

# **Strategic Training Initiative in Community Supervision (STICS)**

## **Community Supervision: Moving from Case Management to Effective RNR-Based Supervision**

**Guy Bourgon, Ph.D., C. Psych.**

**BJS/JRSA 2010 National Conference**

**October 28-29, 2010**

**Portland, Maine**

# WHAT WORKS?

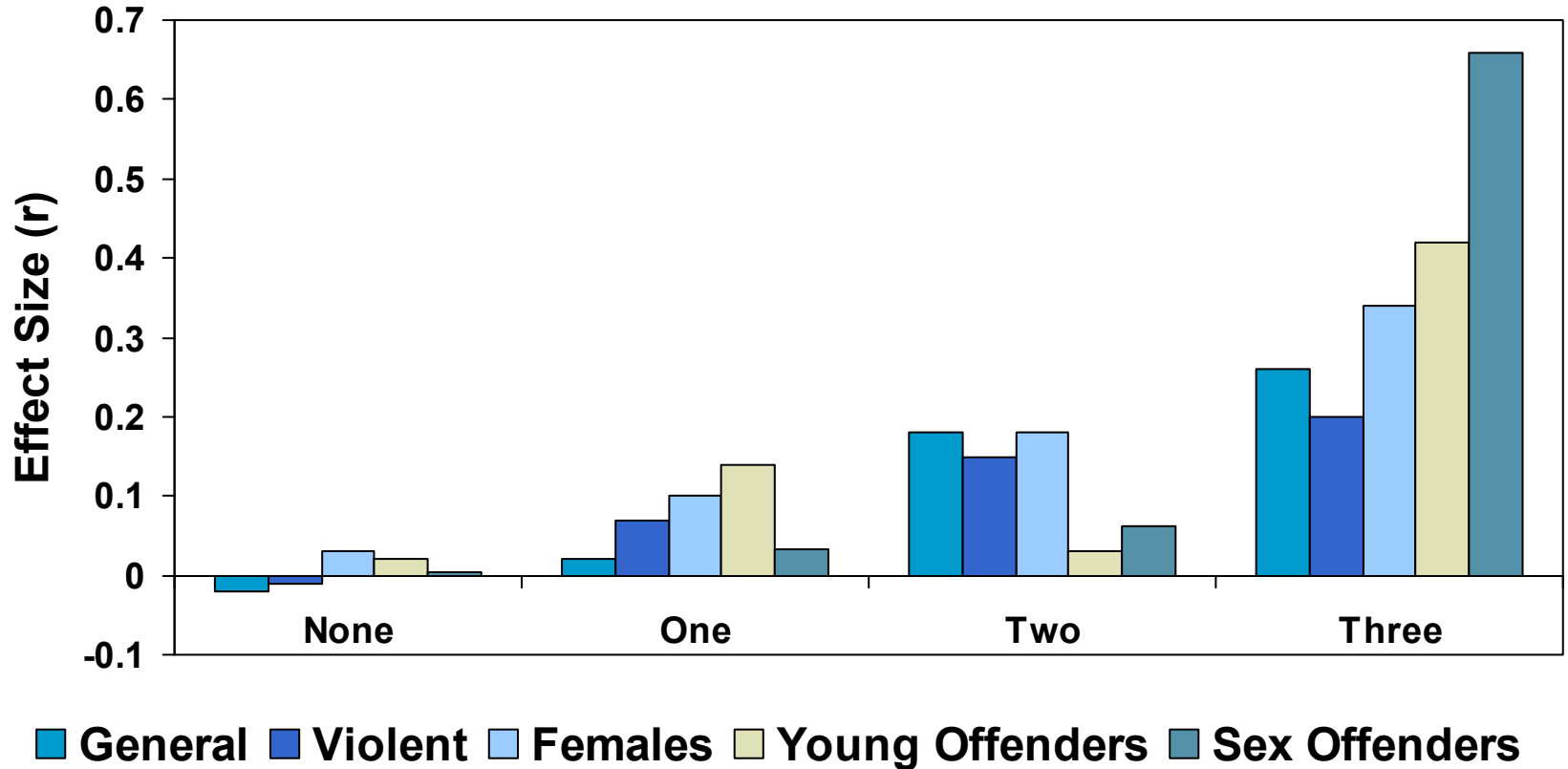
Treatment programs can reduce recidivism when they **adhere to RNR Principles**

**Risk Principle:** *Match level (intensity & dosage) of services to risk*

**Need Principle:** *Target criminogenic needs, that is those empirically related to criminal behaviour*

**Responsivity:** *Match intervention style to the offender's style of learning*

# Group Based Treatment Programs: Adherence to RNR Principles = ↓ Recidivism



**But what about community supervision?**

**What is its effect on recidivism?**

# Effectiveness of Community Supervision: Meta-Analytic Findings

Outcome	$\phi$	$k$	$N$
General Recidivism	.02	26	53,930
Violent Recidivism	.00	8	28,523

$k$  = number of effect sizes

Bonta et al. (2008)

⇒ **Community supervision appears to have a minimal impact on recidivism**

# What about the RNR principles?

## Does adherence make a difference?

Policies adherence with RNR principles			
Risk-Need-Responsivity Adherence	$\phi$	k	N
RNR = 0	.017	7	47,885
RNR = 1	-.009	12	2,716
RNR = 2	.078	5	2,415
RNR = 3	.092	2	914

- Increases in RNR adherence = Decreases in recidivism

**But policy adherence does not  
guarantee adherence in  
practice!**

**The Manitoba Case  
Management Study: Insight  
into what goes on behind  
closed doors.**

# Manitoba Case Management Study

***Jurisdictional policies are congruent with RNR  
but what about “behind closed doors”?***

***Via analysis of audiotapes & file records...***

***Questions:***

1. Is intensity proportional to level of risk?
2. Does it target criminogenic needs?
3. Do they use techniques congruent with effective correctional practices (i.e., cognitive-behavioural strategies, problem-solving)?

(Bonta et al., 2004, 2008)

# Adherence to the Risk Principle?

- Average # Contacts: 1.4 face-to-face/month
- Average session length: 22 min. 34 sec
  - Session length unrelated to recidivism ( $r = .04$ )
  
- Adherence to risk?
  - # Contacts unrelated to caseload size ( $r = -.01$ ).
  - # Contacts weakly related to risk
    - Adults ( $r = .22$ )
    - Youth ( $r = .09$ )

# Adherence to the Need Principle?

Need Area	% Discussed When Need Present
Family/Marital	90%
Substance Abuse	78%
Employment/Academic	57%
Peer Problems	21%
Attitudes	9%

**Modest adherence for some, minimal for others, especially the “Big Four”**

## Evidence Found for Need Principle: Target Criminogenic Needs Reduces Recidivism

*Discussing criminogenic needs were related to reduced recidivism. More focus on criminogenic needs, lower the recidivism*

Length of Discussion	Recidivism*
Low (0-19 minutes)	49%
Medium (20-39 minutes)	36%
High (40+ minutes)	3%

\* Controlling for risk

# Probation Conditions & Recidivism

- Compliance is a fact of supervision but...

Time	Recidivism
10 minutes	18.9%
15 minutes or more	42.3%

Rates adjusted for risk level

**Too much emphasis can backfire**

# Adherence to Responsivity Principle: RNR Skills: Relationship & Structuring

Variable	@ Intake	@ 6 months
<b>Relationship Skills</b>		
Prompts/Encourages	97%	96%
Empathy	48%	22%
Warmth	46%	48%
Enthusiastic	27%	40%
<b>Structuring or Intervention Skills</b>		
Prosocial reinforcement	68%	72%
Homework assigned	28%	24%
Practice	22%	24%
Procriminal discouragement	20%	18%
Prosocial modeling	17%	15%

**Officers are positive but change agent skills weak**

# Manitoba Case Management Study: Major Findings

- 1) Risk: In spite of policies, adherence is sketchy...
- 2) Need: Key criminogenic needs discussed infrequently...
- 3) Responsivity: Relationship skills are inconsistent and intervention skills are infrequent...

# **The Strategic Training Initiative in Community Supervision**

**STICS:**

**Translating RNR to  
Community Supervision**

# Strategic Training In Community Supervision (STICS)

## Three major goals:

1. Develop “model” supervision: RNR based
2. Provide “means” to implement (integrity)
  - 3-day intensive training
  - Ongoing clinical support
3. Evaluate; Not just clients but also officers
  - Random assignment of PO
  - Audiotapes of PO with client
  - Recidivism

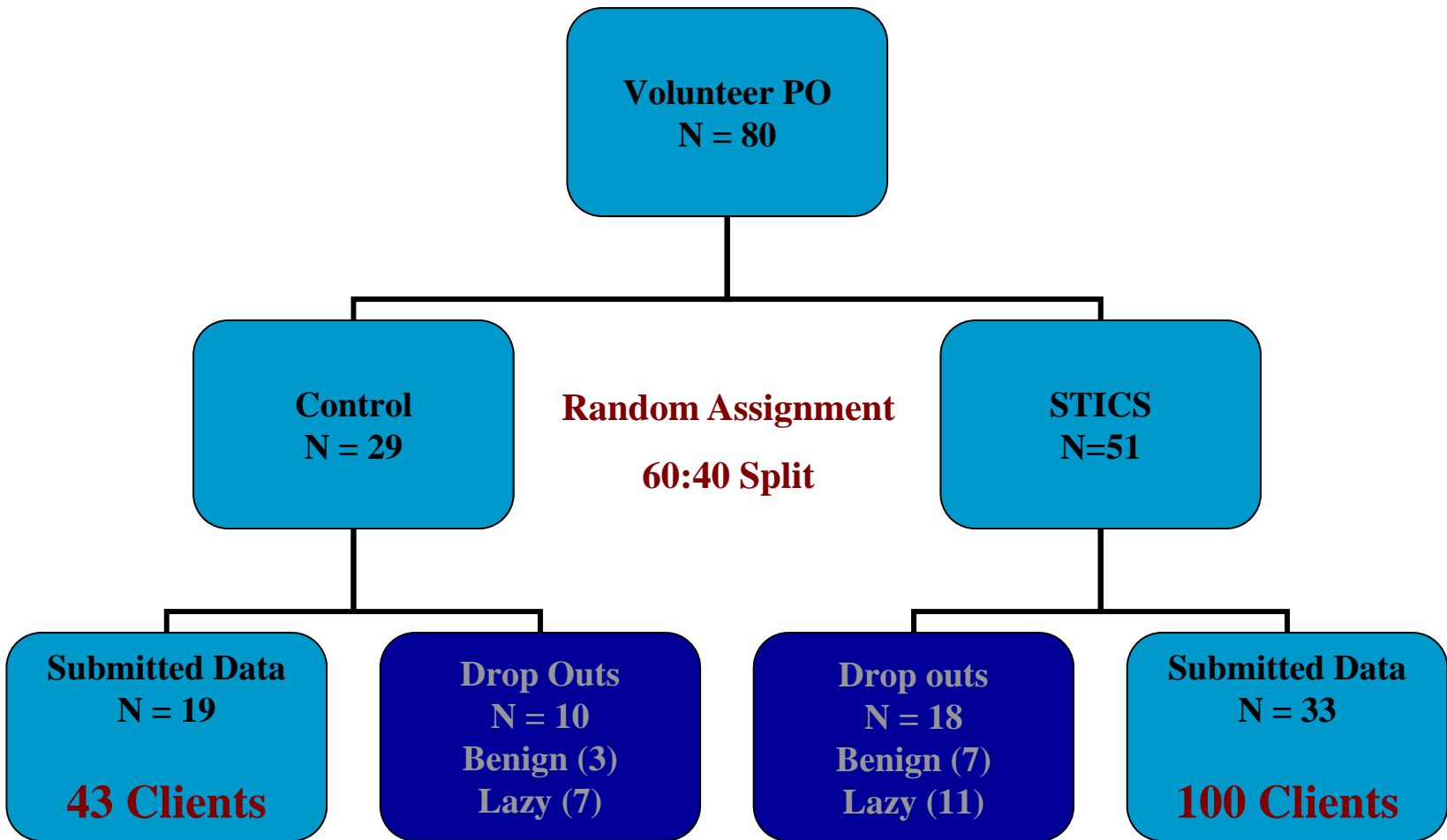
# STICS: RNR Community Supervision Model

- “Behind Closed Doors” RNR-Adherence
  - Beyond policies/management to **change agent**
    - Add “therapeutic” work to traditional case management
    - Target procriminal attitudes & cognitions
    - Train effective correctional skills
      - Skill set to enhance “working alliance” relationship
      - Skill set to engage in Cognitive-Behavioural interventions
      - Skill set on “HOW TO” teach, model, and work with clients
  - Structure session & supervision period
  - Ensure flexibility to handle all clients/situations

**STICS...**

**The Evaluation**

# Recruiting & Assignment...



**Each PO requested to recruit 4 High Risk & 2 Mod Risk Clients**

# Participating Probation Officers...

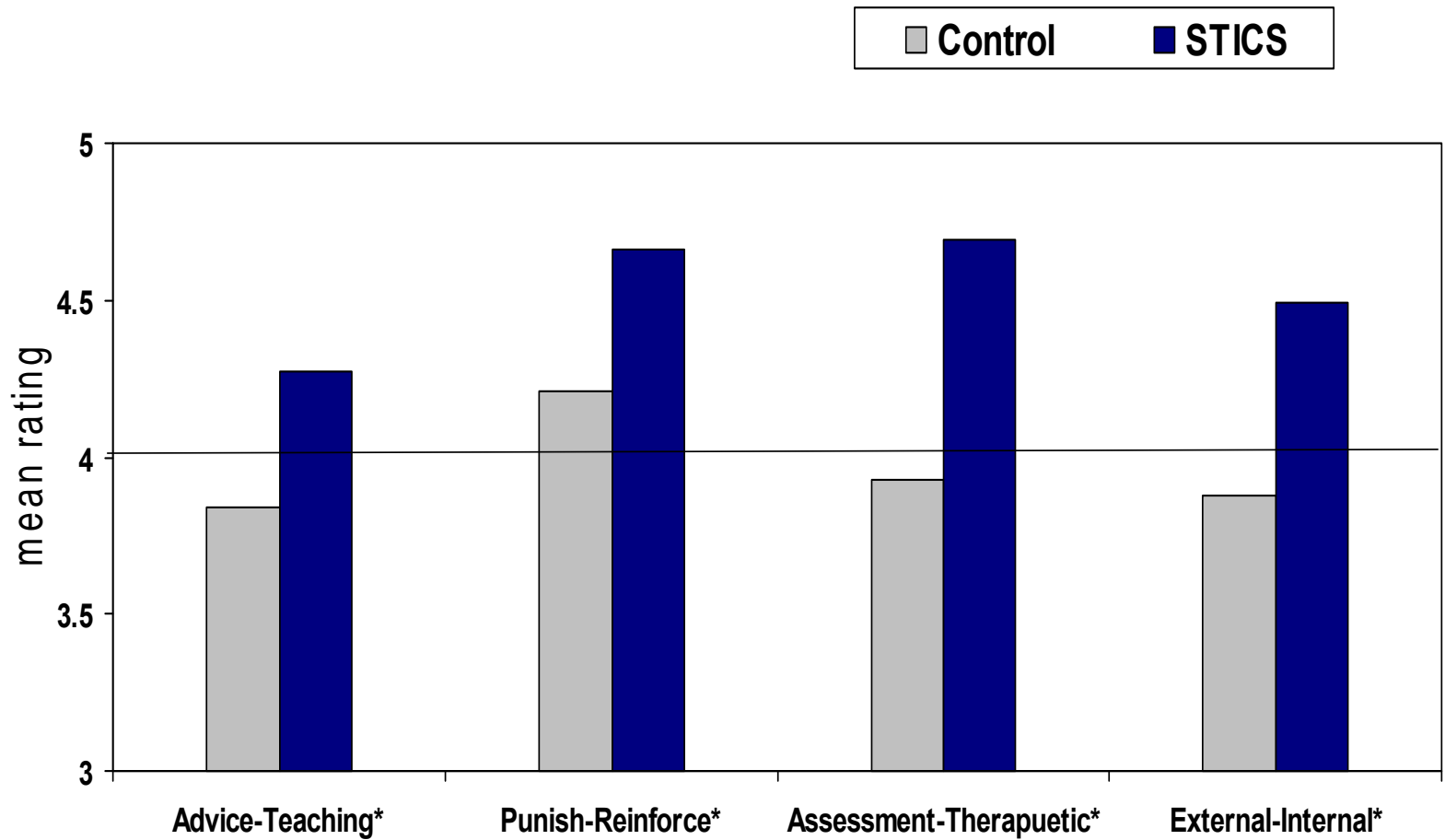
Variable	STICS (N = 33)	Control (N = 19)
Age (years)	38.2	38.4
Gender (male)	30.3%	31.6%
Years of Experience	9.9	9.1
Race (Caucasian)	79.3%	84.2%
Knowledge Test Score	5.6	6.3

⇒ **Two groups appear equivalent**

# 1. Did STICS Change PO Behaviour?

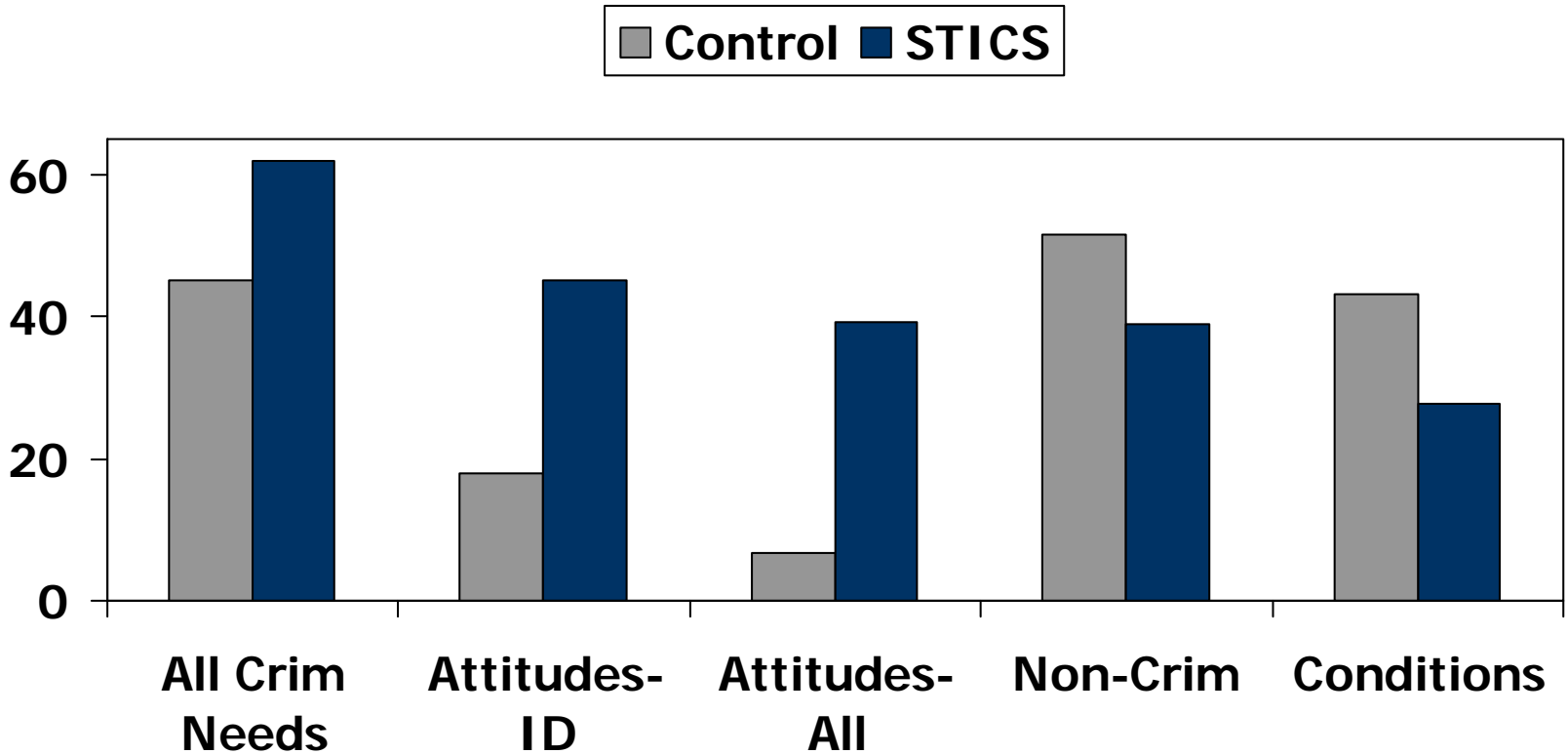
- **Examine STICS vs. Control PO behaviour**
  - Direct Observations on Audiotapes
  - 220 for STICS & 75 for Control
  - Mean length (min): 26:45 (STICS): 24:36 (Control)
- **Measures**
  - General Session Ratings
  - Criminogenic Needs vs. Irrelevant Discussions
  - Overall Officer Skills
    - Structure & Relationship Building skills
    - Behavioural Techniques & Cognitive Techniques

# Session Ratings: General Dimensions

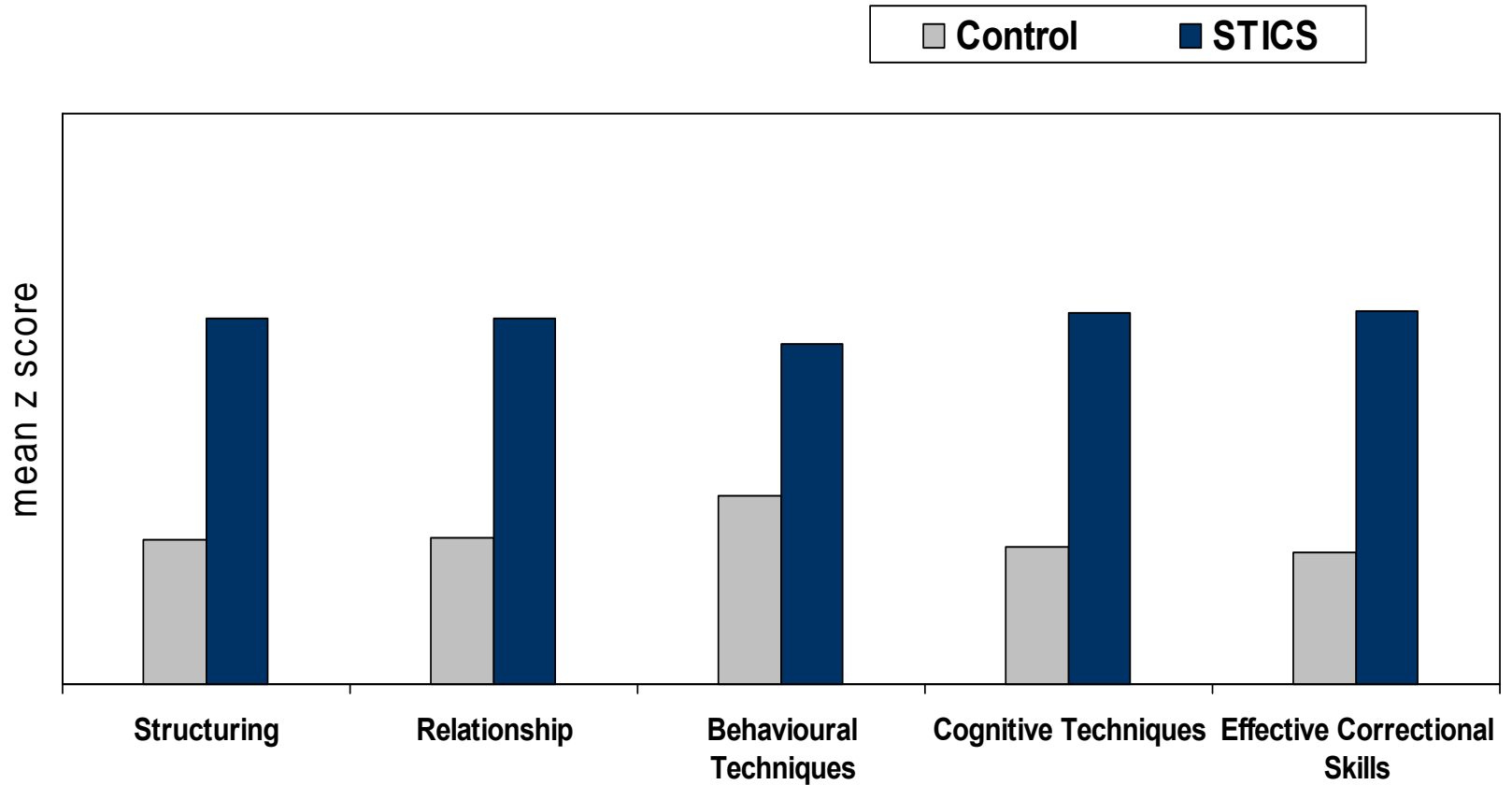


# Discussing "appropriate" topics...

Percentage of session discussing...



# Overall Officer Skills



## So Evidence says...

- **STICS changes PO behaviour**
  - Enhances the officers' RNR practices
  - More focus on criminogenic needs, especially antisocial attitudes
  - Less spent on noncriminogenic needs & the conditions of probation
  - Better relationship, structuring & cognitive-behavioural skills for interpersonal influence

## 2. But did STICS reduce recidivism?

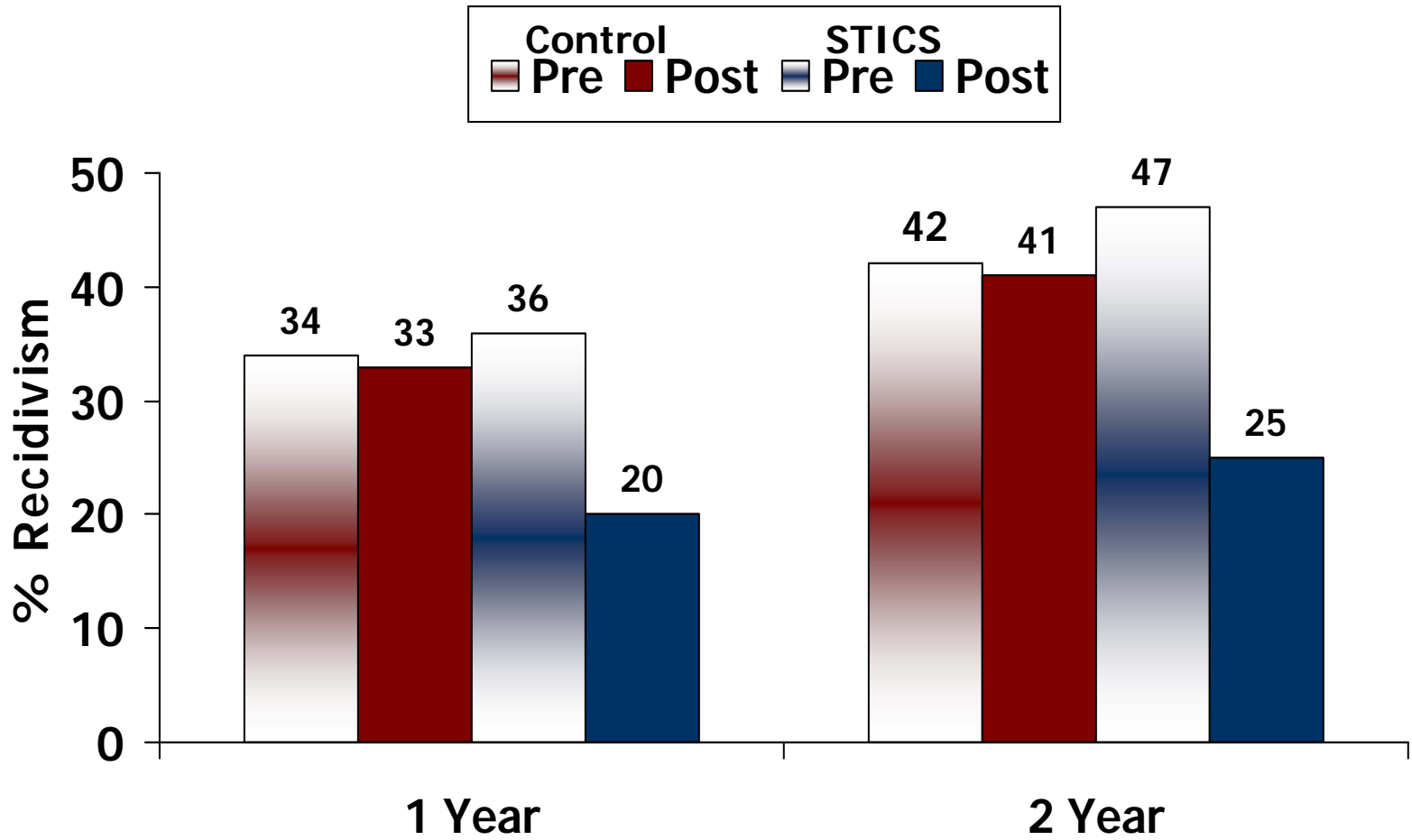
- **Are client outcomes different?**
  - At 1 & 2 Years
  - Reconvictions
  - CPIC Information
- **PO Effectiveness?**
  - Before vs. After STICS

# Participating Clients...

Variable	STICS (N = 100)	Control (N = 43)
Age (years)	35.3	32.6
Gender (male)	83.0%	93.0%
Race (Caucasian)	71.0%	67.4%
Co-Habitation	35.0%	25.6%
Employed	49.0%	55.8%
Violent Index Offence	56.0%	60.5%
Risk Profile: Low	4.0%	7.0%
Medium	40.0%	39.5%
High	56.0%	53.5%

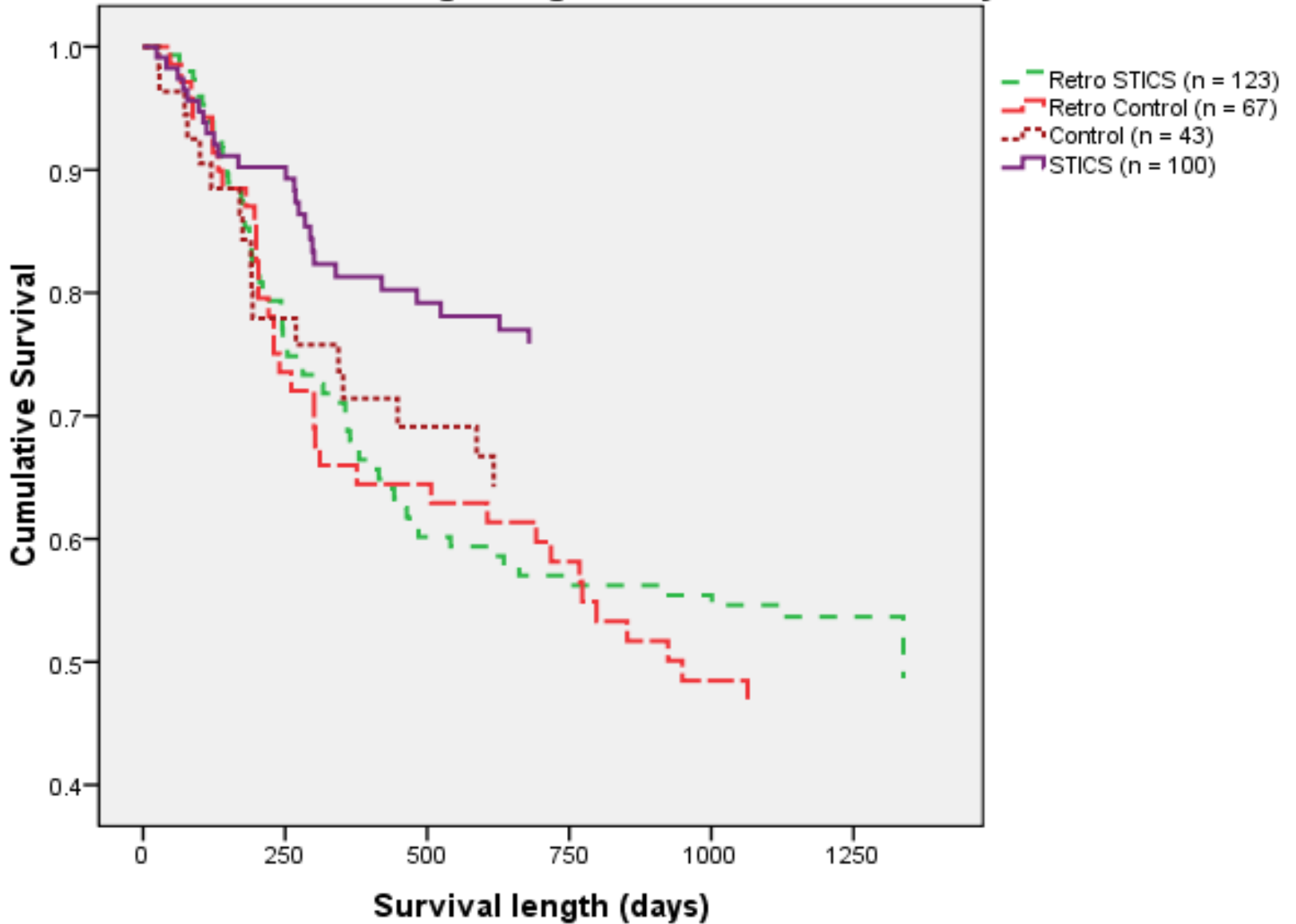
⇒ **Two groups appear equivalent**

# Recidivism



13% to 22% Differences in Recidivism

### Survival of Retrospective and Prospective STICS and Control clients controlling for Age and LSI Criminal History



## So Evidence says...

- **STICS reduce recidivism**
- **~ 15% difference in recidivism**
- **In line with “Real World” efforts ~ 10%**

## 3. Was On-Going Clinical Support Useful?

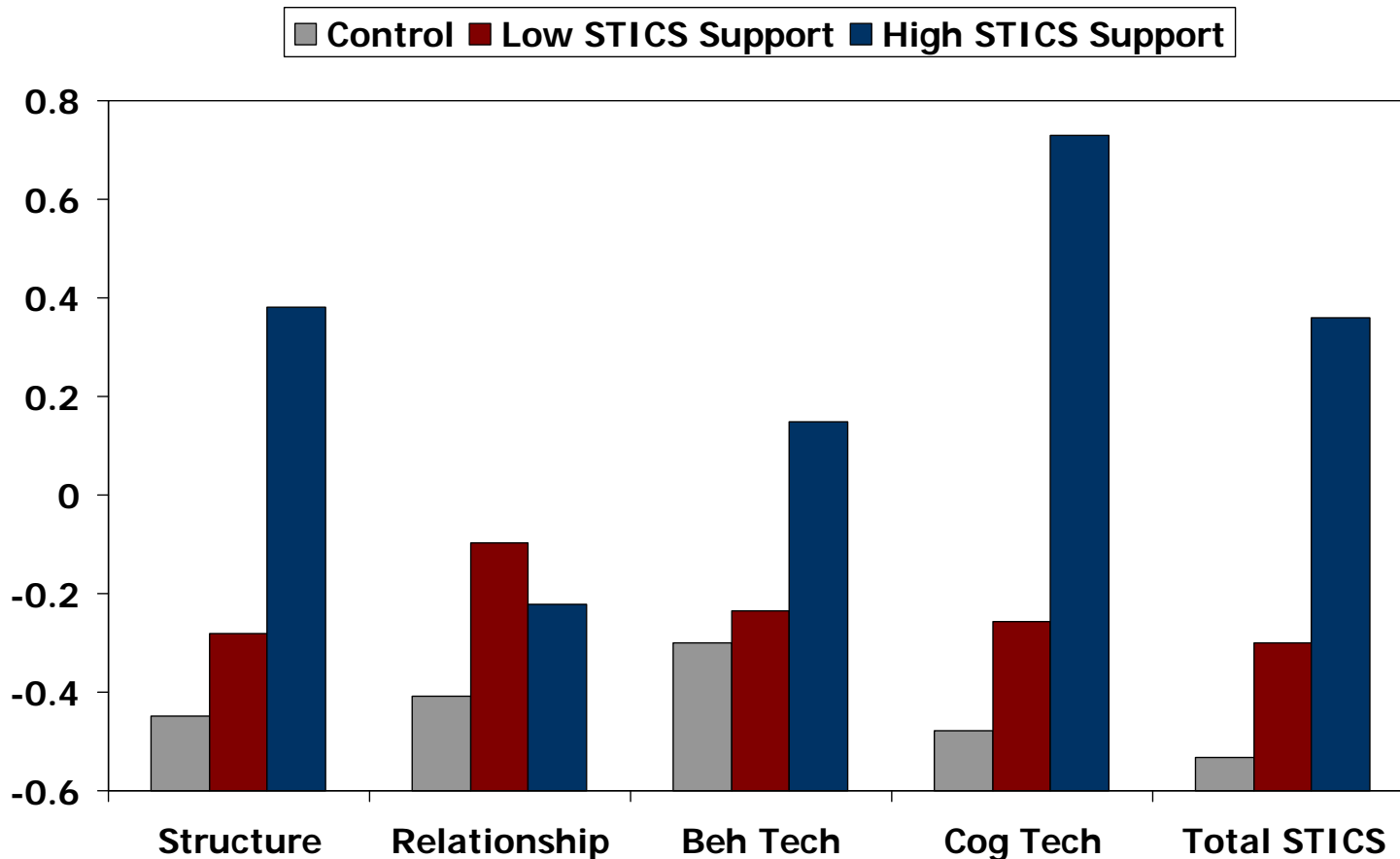
### ■ Data:

- All STICS audiotapes 270 days after initial training

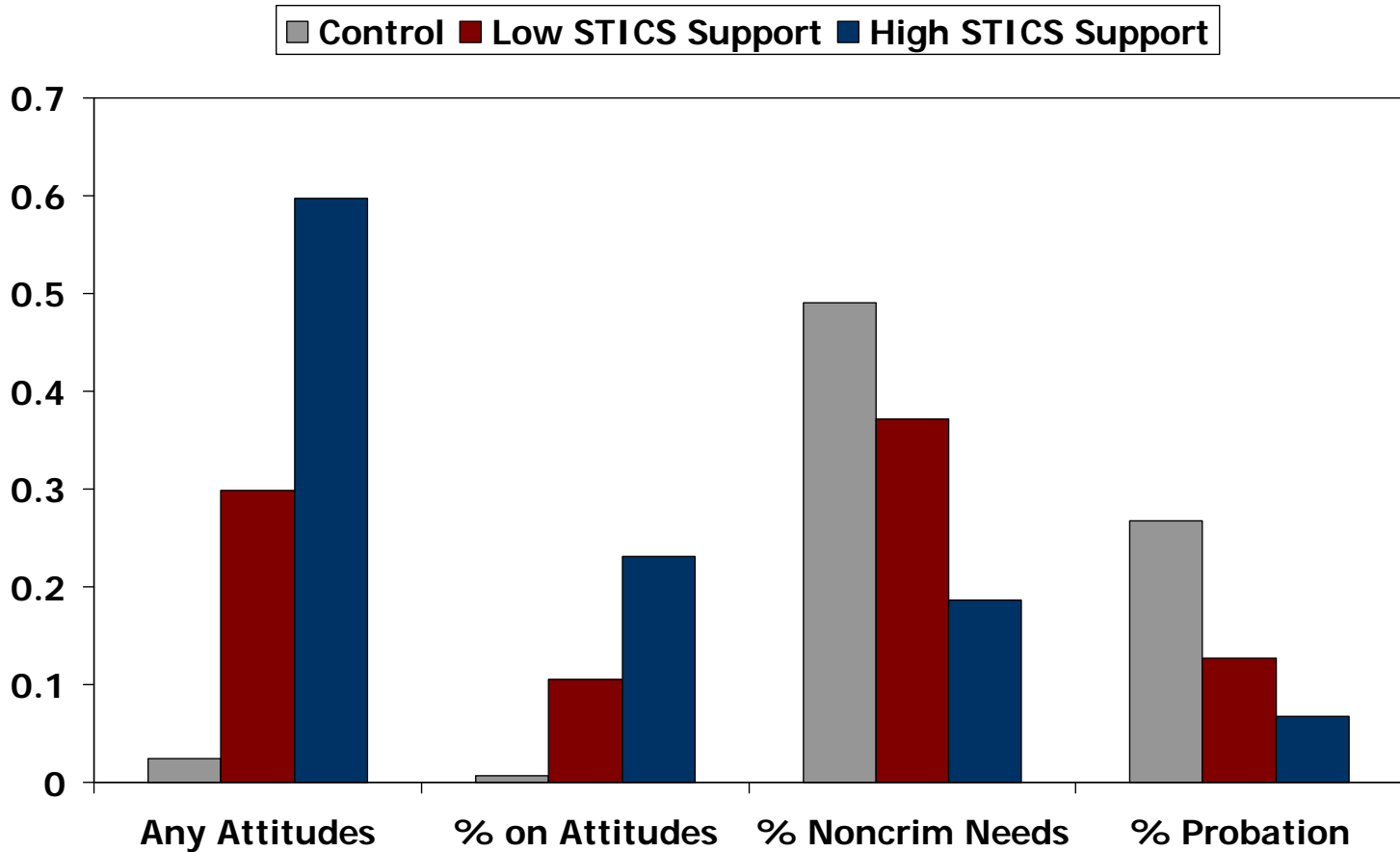
### ■ Groups

- Control group: No training (19 PO; 75 tapes)
  - Tape submitted on average 180 days post
- Low On-Going Clinical Support (13 PO; 36 tapes)
  - Tape submitted on average 358 days post training
  - Minimal use of monthly meeting, refresher, & FB
- Hi On-Going Clinical Support (10 PO; 40 Tapes)
  - Tape submitted on average 355 days post training
  - High use of monthly meeting, refresher, & FB

# Control vs. Low Support vs. High Support: Skills in Sessions $\geq$ 270 days post-training



# Control vs. Low Support vs. High Support Discussions in Sessions $\geq$ 270 days post-training



# 1 Year Recidivism Differences

Group	Pre	Post	Change
Control	34%	33%	↓ 1%
Low Clinical Support	33%	24%	↓ 9%
High Clinical Support	41%	15%	↓ 26%

# So On-Going Clinical Support...

- **A significant mediating factor**
  - Aids maintenance of simple ‘practices’ such as relationship skills, general structuring skills, and session focus
  - Improves ‘complex’ cognitive-behavioural techniques, as these appear to take time to develop
  - Likely mediates client outcomes

# Lessons learned...

**It's not easy for PO or agency but its worth it!**

- STICS Training & On-Going Clinical Support
  - Improves PO skills & Interventions
  - Leads to reduced reoffending
- On-Going Clinical Support critical
  - Helps maintain skill levels
  - Significant impact on CB skills
    - Hardest to learn
    - Requires time & on-going clinical support

# STICS Report

Available on Public Safety Canada Web Site

[www.publicsafety.gc.ca](http://www.publicsafety.gc.ca)

## Contact

[Guy.Bourgon@ps.gc.ca](mailto:Guy.Bourgon@ps.gc.ca)

340 Laurier Ave West  
Ottawa, ON Canada  
K1A 0P8