non-clinical staff will not be administering assessment instruments, training will increase their understanding of the larger system of how their results are utilized in treatment planning. MI training was already mentioned in a previous section. There are various options for CBT basic training. A good start is a training archived at the RSAT-TTA website – Cognitive Behavioral Therapy: Insights & Tools for Justice Professionals (Part 1 and Part 2). Below are links where slides and webinar recording can be accessed:

- Part 1: Webinar Recording
<https://ahpnet.adobeconnect.com/p35thvhrlni/?launcher=false&fcsContent=true&pbMode=normal&smartPause=false>
- Part 1: Webinar Slides https://www.rsat-tta.com/Files/Final_CBT-Part-1_NM-RSAT-Webinar-6-15-16
- Part 2: Webinar Recording
<https://ahpnet.adobeconnect.com/p5zjw5uxx7z/?launcher=false&fcsContent=true&pbMode=normal&smartPause=false>
- Part 2: Webinar Slides <https://www.rsat-tta.com/Files/RSAT-CBT-Part-II---Presentation>
- Handouts: <https://www.rsat-tta.com/Files/2-FunctionalAnalysisCBT>
<https://www.rsat-tta.com/Files/4-RLP-AngerCBT>

If you have any problems connecting to the above links, please contact Steve Keller at skeller@ahpnet.com or 978-261-1411