

# ARISE

Providing valuable life skills and staff training to at-risk youth and the adults who care for them.





Evaluation Report prepared for the

ARISE Foundation

by

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## ABSTRACT

Continuing the efforts started at in 2008 to create a more positive culture in juvenile justice facilities for staff and youth offenders, the ARISE Foundation trained staff at the Adolescent Residential Campus (ARC) program in 2009 in *ARISE: Drop it at the Door* to improve communication and interpersonal skills, and provide them tools that could help reduce stress and manage anger. Staff were also trained to facilitate *ARISE Life Skills* interactive group sessions with the youth in their charge. In 2008, ARC participated as a comparison site for the first year of the initiative.

The evaluation was to assess recidivism outcome differences in the youth between ARC pre-ARISE (comparison) and youth post-ARISE (treatment). Pre and post surveys were also given to staff and youth at ARC to assess differences in attitudes and reported behaviors of the youth and knowledge, attitudes, communication and satisfaction of the staff. Various indicators such as staff turnover, youth grievances, overtime and staff sick days were to be examined.

## HIGHLIGHTS

- Staff at ARC continue in 2011 to facilitate Life Skills groups with youth at the program providing well over the 6,810 hours of Life Skills sessions hours that were received by 174 youth during January 4, 2010 through August 30, 2010.
- For recidivism/re-adjudication, felony re-adjudication, and subsequent commitment, the ARC treatment youth group performed significantly better than the ARC comparison youth group.
- Analysis of youth survey outcomes indicated significant improvement in three scales including 1) violence related aggressive behavior, 2) approval of retaliation aggression and, 3) empathy among youth at ARC who received ARISE services.
- Youth at ARC who received some ARISE services, not only significantly



improved in regard to their empathy, but further that the improvement was more substantial than that found with the ARC comparison group.

- The mean change between pre and post scores for the three aggression scales for the ARC youth treatment group was found to be positively correlated with various outcome indicators including re-arrest, felony re-arrest, recidivism, felony re-adjudication and subsequent commitment.
- The final post test scores for the three aggression scales and the deviant beliefs scale for the ARC youth treatment group was found to be positively correlated with offenses during services (ODS) and recidivism, felony re-adjudication and subsequent commitment.
- Analysis of staff surveys from the ARC treatment group revealed that mean scores on all but four scales increased, though only two, the *Attitudes Toward Youth Scale* and the *Documented Altercations Question*, had a mean change that was found to be statistically significant.
- In CY 2009 ARC staff worked 14,152 hours of overtime. In the following year, CY 2010 overtime at the facility dropped by almost a third (31%) to 9,806 hours, or the equivalent of 543 fewer days of overtime. Reducing the number of overtime hours in the facility not only encourages a safer workplace but also helps the provider manage the program's budget more efficiently.
- In CY 2009 ARC staff took 385 days off for sick leave but the program reported a 20% drop in sick leave days for CY 2010 at 309 days. Additionally, the program reported a 52% drop in medical leave from 415 days in CY 2009 to 200 in CY 2010. Four staff took leave without pay in CY 2009 for a total of 17 days but only two took leave without pay in CY 2010 for a total of 6 days.



## S I T E

The Adolescent Residential Campus (ARC) is the Center for Drug Free Living's largest juvenile justice program. The campus, located in Intercession City, Florida provides residential commitment services for 94 moderate risk male clients between the ages of 14-18. The average length of stay for youth at ARC is between 6-9 months. The campus is comprised of a 50-bed halfway house and a 44-bed specialized program designed to meet the needs of those youth with developmental disabilities who are assessed as low functioning with a full scale IQ of 70 to 75 and who demonstrate serious symptoms of impaired social, emotional, educational and/or adaptive malfunctioning. The ARC provides a structured residential environment for youth, offering opportunities for personal growth, social development and responsible behavior. Program activities include: an on-site education program, vocational education, individual, group, and family counseling, behavioral health overlay services, drug education and counseling, life skills training, and structured recreational activities. Clients are assigned to the program by the Florida Department of Juvenile Justice.

ARC executive management requested that after a year of participating as a comparison site for Thompson Academy, ARISE train staff at ARC in *ARISE: Drop it at the Door* and how to facilitate *ARISE Life Skills* group sessions with the youth in their charge.

## A B O U T A R I S E F O U N D A T I O N

ARISE Foundation provides staff training and life-skills curricula to juvenile justice staff in Florida who use the ARISE Life-Management Skills programs to educate incarcerated youth in their charge on life and social skills. The ARISE Foundation's training program consists of two unique trainings: (1) *ARISE: Drop it at the Door* Staff training and (2) *ARISE Life Skills* group facilitator training. The ARC staff was the target audience. The *ARISE: Drop it at the Door* and *ARISE Life Skills* training took place at ARC in Intercession City,





Florida. The purpose of training staff was to improve their communication and interpersonal skills, and provide them tools that could help reduce stress and manage anger. The training was also hoped to improve youth behavior and promote positive outcomes while the juvenile was in the facility and after the youth was released from custody.

*ARISE Life Skills* group facilitator training is a two day long (14 hour) training in which participants become certified *ARISE Life Skills* group facilitators. This training is designed for those individuals working directly with at-risk youth teaching *ARISE* life-skill lessons. Staff are trained on how to effectively use the *ARISE* materials in a group setting as well as how to handle difficult youth. Attendees are thoroughly introduced to the *ARISE* curricula and how to utilize it effectively. Participants discover the easy-to teach *ARISE* formula that promotes high levels of interaction in group settings. Designed for those directly teaching life-skill lessons to at-risk youth, the training is highly interactive with many opportunities to practice newly-found skills. In addition to learning how to conduct the lessons, attendees also learn classroom management skills and tips on how to handle and engage emotionally troubled, disinterested, angry, and disruptive youth. The *ARISE Life Skills* group facilitator training enables staff to work with youth in a more productive and positive manner.

According to the Office of Juvenile Justice and Delinquency Prevention (July 1996 Fact Sheet 37), inadequately trained staff cannot provide effective help for the youth. As a result of the comprehensive training, correctional staff who have never had to "stand and deliver" in front of a group often become more interested and motivated to take an active role in guiding these troubled youth away from a life of crime. When the youth learn positive life-management and social skills, this information enables them to make better life choices, reduces the rate of recidivism, and decreases the rate of juvenile crime.

*ARISE: Drop it at the Door* is a two-day (14 hour) training for managing stress and anger and building interpersonal and communication skills. The goal of

the training is to have participants come away with a solid understanding of how each of us makes a choice before we lose ourselves in angry outbursts. *Drop it at the Door* also teach participants to drop their anger, stress, negativity, and frustration at the door before entering the workplace. *Drop it at the Door* provides the keys for handling and diffusing anger and stress. This new awareness immediately increases personal and work related performance.

## STATEMENT OF PROBLEM

The progress of youth in Florida juvenile justice facilities is hampered by the negative culture found in juvenile justice facilities. There are many reasons for this negative culture; one is that direct care staff lack adequate training on how to handle anger and stress at work and at home, how to communicate with and understand the youth in their charge, and how to become part of the youths' rehabilitation. Youth are with direct care staff members for 95% of their waking hours. Staff's attitude and skills influence the youths' progress. Additionally youth success is weakened by the lack of structured Life Skills programming in the residential facilities.

In order to create a positive environment for youth development in juvenile justice facilities, direct care staff need to work from a strength-based perspective, learning to value each youth as a human being. Such an approach models positive regard and thereby has the potential to increase self-efficacy among the youth in their charge.

Research has indicated that well-trained staff are more satisfied and stay on the job longer, providing stability and competency within programs. Yet staff turnover continues to be high in Florida at approximately 40% in state-operated facilities and 66% in privately operated facilities. The national average is 37.2% in juvenile facilities, according to Justice Quarterly, June 2007. According to the Florida Juvenile Justice Association, the majority of staff leave within the first 90 days of being hired. This does not allow a facility



to build a competent workforce, providing much needed stability in the lives of the incarcerated youth.

The Office of Juvenile Justice and Delinquency Prevention (OJJDP) in Fact Sheet #37, July 1996, reported that training juvenile detention and corrections practitioners is a priority. This statement is similarly reflected in the findings of the Juvenile Justice and Delinquency Prevention Act of 1974 that “inadequately trained staff cannot provide effective help.” To date, juvenile correctional and detention agency directors continue to stress the need for enhanced training for juvenile justice workers. Juvenile justice practitioners report that the youth they serve are increasingly angry and pessimistic about the future. The changing environments intensify the need for more in-depth staff training.

The OJJDP Fact Sheet #37 also highlighted that “entry level training must prepare the care worker in interpersonal skills. They need continuing in-service courses that will equip those working with delinquent youth to manage aggressive behavior and to establish and maintain a positive relationship with the youth.” Staff trained in positive interpersonal and communication skills will make a difference in the lives of the youth in their charge.

The American Corrections Association (ACA) also recommends incorporating a positive role model approach into the job of direct care staff, stating, “Being a positive role model is probably the most important responsibility a care worker can undertake.” Modeling good behavior, or setting an example, is one of the most fundamental interventions for youth. Examples of positive role model behavior include setting a positive tone or climate, respecting the juveniles, affirming their successes, being consistent and fair, and presenting a generally positive attitude. A positive, encouraging attitude may be challenging when working with youth, but it remains the basis on which good interventions are built. ARISE training focuses on the importance of role modeling in order to ultimately encourage positive youth development and change.





In February, 2008, the Florida Department of Juvenile Justice Blue Print Commission Report on Juvenile Justice Reform had the following key recommendation:

*Florida DJJ must invest in the human resources that provide direct care services to youth in the system and develop a more professional and stable work force.*

According to Florida Legislature Report No. 90-28 (December 1998), “The majority of juvenile justice youth do not return to school when released.” For this reason, the ARISE life-skills lessons facilitated by direct care staff provide become the last best chance of reaching these adolescents with valuable life-skills information, equipping them to make positive, pro-social choices and reducing the likelihood that they will recidivate. Early life-management skills training for youth in at-risk situations and juvenile justice programs will not only decrease future offending, but will also decrease future juvenile residential placements and ultimately have a positive impact on adult prison statistics.

## METHODS

Nearly all juvenile justice services target important social factors such as educational, personal, social, and family relations improvements with the intent of mitigating further criminal behavior of the youth. The expectation of any these services is that they will address these factors and will ultimately empower youth to behave in a more socially acceptable manner thereby suppressing any further involvement in the justice system. Therefore, the success or effectiveness of these services is often measured in terms of recidivism. Further, to attempt to demonstrate significantly improved outcomes the overall recidivism rate of the program delivering the services needs to be compared to a similar population not receiving the services or to some other program delivering different services. For the purposes of this study, the success of the ARISE life skills services were evaluated using the methodology addressed below.

Measures of recidivism and standard follow-up periods are outlined by the



Florida Department of Juvenile Justice (FDJJ) in the Common Definitions Report. Program outcomes are reported annually in the Comprehensive Accountability Report (CAR) and the Program Accountability Measures (PAM) Report. The corresponding Common Definitions Report outlines the specific methods for calculating all the outputs and outcomes in the CAR. Determining the accepted procedures for classifying youth, selecting cases and determining outcomes, is generally performed annually by the Department in conjunction with key stakeholders, policymakers and juvenile justice providers at the Common Definitions meeting.

For the purposes of this report the definition of recidivism alternatively does not include adult convictions and recidivism and is operationalized as any subsequent offense that results in an adjudication (including adjudication withheld) within 6 months of release. According to the 2008 FDJJ Common Definitions Report adjudication as a measurement of recidivism is preferable to other dimensions of post program success because it "...provides a reliable indication that the youth was found to have committed the offense" (pg. 25). Due to the time limitations on reporting outcomes for this evaluation, the analysis in this report examines various youth outcome measures including felony adjudication, arrest and felony arrest, and subsequent placements into commitment for a crime occurring within 6 months of program completion. Although 174 youth received Life Skills dosage at ARC in the eight months from January 4, 2010 through August 30, 2010, only those youth who were released from ARC and were identified as completers were examined in this evaluation. The analysis compared youth who completed ARC and received at least some ARISE services between January 4, 2010 and August 30, 2010 (n=78) with youth who completed ARC in CY 2009 (n=138) prior to the implementation of the ARISE services.

A completion is defined as any youth designated in Florida's Juvenile Justice Information System (JJIS) as having successfully completed the program or been assigned to probation following release, been directly discharged without

subsequent supervision, or who reached the maximum allowable age or term served and was released back to the community. Completions are the basis of program outcome comparison, as this follows the methodology used by the FDJJ and examines only those youth deemed to have received and completed the program, versus those who received minimal programmatic services.

To ensure an equitable comparison between youth completing ARC in CY 2010 with ARISE services (treatment) and youth completing ARC without ARISE services in CY 2009 (comparison) the differences in the samples were examined using a t-test. The t-test assesses whether the means of two groups are *statistically* different from each other.

The following variables were the factors evaluated: race, ethnicity, age at admission, age at release, age at first offense, total prior referrals, total prior felony referrals, total prior misdemeanor referrals, a seriousness index of prior referrals, total prior adjudications, total prior felony adjudications, total prior misdemeanor adjudications, and a seriousness index of prior adjudications. It is important to note that the variables selected are those shown in prior research to be significantly related to the recidivism outcomes, and more importantly are not affected by the treatment of interest.

The initial sample compositions are presented on the next page in Table 1. There were a total of 78 completions for the ARC treatment group in 2010 and 136 completions for the ARC comparison group in 2009. As can be seen in Table 1, there were no significant differences between the two populations.





**Table 1: Descriptive Statistics for ARC Treatment Group and ARC Comparison Group**

Descriptives	ARC with ARISE Services	ARC Prior to ARISE Services	Matched Residential Sample	t-test (Equal variance not assumed)
<b>Total Completions</b>	<b>78</b>	<b>136</b>	<b>78</b>	
Males	78 (100%)	136 (100%)	78 (100%)	
Blacks	55 (71%)	88 (65%)	60 (77%)	0.38
Hispanics	7 (9%)	19 (14%)	3 (4%)	0.26
Average Age at Admission	16.7	16.5	16.8	0.39
Average Age at Release	17.4	17.2	17.4	0.37
Average Age at First Offense	12.6	12.8	12.6	0.64
Average Prior Referral Seriousness Index	62.4	63.6	57.4	0.83
Average Prior Adjudication Seriousness Index	23.6	27.1	19.8	0.10
Average Number of Prior Charges	31.4	29.8	27.3	0.56
- Felonies	6.5	7.0	6.1	0.52
- Misdemeanors	7.8	8.0	7.0	0.74
Average Number of Prior Adjudications	10.4	11.1	8.6	0.47
- Felonies	2.3	2.7	1.9	0.15
- Misdemeanors	3.1	3.7	2.9	0.13
Average Length of Stay (Days)	248.6	247.8	239.9	0.94

The independent variables in Table 1 were controlled for in the outcome analysis presented below and found not to be significant contributors to the outcomes observed. The resulting final logistic regression models are presented in below in Table 2.

## RESULTS

Table 2 on the following page shows the overall outcome comparisons and significance test results. In the outcome analysis for ODS (Offenses During Services) and for every definition of recidivism presented [recidivism (re-adjudication), re-arrest, felony re-arrest, felony re-adjudication and subsequent commitment] the ARC treatment youth group fared better than the ARC comparison youth group. For three of the measures, recidivism/re-adjudication, felony re-adjudication, and subsequent commitment for a crime that was committed within 6 months of completion, the ARC youth who participated in ARISE sessions performed significantly better than those ARC youth without ARISE services.



**Table 2. ODS and Six Month Outcome Comparisons for ARC Treatment Group and ARC Comparison Group**

	Total Completions	ODS		Recidivism		Re-Arrest		Felony Re-Arrest		Felony Re-Conviction		Subsequent Commitment	
		Rate	T (Sig)	Rate	T (Sig)	Rate	T (Sig)	Rate	T (Sig)	Rate	T (Sig)	Rate	T (Sig)
ARC with ARISE services	78	6%		13%		38%		15%		4%		4%	
ARC without ARISE services	136	13%	1.53 (0.13)	25%	2.29 (0.02)	46%	1.02 (0.31)	24%	1.48 (0.14)	10%	1.71 (0.09)	14%	2.73 (0.01)

*For recidivism/re-adjudication, felony re-adjudication, and subsequent commitment, the ARC youth who participated in ARISE sessions performed significantly better than those ARC youth without ARISE services.*

Not all of the youth who received ARISE Life Skills classes completed full books. However, it was hypothesized that those youth who received more ARISE Life Skills dosage would have better outcomes. An analysis of all recidivists (both completers who had received ARISE sessions in 2010 (n=10) and completers who did not receive ARISE sessions in 2009 (n=34), revealed that the youth who did not recidivate received more than twice as much ARISE dosage (15.9 hours) as those youth who did recidivate (7.7) hours). In addition an analysis of all felony recidivists (both completers who had received ARISE sessions in 2010 (n=3) and completers who did not receive ARISE sessions in 2009 (n=13), revealed that the youth who did not recidivate received more than half again as many hours of ARISE dosage (14.6 hours) as did the recidivists (9.4 hours).

**Table 3. A Comparison of ARC Treatment Group and ARC Comparison Groups' Outcomes and ARISE Dosage**

Subsequent Outcomes Within 6 Months of Completion	Average hours of ARISE Dosage <sup>1</sup>		t-test Results		
	Yes Recidivist	No Recidivist	T Statistic	df	Sig. (2-tailed)
<b>ARC With ARISE Compared to ARC Without ARISE Services</b>					
Re-Arrested	11.9	16.0	1.33	205.69	0.19
Re-Arrested for a Felony	12.7	14.6	0.50	65.01	0.62
Re-Adj/Convicted	7.7	15.9	2.58	87.25	<u>0.01</u>
Re-Adj/Convicted for a Felony	9.4	14.6	0.00	0.00	<u>0.00</u>

<sup>1</sup> The observed outcomes with no adjustments to the inherent differences in the samples.

<sup>2</sup> The differences between the Treatment and Comparison outcomes were tested for significance using an Independent t-test where equal variances were not assumed.



Staff at ARC continue in 2011 to facilitate Life Skills groups with youth at the program providing well over the 6,810 hours of Life Skills sessions hours that were received by 174 youth during January 4, 2010 through August 30, 2010. From January 4, 2010 through August 30, 2010 one youth received the most hours of ARISE Life Skills at ARC at 82 hours. The least amount of dosage received was 1 hour

- 29 (17%) youth received 12 or fewer hours of Life Skills
- 35 (20%) received between 13 and 24 hours
- 23 (13%) received between 25 and 40 hours
- 41 (24%) received between 41 and 54 hours
- 26 (15%) received between 55 and 70 hours
- 20 (11%) received between 71 and 82 hours

## SURVEYS

Pre and post surveys were also given to staff and youth at ARC to assess differences in attitudes and reported behaviors of the youth and attitudes, communication and satisfaction of the staff.

The youth survey was comprised of:

- Aggressive Behavior-SAGE Baseline Survey (12 items) which measures self-reported recency of aggressive and other high risk behaviors. The instrument was developed by Straus, 1979 and modified by Flewelling, Paschall & Ringwalt, 1993.
- Normative Beliefs about Aggression (20 items) which measures a child, adolescent, or young adult's perception of how acceptable it is to behave aggressively, both under varying conditions of provocation and when no conditions are specified. The instrument was developed by Huesmann, Guerra, Miller & Zelli, 1992, Copyright 1989.
- Empathy-Teen Conflict Survey (5 items) which measures the ability to listen, care, and trust others. It was developed by Bosworth & Espelage, 1995.

*Staff at ARC continue in 2011 to facilitate Life Skills groups with youth at the program providing well over the 6,810 hours of Life Skills sessions hours that were received by 174 youth during January 4, 2010 through August 30, 2010*



- Family Conflict and Hostility-from the Rochester Youth Development Study (3 items) which measures the extent to which a climate of hostility and conflict within the family is reported. The questions are typically given to parents of youth but were deemed to be appropriate questions by the researchers for this evaluation. It was developed by Thornberry, Krohn, Lizotte, Smith & Tobin, 2003.
- Reactivity in Family Communication (3 items) which measures the extent to which children perceive that emotional states experienced by one person in a family spread easily to other family members. It was developed for the Multisite Violence Prevention Project, 2004b and adapted from Henry, Chertok, Keys & Jegerski, 1991.

The staff surveys dovetailed the youth survey and included some of the same surveys along with others:

- Empathy-Teen Conflict Survey (5 items) which measures the ability to listen, care, and trust others. It was developed by Bosworth & Espelage, 1995.
- Family Conflict and Hostility-from the Rochester Youth Development Study (3 items) which measures the extent to which a climate of hostility and conflict within the family is reported. The questions are typically given to parents of youth but were deemed to be appropriate questions by the researchers for this evaluation. It was developed by Thornberry, Krohn, Lizotte, Smith & Tobin, 2003.
- Part of Family Relationship Characteristics (14 items) which measure aspects of family relationship characteristics thought to distinguish risk for serious antisocial behavior. Questions included beliefs about family and deviant beliefs. It was developed by Tolan, Gorman-Smith, Huesmann & Zelli, 1997.
- General Belief questions from Normative Beliefs about

- Aggression (8 items) which measures perception of how acceptable it is to behave aggressively, both under varying conditions of provocation and when no conditions are specified. The instrument was developed by Huesmann, Guerra, Miller & Zelli, 1992, Copyright 1989.
- Reactivity in Family Communication (3 items) modified for co-workers. The questions were originally developed for the Multisite Violence Prevention Project, 2004b and adapted from Henry, Chertok, Keys & Jegerski, 1991
  - Sociomoral Reflection Measure, Short Form (SRMSF) (11 items) which measures moral reasoning and moral judgement. Developed by Gibbs, Basinger, & Fuller, 1992, Copyright 1992
  - The staff Communication survey was developed by researching and analyzing surveys used by human resource departments of juvenile justice programs, school systems, and corporations. It was adjusted to reflect the content matter of the two-day *ARISE: Drop it at the Door* training and the *ARISE Life Skills* training.



## YOUTH SURVEY RESULTS

**Table 4: Comparison of Indexes from Youth Surveys Comparing Change in Pre and Post for ARC Comparison Group and ARC Treatment Group**

	ARC Without ARISE Dosage				ARC With ARISE Dosage			
	N	Mean	Standard Deviation	Skewness	N	Mean	Standard Deviation	Skewness
<b>Violence Related Aggressive Behavior</b>								
Avg Pre Test	66	3.48	0.86	-0.09	79	3.51	0.74	-0.12
Avg Post Test	67	3.58	0.96	-0.24	79	3.83	0.79	-0.15
<b>Avg Change in Post-Pre</b>	<b>66</b>	<b>0.10</b>	<b>1.03</b>	<b>0.06</b>	<b>79</b>	<b>0.32*</b>	<b>0.85</b>	<b>-0.16</b>
<b>Approval Of Retaliation Aggression</b>								
Avg Pre Test	64	2.88	0.58	-0.19	78	2.92	0.58	-0.34
Avg Post Test	67	2.94	0.64	0.34	79	3.05	0.63	-0.10
<b>Avg Change in Post-Pre</b>	<b>64</b>	<b>0.07</b>	<b>0.66</b>	<b>-0.09</b>	<b>78</b>	<b>0.14*</b>	<b>0.68</b>	<b>0.04</b>
<b>General Approval Aggression</b>								
Avg Pre Test	65	3.10	0.65	-0.85	78	3.34	0.62	-1.15
Avg Post Test	67	3.26	0.63	-0.22	79	3.11	0.70	-0.24
<b>Avg Change in Post-Pre</b>	<b>65</b>	<b>0.18*</b>	<b>0.67</b>	<b>0.45</b>	<b>78</b>	<b>-0.22*</b>	<b>0.75</b>	<b>-0.07</b>
<b>Total Approval Of Aggression</b>								
Avg Pre Test	64	2.96	0.57	-0.44	78	3.07	0.57	-0.67
Avg Post Test	67	3.07	0.59	0.20	79	3.08	0.61	-0.26
<b>Avg Change in Post-Pre</b>	<b>64</b>	<b>0.12</b>	<b>0.59</b>	<b>0.10</b>	<b>78</b>	<b>0.01</b>	<b>0.65</b>	<b>0.04</b>
<b>Empathy Scale</b>								
Avg Pre Test	67	2.73	0.95	0.52	79	2.69	0.77	0.01
Avg Post Test	67	2.74	0.82	0.30	79	3.02	0.86	0.17
<b>Avg Change in Post-Pre</b>	<b>67</b>	<b>0.02</b>	<b>1.10</b>	<b>-0.24</b>	<b>79</b>	<b>0.33*</b>	<b>1.11</b>	<b>-0.28</b>
<b>Conflict And Hostility Index</b>								
Avg Pre Test	66	3.07	0.77	-0.21	79	3.02	0.75	-0.47
Avg Post Test	66	2.92	0.84	-0.34	78	2.85	0.78	0.00
<b>Avg Change in Post-Pre</b>	<b>65</b>	<b>-0.14</b>	<b>0.93</b>	<b>0.14</b>	<b>78</b>	<b>-0.15</b>	<b>0.93</b>	<b>0.02</b>
<b>Beliefs About Family Scale</b>								
Avg Pre Test	66	3.28	0.63	-0.82	78	3.40	0.54	-1.53
Avg Post Test	66	3.24	0.73	-0.97	78	3.14	0.70	-0.83
<b>Avg Change in Post-Pre</b>	<b>65</b>	<b>-0.05</b>	<b>0.70</b>	<b>-0.16</b>	<b>77</b>	<b>-0.26*</b>	<b>0.86</b>	<b>-0.28</b>
<b>Deviant Beliefs</b>								
Avg Pre Test	66	2.63	0.83	-0.14	79	2.70	0.68	-0.22
Avg Post Test	67	2.78	0.84	-0.30	78	2.53	0.81	-0.32
<b>Avg Change in Post-Pre</b>	<b>66</b>	<b>0.16</b>	<b>0.89</b>	<b>-0.06</b>	<b>78</b>	<b>-0.18</b>	<b>1.05</b>	<b>-0.21</b>
<b>Reactivity In Communication</b>								
Avg Pre Test	66	2.72	0.89	-0.09	79	2.87	0.84	0.13
Avg Post Test	66	2.70	0.97	0.27	77	2.87	0.93	0.32
<b>Avg Change in Post-Pre</b>	<b>65</b>	<b>-0.02</b>	<b>0.96</b>	<b>0.11</b>	<b>77</b>	<b>0.00</b>	<b>1.21</b>	<b>-0.04</b>
<b>Total Prosocial Scale</b>								
Avg Pre Test	64	3.08	0.37	-0.11	79	3.15	0.32	0.05
Avg Post Test	67	3.13	0.43	-0.06	79	3.18	0.40	-0.31
<b>Avg Change in Post-Pre</b>	<b>64</b>	<b>0.06</b>	<b>0.35</b>	<b>0.11</b>	<b>79</b>	<b>0.04</b>	<b>0.40</b>	<b>-0.78</b>

\* Avg. change between Post and Pre Tests were significant (p<.05)

*Analysis of youth survey outcomes indicated significant improvement in three scales including 1) violence related aggressive behavior, 2) approval of retaliation aggression and, 3) empathy among youth at ARC who received ARISE services.*

As illustrated in table 4, youth survey outcomes demonstrated significant improvement in three scales including 1) *Violence Related Aggressive Behavior*, 2) *Approval of Retaliation Aggression* and, 3) *Empathy Among Youth* at ARC who received ARISE services. Youth were asked the following



questions for the *Violence Related Aggressive Behavior Scale*:

*When was the last time you.....( Within the past month, Between 1-6 months ago, Between 6 months & 1 year ago, Over 1 year ago, Never)*

*Pushed, grabbed, or shoved someone?*

*Hit or punched someone?*

*Kicked someone?*

*Were hurt in a fight?*

*Hurt someone else in a fight?*

*Threatened to hurt someone?*

*Threatened someone with a knife or gun?*

*Used a knife or gun to injure someone*

*Watched a fight?*

*Carried a gun?*

*Carried a knife?*

*Needed medical care for an intentionally caused injury (such as being punched, pushed, attacked, or shot)?*

Table 4 illustrates a significant increase in mean *Violence Related Aggressive Behavior Scale* scores between pre (3.51) and post (3.83) for ARC Treatment Group, while the ARC comparison group exhibited a slight but, not significant, incline in attitudes about violence related aggressive behavior between pre and post test administration (3.48 to 3.58).

Youth were asked to rate the following statements (*It's perfectly OK, It's sort of OK, It's sort of wrong, It's really wrong*) for the Approval of Retaliation Aggression scale:

*Suppose a boy says something bad to another boy, John.*

*Do you think it's OK for John to scream at him?*

*Do you think it's OK for John to hit him?*

*Suppose a boy says something bad to a girl*

*Do you think it's wrong for the girl to scream at him?*

*Do you think it's wrong for the girl to hit him?*

*Suppose a girl says something bad to another girl, Mary*

*Do you think it's OK for Mary to scream at her?*

*Do you think it's OK for Mary to hit her?*

*Suppose a girl says something bad to a boy*

*Do you think it's wrong for the boy to scream at her?*

*Do you think it's wrong for the boy to hit her?*

*Suppose a boy hits another boy, John?*

*Do you think it's wrong for John to hit him back?*

*Suppose a boy hits a girl*

*Do you think it's wrong for John to hit him back?*

*Suppose a girl hits another girl, Mary*

*Do you think it's wrong for Mary to hit her back?*

*Suppose a girl hits a boy.*

*Do you think it's OK for the boy to hit her back?*

Table 4 illustrates a significant increase in mean *Approval of Retaliation Aggression Scale* scores between pre (2.92) and post (3.05) for ARC Treatment Group, while the ARC Comparison Group exhibited a slight but, not significant, decline in mean averages on attitudes about retaliation aggression between pre and post test administration (2.88 to 2.94).

Youths were asked the following questions in regards to empathy:

*How often would you make the following statements (never, seldom, sometimes, often, always)?*

*I can listen to others.*

*Kids I don't like can have good ideas.*

*I get upset when my friends are sad.*

*I trust people who are not my friends.*

*I am sensitive to other people's feelings, even if they are not my friends.*

Table 4 illustrates a significant increase in mean *Empathy Scale* scores between pre (2.69) and post (3.02) for ARC treatment group, while the ARC comparison group exhibited a slight but, not significant, decline in empathy between pre and post test administration (2.73 to 2.74).

On two scales, the ARC youth treatment group showed significant decline including 1) *General Approval Aggression* and, 2) *Beliefs About Family*.

**Table 5: T-test Results Comparing Change in Pre and Post Between ARC Treatment Group and the ARC Comparison Group**

	T-test for Equality of Means (Equal variances not assumed)						
	t	df	Sig. (2-tailed) (<.05)	Mean Difference	Std. Error Difference	95% Confidence Interval of the	
						Lower	Upper
Violence Related Aggressive Behavior	-1.40	126.09	0.17	-0.22	0.16	-0.54	0.09
Approval Of Retaliation Aggression	-0.56	136.56	0.58	-0.06	0.11	-0.29	0.16
<b>General Approval Aggression</b>	<b>3.38</b>	<b>140.03</b>	<b>0.00</b>	<b>0.40</b>	<b>0.12</b>	<b>0.17</b>	<b>0.64</b>
Total Approval Of Aggression	1.04	138.50	0.30	0.11	0.10	-0.10	0.32
<b>Empathy Scale</b>	<b>-1.70</b>	<b>140.66</b>	<b>0.09</b>	<b>-0.31</b>	<b>0.18</b>	<b>-0.68</b>	<b>0.05</b>
Conflict And Hostility Index	0.07	136.30	0.95	0.01	0.16	-0.30	0.32
Beliefs About Family Scale	1.60	139.90	0.11	0.21	0.13	-0.05	0.47
<b>Deviant Beliefs</b>	<b>2.09</b>	<b>141.99</b>	<b>0.04</b>	<b>0.34</b>	<b>0.16</b>	<b>0.02</b>	<b>0.66</b>
Reactivity In Communication	-0.11	139.49	0.91	-0.02	0.18	-0.38	0.34
Total Prosocial Scale	0.40	140.28	0.69	0.03	0.06	-0.10	0.15

The difference observed between the ARC Treatment Group mean change and the ARC Comparison Group mean change on the *Empathy Scale* was found to be statistically significant at the 0.1 level. Therefore, there is indication that youth at ARC who received some ARISE services, not only significantly improved in regard to their empathy, but further, that the improvement was more substantial than that found with the ARC Comparison Group.

On two other scales, 1) *General Approval Aggression* and 2) *Deviant Attitudes*, the difference observed between the ARC Treatment Group mean change and the ARC Comparison Group mean change on the scales was found to be statistically significant at the 0.05 level. These results indicate that youth at ARC who received some ARISE services, declined significantly in their general attitudes about aggression and deviance and that decline was more substantial than that found with the ARC comparison group.

*Youth at ARC who received some ARISE services, not only significantly improved in regard to their empathy, but further, that the improvement was more substantial than that found with the ARC comparison group.*



**Table 6: Pearson’s Correlation and Two Tailed Significance of the Difference in Change Between Pre and Post for the ARC Treatment Group on Multiple Scales**

Avg. Change in Prosocial Attitudes	ODS		Re-Arrest		Felony Re-Arrest		Recidivism		Felony Re-Adjudication		Subsequent Commitment	
	r	p	r	p	r	p	r	p	r	p	r	p
Violence Related Aggressive Behavior	-0.05	0.62	0.05	0.67	-0.06	0.56	0.02	0.89	0.06	0.59	0.10	0.36
Approval Of Retaliation Aggression	-0.03	0.82	-0.23	0.03	-0.29	0.01	-0.19	0.08	-0.23	0.04	-0.18	0.10
General Approval Aggression	0.00	0.99	-0.21	0.06	-0.19	0.08	-0.17	0.12	-0.24	0.03	-0.19	0.09
Total Approval Of Aggression	0.00	1.00	-0.23	0.03	-0.28	0.01	-0.19	0.08	-0.26	0.02	-0.22	0.05
Empathy Scale	0.02	0.84	0.06	0.60	0.02	0.82	-0.04	0.72	-0.02	0.83	0.06	0.59
Conflict And Hostility Index	0.09	0.42	0.25	0.02	0.04	0.70	0.18	0.11	0.06	0.59	0.04	0.70
Beliefs About Family Scale	0.00	0.97	-0.04	0.74	0.13	0.24	0.04	0.73	-0.05	0.65	0.01	0.95
Deviant Beliefs	-0.02	0.83	-0.06	0.56	-0.13	0.22	-0.15	0.17	-0.15	0.16	-0.19	0.08
Reactivity In Communication	0.14	0.19	0.01	0.90	0.06	0.58	0.21	0.06	0.04	0.74	0.13	0.23

r represents the Pearson Correlation value. A negative relationship indicates that for those who demonstrated an increase in prosocial attitudes the less likely they were to recidivate. A positive relationship indicates the reverse.  
p represents the two tailed significance value. Values less than 0.1 were considered significant. Light grey highlighted relationships were used for significant negative relationships and yellow for significant positive relationships.

Table 6 shows that the mean change between pre and post scores for the three aggression scales for the ARC treatment youth group was found to be positively correlated with various outcome indicators including re-arrest, felony re-arrest, recidivism, felony re-adjudication and subsequent commitment. In addition a change in deviant beliefs was found to be positively correlated with subsequent commitment. The mean change between pre and post scores for the conflict and hostility index for the ARC treatment youth group was found to be negatively correlated with re-arrest as was the mean change for reactivity in communication for recidivism.

**Table 7: Pearson’s Correlation and Two Tailed Significance of Only Post Test Results for the ARC Treatment Group on Multiple Scales**

Prosocial Attitudes at Completion	ODS		Re-Arrest		Felony Re-Arrest		Recidivism		Felony Re-Adjudication		Subsequent Commitment	
	r	p	r	p	r	p	r	p	r	p	r	p
Violence Related Aggressive Behavior	-0.17	0.13	0.03	0.79	-0.02	0.89	0.03	0.79	0.09	0.42	0.12	0.26
Approval Of Retaliation Aggression	-0.25	0.02	-0.11	0.33	-0.12	0.26	-0.23	0.03	-0.14	0.20	-0.15	0.16
General Approval Aggression	-0.30	0.01	-0.15	0.16	-0.10	0.38	-0.24	0.02	-0.13	0.24	-0.17	0.13
Total Approval Of Aggression	-0.29	0.01	-0.13	0.25	-0.11	0.29	-0.24	0.02	-0.14	0.21	-0.17	0.12
Empathy Scale	-0.01	0.90	0.09	0.44	0.04	0.73	-0.04	0.71	0.02	0.86	0.06	0.58
Conflict And Hostility Index	-0.05	0.66	0.02	0.86	-0.09	0.44	0.07	0.52	-0.06	0.57	-0.08	0.47
Beliefs About Family Scale	-0.04	0.72	-0.10	0.38	0.00	0.97	-0.05	0.63	-0.08	0.46	-0.03	0.80
Deviant Beliefs	-0.34	0.00	-0.15	0.17	-0.11	0.31	-0.21	0.05	-0.14	0.19	-0.09	0.39
Reactivity In Communication	0.22	0.04	0.10	0.37	0.05	0.66	0.14	0.19	0.11	0.30	0.08	0.47

r represents the Pearson Correlation value. A negative relationship indicates that for those who demonstrated a higher prosocial attitude score the less likely they were to recidivate. A positive relationship indicates the reverse.  
p represents the two tailed significance value. Values less than 0.1 were considered significant. Light grey highlighted relationships were used for significant negative relationships and yellow for significant positive relationships.

The mean change between pre and post scores for the three aggression scales for the ARC treatment youth group was found to be positively correlated with various outcome indicators including re-arrest, felony re-arrest, recidivism, felony re-adjudication and subsequent commitment.

The final post test scores for the three aggression scales and the deviant beliefs scale for the ARC treatment youth group was found to be positively correlated with offenses during services (ODS) and recidivism, felony re-adjudication and subsequent commitment.

Table 7 on the previous page shows that the final post test scores for the three aggression scales and the deviant beliefs scale for the ARC treatment youth group was found to be positively correlated with offenses during services (ODS) and recidivism, felony re-adjudication and subsequent commitment. The final post test scores for the reactivity in communication scale for the ARC treatment youth group was found to be negatively correlated with ODS.

## STAFF SURVEY RESULTS

Table 8 presents the results of analysis of the differences in means between staff pre and post surveys for the ARC treatment staff group and the ARC comparison staff group. Analysis of staff surveys from the ARC treatment group revealed that mean scores on all but four scales increased, though only two, the *Attitudes Toward Youth Scale* and the *Documented Altercations Question*, had a mean change that was found to be statistically significant. On one scale, the *Family Conflict and Hostility Scale* the difference between pre and post surveys of staff at ARC treatment group showed significant decline. While a quarter of the ARC staff completed both pre and post staff surveys while the ARISE program was being implemented, only seven of the ARC staff completed both pre and post surveys prior to the ARISE implementation and training. The small number of staff surveys received prior to ARISE training does not lend itself well to reporting accurate differences in staff scores between staff reporting during ARISE services and staff reporting before ARISE services and the results should be reviewed with caution in Table 9 where mean differences between the groups on *Empathy*, *Readiness to Change* and *Attitudes Towards Youth* were found to be statistically significant.

*Analysis of staff surveys from the ARC treatment group revealed that mean scores on all but four scales increased, though only two, the Attitudes Toward Youth Scale and the Documented Altercations Question, had a mean change that was found to be statistically significant.*

**Table 8: Comparison of Indexes from Staff Surveys**

	ARC with ARISE services				ARC without ARISE Services			
	N	Mean Score	Standard Deviation	Skewness	N	Mean	Standard Deviation	Skewness
<b>Empathy Scale</b>								
Avg Pre Test	23	3.42	0.53	-0.53	4	3.70	0.26	0.00
Avg Post Test	27	3.64	0.62	-0.36	7	3.66	0.28	-0.17
<b>Avg Change in Post-Pre</b>	<b>23</b>	<b>0.14</b>	<b>0.49</b>	<b>-0.02</b>	<b>4</b>	<b>-0.20</b>	<b>0.16</b>	<b>0.00</b>
<b>Family Conflict And Hostility Scale</b>								
Avg Pre Test	23	3.37	0.43	-0.37	4	3.42	0.57	-0.75
Avg Post Test	27	3.20	0.50	-0.28	7	3.48	0.38	-2.16
<b>Avg Change in Post-Pre</b>	<b>23</b>	<b>*-0.15</b>	<b>0.42</b>	<b>0.06</b>	<b>4</b>	<b>-0.08</b>	<b>0.17</b>	<b>-2.00</b>
<b>Beliefs About Family Scale</b>								
Avg Pre Test	23	3.66	0.19	0.04	4	3.75	0.31	-1.60
Avg Post Test	27	3.65	0.33	-0.80	7	3.67	0.37	-0.93
<b>Avg Change in Post-Pre</b>	<b>23</b>	<b>0.02</b>	<b>0.31</b>	<b>-0.21</b>	<b>4</b>	<b>-0.08</b>	<b>0.05</b>	<b>2.00</b>
<b>Deviant Beliefs Scale</b>								
Avg Pre Test	23	3.59	0.43	-0.65	4	3.50	0.35	1.41
Avg Post Test	27	3.66	0.51	-1.68	7	3.50	0.41	-0.96
<b>Avg Change in Post-Pre</b>	<b>23</b>	<b>0.10</b>	<b>0.66</b>	<b>-0.69</b>	<b>4</b>	<b>0.00</b>	<b>0.35</b>	<b>-1.41</b>
<b>Beliefs About Aggression Scale</b>								
Avg Pre Test	23	3.83	0.23	-1.24	4	3.78	0.36	-1.85
Avg Post Test	27	3.77	0.38	-1.90	7	3.82	0.32	-2.21
<b>Avg Change in Post-Pre</b>	<b>23</b>	<b>-0.08</b>	<b>0.39</b>	<b>-1.16</b>	<b>4</b>	<b>-0.06</b>	<b>0.07</b>	<b>0.00</b>
<b>Reactivity In Communication Scale</b>								
Avg Pre Test	23	3.45	0.66	0.52	4	3.50	1.29	0.00
Avg Post Test	27	3.58	0.65	0.33	7	3.57	0.94	0.60
<b>Avg Change in Post-Pre</b>	<b>23</b>	<b>0.09</b>	<b>0.46</b>	<b>0.83</b>	<b>4</b>	<b>-0.08</b>	<b>0.50</b>	<b>-0.37</b>
<b>Sociomoral Reflection Scale</b>								
Avg Pre Test	23	2.73	0.30	-1.25	4	2.89	0.09	0.86
Avg Post Test	27	2.74	0.32	-1.34	7	2.82	0.20	-1.13
<b>Avg Change in Post-Pre</b>	<b>23</b>	<b>0.01</b>	<b>0.35</b>	<b>0.48</b>	<b>4</b>	<b>-0.14</b>	<b>0.17</b>	<b>-0.86</b>
<b>Confidence To Perform Scale</b>								
Avg Pre Test	24	8.75	2.52	-1.30	7	9.57	2.15	-1.19
Avg Post Test	21	9.00	2.41	-1.92	6	9.33	3.14	-2.32
<b>Avg Change in Post-Pre</b>	<b>19</b>	<b>0.63</b>	<b>2.29</b>	<b>0.57</b>	<b>6</b>	<b>-0.17</b>	<b>2.56</b>	<b>0.28</b>
<b>Readiness To Change Scale</b>								
Avg Pre Test	27	4.46	0.59	-1.23	7	4.86	0.24	-1.23
Avg Post Test	25	4.58	0.59	-1.33	7	4.57	0.45	-0.35
<b>Avg Change in Post-Pre</b>	<b>25</b>	<b>0.08</b>	<b>0.69</b>	<b>0.63</b>	<b>7</b>	<b>-0.29</b>	<b>0.39</b>	<b>-1.12</b>
<b>Job Satisfaction Scale</b>								
Avg Pre Test	27	3.45	0.36	0.13	7	3.56	0.41	-1.18
Avg Post Test	24	3.38	0.40	0.24	7	3.66	0.44	-0.93
<b>Avg Change in Post-Pre</b>	<b>24</b>	<b>-0.04</b>	<b>0.32</b>	<b>-0.70</b>	<b>7</b>	<b>0.10</b>	<b>0.47</b>	<b>1.60</b>
<b>Communication Skills Scale</b>								
Avg Pre Test	27	3.68	0.38	-0.06	7	3.63	0.56	-0.61
Avg Post Test	25	3.74	0.32	-0.22	7	3.57	0.36	0.09
<b>Avg Change in Post-Pre</b>	<b>25</b>	<b>0.05</b>	<b>0.36</b>	<b>0.04</b>	<b>7</b>	<b>-0.06</b>	<b>0.74</b>	<b>-0.06</b>
<b>Documented Altercations Question</b>								
Avg Pre Test	26	3.81	1.27	-0.51	6	4.33	1.63	-2.45
Avg Post Test	24	4.13	1.48	-1.28	7	4.29	1.25	-1.45
<b>Avg Change in Post-Pre</b>	<b>23</b>	<b>*0.35</b>	<b>0.93</b>	<b>1.40</b>	<b>6</b>	<b>-0.17</b>	<b>1.60</b>	<b>-0.92</b>
<b>Documented Abuse Scale</b>								
Avg Pre Test	26	4.62	0.80	-2.16	7	4.43	1.13	-2.16
Avg Post Test	25	4.68	0.85	-2.81	7	4.71	0.76	-2.65
<b>Avg Change in Post-Pre</b>	<b>24</b>	<b>0.04</b>	<b>1.08</b>	<b>-0.54</b>	<b>7</b>	<b>0.29</b>	<b>0.49</b>	<b>1.23</b>
<b>On The Job Injuries Question</b>								
Avg Pre Test	27	3.70	1.03	-0.71	7	3.14	1.68	-0.31
Avg Post Test	25	3.56	1.16	-0.42	7	3.57	0.98	-0.28
<b>Avg Change in Post-Pre</b>	<b>25</b>	<b>-0.20</b>	<b>1.19</b>	<b>-0.71</b>	<b>7</b>	<b>0.43</b>	<b>1.51</b>	<b>0.19</b>
<b>Sick Leave Scale</b>								
Avg Pre Test	27	4.30	0.79	-1.11	7	4.29	0.91	-0.51
Avg Post Test	25	4.50	0.58	-0.88	7	4.36	0.80	-1.05
<b>Avg Change in Post-Pre</b>	<b>25</b>	<b>0.22</b>	<b>0.65</b>	<b>0.21</b>	<b>7</b>	<b>0.07</b>	<b>1.13</b>	<b>-0.85</b>
<b>Attitudes Toward Youth Scale</b>								
Avg Pre Test	27	2.19	0.63	0.04	7	2.67	0.67	-0.53
Avg Post Test	24	2.42	0.67	0.23	7	2.52	0.54	-0.67
<b>Avg Change in Post-Pre</b>	<b>24</b>	<b>*0.24</b>	<b>0.58</b>	<b>0.11</b>	<b>7</b>	<b>-0.14</b>	<b>0.26</b>	<b>1.12</b>
<b>Communication Skills Scale</b>								
Avg Pre Test	N/A	--	--	--	N/A	--	--	--
Avg Post Test	25	4.28	0.39	-0.51	4	4.14	0.42	-0.46
<b>Avg Change in Post-Pre</b>	<b>N/A</b>	<b>--</b>	<b>--</b>	<b>--</b>	<b>N/A</b>	<b>--</b>	<b>--</b>	<b>--</b>

\* The differences between the "Average Change in Post-Pre" Tests of the two groups were significant (p<.05)





**Table 9: T-test Results Comparing Change in Pre and Post Between ARC Treatment Group and ARC Comparison Group for Staff**

T-test for Equality of Means (Equal variances not assumed)							
	t	df	Sig. (2-tailed) (<.05)	Mean Difference	Std. Error Difference	95% Confidence Interval of the	
						Lower	Upper
Empathy Scale	-2.64	14.68	<b>*0.02</b>	-0.34	0.13	-0.62	-0.07
Family Conflict And Hostility Scale	0.57	11.52	0.58	0.07	0.12	-0.20	0.33
Beliefs About Family Scale	-1.32	24.99	0.20	-0.09	0.07	-0.24	0.05
Deviant Beliefs Scale	-0.44	7.37	0.68	-0.10	0.22	-0.62	0.43
Beliefs About Aggression Scale	0.14	24.55	0.89	0.01	0.09	-0.17	0.20
Reactivity In Communication Scale	-0.64	3.95	0.56	-0.17	0.27	-0.92	0.58
Sociomoral Reflection Scale	-1.27	8.22	0.24	-0.14	0.11	-0.41	0.12
Confidence To Perform Scale	-0.68	7.71	0.52	-0.80	1.17	-3.52	1.92
Readiness To Change Scale	-1.81	17.45	<b>*0.09</b>	-0.37	0.20	-0.79	0.06
Job Satisfaction Scale	0.75	7.62	0.47	0.14	0.19	-0.30	0.59
Communication Skills Scale	-0.37	6.79	0.72	-0.11	0.29	-0.80	0.58
Documented Altercations Questions	-0.75	5.92	0.48	-0.51	0.68	-2.19	1.16
Documented Abuse Scale	0.85	23.15	0.41	0.24	0.29	-0.35	0.84
On The Job Injuries Question	1.02	8.20	0.34	0.63	0.62	-0.79	2.05
Sick Leave Scale	-0.33	7.13	0.75	-0.15	0.45	-1.20	0.91
Attitudes Toward Youth Scale	-1.81	17.45	<b>*0.09</b>	-0.37	0.20	-0.79	0.06
Communication Skills Scale	0.75	7.62	0.47	0.14	0.19	-0.30	0.59

\* The differences between the Average Change in pre and post of the two groups were significant (p<.05)

## VARIOUS PROGRAM INDICATORS

Various indicators such as overtime, staff sick days, staff turnover and youth grievances, were also to be examined. ARC staff provided the information for the calendar year proceeding implementation of ARISE services (CY 2009) and for the calendar year that ARISE was implemented in the program (CY 2010).

Many employees want to work overtime because it increases their earnings but in many cases excessive and regular overtime can have detrimental effects. Overtime at ARC roughly follows the Pareto Principle (also known as the 80-20 rule) which states that 80% of the effects come from 20% of the causes, or more simply, 80% of the overtime is worked by 20% or less of the employees. The problem with only a small percentage of the employees working the majority of the overtime is that overtime work has been found to be linked to work accidents and injuries (Spurgeon, Harrington & Cooper

*In CY 2009 ARC staff worked 14,152 hours of overtime. In the following year, CY 2010 overtime at the facility dropped by almost a third (31%) to 9,806 hours, or the equivalent of 543 fewer days of overtime. Reducing the number of overtime hours in the facility not only encourages a safer workplace but also helps the provider manage the program's budget more efficiently.*

*In CY 2009 ARC staff took 385 days off for sick leave but the program reported a 20% drop in sick leave days for CY 2010 at 309 days. Additionally, the program reported a 52% drop in medical leave from 415 days in CY 2009 to 200 in CY 2010.*

1997). When just a few workers are responsible for most of the overtime in the facility, the potential for workplace injuries increases. Research also suggests that the greatest risk of injury related to overtime is on shifts that last longer than 12 hours, for staff who work more than 60 hours per week and for night, evening and rotating shifts (Dembe, Erickson, Delbos, and Banks, 2005 and 2006). Additionally Kleppa, Sanne, and Tell found in 2008 that both male and female overtime workers had significantly higher anxiety and depression levels and higher prevalences of anxiety and depressive disorders compared with those working normal hours. In CY 2009 ARC staff worked 14,152 hours of overtime. In the following year, CY 2010 overtime at the facility dropped by almost a third (31%) to 9,806 hours, or the equivalent of 543 fewer days of overtime. Reducing the number of overtime hours in the facility not only encourages a safer workplace but also helps the provider manage the program's budget more efficiently.

In CY 2009 ARC staff took 385 days off for sick leave but the program reported a 20% drop in sick leave days for CY 2010 at 309 days. Additionally, the program reported a 52% drop in medical leave from 415 days in CY 2009 to 200 in CY 2010. Four staff took leave without pay in CY 2009 for a total of 17 days but only two took leave without pay in CY 2010 for a total of 6 days. Staff at ARC took less vacation days in FY 2010 (399) compared to 456 days in CY 2009.

The ARC program did not report to the JRC any major complaints against staff in either CY 2009 or CY 2010. However, in 2009 the program did report 29 instances of a variety of grievance complaints which included: cursing, calling a client a name, favoritism, talking about a client to another staff, not apologizing to a client, bad attitude, unprofessional behavior, being disrespectful and racism. No such complaints were reported by the program in CY 2010.



## WHAT STAFF SAY ABOUT THE TRAINING

ARC staff were surveyed after the training and asked *What did you like most about the Drop it at the Door training?* The following are unedited comments received from ARC staff

- 1) *We all have choices in how we react to stress/anger. The red zone and blue zone.*
- 2) *Ms. Joliett kept the training session interest and interactive. Very well done!*
- 3) *Learning to leave it all at the door.*
- 4) *I like the three and how to cut unwanted things off.*
- 5) *Learning how to become happier, how to forgive and how to let things go.*
- 6) *Utilizing different types of activities.*
- 7) *The facilitator was a great presenter and made it interesting.*
- 8) *All of it.*
- 9) *The information.*
- 10) *Role playing*
- 11) *All of it.*
- 12) *The videos and the quotes.*
- 13) *It was great*
- 14) *Choices that we make.*
- 15) *All of the ways you can change the way you think, feel, about your life.*
- 16) *How to better myself.*
- 17) *All was fantastic - this training pull choices together and activities were helpful and insightful.*
- 18) *Experimental focus, energy of trainer!*
- 19) *Everything was broken down so I could get a clear understanding.*
- 20) *We had fun and this is the way I take things in.*



- 21) *The engaging activities, the tone set off the group - very comfortable.*
- 22) *It was informative. Everyone had a chance to give input and feedback. Presenter had the right attitude and she was always vibrant.*
- 23) *Sharing*
- 24) *The challenge to do better.*
- 25) *The information covered because it encouraged thinking and reevaluation.*
- 26) *The fact that the instructor used real life situations in her training.*
- 27) *Everything.*
- 28) *The laughter and down to earth. The openness.*
- 29) *The different topic. that plays a major role in our life which we take for granted*
- 30) *Knowledge provided. I now know that everything is "on me"*
- 31) *She was firm in what she was teaching, very good job*
- 32) *The openness of the trainer, Joliette was a great trainer she is good at what she does*
- 33) *Group interaction, Powerpoint presentation*
- 34) *Group activities*
- 35) *It gave me a reminder that I chose to be angry or happy*
- 36) *Everything*
- 37) *How to respond to others and how to appreciate what life has to offer*
- 38) *Inter-activeness and energy of the facilitator*
- 39) *Kept me interested*
- 40) *Having the role plays and demonstrations were very helpful and effective*
- 41) *Trainer very pleasant and knowledgeable, curriculum relevant and use friendly*
- 42) *The activities that involved role play*
- 43) *Joliette did an excellent job, especially with the Powerpoint presentation and also with the hands on activities*

- 44) *Everything that the instructor taught us*
- 45) *The laws of attraction because its a good book that I started but never finished reading*
- 46) *The gratitude letter*
- 47) *The way the trainer broke down everything*
- 48) *Everything*
- 49) *Learning that I can make affirmations and that I have a choice*
- 50) *The role plays*
- 51) *I got to learn different ways of dealing with emotions, angry and happiness*
- 52) *The presentation itself*
- 53) *All lessons, anger management and stress*
- 54) *Learning different choices*
- 55) *Role play, open discussions*
- 56) *I was introduced new ways to handle situations (choices)*
- 57) *Group involvement and the trainer was very open and honest*
- 58) *All of the training was good*
- 59) *I have the choice whether to be upset or happy, this training has been very informative in a positive way*
- 60) *The trainer, she was so helpful and answered our questions very good*
- 61) *Leave everything at the door*
- 62) *The positive thing people have*
- 63) *The trainer was excellent and presented all information very well, she made it interesting*
- 64) *The laughter, important to make the choice*
- 65) *Make right choices to make your life better and easier and stop from overwhelming stress and making the wrong conflicts*
- 66) *I liked everything because everything talked is important to perform my job*
- 67) *I was able to really realize many things in my life that I needed to correct*

- 68) *The trainer*
- 69) *The information that was taught*
- 70) *Very professional and good at what she does*
- 71) *I liked that we got to interact as a group*
- 72) *Everything*
- 73) *I learned a lot about being positive*
- 74) *Open*
- 75) *The trainer was perfect in her training*
- 76) *Choosing to live a positive life*
- 77) *The drop it at the door subject*
- 78) *The final review, and the trainer*
- 79) *I liked all parts*
- 80) *How relaxed the trainer was doing the training*
- 81) *It taught me a lot about anger and forgiveness*
- 82) *The trainer, she was the best*
- 83) *How everyone communicated wit each other and opened up and shared their thoughts*
- 84) *Different activities and group activities. the activities that were shared will be beneficial in working with kids and implementing them during group*
- 85) *The positive messages and techniques on how to approach decisions in my life*
- 86) *The topics material*
- 87) *Learn new things and how to deal with negative things*
- 88) *To understand that you do have choices and its up to you to make them*
- 89) *I liked how it taught you to control your anger and you have a lot of choices you can choose for your life*
- 90) *Is an active and visual training that facilitates the process of learning*
- 91) *Ms. Joliette was a great teacher. having the materials to teach was*



- most appreciated*
- 92) *The engaging trainer and the material. it gave me a lot of ideas for my group sessions*
  - 93) *I like all the creative ways to deal with stress and anger. it doesn't only apply to work it applies to everyday life too*
  - 94) *The difference between positive and negative thinking*
  - 95) *The info is very true and I can compare what I am going through with it*
  - 96) *The topics were clear and easy to understand. I was able to relate to them in my everyday life*
  - 97) *The communication in groups*
  - 98) *Knowing that we have a choice in life*
  - 99) *She was clear and precise she made me feel comfortable*
  - 100) *Realistic*
  - 101) *It brought into awareness most of the things I already knew and reminded me that I can make other peoples lives better*
  - 102) *I learned to control my anger*
  - 103) *The activities we had to demonstrate to try to understand the subject such as why to ruin conversation and ways to improve conversation*
  - 104) *The skills taught that are easily identified and usable*
  - 105) *The power of positive thinking*
  - 106) *The uplifting nature of it, therapeutic and informative at once*
  - 107) *Activities that kept the class entertained*
  - 108) *Trainer's enthusiasm, variety of topics related to my personal/work life*
  - 109) *It taught me a lot about how to deal with problems*
  - 110) *Finding out how anger works*
  - 111) *Everything especially learn how to forgive and communicate*
  - 112) *How all sections were informative and direct. Used relevant examples*
  - 113) *Part 2 of choice about body language and forgiveness*
  - 114) *Yes*

- 115) *The interactions*
- 116) *Interacting with others*
- 117) *He way she stayed positive throughout the training*

ARC staff were surveyed after the training and asked *What topic or activity had the most impact on you personally?* The following are unedited comments received from ARC staff

- 1) *Smile more/forgiveness*
- 2) *Letter of gratitude.*
- 3) *Smile (forgiveness)*
- 4) *Forgive others.*
- 5) *The grateful letter.*
- 6) *Forgiveness*
- 7) *Gratitude.*
- 8) *Choice - connect with gratitude.*
- 9) *Personal choices.*
- 10) *Forgiving*
- 11) *Smiling*
- 12) *Gratitude*
- 13) *Forgiveness*
- 14) *The one regarding showing gratitude.*
- 15) *Smile pledge*
- 16) *Going to do reason board with family*
- 17) *Pay it forward.*
- 18) *Dealing with anger.*
- 19) *choices*
- 20) *The blessings journal.*

- 21) *None in particular. It had the same effect.*
- 22) *Retraining negative thoughts*
- 23) *Communicating effectively*
- 24) *How to forgive*
- 25) *All topics were impactful.*
- 26) *Gratitude activity*
- 27) *Forgive and forget*
- 28) *Choosing your happy place.*
- 29) *Dropping it at the door and relieving stress, learning how to let go and move forward*
- 30) *Forgiving is good for you*
- 31) *Pay it forward*
- 32) *The mirror activity*
- 33) *Forgiveness*
- 34) *Grateful letter*
- 35) *8 steps for forgiveness*
- 36) *Power of your smile*
- 37) *Being grateful*
- 38) *Forgiveness*
- 39) *Gratitude letter*
- 40) *Gratitude letter*
- 41) *Power of your smile*
- 42) *Forgiveness and gratitude*
- 43) *Letting go the old baggage (forgiving someone)*
- 44) *The affirmation really had the most impact on me*
- 45) *Emotions that can trigger behavior*



- 46) *Feeding that inner wolf. the good wolf of course*
- 47) *The role playing*
- 48) *The 1-10 situation*
- 49) *All because they all help me in a way*
- 50) *Affirmations*
- 51) *Choices*
- 52) *Being happy*
- 53) *Making better choices, anger is not all bad, the power of my smile*
- 54) *The choices that we make, anger management*
- 55) *emotions and body language*
- 56) *Choices*
- 57) *Gratitude letter*
- 58) *How to deal with anger*
- 59) *How to control and influence*
- 60) *The role play event*
- 61) *Communications and the 2 skits*
- 62) *Solid foundation*
- 63) *Anger is not all bad*
- 64) *Forgiveness*
- 65) *Solid foundation*
- 66) *Try hard to make your life better*
- 67) *Anger/stress control*
- 68) *All*
- 69) *Controlling my emotions*
- 70) *Write a gratitude letter*

- 71) *That I have the choice to drop it at the door*
- 72) *What an impact that body language can have when interacting with people*
- 73) *Everything*
- 74) *Count your blessings*
- 75) *leaving your problems at home*
- 76) *Smile more*
- 77) *Solid foundations*
- 78) *The staying positive during negative times had the most impact*
- 79) *Lucky or unlucky*
- 80) *Thank you letter*
- 81) *lucky or unlucky*
- 82) *The dear letter*
- 83) *All activities*
- 84) *Ability to make my own choices, pay it forward*
- 85) *Forgiveness*
- 86) *Focusing on positive*
- 87) *How to be happy*
- 88) *Forgiveness*
- 89) *Controlling your anger*
- 90) *Blessings*
- 91) *Gratitude letter, visual board and forgiveness*
- 92) *Choices*
- 93) *The vision board*
- 94) *The awards*
- 95) *The write a gratitude letter*

- 96) *Anger is a secondary emotion*
- 97) *The smile is the most important*
- 98) *Role play*
- 99) *Anger*
- 100) *Conversation*
- 101) *Stress management*
- 102) *Controlling anger*
- 103) *Power of the smile*
- 104) *Role plays*
- 105) *Maximize chance opportunities*
- 106) *People being positive despite their own losses and hardships*
- 107) *The video of the 2 handicapped individuals and the skits*
- 108) *Being grateful and forgiving, communication (body language and voice tone), thinking positive and paying forward*
- 109) *Forgiveness*
- 110) *Day 1 making choices*
- 111) *Forgiveness*
- 112) *The topic of "control"*
- 113) *Forgiveness was the topic that hit me*
- 114) *Stay positive and things would change around you the law of attraction*
- 115) *The choices*
- 116) *All group activity*
- 117) *Leave it at the door*





## PRACTICES THAT RESEARCH INDICATES PROMOTE EFFECTIVE PROGRAMMING

Over the past forty years, a body of research has developed that outlines and summarizes key components of offender treatment. These components have been shown in the research to be associated with the greatest reductions in recidivism across programs. Collectively these components have come to be known as the “principles of effective intervention”.

- **Organizational Culture** Effective organizations have well-defined goals, ethical principles, and a history of efficiently responding to issues that have an impact on the treatment facilities. Staff cohesion, support for service training, self-evaluation, and use of outside resources also characterize the organization.
- **Program Implementation/Maintenance** Programs are based on empirically-defined needs and are consistent with the organization’s values. The program is fiscally responsible and congruent with stakeholders’ values. Effective programs also are based on thorough reviews of the literature (i.e., meta-analyses), undergo pilot trials, and maintain the staff’s professional credentials.
- **Management/Staff Characteristics** The program director and treatment staff are professionally trained and have previous experience working in offender treatment programs. Staff selection is based on their holding beliefs supportive of rehabilitation and relationship styles and therapeutic skill factors typical of effective therapies.
- **Client Risk/Need Practices** Offender risk is assessed by psychometric instruments of proven predictive validity. The risk instrument consists of a wide range of dynamic risk factors or criminogenic needs (e.g., anti-social attitudes and values). The assessment also takes into account the responsivity of offenders to different styles and modes of service.

Changes in risk level over time (e.g., 3 to 6 months) are routinely assessed in order to measure intermediate changes in risk/need levels that may occur as a result of planned interventions.

- **Program Characteristics** The program targets for change a wide variety of criminogenic needs (factors that predict recidivism), using empirically valid behavioral/social learning/ cognitive behavioral therapies that are directed to higher-risk offenders. The ratio of rewards to punishers is at least 4:1. Relapse prevention strategies are available once offenders complete the formal treatment phase.
- **Core Correctional Practice** Program therapists engage in the following therapeutic practices: anti-criminal modeling, effective reinforcement and disapproval, problem-solving techniques, structured learning procedures for skill-building, effective use of authority, cognitive self-change, relationship practices, and motivational interviewing.
- **Inter-Agency Communication** The agency aggressively makes referrals and advocates for its offenders in order that they receive high quality services in the community.
- **Evaluation** The agency routinely conducts program audits, consumer satisfaction surveys, process evaluations of changes in criminogenic need, and follow-ups of recidivism rates. The effectiveness of the program is evaluated by comparing the respective recidivism rates of risk-control comparison groups of other treatments or those of a minimal treatment group.

*Above adapted from Gendreau and Andrews (2001) and Latessa, Cullen, and Gendreau (2002).*

## REFERENCES

Dembe AE, Erickson JB, Delbos RG, Banks SM. The impact of overtime and long work hours on occupational injuries and illnesses: new evidence from the United States. *Occup Environ Med.* 2005; 62:588 –597.

Dembe AE, Erickson JB, Delbos RG, Banks SM. Nonstandard shift work and the risk of job-related injuries: a national study from the United States. *Scand J Work Environ Health.* 2006;32:232–240.

Gendreau, P., & Andrews, D. A. (2001). *Correctional Program Assessment Inventory – 2000 (CPAI-2000)*. Saint John, New Brunswick, Canada: University of New Brunswick.

Kleppa, Elisabeth; Sanne, Bjarte; Tell, Grethe S., Working Overtime is Associated With Anxiety and Depression: The Hordaland Health Study. *Journal of Occupational & Environmental Medicine*, Jun2008, Vol. 50 Issue 6, p 658-666.

Latessa, Cullen, and Gendreau. 2002. "Beyond Correctional Quackery- Professionalism and the Possibility of Effective Treatment" *Federal Probation* Volume 66:2, p 43-49.

Spurgeon A, Harrington JM, Cooper CL. Health and safety problems associated with long working hours: a review of the current position. *Occupational Environmental Medicine* 1997;546:367–75.



# ARISE

Providing valuable life skills and staff training to at-risk youth and the adults who care for them.

