

COACHING PACKET

Implementing Evidence-Based Practices

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One in a series of Coaching Packets designed to assist jurisdictions in the implementation of effective practices that will support successful offender outcomes

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Coaching Packet Series 1: Creating a Blueprint for an Effective Offender Reentry System

- A Framework for Offender Reentry
- Establishing a Rational Planning Process
- Engaging in Collaborative Partnerships to Support Reentry

Coaching Packet Series 2: Delivering Evidence-Based Services

- Implementing Evidence-Based Practices
- Effective Case Management
- Shaping Offender Behavior
- Engaging Offenders' Families in Reentry
- Building Offenders' Community Assets through Mentoring
- Reentry Considerations for Women Offenders

Coaching Packet Series 3: Ensuring Meaningful Outcomes

- Measuring the Impact of Reentry Efforts
- Continuous Quality Improvement



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Introduction to the Coaching Packet Series

The Center for Effective Public Policy (the Center) and its partners, The Urban Institute and The Carey Group, were selected by the U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Assistance to serve as the training and technical assistance providers to the Fiscal Year 2007 Prisoner Reentry Initiative grantees (hereafter “PRI grantees”). The project team served in this capacity from April 2008 to June 2010.

The Center is a nonprofit criminal justice consulting organization based in Silver Spring, Maryland. Since the early 1980s, the Center has provided training and technical assistance to the criminal justice field on a wide array of topics, including transition and reentry, and has administered a number of national projects of this kind. The Urban Institute was established as a private, nonprofit corporation in Washington, D.C. in 1968 and is a leader in prisoner reentry research, focusing on making best practice information accessible to practitioners and policymakers. The Carey Group is a justice consulting firm with extensive practitioner experience in evidence-based practices, strategic planning, community and restorative justice and corrections.

As a part of its technical assistance delivery to the PRI grantees, the Center developed a series of tools to assist grantees in specific areas of their reentry work. The final products of this work include eleven Coaching Packets in three series. These Coaching Packets offer practical value beyond the jurisdictions involved in this initiative and are available to criminal justice professionals and their partners interested in enhancing their strategies for reducing recidivism and improving offender outcomes.

Each Coaching Packet provides an overview of a specific topic as it relates to successful offender reentry, and offers tools and resources for those interested in exploring the topic in greater depth.

- *Series 1* provides a blueprint for an effective offender reentry system. This series provides a conceptual framework for addressing prisoner reentry at the policy level; outlines a strategic planning process to support implementation efforts; and explores the establishment of successful collaborative partnerships at the policy and case management levels.
- *Series 2* addresses key issues related to the delivery of evidence-based services to offenders. This series summarizes the key literature with regard to implementing evidence-based practices; explores advances in approaches to case management; addresses the important role of staff in changing offender behavior; and summarizes research and practice as it relates to working with women offenders, engaging families, and mentoring.
- *Series 3* provides guidance and tools to ensure that reentry efforts achieve their intended outcomes. This series describes methods to assess the effectiveness of reentry efforts and offers strategies for achieving continuous quality improvement.

FY 2007 Prisoner Reentry Initiative (PRI) Grantees

The Prisoner Reentry Initiative (PRI) – intended to support the development and implementation of institutional and community corrections-based reentry programs to help returning offenders find employment and provide other critical services – is a collaborative effort of the U.S. Department of Justice (DOJ), Office of Justice Programs, Bureau of Justice Assistance and the U.S. Department of Labor (DOL). Grants were awarded to state and local corrections agencies by DOJ to provide pre-release and transition services to offenders and were “matched” by DOL grants to faith- and community-based organizations (FBCOs) to provide post-release services, focusing on employment assistance and mentoring.

Thirty-five states received grants in three cycles of the Initiative during Fiscal Years 2006, 2007, and 2008.¹ Of these, 23 FY 2007 PRI grantees received assistance under this project. FY 2007 grants were awarded in the fall of 2007 and implemented from 2008 to 2010; however, some grantees will not complete their activities until 2011. The FY 2007 grantees provided technical assistance under this project included:

- ✓ ALASKA, Native Justice Center
- ✓ ARIZONA, Criminal Justice Commission/ Yuma County Sheriff’s Office
- ✓ CALIFORNIA, Department of Community Services and Development
- ✓ COLORADO, Division of Criminal Justice Services/City of Denver
- ✓ DISTRICT OF COLUMBIA, Government
- ✓ FLORIDA, Department of Corrections
- ✓ HAWAII, Department of Public Safety
- ✓ INDIANA, Department of Corrections
- ✓ IOWA, Department of Corrections
- ✓ KANSAS, Department of Corrections
- ✓ MAINE, Department of Corrections
- ✓ MICHIGAN, Department of Corrections
- ✓ MINNESOTA, Department of Corrections
- ✓ NEVADA, Department of Corrections
- ✓ NEW JERSEY, Department of Corrections
- ✓ NORTH CAROLINA, Department of Corrections
- ✓ OHIO, Department of Rehabilitation and Correction
- ✓ PENNSYLVANIA, Department of Corrections
- ✓ RHODE ISLAND, Department of Corrections
- ✓ TENNESSEE, Department of Corrections
- ✓ VIRGINIA, Department of Criminal Justice Services
- ✓ WISCONSIN, Department of Corrections
- ✓ WYOMING, Department of Corrections

¹ The PRI program will end when the FY 2008 grantees complete their activities.

Acknowledgments

Becki Ney, Principal, Center for Effective Public Policy, served as the PRI Training and Technical Assistance Program Project Director. Ms. Ney conceptualized and oversaw the development of the Coaching Packet series.

Madeline M. Carter, Principal, and Rachelle Giguere, Program Associate, Center for Effective Public Policy, served as the key editors for the Coaching Packet series. Ms. Giguere also provided extensive research support to the development of the series.

Introduction to the Implementing Evidence-Based Practices Coaching Packet

The Contents of this Packet

This Coaching Packet provides:

- A review of some of the key literature regarding evidence-based practices in corrections;
- Examples of the application of this research to every day correctional practice;
- A tool to determine your jurisdiction's strengths and gaps in the area of implementing evidence-based practice;
- An aid to developing plans to address identified gap areas; and
- References to additional resources on this topic.

The Intended Audience for this Packet

This Coaching Packet was originally developed to assist grant teams that were established to manage local PRI initiatives. The teams were composed of representatives from institutional and community corrections and faith-based or community organizations involved in the delivery of pre- and post-release services to offenders transitioning from prison to the community. The content of these Coaching Packets has much broader application, however; the information and tools contained within this Coaching Packet can also be used by teams of criminal justice professionals and their partners to assess the status of their efforts in implementing evidence-based practices and effective reentry services to offenders.

This Coaching Packet may also serve as a resource for professionals at all levels who are interested in learning more about this topic.

How to Use this Packet

SECTION I: READ THE OVERVIEW ON IMPLEMENTING EVIDENCE-BASED PRACTICES.

This section of the Coaching Packet provides an overview on the implementation of evidence-based practices (EBP). Review its content and, if the information it contains is applicable to your work and addresses an area in which you feel you need to focus your efforts, use the tool in Section II to assess your jurisdiction's strengths and gaps with regard to the effective implementation of EBP.

SECTION II: COMPLETE THE IMPLEMENTING EVIDENCE-BASED PRACTICES COACHING PACKET CHECKLIST.

As a team, complete the Implementing Evidence-Based Practices Coaching Packet Checklist. (Based upon the information you read in Section I, consider who may need to be involved so that you are able to answer the questions thoroughly.) Complete the checklist as a group and discuss your responses along the way.

- Rate each item listed in the checklist (yes, no, unclear).

- For items where your response is “unclear,” make note of the additional information the team needs to collect in order to be able to rate this item.
- Add additional items that may relate to your jurisdiction’s implementation of evidence-based practices that are not already included on the checklist.
- Develop a consensus-based response for each item on the checklist.
- Once the checklist is completed, consider your jurisdictions’ strengths in the area of implementing evidence-based practices. Make note of these.
- Next, consider your most significant gaps. Make note of these as well.

SECTION III: DEVELOP AN ACTION PLAN.

If, after completing the checklist in Section II, your team determines that further work on this topic is necessary or would be helpful, follow the steps below to identify your goals, objectives, and action items, and identify any additional assistance or expertise needed.

Working as a team, review your findings from the Implementing Evidence-Based Practices Coaching Packet Checklist. Specifically:

1. Determine whether, based upon what you have read and discussed, you desire to improve your jurisdiction’s approach to the implementation of evidence-based practices.
2. If you determine you have a need to improve in the area of implementing evidence-based practices, write a goal statement that reflects where you want to be with regard to adopting or advancing evidence-based practices. Your goal might be to “Implement an empirically-supported assessment instrument,” “Assess correctional programs to determine the extent to which they align with evidence-based practices,” or another goal. Using the Action Planning Worksheet in Section III, note your goal in the area of implementing evidence-based practices.
3. Identify your three most significant strengths in this area and discuss how you might build on those to overcome some of your gaps.
4. Identify your three most significant gaps. For each gap, write an objective. Your objectives might be, “To establish a cross-jurisdictional team to ensure that consistent assessment instruments are used and uniformly applied to case management activities,” or “To develop policy and accompanying procedures to ensure that the top 3-4 criminogenic needs are addressed in programming and supervision services,” or “To establish a quality assurance program to ensure the integrity of the assessment and case management planning processes,” or something else. Note your three objectives on the Action Planning Worksheet.
5. Add the following on the Action Planning Worksheet for each objective:
 - a. The specific sequential steps that must be taken to meet the objective.
 - b. The individual who will assume lead responsibility for this action item.
 - c. The completion date for this action item.
6. Discuss whether additional assistance or outside expertise is needed to successfully achieve any of your action items. For instance, explore whether additional literature, guidance from

another practitioner over the telephone, examples of work products from other jurisdictions, or on-site technical assistance would be helpful options.

- a. For each action item, identify those for which assistance/expertise is needed.
- b. Identify the type of assistance/expertise needed.
- c. Prioritize each of these need areas. If assistance/expertise will be limited, for which action items is assistance most needed?
- d. Begin exploring ways to secure the needed assistance/expertise.

How to Seek Additional Information

To download copies of the Coaching Packets, please visit the Center's website at <http://www.cepp.com/coaching.htm>. To obtain further information on the use or content of this or any of the Coaching Packets, or on the 2007 PRI Training and Technical Assistance Program, please contact:

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Section I: An Overview of Evidence-Based Practices

Governments around the world are moving to align their programs and services with what is known as Evidence-Based Policy and Practices (EBP). Starting in the medical profession two decades ago, EBP asserts that public policy and practice must be based on the best available scientific evidence in order to be effective in the achievement of its goals and to be efficient in the use of taxpayers' dollars. Failure to match services to rigorous evidentiary standards not only wastes precious public resources but can even lead to an exacerbation rather than improvement of the problems and issues that government is attempting to address.

The Rationale for Adopting Evidence-Based Approaches in Correctional Practice

According to the U.S. Department of Justice, Bureau of Justice Statistics, 67% of individuals released from prison are rearrested within three years of discharge. An estimated 30% of probationers supervised in the community are reconvicted for a new crime. Despite changes in laws, sentencing practices, and intervention approaches, these recidivism rates have remained relatively stable for decades.²

However, research over the past two decades demonstrates that a 30% reduction in recidivism is possible³ if current knowledge – “evidence-based practices” – is applied with fidelity. No longer is the challenge understanding *what* we need to do to positively influence offender behavior; instead, the challenge is *doing it*. Practically speaking, adopting an evidence-based practices approach means restructuring the way in which we do business – in our jails and prisons, in probation and parole, and among judges, prosecutors, and others – so that organizational structures and cultures enable rather than hinder the implementation of programs and services that are known to work in reducing criminal behavior.

Defining Key Terms

Evidence-Based Knowledge: Conclusions drawn from rigorous research studies that have been replicated numerous times with defined, measurable outcomes about the effectiveness of an intervention or process.

Evidence-Based Practices: The application of empirical research to professional practice.

Evidence-Based Principles: The eight “principles” of evidence-based practices that have been derived from the research on risk reduction.

SUMMARY OF THE RESEARCH.

The evidence from the research over the last two decades is clear and compelling regarding recidivism reduction. While there are hundreds of studies relevant to effective offender reentry, the research conclusions listed in Exhibit 1, *Core EBP Findings*, are perhaps among the most clear and fundamental to the work performed by corrections professionals and their partners aimed at reducing the likelihood that offenders released from prison will reoffend in the future.

² Andrews & Bonta, 1998; Hughes & Wilson, 2005.

³ See Andrews & Bonta, 1998.

Exhibit 1: CORE EBP FINDINGS

Finding	Examples of Implications for Reentry
<ul style="list-style-type: none"> ➤ Services should be targeted to those offenders who are assessed at medium or high risk to reoffend. Offenders who are at low risk to reoffend are unlikely to benefit from a correctional intervention designed to change their behavior. (Andrews, 2007; Andrews & Bonta, 2007; Andrews, Bonta, & Wormith, 2006; Andrews & Dowden, 2007; Andrews, Dowden, & Gendreau, 1999; Bonta, 2007; Dowden, 1998; Gendreau, Goggin, & Little, 1996; Lipsey & Cullen, 2007) 	<ul style="list-style-type: none"> ➤ Assess the risk level of offenders to determine who (i.e., medium and high risk) should get services and the length and intensity of those services.
<ul style="list-style-type: none"> ➤ Low risk offenders tend to recidivate at higher rates when services/interventions are over-delivered. (Andrews & Bonta, 2007; Cullen & Gendreau, 2000; Gendreau, Goggin, Cullen, & Andrews, 2001; Lowenkamp & Latessa, 2004; Lowenkamp, Latessa, & Holsinger, 2006) 	<ul style="list-style-type: none"> ➤ Give the low risk offender stabilization services (e.g., housing, medical, transportation) rather than those that target behavioral change.
<ul style="list-style-type: none"> ➤ Offenders who are at extremely high risk might be able to benefit from an intervention; however, the length of time and intensity of the intervention will likely exceed the resource capacity of most agencies. (Skeem, 2008; Skeem, Polascheck, & Manchak, 2009; Stewart & Smith, 2007; Wojciechowski, 2002) 	<ul style="list-style-type: none"> ➤ Target interventions to medium and high (rather than low and extremely high) risk offenders.
<ul style="list-style-type: none"> ➤ Empirically-based assessment tools provide a more accurate statistical probability of reoffense than professional judgment alone. (Andrews & Bonta, 1998; Andrews et al., 1990; Gendreau et al., 1996; Grove et al., 2000; Grove & Meehl, 1996) 	<ul style="list-style-type: none"> ➤ Administer an empirically-based risk assessment tool.
<ul style="list-style-type: none"> ➤ Risk of recidivism is greatly reduced when attention is paid to criminogenic needs (dynamic risk factors) such as antisocial attitudes, beliefs and values, antisocial peers, and certain personality and temperamental factors. There is a clear association between the number of criminogenic needs targeted and reduced recidivism; the higher the number of needs targeted, the lower the rate of recidivism. (Andrews, 2007; Andrews et al., 1990) 	<ul style="list-style-type: none"> ➤ Use assessment instruments to identify criminogenic needs. ➤ Train staff to understand criminogenic needs and how to effectively address these in case management planning. ➤ Have available programs and services to address the full range of criminogenic needs. ➤ Direct, through policy, that staff address the top three (or more) criminogenic needs in case management planning. ➤ Match offenders' programming and services to their assessed criminogenic needs.

Exhibit 1: CORE EBP FINDINGS

Finding	Examples of Implications for Reentry
<ul style="list-style-type: none"> ➤ The most impactful programs aimed at changing criminal behavior and reducing recidivism are cognitive-behavioral and behavioral interventions. (Andrews, 2007; Aos, Miller, & Drake, 2006; Landenberger & Lipsey, 2005; Lipsey & Landenberger, 2006; Lipsey, Landenberger, & Wilson, 2007) 	<ul style="list-style-type: none"> ➤ Have available cognitive behavioral programs for the medium and high risk offenders.
<ul style="list-style-type: none"> ➤ The use of incentives can be a powerful tool to enhance individual motivation in meeting case plan goals and for promoting positive behavioral change. (Andrews and Bonta, 2006; Cullen & Gendreau, 2000; Drake & Barnoski, 2008; Latessa, Cullen, & Gendreau, 2002; National Research Council, 2007; Petersilia, 2007; Petersilia, 2004; Taxman, Soule, & Gelb, 1999) 	<ul style="list-style-type: none"> ➤ Develop policies around rewards that staff can use to encourage pro-social behavior (such as letters of affirmation, reduced reporting requirements, bus passes, and early termination).
<ul style="list-style-type: none"> ➤ Graduated sanctions (i.e., sanctions that increase in severity based on the nature or number of violations) decrease recidivism. (Andrews & Janes, 2006; Burke, 2004; Harrell et al., 2003; Hay, 2001; Taxman, Soule, & Gelb, 1999; Taylor & Martin, 2006) 	<ul style="list-style-type: none"> ➤ Develop a violation decision-making guideline that takes into account the risk of the offender and the severity of the violation behavior.
<ul style="list-style-type: none"> ➤ The quality of the interpersonal relationship between staff and the offender, along with the skills of staff, may be as or more important to risk reduction than the specific programs in which offenders participate. (Andrews, 2007; Andrews, 1980; Andrews & Bonta, 1998; Andrews & Carvell, 1998; Dowden & Andrews, 2004) 	<ul style="list-style-type: none"> ➤ Train staff in core correctional practices that include relationship building and skill practice with offenders.
<ul style="list-style-type: none"> ➤ Risk of recidivism is highest in the initial weeks and months following release from prison; recidivism rates stabilize in years two and three. (National Resource Council, 2007) 	<ul style="list-style-type: none"> ➤ Front load supervision and support services for reentering offenders, providing more intensive services initially, and then diminishing the intensity over time as offenders' behavior dictates.

Key Research Findings: The Principles of Evidence-Based Practice

In 2003, the National Institute of Corrections (NIC), in collaboration with the Crime and Justice Institute, assembled leading scholars and practitioners from the fields of criminal justice and corrections to define the core elements of EBP based upon the “what works” research.⁴ They identified eight evidence-based principles for effectively intervening with offenders. These eight principles serve as the foundation for agencies interested in grounding policy and practice in the principles of effective intervention in order to reduce recidivism among the offender population.

Eight Evidence-Based Principles for Effective Interventions

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 offenders to programs.
 - d. *Dosage*: Structure 40-70% of high-risk offenders’ time for 3-9 months.
 - e. *Treatment*: Integrate treatment into 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.

1. ASSESS ACTUARIAL RISK/NEEDS.

Research demonstrates that aligning level of intervention with the level of risk produces the best outcomes (as defined by the greatest risk reduction). Empirically-based, actuarial instruments enable professionals to assess the level of risk an individual offender is likely to pose. While these instruments cannot determine any *one* individual’s risk level with absolute certainty, they can – like the actuarial tools used to determine that a 17 year old boy is more likely to get into a traffic accident than a 40 year old woman – identify the outcome of large groups of individuals with similar characteristics. Actuarial instruments assess both static (unchangeable, historical) risk factors and dynamic (changeable) risk factors. Because these instruments measure factors that change over time, they should be re-administered on a periodic basis (e.g., every six months).

⁴ See Bogue et al., 2004.

Common Historical Risk Factors (Static Risk Factors)

- Age at first arrest
- Current age
- Gender
- Criminal history

Common Criminogenic Needs (Dynamic Risk Factors)

- Anti-social attitudes, cognitions
- Anti-social associates, peers
- Anti-social behavior
- Family, marital stressors
- Substance abuse
- Lack of employment stability, achievement
- Lack of educational achievement
- Lack of pro-social leisure activities

2. ENHANCE INTRINSIC MOTIVATION.

Motivation can be externally or internally driven. Many offenders become motivated to take action in order to avoid the penalties the justice system might impose. Or, their illegal acts may be causing other negative consequences such as marital conflict or financial loss, which provide at least momentary motivation to change. In addition, the coercive power of the court and the threat of loss of liberty can be very effective initial incentives for offender cooperation. However, for the offender to stay motivated and to truly embrace behavior change over time, something more powerful than external motivators is necessary.

Research demonstrates that motivation can be influenced by corrections professionals' interactions with offenders.⁵ Effective interactions are supported by genuine traits such as warmth and effective use of authority; and techniques such as rolling with resistance, developing discrepancy, and supporting self-efficacy. Staff trained in these relationship skills and interviewing techniques are more likely to glean more information from offenders and assist offenders in marshaling the internal motivation that is at the core of long-lasting change.⁶

⁵ Castonguay & Beutler, 2006.

⁶ See Ginsberg et al., 2002; Harper & Hardy, 2000; Miller & Mount, 2001; Miller & Rollnick, 2002; Ryan & Deci, 2000.

**Level of Service Inventory-Revised:
Percent Chance of Recidivism within One Year**

LSI Total Score (Raw Score)	Percent Chance of Recidivism
0 to 5	9%
6 to 10	20%
11 to 15	25%
16 to 20	30%
21 to 25	40%
26 to 30	43%
31 to 35	50%
36 to 40	53%
41 to 45	58%
46 to 50	69%
50 to 54	<70%

This table illustrates the predictive strength of an empirically-based risk assessment instrument, the Level of Service Inventory-Revised (LSI-R). This instrument is one example of many that are available to assess risk for recidivism.

Source: Andrews, D.A. & Bonta, J.L. (2003). *The Level of Service Inventory-Revised. U.S. Norms Manual Supplement*. Toronto: Multi-Health Systems.

3. TARGET INTERVENTIONS.

The following considerations should influence the determination of the proper intervention for an individual offender, whether while incarcerated, at the point of transition and reentry, or following release.

- A. Risk.** Target supervision and case management services based upon risk level. Reserve high intensity programs, services, supervision and surveillance techniques for those assessed as high risk. These interventions might include frequent urinalysis, frequent field and office visits, electronic monitoring, GPS, and/or curfew. Lower risk offenders are more likely to succeed with less intensive supervision. However, while they may need less intensive intervention and less frequent contact, they are likely to need assistance with stabilization services such as housing, medication, and transportation.

B. *Need.* Target behavioral-change strategies based on assessed criminogenic needs. Higher risk offenders are likely to have multiple risk factors; they are also likely to have elevated scores on the most influential risk factors (i.e., anti-social thinking, emotional regulation/anti-social personality, anti-social peers, and family conflict). Interventions should be individualized by basing program and other intervention choices on the results of the risk/needs assessment.

Common Risk/Needs Assessment Instruments

- Level of Service Inventory-Revised (LSI-R)
- Violence Risk Appraisal Guide (VRAG)
- Wisconsin Risk and Needs
- Historical, Clinical, and Risk Management Factors (HCR-20)
- Correctional Offender Management Profiling for Alternative Sanctions (COMPAS)

C. *Responsivity.* Match interventions to the characteristics of individual offenders. Offenders have a wide variety of individual traits (mental health condition, gender, cultural background, level of motivation, learning style, intelligence level) that must be considered when selecting the intervention that is most likely to achieve their intended outcomes. Program interventions that fail to address these traits can hinder successful programming.⁷ In addition, research demonstrates that the style of the professional and the match between offender and practitioner influences outcome.

D. *Dosage.* As a general rule, medium risk offenders should receive a total of 100 hours of intervention over the course of a 3-9 month period of time, while higher risk offenders need 200-300 hours over 6-12 months.⁸ Intervention hours are typically accumulated through participation in structured treatment programs; however, time spent between offenders and other professionals (e.g., supervision officers, reentry managers, etc.) that is focused on criminogenic needs also contribute to fulfilling dosage requirements. In addition, higher risk offenders require significantly more structure than lower risk offenders, at least until the higher risk offenders begin to internalize motivation and pro-social behaviors. For higher risk offenders, structure 40 to 70% of offenders' free time in the community over a three to a nine month period. This structure can consist of a cluster of activities that both limit the offender's ability to engage in unlawful acts and maximize exposure to pro-social influences. For example, these activities might include structured recreation, parole

⁷ Andrews & Bonta, 2007; Cullen & Gendreau, 2000.

⁸ Bourgon & Armstrong, 2005.

supervision, meeting with a mentor, participating in treatment, attending AA, going to work, or participating in tutoring services.

E. Treatment. Provide appropriate services based on risk, need, and responsivity considerations. Given the diversity of criminogenic needs, many forms of interventions needs to be available (e.g., employment assistance, substance abuse programming, mentoring services). However, the most effective form of programming for most medium and high risk offenders is cognitive-behavioral. Cognitive-behavioral programs address anti-social thinking patterns, build problem solving skills, and apply behavioral techniques that equip the offender with new thinking and skills through repetition and increasingly difficult practice sessions. Case management plans should indicate the criminogenic needs being addressed, and the interventions and services selected to specifically address them. Lower risk offenders can also benefit from services, but these should be delivered at lower doses and may focus more heavily on stabilization factors than criminogenic needs.

4. SKILL TRAIN WITH DIRECTED PRACTICE.

Ensure that the staff delivering programming and those providing supervision are trained in the skills that can influence behavior change. All staff should understand social learning theory⁹ and have skills in effective communication techniques. Offenders who participate in treatment need other professionals (corrections officers, probation/parole officers, mentors) to support and encourage the development of their new skills. And for those offenders unable to participate in programs due to capacity limits, geographic concerns or financial constraints, the ability of the professionals with whom those offenders interact is even more important. Even in the absence of cognitive-behavioral programs, these professionals can teach offenders concrete skills through practice sessions (e.g., how to effectively problem solve, how to ask for help, how to regulate emotions).

If an unskilled laborer was provided with a blueprint, would they be expected to produce a well-constructed building?

Even effective program designs, if delivered by staff that lack the requisite skills, are unlikely to produce positive results.

5. INCREASE POSITIVE REINFORCEMENT.

Research demonstrates that a ratio of four positive affirmations for every expression of disapproval/confrontation has a positive effect on behavioral change.¹⁰ Most correctional agencies have approaches geared toward confronting and sanctioning unwanted behavior; few have structured policies and practices in place to systematically reward positive behavior. Yet research shows that the use of incentives and rewards is a much more

⁹ Social learning theory asserts that people learn and adopt new behaviors through positive and negative reinforcement, observation, and skill practice (see Bandura, 1977; 1969).

¹⁰ Andrews & Bonta, 2006; Gendreau, 1996; Gendreau & Goggin, 1996; Gendreau, Little, & Goggin, 1996; Gendreau & Paparozzi, 1995.

powerful tool in our efforts to motivate and encourage offenders along the path of pro-social change. Focusing on positive reinforcement does not negate the need to sanction or otherwise express disapproval when negative behavior does occur. For sanctions to be effective, they should be swift, certain, proportional and, most importantly, outweighed by expressions of approval.



6. ENGAGE ONGOING SUPPORT IN NATURAL COMMUNITIES.

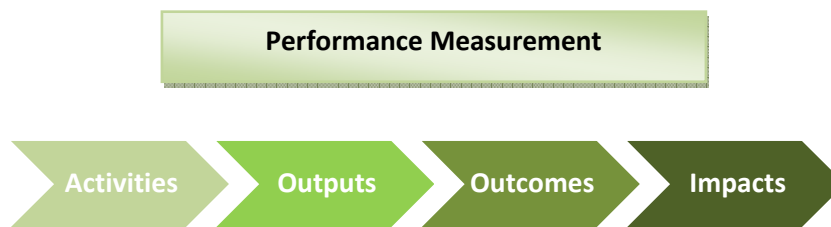
Research indicates that positive outcomes (i.e., reductions in violations and new crime behavior) are more likely to be achieved when offenders' significant others are engaged in their case plans and when offenders have meaningful connections to the pro-social community.¹¹ Pro-social, community-based networks (both people and activities) provide opportunities for offenders to strengthen their own pro-social skills by engaging with others who possess the attitudes and behaviors – and participate in the activities – that offenders will hopefully emulate. Furthermore, family members and significant others (including employers, teachers, mentors, spiritual leaders, etc.) can best support offenders when they are aware of the work offenders are undertaking, the skills they are developing, and can support offenders as they practice these new skills in their natural environments. Corrections professionals who develop skills in brokering support between offenders and those in their natural communities are best equipped to support long-term behavioral change.

7. MEASURE RELEVANT PROCESSES/PRACTICES.

It is not enough to adopt practices that have been proven to work elsewhere. Every agency and jurisdiction needs to establish methods and processes to determine if their own policies and practices are producing the desired results. For this reason, the ongoing collection and analysis of data and information is of paramount importance.

¹¹ Bonta et al., 2002; Clear & Sumter, 2002; Elgelko et al., 1998; Emrick et al., 1993; Galanter, 1993; Higgins & Silverman, 1999; Meyers & Smith, 1997; Meyers et al., 2002; O'Connor & Perryclear, 2003; Shapiro & Schwartz, 2001.

Because a variety of factors can diminish the effectiveness of practices (e.g., applying an intervention designed for one population of offenders to another; errors in implementation; improperly trained staff), fidelity measures should be carefully constructed and put into place, with quality assurance oversight as a separate but related function. Measures should include activities (e.g., line staff trained on principles and use of risk assessment instruments), outputs (e.g., number and percentage of staff trained), intermediate outcomes (e.g., match between services delivered and criminogenic needs), and impact (e.g., decreases in technical violations, improvements in recidivism rates).



8. MEASUREMENT FEEDBACK.

The value in measurement is not in the doing, but in the *knowing*. Therefore, once performance measurement data are collected and analyzed, findings should be shared with a variety of people. This information is useful at the individual offender level, staff level, program/agency level, and jurisdiction-wide.¹²

- ✓ Feedback to offenders reinforces accountability (for both offenders and for staff). It can also increase motivation to change, particularly when offenders observe connections among the positive actions (i.e., keeping scheduled appointments, attending work as scheduled, positive recreational time with their families, etc.), positive rewards (i.e., promotions and wage increases, improved interpersonal relationships, educational achievement, etc.), and a reduction in disapprovals/sanctions (fewer technical violations, decreased alcohol/drug relapses, fewer incidents of marital conflict).
- ✓ Feedback to staff (at all levels, in all positions) supports individual and unit improvement and reinforces the importance of EBP activities.
- ✓ Feedback to programs/agencies supports evaluation of the degree to which goals are being met.
- ✓ Feedback to jurisdictions enables a broad array of stakeholders to assess the extent to which the system as a whole is meeting its stated purposes and operating efficiently and effectively.

¹² See the Coaching Packet on Measuring the Impact of Reentry Efforts for a more complete discussion of these issues.

The Application of the Principles of Evidence-Based Practices: The Key to Risk Reduction

THE IMPORTANCE OF FOCUSING ON THE THREE KEY PRINCIPLES.

Research is clear about the extent to which these principles – particularly the risk, need and responsivity principles – influence recidivism reduction. But putting research into practice is certainly more difficult than it sounds, and a gradual approach may be called for. Jurisdictions should be careful not to assume that following some of the principles is nearly as effective as following all of them. It is not uncommon, for example, for a jurisdiction to use an actuarial assessment tool to determine level of risk and criminogenic needs. But if the agency falls short in integrating this information into its intervention strategies (by ensuring that offenders receive the appropriate type and dose of treatment), effectiveness will be diminished.

Important Questions about the Use of Risk/Need Assessment Tools

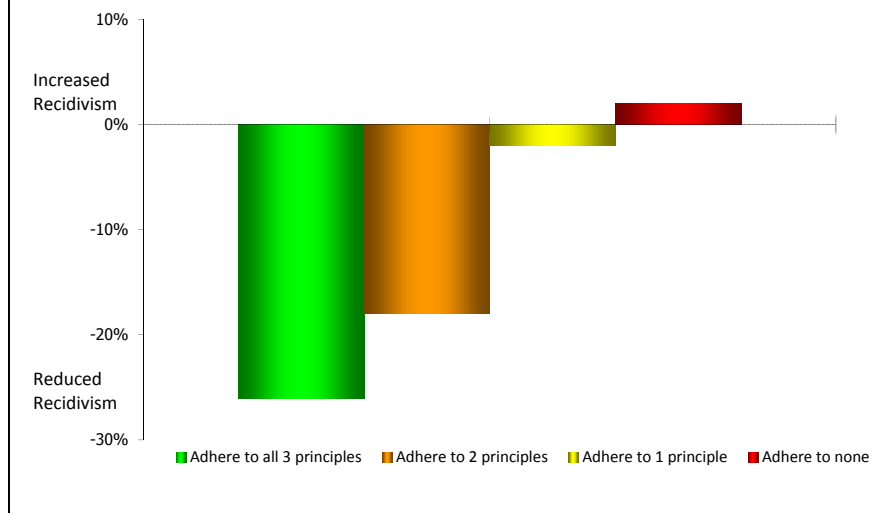
- Do staff understand the research behind the tool?
 - Is staff reliant on the information such that they insist on having it?
 - *Or*, is the tool completed “because headquarters requires it,” filed, and ignored?
-

Other jurisdictions may effectively implement two principles – typically risk and need – but may not have the capacity to address the responsivity principle. In these cases, the risk level is identified and the criminogenic needs are used to develop case plans, but the jurisdiction may lack sufficient depth in its treatment services (e.g., lack of gender-responsive programming, specialized services for low functioning clients, or groups facilitated by staff who are culturally responsive), and therefore have to place offenders in “generic” programs. This condition will also diminish outcomes.

The research is clear, however, that the most profound results occur when all three principles are implemented with fidelity. Exhibit 2, *Impact of Adhering to the Core Principles of Effective Intervention: Risk, Needs, and Responsivity*, demonstrates this point clearly.¹³ As this exhibit demonstrates, adherence to all three principles has a significant impact on recidivism reduction (nearly 30%); adherence to just two of the principles results in less effective outcomes (approximately 20%); while adherence to one principle or no principles results in negligible impact on recidivism.

¹³ Andrews, Dowden, & Gendreau, 1999.

Exhibit 2: Impact of Adhering to the Core Principles of Effective Intervention: Risk, Needs, and Responsivity



THE IMPORTANCE OF FOCUSING ON MULTIPLE CRIMINOGENIC NEEDS.

In addition to focusing consistently on the three key EBP principles, another important factor has significant influence on recidivism reduction: the number and type of criminogenic needs addressed.

Type of Needs. Not all criminogenic needs have equal influence in the recidivism equation. Generally speaking, there are eight criminogenic needs.¹⁴ Of these eight, the top four (history of anti-social behavior, anti-social personality factors, anti-social cognitions/attitudes, anti-social peers) have the most significant impact on future recidivism and should be considered the primary intervention targets. The next four needs (family and/or marital stressors, lack of employment stability/achievement and/or lack of educational achievement, lack of pro-social leisure activities, substance abuse) are also important; but they should generally be considered the secondary targets for intervention *unless* one or more of these risk factors are assessed as central to the criminal behavior (e.g., substance abuse). The specific intervention strategy for an individual offender will of course depend upon the combination of needs present, the degree to which each is problematic, and the offender's unique individual circumstances.

¹⁴ See Andrews, 2007; Andrews, Bonta, & Wormith, 2006.

What Are the Criminogenic Needs and their Implications for Intervention?¹⁵

While the literature has slightly different ways of expressing criminogenic needs, generally they fall into the eight areas noted below.

Top Four Criminogenic Needs

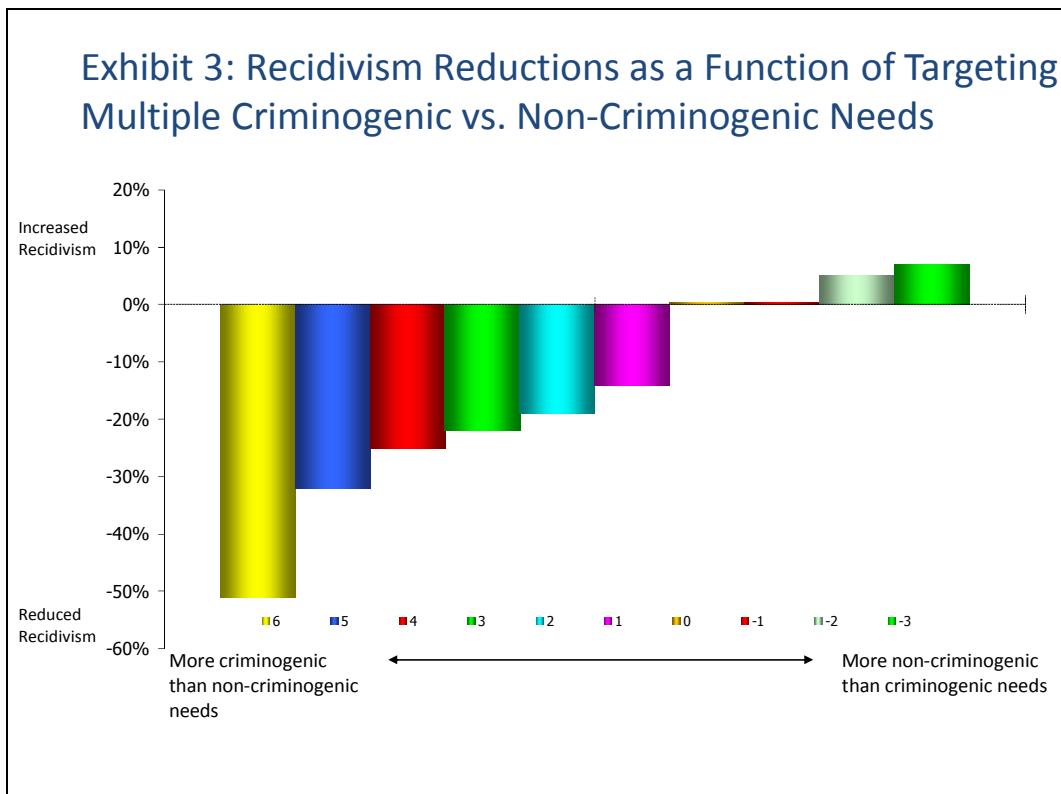
<i>Criminogenic Need</i>	<i>Response</i>
History of anti-social behavior	Build non-criminal alternative behavior in risky situations
Anti-social personality pattern	Build problem solving, self-management, anger management, and coping skills
Anti-social attitudes, cognition	Reduce anti-social thinking; recognize risky thinking and feelings; adopt alternative identity/thinking patterns
Anti-social associates, peers	Reduce association with anti-social others; enhance contact with pro-social others

Next Four Criminogenic Needs

<i>Criminogenic Need</i>	<i>Response</i>
Family and/or marital stressors	Reduce conflict; build positive relationships and communication
Lack of employment stability, achievement/ educational achievement	Increase vocational skills; seek employment stability; increase educational achievement
Lack of pro-social leisure activities	Increase involvement in and level of satisfaction with pro-social activities
Substance abuse	Reduce use; reduce the supports for substance abusing lifestyle; increase alternative coping strategies and leisure activities

¹⁵ Andrews, 2007; Andrews, Bonta, & Wormith, 2006, p. 11.

Number of Needs. Higher risk offenders don't just have one risk factor – they possess a cluster – and many of these risk factors influence one another. For example, substance abuse behavior typically puts an offender in contact with other people who are anti-social in their orientation (i.e., drug dealers and other drug users). An offender with an anti-social personality who has temperament issues such as anger, poor self-regulation, and impulse control will often also have family conflict. It stands to reason, therefore, that the greater the number of needs addressed, the more likely it is that offenders' risk levels will decline. This point has been demonstrated well through research. Exhibit 3, *Recidivism Reductions as a Function of Targeting Multiple Criminogenic vs. Non-Criminogenic Needs*, clearly illustrates that addressing six criminogenic needs has a very significant impact on recidivism (approximately a 50% reduction), while addressing one criminogenic need has significantly less (10+%), and importantly, focusing exclusively on non-criminogenic needs results in *increased* recidivism.¹⁶



REPLACING COMMON MYTHS WITH EVIDENCE.

Some “conventional wisdom” regarding the effective management of offenders has been disproved by recent research. These common myths are presented in Exhibit 4 alongside approaches that are based on evidence.

¹⁶ Andrews, Dowden, & Gendreau, 1999; Dowden, 1998.

Exhibit 4:

Area	Common Myths in Offender Management	Evidence-Based Approach
Assessment	Rely on one’s experience to predict the likelihood that an offender will commit another offense.	Clinical judgment has consistently under-predicted rearrest rates when compared to empirically-based tools. Use empirically-based tools to inform and augment professional judgment.
	Use the current offense to dictate how intensely to treat or supervise an offender.	Since it is the offender’s characteristics that predict future offenses more than the current offense, use risk tools to determine supervision level. It is possible that offenders with high risk profiles will be under correctional supervision for minor offenses, and for offenders with low risk profiles to be under correctional supervision for serious offenses. For purposes of risk reduction, risk profile – rather than offense – should drive the intervention.
Motivation	Assume that it is entirely the responsibility of offenders to change, and minimize corrections professionals’ role in the change process.	Motivation is dynamic and can be influenced through effective engagement techniques. Trained staff can use these techniques to increase the likelihood that offenders will become motivated to change.
Behavioral Management	Use lecture, threats of sanctions, and confrontational methods to attempt to influence offenders’ behavior.	Offenders are more likely to respond to positive reinforcements and incentives. Use a 4:1 ratio of positive, affirming statements and actions for every expression of disapproval.
	Keep sanctions and consequences for rule-breaking a secret to keep offenders off-guard and fearful of consequences.	Offenders are more likely to comply when they know the rules and consequences, and are less likely to resist the consequences when the rules are broken and a sanction is imposed.
	Assume that offenders do not pay attention to, or respect, the subtle messages they receive through their interactions with staff.	Every interaction with offenders represents an opportunity for staff to role-model for offenders, affirm pro-social values, and offer expressions of disapproval for anti-social thinking/behavior.
Programming	Absent the right match between offenders’ risk level, criminogenic needs, and program availability, put offenders in any program because something is better than nothing.	Programs that are mismatched to offender traits can actually do harm. Make sure that programs are appropriate based upon offenders’ level of risk and criminogenic needs.
	Place all offenders in the same programs without regard to gender, culture, or other responsivity factors.	For programming to be effective, offenders’ unique traits must be matched to the intervention. Make available a variety of programs and services to address these unique needs.
	Focus on sobriety and employment as the keys to offender change.	While substance abuse and employment may be important to address, they do not represent the most influential criminogenic needs (the top four). These top criminogenic needs often need to be addressed before other interventions (such as employment) will take hold.

Getting Started: Implementing Evidence-Based Practices in Your Jurisdiction

Given the number of policy, practice, process, and program changes involved, implementing evidence-based practices can be daunting. However, many jurisdictions have made tremendous progress in a few, short years. As your jurisdiction moves toward the implementation of evidence-based practices, be mindful of the following:

- ✓ Many agencies have already implemented evidence-based practices to some degree. Staff may have been trained in Motivational Interviewing; cognitive-behavioral interventions may be in use; assessment instruments may have been adopted. Most jurisdictions will not need to start from scratch.
- ✓ Recognize that advancing to evidence-based practices does not suggest that past practice was a mistake. Many existing practices have now been proven by research to be effective and should be continued and enhanced. But just as we expect our physicians to use the most advanced diagnostic tools and recent studies on effective treatments, so too should professionals in the justice field adapt practice to keep pace with new research. This is called making progress!
- ✓ Go slow and reach for the “low hanging fruit.” Small, planned changes can accumulate rapidly when one success is built upon another. Many small wins can be as significant as one large success. The organizational change literature reminds us that true change is a long-term process. Implementing evidence-based practices is a marathon, not a sprint.

Every agency is different in its history, resources, leadership, labor-management relations, political pressures, workload, and so forth. Likewise, each agency will begin with different strengths. Because of this, there is no “single roadmap” for an agency to follow on the path of implementing evidence-based practices. However, the experiences of dozens of jurisdictions suggest a few common first steps.

- ✓ *Engage leadership.* Engagement and commitment by leadership at all levels is critically important. Embracing an evidence-based practices approach involves a variety of organizational changes (e.g., adoption of new assessment procedures, changes in case management planning, new skills for staff, different approaches to offenders based upon risk and needs, implementation of incentive systems, revised job descriptions, new criteria for employee performance evaluations, etc.). These changes cannot take root without full support and commitment from the top leadership. In addition, mid-level management and first line supervisors are critically important. Some jurisdictions have learned this the hard way: top management institutes changes in policy and practice; line staff receive training and set to work to carry out new processes. But absent commitment, understanding, and skills in the middle of the organization, these changes are severely hampered if not jeopardized altogether.
- ✓ *Involve line staff.* Once leadership is prepared to move forward, engage line staff in meaningful ways. Work groups and focus groups are effective methods to include staff representatives in the development of new policies and procedures. Line staff can also assist in communicating to co-workers where the agency is going with evidence-based

practices and why and how these changes will impact day-to-day responsibilities. Having some key champions among the line staff will put wind in the effort's sails.

- ✓ ***Use an empirically-based risk/need assessment tool(s).*** Select a risk/need assessment tool(s) that is empirically-based, validated, and user-friendly. Provide staff initial and then on-going training in its administration, emphasizing the importance of reliance on the tool's scoring rules. Ensure that staff understand the limits of the tool (i.e., false positives, false negatives) and the population for which its use was intended.
- ✓ ***Provide training.*** All staff, regardless of position, should be trained in the fundamentals of evidence-based practices. This supports a collective understanding of the direction of the agency/jurisdiction and helps staff understand why certain changes in policy and practice will occur.
- ✓ ***Focus on risk level and criminogenic needs.*** Through policy and procedure, ensure that staff target more intensive interventions to higher risk offenders, less to the lower risk. Develop processes that will result in case management plans that take risk level into consideration and, for the medium/high risk offenders, address three or more of offenders' most significant criminogenic needs. Monitor case plans routinely to ensure they account for changes in offenders' conditions, risk/need areas, and progress towards their goals. For lower risk offenders, ensure that staff focus on stabilization factors.
- ✓ ***Provide an array of evidence-based programs.*** Assess the "match" between the programs available and the criminogenic needs these services are equipped to address, and the needs of the offender population (including responsivity factors). Identify gaps in the continuum of services and make plans to fill them. Where resources do not allow for continuum/program expansion, well trained staff can effectively address criminogenic needs through structured contacts with offenders.
- ✓ ***Assure the quality of your efforts.*** Any change process should be accompanied by a quality assurance plan. This step is often neglected and can seriously jeopardize the success of important efforts and investments. It is not uncommon, for example, for an agency to implement an assessment instrument without paying sufficient attention to equipping staff to understand the uses and purposes of the tool. Errors in administration, misuse or non-use of the tool may result in some staff concluding "the tool doesn't work." In such a case, the flaw is not in the instrument but in the implementation. A well considered quality assurance plan can prevent these critical missteps.

This list is not intended to be all-inclusive; there are many other areas to consider. To assist you in determining where your jurisdiction is in implementing or advancing evidence-based practices refer to the Implementing Evidence-Based Practices Coaching Packet Checklist in Section II.

Making Progress: Quality Assurance in the Implementation of Evidence-Based Practices

Research and practice have repeatedly demonstrated that implementation of effective tools and practices fall far short of their potential when sufficient quality assurance techniques are not put in place. Some of the core EBP initiatives that require quality assurance include the following:

- ✓ ***Assessment:*** Ensure that empirically-based assessment instruments are properly administered; consistently applied across assessors; and used in the manner for which they are intended.
- ✓ ***Case planning:*** Ensure that case plans are directly linked to assessment findings; match intensity of intervention to risk level; address three or more of the most significant criminogenic needs; account for individual offenders' unique responsivity factors; build on offenders' strengths; and reflect ongoing review and modification based upon changes in risk/need and offenders' progress towards meeting stated goals and objectives.
- ✓ ***Cognitive behavioral training:*** Ensure that programs use cognitive-behavioral techniques; are administered in accordance with the author's logic model; address offenders' individual risk factors; vary in intensity and duration according to risk level; and are staffed by skilled facilitators.
- ✓ ***Motivational Interviewing and core correctional practices:*** Ensure that staff role model and reinforce pro-social behavior; interact with offenders in ways that increase motivation and encourage choices and problem solving; effectively address anti-social attitudes and behavior; deflect power struggles; and advocate on correctional clients' behalf.

Overcoming Barriers: Antidotes to Common Challenges in Implementing Evidence-Based Practices

Organizational change is not easy, nor is it always successful. According to Rogers, Wellins, and Connor in their book *The Power of Realization: Building Competitive Advantage by Maximizing Human Resource Initiatives*:¹⁷

- ✓ Up to 85% of organizational change initiatives fail;
- ✓ Up to 70% of these failures are due to flawed execution; and
- ✓ Less than 10% of what is taught to staff in the classroom is transferred to the job.

The following are antidotes to these common challenges:

- ✓ ***A steadfast and dedicated commitment to change by managers, line staff, and everyone in between.*** For an evidence-based practices approach to truly take hold, the initiative cannot be "owned" by just a few staff, or units within an organization, or even by a single agency within the jurisdiction. As has been learned in recent years, successful offender reentry depends on full alignment within and among our criminal justice and partner organizations. So too is the case in the effective implementation of evidence-based practices.

¹⁷ Rogers, Wellins, & Connor, 2002.

- ✓ *An openness to doing things differently.* One of the greatest barriers to change is entrenchment in the notion of “the way we’ve always done it.” Changing the status quo takes clarity of purpose, the courage to challenge the status quo, and a fundamental willingness to do things differently. Effective implementation of evidence-based practices cannot simply be placed alongside past practice or through the piecemeal exchange of one past practice for a new one. Evidence-based practices requires a comprehensive review of vision, mission, policies, practices, attitudes and skills, and a thoughtful transition from what has been to what will be.
- ✓ *Transparency and accountability.* An enormous investment of public funds is made each year in the name of public safety. Research demonstrates that the strategic use of those funds can produce a profoundly positive impact on public safety, as measured by fewer new victims and fewer new crimes committed by offenders under correctional supervision. Collecting and analyzing performance data, making performance data available to others, and holding ourselves accountable for improvements in public safety are key components of evidence-based work.

Section II: Implementing Evidence-Based Practices Coaching Packet Checklist

	Yes	No	Unclear (Make note of the additional information that needs to be collected to rate this item)
1. Are offender assessments conducted shortly after admission to prison – and in an ongoing fashion thereafter – to identify risk level, criminogenic needs, and responsivity factors?			
2. Are empirically supported assessment tools used? • If yes, please list which tools are used: _____			
3. Do the results of the empirically supported assessment tools inform the offender management process (e.g., treatment planning, supervision case planning)?			
4. Are re-assessments conducted at appropriate intervals (i.e., every six months) to determine changes in risk/needs?			
5. Do case plans address offenders' risk and needs at each stage (intake and incarceration phase, pre-release planning phase, and reentry and post-supervision phase)?			
6. Are case plans updated to reflect changes in offenders' risk and needs, and to document improvement and progress made?			
7. Do offenders receive feedback on their progress addressing their risk/needs?			
8. Do case plans identify programmatic interventions appropriate for offenders based on their assessed level of risk and criminogenic needs?			
9. Do case management plans target the 3-4 (or more) most significant criminogenic needs?			
10. Do case management plans identify offenders' strengths and draw upon these as assets?			
11. Do case management plans reflect active engagement of the offender's pro-social network in their day-to-day life?			
12. Are offenders prioritized for participation in programs and services based on risk and needs?			
13. Do appropriate staff (within institutions and in the community) receive skills training on how to better engage offenders in the change process?			
14. Are interactions with offenders, including infractions and violations, viewed as opportunities to enhance motivation?			
15. Do staff provide offenders more positive reinforcements than negative (i.e., 4:1 ratio)?			
16. Institutional/Residential Interventions: Are existing institutionally-based programs and services for offenders (please indicate yes, no, or not clear for each): • Multimodal and integrated? • Cognitive-behavioral in nature? • Skills-oriented? • Linked with parallel services in the community? • Matched to offenders based on risk, needs, and responsivity factors? • Monitored and evaluated?			
17. Community Interventions: Are existing community-based programs and services for offenders (please indicate yes, no, or not clear for each): • Multimodal and integrated? • Cognitive-behavioral in nature? • Skills-oriented? • Linked with parallel services in the community? • Matched to offenders based on risk, needs, and responsivity factors? • Monitored and evaluated?			
18. Does the agency have a quality assurance program in place to ensure the fidelity of evidence-based practices?			
19. Do staff receive feedback on their effectiveness in applying evidence-based practices?			

Section III: Action Planning Worksheet

GOAL:			
Objective 1:			
Tasks	Lead Person	Completion Date	Assistance/Expertise Needed
1.			
2.			
3.			
4.			
5.			
Objective 2:			
Tasks	Lead Person	Completion Date	Assistance/Expertise Needed
1.			
2.			
3.			
4.			
5.			
Objective 3:			
Tasks	Lead Person	Completion Date	Assistance/Expertise Needed
1.			
2.			
3.			
4.			
5.			

Section IV: References and Additional Resources

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