

*Evaluation of the Pilot project with  
Youth Corrections In Winnipeg*

**David Patton, Ph.D.**

**February 2004**

## **Addictions Foundation of Manitoba**

The Addictions Foundation of Manitoba is responsible for providing rehabilitation and prevention services for Manitoba citizens relating to substance use and problem gambling. *The aim of our research is to better inform rehabilitation practice, public education, and health policy.* Research fostered by the foundation contributes to a better understanding of how individuals, families, and communities can most effectively respond to harm associated with substance use and problem gambling.

### **VISION:**

**Leading the way to an addiction free society**

### **MISSION:**

*To contribute to the health and well being of Manitobans by reducing the harm associated with alcohol, other drugs and gambling through education, prevention, rehabilitation and research.*

### **VALUES:**

- *We respect the dignity of each individual*
- *We are guided by ethical standards and integrity*
- *We are client centered in our service*
- *We endorse relationships with the self help community*
- *We contribute to the development and sustainability of healthy communities*
- *We encourage partnerships with other organizations*
- *We promote continuous improvement, life long learning, research and best practice*
- *We support early intervention and harm reduction*

## Table of Contents

	Page
Executive summary.....	2
Introduction.....	3
Program Outcomes.....	3
Results.....	5
Table 1 Sample Characteristics .....	5
Table 2 Pre-post comparisons of questionnaire results.....	7
Conclusions.....	8
Appendix A Accountability model .....	9
Appendix B Youth Pre-test measure .....	11

---

## **EXECUTIVE SUMMARY**

---

As a result of a partnership between the Addictions Foundation of Manitoba and the Manitoba Youth Correctional Services a rehabilitation counsellor was placed in the Community Youth and Corrections, Redwood office, and later in the Community Youth and Corrections, Doncaster office. The role of the counsellor was to conduct assessments, deliver awareness and information sessions, provide consultation to corrections staff, and make case management recommendations. The present report summarizes the efforts of this worker to date. A total of 80 clients have been seen, although many of them are still in an assessment process. The majority of youth are 16 or 17 years of age, about half are not in school and most are not working. Almost all drink alcohol and use marijuana, and began at quite an early age (around 12). Unfortunately other outcome data are not available. Information from corrections staff suggests that they would like greater involvement (i.e., more time) with the counsellor, therefore, increased funding may be required to establish a full-time position.

## INTRODUCTION

---

Based on the observation of workers in the correctional system that young offenders in Winnipeg have limited access or success in obtaining substance abuse assessment and/or treatment, Probation Services approached the Addictions Foundation of Manitoba (AFM) in 2002 to develop a project at the Community Youth and Corrections office on Redwood Street. As many of the young offenders would fail to show up for an assessment, follow through with treatment plans, or have access to programming in a timely manner, the AFM and Manitoba Youth Correctional Services (MYCS) pooled their resources in order to provide assessment and counseling services in the community: in this case at two probation offices.

The purpose of the project was to pilot a joint-funded rehabilitation counsellor at the Redwood office in Winnipeg, Manitoba. The activities and expected outcomes are summarized in the attached accountability model (Appendix A). The primary target group for the service was to be female youth. This aspect of the project commenced in January 2003, and was expanded in July 2003 to include high-risk males at the Doncaster office. By having the counselor on-site it is expected that the youth will be able to form a more immediate connection with the worker because of increased accessibility. In addition, this access should reduce the number of “no shows” because the probation officer and the Intensive Support and Supervision Program (ISSP) worker can introduce the clients to the counselor and participate in a team approach towards resolving the clients’ substance use issues.

### **Program Outcomes.**

Prior to the implementation of the project the following outcomes were suggested:

- 1. Alcohol and drug assessment and rehabilitation services will be available and accessible to our community’s most at-risk youth**
- 2. Reduced rate of recidivism of criminal activity in which alcohol and drugs are a factor**
- 3. Development of research based best practices for working with this population.**

A number of short-term goals were identified, three of which referred to knowledge gain. Two other goals were to improve the life skill capacity of these youth and to improve the AFM's ability to develop and implement a rehabilitation plan. Consequently, a questionnaire was developed to test whether the youth clients in this program had learned some of the important concepts that were to be taught. This questionnaire was administered early in the intake process, and at the end of treatment/assessment. Unfortunately, many of these post-test are missing or incomplete, as this is a population that it is difficult to keep in contact with. The following summarizes the information that we have from the assessment process, with a brief report on the results from the pre-post comparisons on changes in knowledge, life skill capacity and using a rehabilitation plan.

Data for this evaluation are available from a variety of sources. Management Information System (MIS) forms are completed for every client assessed by the counsellor. When completed this provides a valuable description of important characteristics of our clients (age, culture, education etc.), in addition to important characteristics related to their current life status and substance use patterns. In addition to the usual information that is collected on AFM clients, these youth were also asked to complete a short questionnaire that asked about their knowledge of alcohol and other drug effects and consequences. A copy of the questionnaire is included in Appendix B. If available, clients were also asked to complete the measure at the post-test, however, few clients completed the post test as they fail to show for appointments, no longer required the services of the counsellor, or had completed the probation period.

---

## RESULTS

---

According to the MIS information, the worker has contacted a total of 80 youth. Of these, 50 are females (i.e., at the Redwood site) and 30 are males (i.e., at the Doncaster site). Eight of the females did not complete any of the assessment forms.

**Table 1. Sample characteristics.**

Characteristic	
<b>Age</b>	
13 -14	8%
15	15%
16	27%
17	32%
18	18%
<b>Currently a student?</b>	
Yes	51%
No	49%
<b>Grade</b>	
Grade 7 or lower	7%
Grade 8	26%
Senior 1	33%
Senior 2	15%
Senior 3	11%
Senior 4	5%
<b>Currently working</b>	
No	71%
Yes (fulltime)	11%
Yes (part-time)	17%

Of the 42 female clients who completed assessment forms, 25 were not seen for any additional counselling sessions. A review of the client files shows that in most cases these youth went AWOL, moved out of the city or were placed in the Manitoba Youth Centre. This is clearly a difficult population to engage in therapeutic processes, however, there are some indications that some of the young women may have benefited from contact with the counsellor. Those who were seen, ten were seen once or twice, the rest attended a number of sessions, ranging up to 16. Fifteen of the female clients are still active, meaning a file is still open, and the client attends appointments. Of the 30 male clients who have been seen, two have completed an assessment, and 18 are still active clients. Some have gone into the Youth Centre, some have gone AWOL and some have returned to their home communities.

The descriptive data that we have on these clients also show the extent of the difficulties with alcohol and other drugs that these youth have. Many of them are quite young, especially the girls, whose average age is under 15. Six of the girls are or were pregnant, with one attending a number of sessions (16) with the counsellor. Most of the clients have not gone far in school, with few attending beyond grade 9 (senior 1). Although half of them are not in school, most do not have any type of employment.

In terms of their involvement with substance use, the majority (2/3) were under the influence of alcohol or other drugs at the time of their offense. Almost all of the clients drink alcohol, and they began drinking when they were quite young (about 12 years old). Almost all have used drugs, and again, they were quite young when they first started (about 12 years old). It appears that the girls began drinking and using drugs before the boys. About 15% use cocaine, about 30% use crack, about 30% use mushrooms, and about 14% use LSD. Opiates (9%), ecstasy (9%), methamphetamines (12%) and barbiturates (6%) are the only other drugs that are mentioned by more than a few clients.

The pre-post measures of knowledge, life skill capacity and ability to contribute to the development and use of a rehabilitation plan were calculated by summing responses to the items in the following way. Since response options ranged from “strongly agree” to “strongly disagree”, and we know what the correct response should be, a scoring system was developed that awarded full points (5) for a “strongly agree” to a correct response. Four points were awarded for a correct “agree”, 3 for don’t know,

etc. Possible scores ranged from 3 to 15 for each of the knowledge components (use and effects of drugs, consequences of drug use, AFM resources available), 3 to 15 for the life skill capacity and 2 to 10 for the ability to develop and use a rehabilitation care plan. Statistical tests for the before and after differences were not conducted due to the small sample size.

**Table 2. Pre-post comparisons of results from the questionnaire.**

Content	Before	After
Use of and Effects of drugs	8.66	9.00
Choices and Consequences	8.86	8.67
Knowledge of AFM Supports and Resources	10.66	10.83
Life skill Capacity	9.77	10.67
Ability to Develop and Use a Rehab/case Plan	5.89	6.17

Preliminary indications from this table suggests that there are some areas that the youth may be improving in, for example life skill capacity. This is likely an area that these youth are currently quite deficient in; therefore this is a positive result. Changes on the other measures are quite small, however, the limited contact that the worker has had with each client at this point in the process may limit the effectiveness of the program.

Another source of data is provided through meeting minutes. Joint project meetings were held during the planning process, and are summarized. Minutes from a meeting held in January 2004 suggest that there are a number of advantages to having a CAW on-site. Most immediately is the number of reductions in AWOLs from custody. There are also a variety of advantages for the clients (immediate connection with the worker, and perception of support from corrections for dealing with their substance use), and for the corrections staff (ability to monitor participation, and access to information from the counsellor). Together these suggest that the partnership (AFM and Corrections) is a positive one that should be continued. Although this information is preliminary, there is also the suggestion that the counsellor could become more involved in the regular case planning for these clients, in addition to helping to develop the capacity of corrections staff to work with these clients on their substance use issues.

---

## CONCLUSIONS

---

Overall, this is clearly a group of clients who are quite difficult to engage in a therapeutic process as suggested by the lack of assessment data, the number of times they fail to keep appointments, and the difficulties they have following through with arrangements. In addition, the counsellor was uncomfortable not accepting referrals, which resulted in a large caseload (80 clients), compounded by the fact that this is a half-time position in two different sites. In addition the counsellor has been scheduling appointments with youth while they are in the office, which may also include a visit with the probation officer and/or the ISSP. As a result many of the AFM appointments are time-limited, which accounts for the lack of complete assessments. Furthermore, the counsellor also took referrals from staff at 200 Osborne, who would transfer files to her if the youth were a corrections client. As these clients often fail to show up at the Osborne office for their appointment, this referral increased the likelihood of clinical contact.

In summary, these youth have a history of substance use, and this use has usually gotten them into trouble. However, according to reports from corrections staff, the contact with the counsellor has been positive, and they see it as an important component of a team based approach to dealing with these difficult clients. As this program continues there will likely be a more integrated approach to serving these youth, with an expected benefit in terms of their substance involvement.

---

**Appendix A**  
**ACCOUNTABILITY MODEL**

---

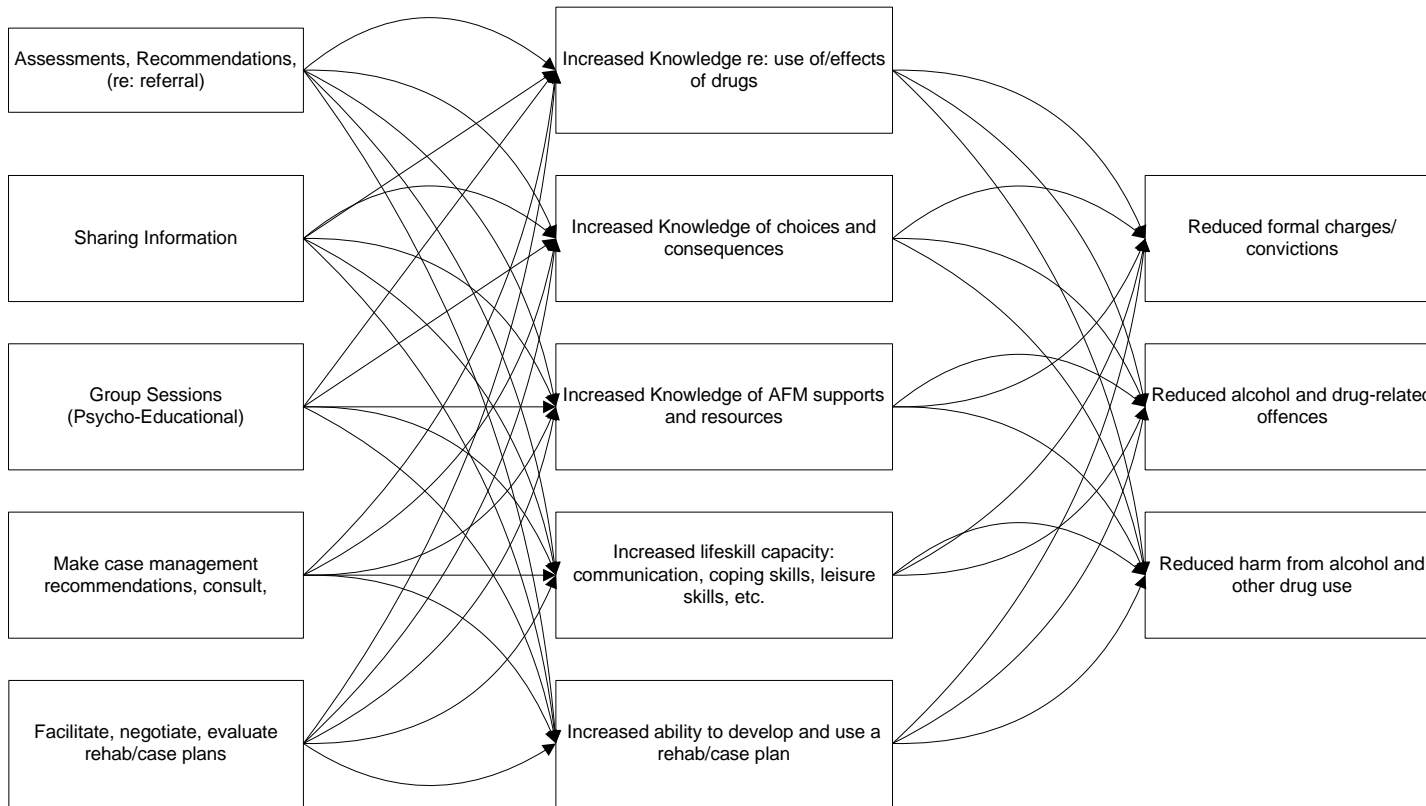
# Youth Corrections Project Redwood, WPG

Targets:  
• Mandated Youth (custody or probation)  
with substance abuse issues

## Activities

## Short-term goals

## Long-term goals



---

**Appendix B**

**YOUTH PRE-TEST MEASURE**

---

**AFM Services Evaluation: Youth Clients**

Thank you very much for taking the time to fill out this evaluation form. Using these forms helps us to continually improve our services and our programs.

**Instructions**

For each statement given, please indicate whether you agree or disagree with that statement by circling a number from 1 to 5.

1. Alcohol use has positive as well as negative consequences.

Strongly Agree	Agree	Can't Decide	Disagree	Strongly Disagree
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>

2. AFM counselors teach communication skills.

Strongly Agree	Agree	Can't Decide	Disagree	Strongly Disagree
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>

3. A “rehab/case plan” will teach me about my use.

Strongly Agree	Agree	Can't Decide	Disagree	Strongly Disagree
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>

4. The best way to solve a problem is to always go with your “gut” feeling.

Strongly Agree	Agree	Can't Decide	Disagree	Strongly Disagree
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>

5. Marijuana is absorbed faster by the body than alcohol.

Strongly Agree	Agree	Can't Decide	Disagree	Strongly Disagree
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>

6. When drinking alcohol, it is safer to drink pre-mixed drinks like coolers and beer rather than shots.

## Youth Corrections Report

Strongly Agree	Agree	Can't Decide	Disagree	Strongly Disagree
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>

7. People can only go to AFM if they have a substance use problem.

Strongly Agree	Agree	Can't Decide	Disagree	Strongly Disagree
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>

8. Marijuana is a hallucinogen.

Strongly Agree	Agree	Can't Decide	Disagree	Strongly Disagree
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>

9. The AFM counselor will inform my P.O. of everything I say in counseling sessions.

Strongly Agree	Agree	Can't Decide	Disagree	Strongly Disagree
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>

10. "Amotivational Syndrome" is specifically associated with marijuana use.

Strongly Agree	Agree	Can't Decide	Disagree	Strongly Disagree
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>

11. Alcohol withdrawal is generally more life-threatening than withdrawal associated with cocaine.

Strongly Agree	Agree	Can't Decide	Disagree	Strongly Disagree
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>

12. "Positive Self-Talk" is a strategy for coping with stress.

Strongly Agree	Agree	Can't Decide	Disagree	Strongly Disagree
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>

13. "Passive Communication" is saying what you want in a way that is respectful.

Strongly Agree	Agree	Can't Decide	Disagree	Strongly Disagree
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>

14. My “rehab/case plan” should stay secret.

Strongly Agree	Agree	Can't Decide	Disagree	Strongly Disagree
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>

**Thank you very much for helping us by filling out this form**

<b>For Office Use Only</b>
<b>Pre-Test</b>
<b>Client Code</b> _____
<b>Prior Client involvement (# of sessions with client prior to pre-test):</b> _____