Implementing Evidence-Based Policy and Practice in Community Corrections, 2nd Edition

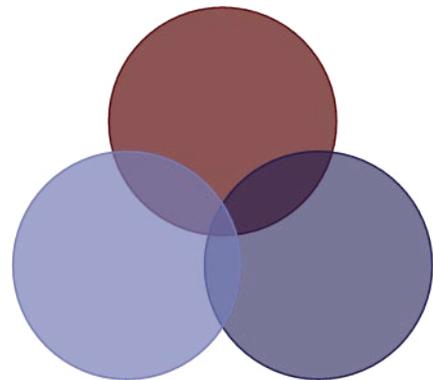# CHAPTER 3
THE PRINCIPLES OF EFFECTIVE INTERVENTION

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This paper was developed as part of a set of papers focused on the role of system stakeholders in reducing offender recidivism through the use of evidence-based practices in corrections.

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CHAPTER 3: THE PRINCIPLES OF EFFECTIVE INTERVENTION

The current research on offender rehabilitation and behavioral change is now sufficient to enable corrections to make meaningful inferences regarding what works in the field to reduce recidivism and improve public safety. Based upon previous compilations of research findings and recommendations (Aos et al, 2006; Andrews and Bonta, 2006; Burrell, 2000; Carey, 2002; Currie, 1998; Corbett et al, 2000; Gendreau & Andrews, 2001; McGuire, 2002; Latessa et al, 2002; Sherman et al, 1998; Taxman & Byrne, 2001), there now exists a coherent framework of guiding principles. This chapter describes those principles, as well as effective approaches for interacting with offenders. However, the principles should be reviewed with the caveat that while they represent the state of the art in corrections at the time this paper was written, research is always evolving, and principles of effectiveness will change with time.

Research does not support each of these principles with equal volume and quality, and even if it did, each principle would not necessarily have a similar impact on outcomes. Too often programs or practices are promoted as having research support without any regard for either the quality or the methodology of the underlying research. As part of the model development process, a research support gradient was established, indicating current research support for each principle (see Appendix A). All of the principles outlined in this chapter fall between the gold standard and the bronze standard set out in the research support gradient.

1. Eight Evidence-Based Principles for Effective Intervention

1. Assess Actuarial Risk/Needs.
2. Enhance Intrinsic Motivation.
3. Target Interventions.
   a. *Risk Principle*: Prioritize supervision and treatment resources for higher risk offenders.
   b. *Need Principle*: Target interventions to criminogenic needs.
   c. *Responsivity Principle*: Be responsive to temperament, learning style, motivation, culture, and gender when assigning programs.
   d. *Dosage*: Structure 40-70% of high-risk offenders' time for 3-9 months.
   e. *Treatment Principle:* Integrate treatment into the full sentence/sanction requirements.
4. Skill Train with Directed Practice (use Cognitive Behavioral treatment methods).
5. Increase Positive Reinforcement.
6. Engage Ongoing Support in Natural Communities.
7. Measure Relevant Processes/Practices.
8. Provide Measurement Feedback.

The listing of these eight principles is not meant to imply a temporal order to their implementation, or a hierarchy of importance. The principles are mutually reinforcing, and coordinated implementation brings the benefits of each. However, research does indicate that the targeting of interventions is the core of evidence-based practice. Research indicates that resources are used more effectively when they are focused on higher-risk rather than lower-risk offenders, therefore considering offenders' risk to reoffend and subsequently addressing criminogenic needs allows agencies to target resources on higher-risk offenders.

1) Assess Actuarial Risk/Needs.

Develop and maintain a complete system of ongoing offender risk screening/triage and needs assessments. Assessing offenders in a reliable and valid manner is a prerequisite for the effective management (i.e., supervision and treatment) of offenders. Timely, relevant measures of offender risk and need at the individual and aggregate levels are essential for the implementation of numerous principles of best practice in corrections, (e.g., risk, need, and responsivity). Offender assessments are most reliable and valid when employees are formally trained to administer tools. Screening and assessment tools that focus on dynamic and static risk factors, profile criminogenic needs, and have been validated on similar populations are preferred. They should also be supported by sufficiently detailed and accurately written procedures.

> **Questions to Ask:**
> - *Does the assessment tool we're using measure for criminogenic risk and need?*
> - *How are officers trained to conduct the assessment interview?*
> - *What quality assurance is in place to ensure that assessments are conducted appropriately?*
> - *How is the assessment information captured and used in the development of caseplans?*

Offender assessment is as much an ongoing function as it is a formal event. Case information that is gathered informally through routine interactions and observations with offenders is just as important as formal assessment guided by instruments. Formal and informal offender assessments should reinforce one another. They should combine to enhance formal reassessments, case decisions, and working relations between practitioners and offenders throughout the term of supervision.

(Andrews & Bonta 2006; Bonta 1996; Gendreau, et al, 1996; Hollin, 2002; Hubbard et al 2001)

2) Enhance Intrinsic Motivation.

Employees should relate to offenders in interpersonally respectful and constructive ways to enhance intrinsic motivation in offenders. Behavioral change is an *inside job*; for lasting change to occur, a level of intrinsic motivation is needed. Motivation to change is dynamic and the probability that change may occur is strongly influenced by interpersonal interactions, such as those with probation officers, treatment providers, and institution employees. Feelings of ambivalence that usually accompany change can be explored through motivational interviewing, a style and method of communication used to help people overcome their ambivalence regarding behavior changes. Motivational

interviewing depends on a patient process of helping offenders to see discrepancies between how they behave and what they say they want. Research strongly suggests that motivational interviewing techniques, rather than persuasion tactics, effectively enhance motivation for initiating and maintaining behavior changes.

(Burke et al 2003; Clark et al 2006; Ginsburg, et al, 2002; Miller & Rollnick, 2002)

> **Questions to Ask:**
> - *Are officers and program staff trained in motivational interviewing techniques?*
> - *What quality assurance is in place?*
> - *Are staff held accountable for using motivational interviewing techniques in their day-to-day interactions with offenders?*

3) Target Interventions.

    A. RISK PRINCIPLE: Prioritize supervision and treatment resources for higher risk offenders.

    B. NEED PRINCIPLE: Target interventions to criminogenic needs.

    C. RESPONSIVITY PRINCIPLE: Be responsive to temperament, learning style, motivation, gender, and culture when assigning to programs.

    D. DOSAGE: Structure 40-70% of high-risk offenders' time for 3-9 months.

    E. TREATMENT PRINCIPLE: Integrate treatment into the full sentence/sanction requirements.

a) **Risk Principle: prioritize primary supervision and treatment resources for offenders who are at higher risk to re-offend**. Research indicates that supervision and treatment resources that are focused on lower-risk offenders tend to produce little if any net positive effect on recidivism rates. Shifting these resources to higher risk offenders promotes harm-reduction and public safety because these offenders have greater need for pro-social skills and thinking, and are more likely to be frequent offenders. They are also more likely to be in need of structured pro-social activities, versus low risk offenders who may already be positively engaged in the community. Reducing the recidivism rates of these higher risk offenders reaps a much larger return on investment, since they contribute to the greatest percentage of repeat offenses. Successfully addressing this population requires smaller caseloads, the application of well-developed case plans, and placement of offenders into sufficiently intense cognitive-behavioral interventions that target their specific criminogenic needs.

(Andrews and Dowden, 2006; Gendreau, 1996; Lowenkamp et al, 2006: McGuire, 2001)

b) **Criminogenic Need Principle: address offenders' greatest criminogenic needs**. Offenders have a variety of needs, some of which are directly linked to criminal behavior. These criminogenic needs are dynamic risk factors that, when addressed or changed, affect the offender's risk for recidivism. According to meta-analytic research, the eight most significant criminogenic needs are: antisocial behavior; antisocial personality; criminal thinking; criminal associates; dysfunctional family; employment and education; leisure and recreation; and

substance abuse. Based on an assessment of the offender, these criminogenic needs can be prioritized so that services are focused on the greatest criminogenic needs.
(Andrews & Bonta, 2006; Harland, 1996; Ward & Stewart, 2003)

c) **Responsivity Principle*: consider individual characteristics when matching offenders to services.** These characteristics include, but are not limited to: culture, gender, motivational stages, developmental stages, and learning styles. These factors influence an offender's responsiveness to different types of treatment. The principle of responsivity also requires that offenders be provided with treatment that is proven effective with the offender population. Certain treatment strategies, such as cognitive-behavioral methodologies, have consistently produced reductions in recidivism with offenders under rigorous research conditions. Providing appropriate responsivity to offenders involves selecting services in accordance with these factors, including: a) Matching treatment type to offender; and b) Matching style and methods of communication with offender's stage of change readiness.
(Andrews & Kiesling, 1980; Birgden, 2004; Miller & Rollnick, 2002; Prochaska & DiClemente, 1984)

> **Questions to Ask:**
> - *How do we manage offenders assessed as low risk to reoffend?*
> - *Does our assessment tool assess for criminogenic need?*
> - *How are criminogenic risk and need information incorporated into offender caseplans?*
> - *How are offenders matched to treatment resources?*
> - *How structured are our caseplans for offenders, especially during the three to nine month period in the community after leaving an institution?*
> - *How are staff held accountable for using assessment information to develop a caseplan and then subsequently using that caseplan to manage an offender?*

d) **Dosage: providing appropriate quantities of services, pro-social structure, and supervision is a strategic application of resources.** Higher risk offenders require significantly more initial structure and services than lower risk offenders. During the initial three to nine months on post-release supervision, 40%-70% of their free time should be clearly occupied with delineated routine and appropriate services, (e.g., outpatient treatment, employment assistance, education, etc.) Certain offender subpopulations (e.g., severely mentally ill, chronic dual diagnosed, etc.) commonly require strategic, extensive, and extended services. However, too often individuals within these subpopulations do not receive a coordinated package of supervision/services. The evidence indicates that incomplete or uncoordinated approaches can have negative effects, often wasting resources. In addition to referring offenders to treatment and other structured activities, the officer must

determine whether offenders are engaging in these activities and attending and completing treatment.

(Bourgon & Armstrong, 2005; Gendreau & Andrews 2001; Palmer, 1995)

e) **Treatment Principle: treatment, particularly cognitive-behavioral types, should be applied as an integral part of the sentence and sanction process.** In addition to considering risk and seriousness of offense, integrate treatment into sentence and sanction requirements through assertive case management (taking a proactive and strategic approach to supervision and case planning). Delivering targeted and timely treatment interventions focused on criminogenic needs will provide the greatest long-term benefit to the community, the victim, and the offender. This does not necessarily apply to lower risk offenders, who should be diverted from the criminal justice and corrections systems whenever possible. When low risk offenders attend treatment that exposes them to higher risk offenders, the benefits of the treatment are negligible while the exposure to higher-risk peers can be detrimental. In addition, treatment attendance, while offering needed structure for high-risk offenders can disrupt existing involvement in prosocial community activities among low-risk offenders.

(Lipsey et al, 2001; MacKenzie, 2006; Milkman & Wanberg, 2007; Taxman & Byrne, 2001)

4) **Skill Train with Directed Practice (using cognitive behavioral treatment methods)**

Provide evidence-based programming that emphasizes cognitive behavioral strategies and is delivered by well-trained employees. These strategies can be applied in treatment settings, but also in routine interactions between officers and offenders. To successfully deliver this intervention to offenders, employees must understand antisocial thinking, social learning, and appropriate communication techniques, and be able to identify and redirect anti-social thinking. Skills are not just taught to the offender, but are practiced or role-played and the resulting pro-social attitudes and behaviors are positively reinforced by employees. Correctional agencies should prioritize, plan, and budget to predominantly implement programs that have been scientifically proven to reduce recidivism.

> **Questions to Ask:**
> - *How are social learning techniques incorporated into the programs we deliver?*
> - *How do we ensure that our contracted service providers are delivering services in alignment with social learning theory?*
> - *Are the programs we deliver and contract for based on scientific evidence of recidivism reduction?*

(Allen et al, 2001; Landenberger & Lipsey, 2005; Lipsey et al, 2001; Milkman & Wanberg, 2007; Sundel & Sundel, 2005)

5) **Increase Positive Reinforcement**

When learning new skills and making behavioral changes, human beings respond better and maintain learned behaviors for longer periods of time, when approached

with carrots rather than sticks. Behaviorists recommend applying a much higher ratio of positive reinforcements to negative reinforcements in order to better achieve sustained behavioral change. Rewards do not have to be applied consistently to be effective (as negative reinforcement does) but can be applied randomly.

Increasing positive reinforcement should not be done at the expense of or undermine administering swift, certain, and real responses for negative and unacceptable behavior. Offenders having problems with responsible self-regulation generally respond positively to reasonable and reliable additional structure and boundaries. Offenders may initially overreact to new demands for accountability, seek to evade detection or consequences, and fail to recognize any personal responsibility. However, with exposure to clear rules that are consistently (and swiftly) enforced with appropriate graduated consequences, offenders and people in general, will tend to comply in the direction of the most rewards and least punishments. This type of extrinsic motivation can often be useful for beginning the process of behavior change. (Gendreau, 1996; Gendreau & Andrews 2001; Higgins & Silverman, 1999; Sundel & Sundel, 2005)

> **Questions to Ask:**
> - *Do we model positive reinforcement techniques in our day-to-day interactions with our co-workers?*
> - *Do our staff understand and use the four-to-one theory in their interactions with offenders?*

6) Engage On-going Support in Natural Communities

Realign and actively engage pro-social supports for offenders in their communities. Research indicates that many successful interventions with extreme populations (e.g., inner city substance abusers, homeless, dual diagnosed) actively recruit and use family members, spouses, and supportive others in the offender's immediate environment to positively reinforce desired new behaviors. This Community Reinforcement Approach (CRA) has been found effective for a variety of behaviors (e.g., unemployment, alcoholism, substance abuse, and marital conflicts). In addition, relatively recent research now indicates the efficacy of twelve step programs, religious activities, and restorative justice initiatives that are geared towards improving bonds and ties to pro-social community members. This is especially important for offenders who are returning to the community from prison or jail. (Azrin et al, 1982; Braithwaite, 1989; Higgins & Silverman, 1999; Lattimer et al (2005); Meyers et al, 2002 & 2005; O'Connor & Perryclear, 2003; Smith & Meyer, 2004)

> **Questions to Ask:**
> - *Do we engage community supports for offenders as a regular part of case planning?*
> - *How do we measure our community network contacts as they relate to an offender?*

7) Measure Relevant Processes/Practices

Accurate and detailed documentation of case information, along with a formal and valid mechanism for measuring outcomes, is the foundation of evidence-based practice. Agencies must routinely assess offender change in cognitive and skill development, and evaluate offender recidivism, if services are to remain effective. In addition to routinely measuring and documenting offender change, employee performance should also be regularly assessed Employees that are periodically evaluated for performance achieve greater fidelity to program design, service delivery principles, and outcomes. Employees

> **Questions to Ask:**
> - *What data do we collect regarding offender assessment and case management?*
> - *How do we measure incremental offender change while they are under supervision?*
> - *What are our outcome measures and how do we track them?*
> - *How do we measure staff performance? What data do we use? How is that data collected?*

whose performance is not consistently monitored, measured, and subsequently reinforced work less cohesively, more frequently at cross-purposes and provide less support to the organization's mission.

(Bernstein et al, 2001; Dilulio, et al 1993; Gendreau and Andrews, 2001; Henggeler et al, 1997; Quay, 1977; Lowenkamp et al, 2006; Milhalic & Irwin, 2003; Waltz et al, 1993)

8) Provide Measurement Feedback

Once a method for measuring relevant processes/practices is in place (principle seven), the information must be used to monitor process and change. Providing feedback to offenders regarding their progress builds accountability and is associated with enhanced motivation for change, lower treatment attrition, and improved outcomes (e.g., reduced drink/drug days; treatment engagement; goal achievement). The same is true within an organization. Monitoring and evaluating delivery of services and fidelity to procedures helps build accountability and maintain integrity to the organization's mission. Regular performance audits and appropriately applied case reviews with an eye on improved outcomes, keep employees focused on the ultimate goal of reduced recidivism through the use of evidence-based principles.

> **Questions to Ask:**
> - *How is information regarding offender change and outcomes shared with officers? With offenders?*
> - *With whom do we share information regarding outcome measures?*
> - *How is staff performance data used in the performance evaluation process?*

(Alvero et al, 2001; Gendreau & Andrews, 2001; Harris and Smith, 1996; Klein & Teilmann 1980; Ludeman, 1991; Quay, 1977; Zemke, 2001)

2. The Principles and Effective Relationships

The lynchpin of effective practice is the relationship between corrections professionals and clients. Offenders' attitudes and behavior can be influenced by their interactions with supervision officers and treatment providers. The use of specific skills by corrections employees to develop effective relationships with clients that reinforce the principles outlined above are therefore critical to reduced recidivism and improved public safety. In fact, the importance of a good working relationship can be a key component for achieving successful outcomes. This relationship includes demonstrating respect, building rapport, balancing enforcement with treatment, and maintaining focus on criminogenic needs. (Andrews & Bonta, 2006; Bonta et al, 2008; Skeem and Manchak, 2008; Gendreau, et al 2002; Taxman, 2002; Trotter 1996, 1999, 2000).

A well-known model of intervention focused on the supervisory relationship, rather than on the features of a given intervention program, is that developed by Chris Trotter (1999, 2000). The central principles of Trotter's pro- social modeling approach include:

• **Role clarification**: involving frequent and open discussions about roles, purposes, expectations, the use of authority, negotiable and non-negotiable aspects of intervention and confidentiality.

• **Pro-social modeling and reinforcement**: involving the identification, reward and modeling of behaviors to be promoted and the identification, discouragement and confrontation of behaviors to be changed.

• **Problem solving**: involving the survey, ranking and exploration of problems, goal setting and contracting, the development of strategies and ongoing monitoring.

• **Relationship**: involving the worker being open and honest, empathetic, able to challenge and not minimize rationalizations, non-blaming, optimistic, able to articulate the client's and family members' feelings and problems, using appropriate self-disclosure and humor.

The development of effective relationships requires the use of communication, engagement, counseling and inter-personal skills. Attempts to influence offenders positively require these skills to be deployed as part of relationships based on moral legitimacy in the eyes of offenders. These relationships are important to creating an environment where offenders feel they can trust the officers, and to a large extent have some desire to comply with their conditions.
It is unlikely that anything can be achieved in work with offenders unless and until such effective working relationships are first established and then maintained (McNeil et al, 2005).

At the same time, it is important to recognize that for offenders the process of change is a difficult and lengthy one, interrupted by frequent reversals and relapses. This may require correctional employees to use their relationship skills to work with offenders to develop new accounts or 'narratives' about their own identity and their ability to take charge of

their own lives rather than remain victims of circumstances (Maruna, 2000; Farrall, 2002; Burnett, 2004).

Emerging research in the area of officer-client relationships describes the dual role of community corrections officers and its importance to offender success (Paparozzi and Gendreau, 2005; Skeem and Manchak, 2008). Community corrections officers often struggle with defining their role: should their focus be on law enforcement and accountability, or rehabilitation and social support? The answer is both. A balance between supervisory and relational approaches yields optimal outcomes.

Case Study: Maryland's Proactive Community Supervision

In Maryland, a proactive community supervision (PCS) model has been developed to work with offenders. The model adopts a risk-need-responsivity approach where the agency uses a risk and need tool to identify appropriate treatment and control services and then assigns offenders to such services. As part of the approach a social learning environment is created that makes supervision officers active in facilitating offender change.

The social learning environment uses research-based behavioral management strategies to work with supervisees identifying realistic and pertinent behavioral goals, and implementing strategies for supervisees to achieve these goals. The process is designed to engage supervisees in the supervision process and increase their commitment to and ownership of the goals. Supervisees tailor the supervision period to their own personal needs and goals while also satisfying the public safety purposes of supervision. The goal is to empower the offender.

Staff take on the role of a behavioral manager who helps supervisees in learning about their own behavior; understanding the links between their behavior and their involvement with the criminal justice system, and crafting responses to their behavior. It is a move away from traditional accountability mechanisms to shared decision-making models where the offender weighs the methods to ameliorate negative outcomes.

The results have been impressive. Evaluation found that offenders who were supervised under the PCS model were less likely to be rearrested and less likely to have a warrant issued for technical violations. It has led to staff perceiving their job to be facilitators of offender change, and working with offenders to improve supervision outcomes. Staff have developed techniques that led to them working with more difficult cases for longer periods of time to assist the offender in efforts to address criminogenic risk/need factors.

(Taxman 2008; Taxman and Thanner, 2004; Sachwald et al 2006)

Taken together, these principles have the potential to improve public safety outcomes and to ensure that resources are being used efficiently. However, knowledge of the principles is not enough to ensure their effectiveness. Correctional systems and their component organizations must put the systems in place to support the principles, employees must have the skills they need to implement the principles, and the quality of implementation must be regularly monitored so that improvements can be made. This requires a fundamental change in the way organizations do business. The next chapter describes

approaches for EBP implementation, followed by a chapter on developing an evidence-based organization.