

Process Evaluation of the  
Northwest Community Correctional Center's  
Seeking Safety Initiative  
FINAL REPORT

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The Northwest Community Corrections Center instituted the Seeking Safety counseling program in August, 2015. While Seeking Safety was initially developed with female clientele mainly in out-patient settings, it has been implemented in residential settings and with male clients. The Seeking Safety program addresses trauma and substance abuse and works to help clients become safe in their relationships, thinking, behaviors and emotions. This program is typically completed in small group settings and has been successfully utilized with a range of vulnerable individuals. While typically administered in an outpatient setting, it has been used in residential settings. The entire curriculum is provided by Treatment Innovations, including training videos, intervention modules, all materials needed to implement the program, and program fidelity instruments for assessing program implementation.

The following discussion will address issues of training, implementation and evaluation of the program implementation. Particular attention will be given to program fidelity.

### Training

Initial training for all individuals involved in administering, offering and evaluating Seeking Safety was conducted on August 11, 2015. All of the counselors selected for the training were experienced in working with clients in the NWCCC setting and agreed to participate in the program. The training consisted of watching the training videos, discussion of the implementation of group sessions, identifying potential issues that may need to be addressed, and ideas on how best to carry out the program in the facility. Further training and discussion, primarily involving those who would be conducting the counseling sessions, continued in subsequent training sessions.

### Program Implementation

Clients are selected for participation based on responses to an assessment instrument that measures trauma and past substance abuse. Discussion about the selection process revealed a belief among staff that additional clients who could benefit from the program were not identified due to the timing of the initial Seeking Safety assessment. All clients were undergoing extensive assessments upon entry into the facility. The Seeking Safety assessment was the last given in a lengthy battery of instruments. Upon review of the results, the staff noted a clear fatigue factor setting in by the time the Seeking Safety assessment was conducted. Staff also mentioned that clients may be reluctant to report prior trauma when they first arrive at the facility out of fear it may prolong their stay. In discussion with the staff, it was determined that the assessment could be given at a later date when fatigue was not an issue and staff had more time to convey how the assessment is used. By delaying the assessment, the number of clients who met the threshold level for program participation roughly doubled.

The program is taught over an eight week period. The first group began the program on September 3, the second group on October 29, and a third group on December 11. These groups have completed the eight-week curriculum, and a fourth group is currently in the program. A total of 88 clients have entered the facility since Seeking Safety was initiated, and 35 of these clients were referred to the program for the first four groups. Nineteen successfully completed the program, five failed to complete the program, and eleven are still in the program.

### Process Evaluation

The NWCCC Seeking Safety initiative has been evaluated in terms of its fidelity to the guidelines from Treatment Innovations. This involved several items:

- Review of the screening assessments to ensure fidelity of client selection

- Evaluating the clinicians' fidelity to the program using the validated Seeking Safety Adherence Scale, Long Version
- Review of client assessments of each program meeting

The review of the screening assessment instruments revealed strict adherence to the Seeking Safety recommendations. All clients admitted to the program met the trauma threshold for participation. A comparison of the instruments used for the first group (which were taken as part of a long assessment period using many instruments) and the use for the subsequent groups revealed many more clients meeting the entry criteria. This was attributable to assessment burnout that was evident at the end of a long day of assessments. Use of the instrument in a more isolated setting supported the clinicians' claims that there were more clients appropriate for the program than were initially being uncovered.

Review of the results from the Adherence Scale revealed several items. First, fidelity to the program improved from the first group to the second. The initial group sessions clearly deviated from the program guidelines. Client ratings of the quality and helpfulness of the initial group sessions were also lower than client ratings in later groups. This was attributed mainly to the newness of the program for the clinician. The clinician assigned to this group appears to have struggled with the format or material. He will no longer be offering Seeking Safety classes.

Second, starting with the second group, the fidelity assessments improved and consistently met acceptable levels. Discussion of these results suggested high program fidelity. During the discussion, it was revealed that since the groups now contained roughly 10 clients, due to more clients qualifying for the program, the clinicians could no longer strictly adhere to the "check-in" guidelines each week because of time. The clinicians modified the check-in procedures to accommodate the numbers and time frame. Despite this change, the fidelity

ratings indicated meeting the basic guidelines. In the ensuing discussion there is a belief that the modification is working (check-in still occurs but in a more truncated fashion) and there is no negative impact on the clients or program. Similar deviation from the program and adherence scale is not apparent in other aspects of the program.

Third, as indicated above, the size of the groups has become larger than recommended by Treatment Innovations. This largely ties into the problem of the inability to adequately undertake check-in for the sessions. The recommended length of sessions is one hour and the recommended number of clients should be five. Treatment Innovations indicates that the program can be adjusted for individual program needs, but larger groups would require longer meetings. In light of this, the NWCCC program should consider alternatives to the current group size (see below under recommendations).

The evaluation also examined the client assessments for each session. The review of assessments revealed generally positive feedback from the clients on most topics. It was evident, however, that some topics engender negative feedback from the clients. One topic where this seems to be the case is “PTSD: Taking Back Your Power” which should be a core topic for the program. This suggests that attention needs to be paid to whether this topic is effective, whether more training of the clinicians is needed, or some other action needs to be implemented. While the topic is being implemented in fidelity with the guidelines, there needs to be some work on this topic.

### Recommendations

Based on the results above, it appears that the implementation of the Seeking Safety program is being done with fidelity and is meeting the needs of the institution. There are several things we would recommend the program consider. These are:

- 1) Reduce the number of clients in each group to roughly 5. This will allow greater fidelity with the check-in procedure and possibly allow more individual participation in program sessions. This may also address poor client evaluations on some topics that may need more attention (such as PTSD). In light of the number of clients who meet the criteria for program inclusion, this would mean running two separate groups at a time.
- 2) If it is not possible to run smaller groups, the time for each group should be expanded beyond one hour to allow greater attention to details, particularly the check-in process.
- 3) The first group indicates that some clinicians new to the Seeking Safety program may struggle facilitating the group-based curriculum. This may be especially true in larger groups that require clinicians to redirect clients more often during sessions. Careful consideration should be given to the training protocol used for clinicians new to the Seeking Safety program, perhaps due to staff turnover. Clinicians new to the program should shadow an experienced Seeking Safety clinician for a designated period of time or sessions, or have an opportunity to watch recorded sessions completed at the facility, before leading their first group.
- 4) It was clear that information from the Seeking Safety screening instrument was being compiled in electronic form. Other information, such as fidelity ratings for program compliance and client ratings of the quality and helpfulness of sessions, is being collected in paper form. All this information should be organized in an electronic spreadsheet similar to the one being used to collect scores on the Seeking Safety screening instrument. Once this information is in electronic form, it will be easier to identify any breakdowns in program fidelity or to identify session topics that are rated poorly by clients and perhaps need replaced or delivered differently.

5) Long-term follow-up of Seeking Safety clients is not currently feasible, but Seeking Safety involvement could be linked to short-term behaviors while in the facility such as rule infractions. As clients progress through and complete the program, clients' behaviors and attitudes may improve. Some effort should be made to assess whether Seeking Safety involvement and completion improve short-term outcomes in the facility.