



Training and Technical Assistance Webinar Series

IMPLEMENTING EVIDENCE-BASED PRACTICES IN COMMUNITY CORRECTIONS

August 15, 2013

Justice Research and Statistics Association
720 7th Street, NW, Third Floor
Washington, DC 20001
www.jrsa.org



Office of
RESEARCH &
STRATEGIC PLANNING

IMPLEMENTING EVIDENCE- BASED PRACTICES IN COMMUNITY CORRECTIONS

Stephen M. Haas, Ph.D., Director
Office of Research and Strategic Planning

August 15, 2013

JRSA Training and Technical Assistance Webinar



Welcome

- **Presentations:**
 - Applying RNR in Effective Community Supervision: Strategic Training Initiative in Community Supervision (STICS)
 - Quantifying and Executing the Risk Principle in Real World Settings

- **Key points:**
 - Building staff (PO) capacity to build collaborative working relationships and apply cognitive-behavioral techniques (James Bonta)
 - Achieving adherence to the risk principle in practice, and importance of defining and measuring dosage (Kimberly Sperber)

- Follows recent special issue of *Justice Research and Policy*, EBP in Community Corrections

JRP Special Issue

- Series of articles relate to what is needed to better ensure fidelity to evidence-based practices in community supervision and treatment
- Contemporary topics: STICS, Motivational Interviewing, Development, Implementation, and Systemic Impact of Risk Assessment, and Adherence to Risk Principle and Dosage



Justice Research and Policy

*Toward Evidence-Based Decision Making
in Community Corrections:
Research and Strategies for Successful Implementation*

Special Issue now available at <http://jrja.metapress.com/>!

Webinar

Presenters:

- James Bonta, Director of Corrections Research, Public Safety Canada

Kimberly Sperber, Chief Research Officer, Talbert House
- Cincinnati, Ohio

Moderator:

- Stephen M. Haas, Director of the Office of Research and Strategic Planning, West Virginia Division of Justice and Community Services

The Importance of Program Fidelity

“If a program has been unable to adhere to the salient principles [of effective correctional intervention] in a substantive meaningful way, the expectation of observing a significant decrease in re-offending is predictably diminished.”

- Rhine, Mawhorr, and Parks (2006), *Criminology and Public*

Policy

Current Practice and Challenges

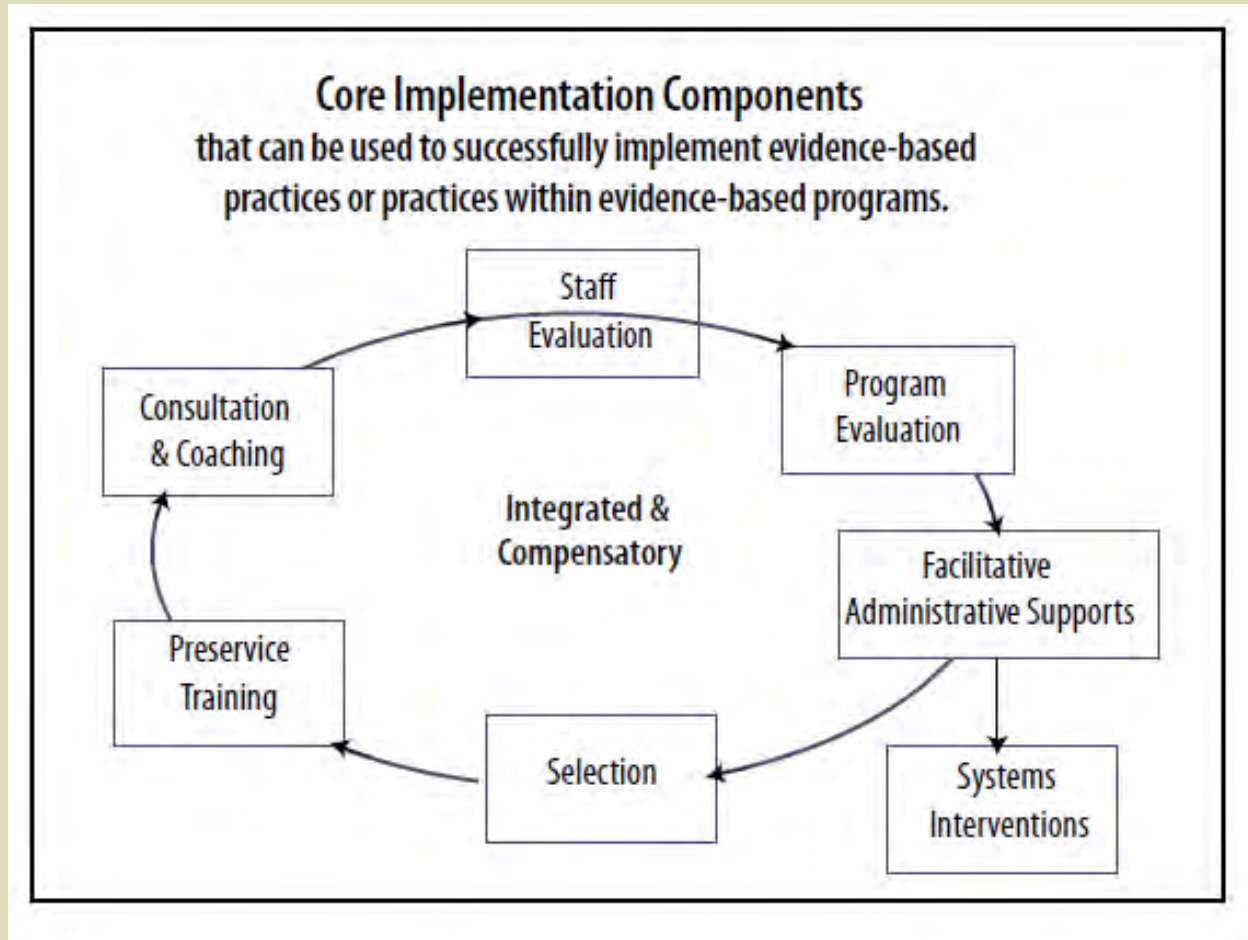
- The scientific evidence for what makes for effective community supervision and treatment is abundant and continues to grow
- Long-term prospects of the current EBP movement hinge, in a large part, on the capacity of the field to address known barriers to successful implementation
- That is, improve adherence to principles and practices that are known to work.
 - This is the issue of fidelity (or “how well” EBP is done)
 - Requires systematic measurement (treatment integrity, dosage, etc.), performance monitoring/QA, and feedback

Current Practice and Challenges

- Much is known about what impacts the successful implementation of EBP in corrections:
 - Organizational culture/leadership
 - Poor staff attitudes and orientation toward service delivery
 - Poor staff selection, training, and competence
 - Poor monitoring/feedback to staff
 - Lack of evaluator involvement
 - Absence of clinical supervision of staff

- To overcome barriers, many believe this requires:
 1. Greater use of the knowledge and lessons learned in the emerging “implementation science” (i.e., drivers);
 2. Navigating from thinking about evidence-based programs as an intervention to “evidence-based decision making;”
 3. Recognizing the unique role and necessity for researcher/evaluator involvement

1. Science of Implementation



2. Toward Evidence-Based Decision Making

- EB decision-making in large-scale, real world correctional environments

- Has its own set of demands:
 - ▣ Develop organizational leadership and policy/procedural development;
 - ▣ Moving supervision officers to “change agents”
 - ▣ Staff capacity to weight scientific evidence against individual needs/circumstances and available resources
 - ▣ Training on key skills (e.g., core correctional practice, cognitive-behavioral techniques, MI, offender assessment, and case planning)
 - ▣ Monitoring supervision integrity and performance

3. Importance of Evaluator Involvement

- Presence of program planners and evaluators in implementation and ongoing monitoring = larger effect sizes
- Recognize the inherent complexity in transferring EBP to the field, use multiple measures/sources for process implementation
- Quality assurance mechanisms/performance measures for monitoring adherence and program planning
 - ▣ Defining and quantifying “what is meant by supervision/treatment;”
 - ▣ Refining measures of “quality” versus “quantity”...focusing on treatment integrity
 - ▣ Ascertain how RNR principles are “operationalized” in the field
- Through measurement we can fill gaps in our understanding of what leads to good implementation, and what does/does not work and under what condition!

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Important links:

<http://www.djcs.wv.gov/SAC/>

<http://www.facebook.com/wvorsp>

<http://www.twitter.com/wvorsp>



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Applying the RNR Principles in Effective Community Supervision

Strategic Training Initiative in Community Supervision (STICS)

James Bonta

Public Safety Canada

Webinar Presentation, Justice Research and Statistics

Association, August 15, 2013

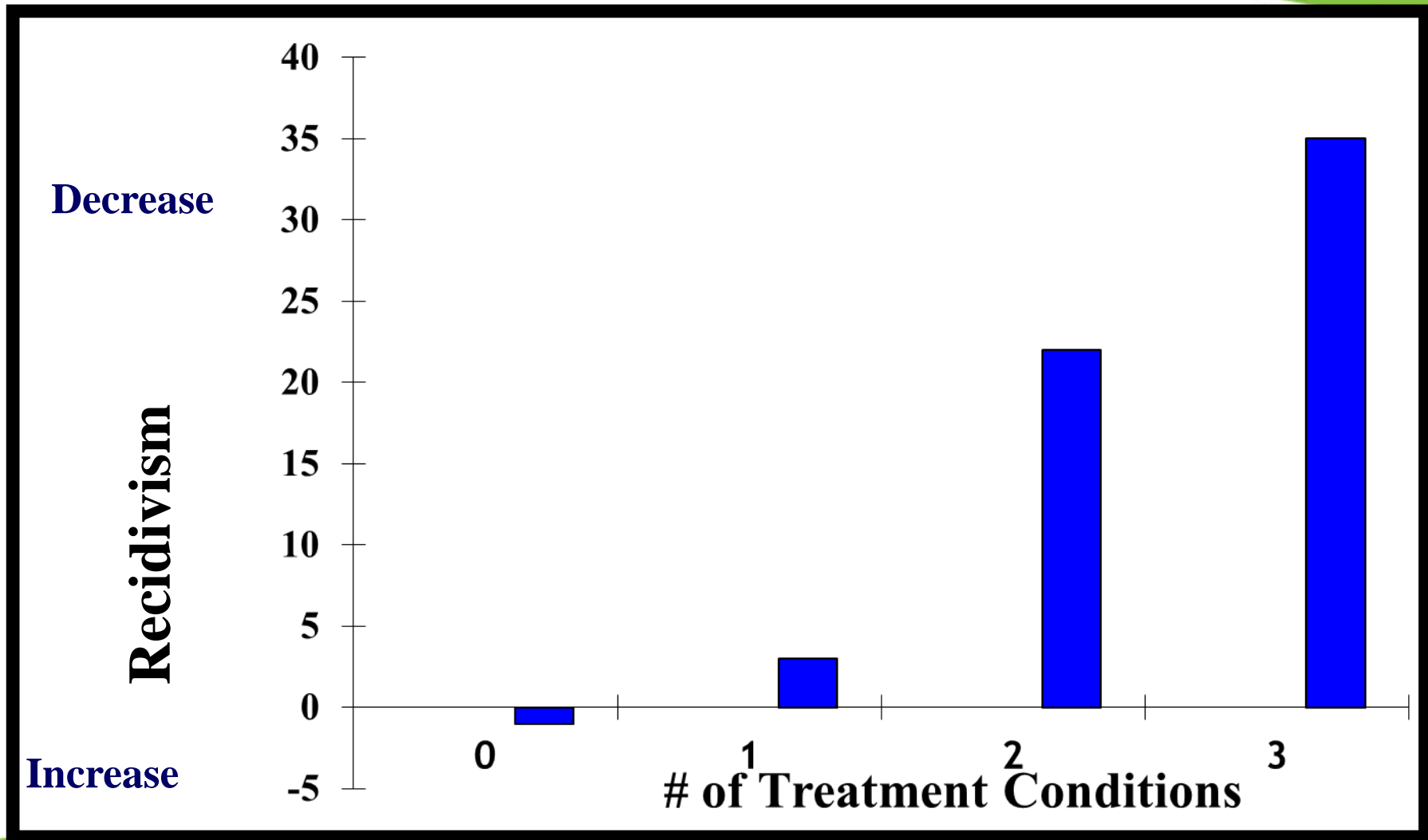
RNR Principles

- **Risk Principle**
 - match level of service to offender risk

- **Need Principle**
 - target criminogenic needs

- **Responsivity Principle**
 - cognitive-behavioral interventions work best

Adherence to Principles in Community Settings



Effectiveness of Community Supervision

Outcome	k	N	ϕ
General recidivism	26	53,930	.02
Violent recidivism	8	28,523	.00

k = number of effect sizes

Bonta et al. (2008)

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

Manitoba Case Management Study

Do Probation Officers follow RNR?

a) Is level of intervention proportional to risk?

Modest adherence

b) Does supervision target criminogenic needs?

Not in the majority of cases

c) Are POs using cognitive-behavioral techniques?

Inconsistently

(Bonta et al., 2004, 2008)

The STICS Model

Following the RNR Principles

Training:

**Target criminogenic needs, especially
procriminal attitudes**

Use cognitive-behavioral techniques

Structure sessions – be strategic

Continued Skill Development:

Monthly Meetings

Formal Clinical Feedback

Refresher Courses

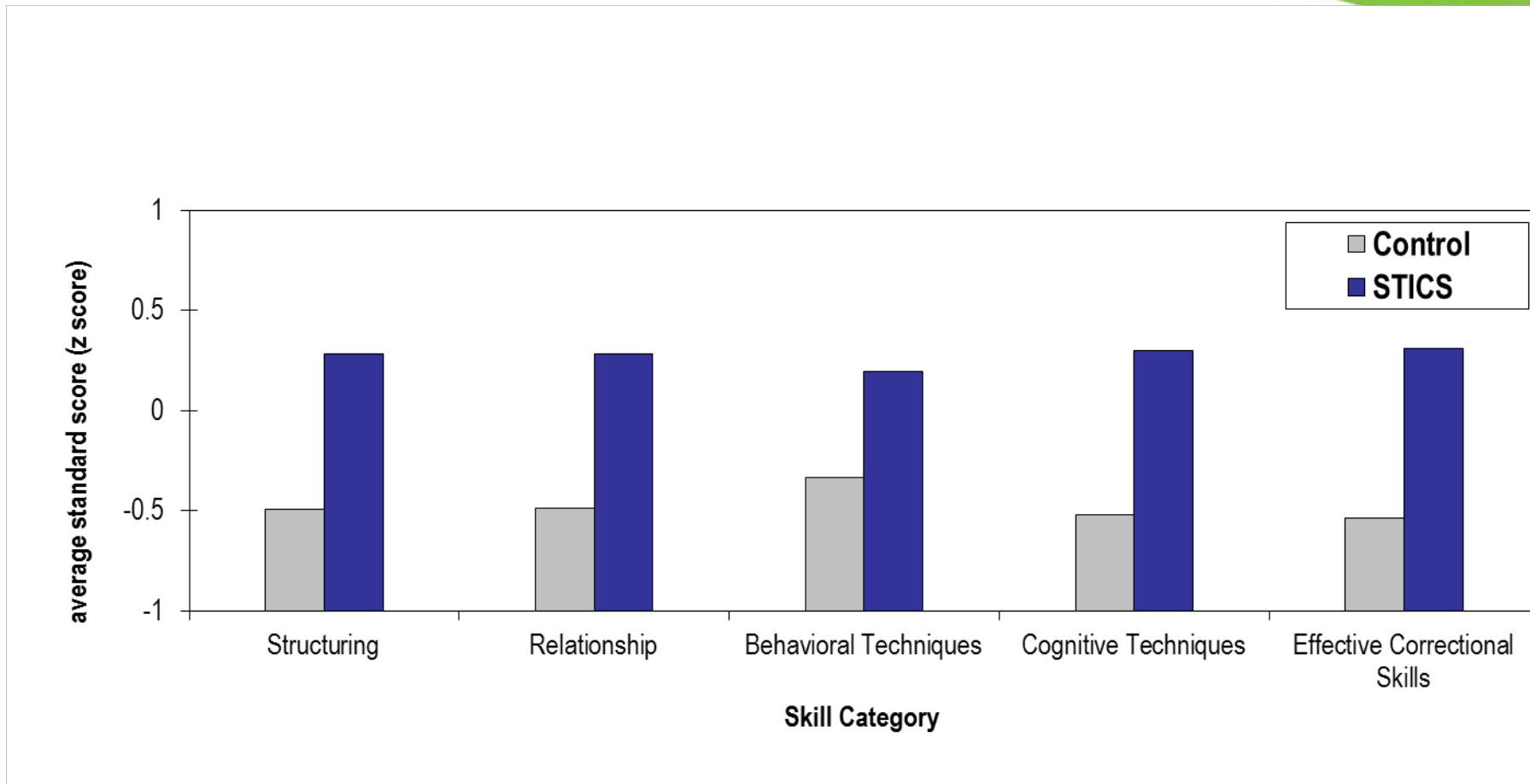
STICS Evaluation: Randomized Control Trial

Content of Discussions

Variable	STICS (N = 100)	Control (N = 43)
Attitudes	45.2%	17.9%
When discussed, proportion of session on:		
Criminogenic needs	61.8%	45.1%
Non-criminogenic needs	39.0%	51.6%

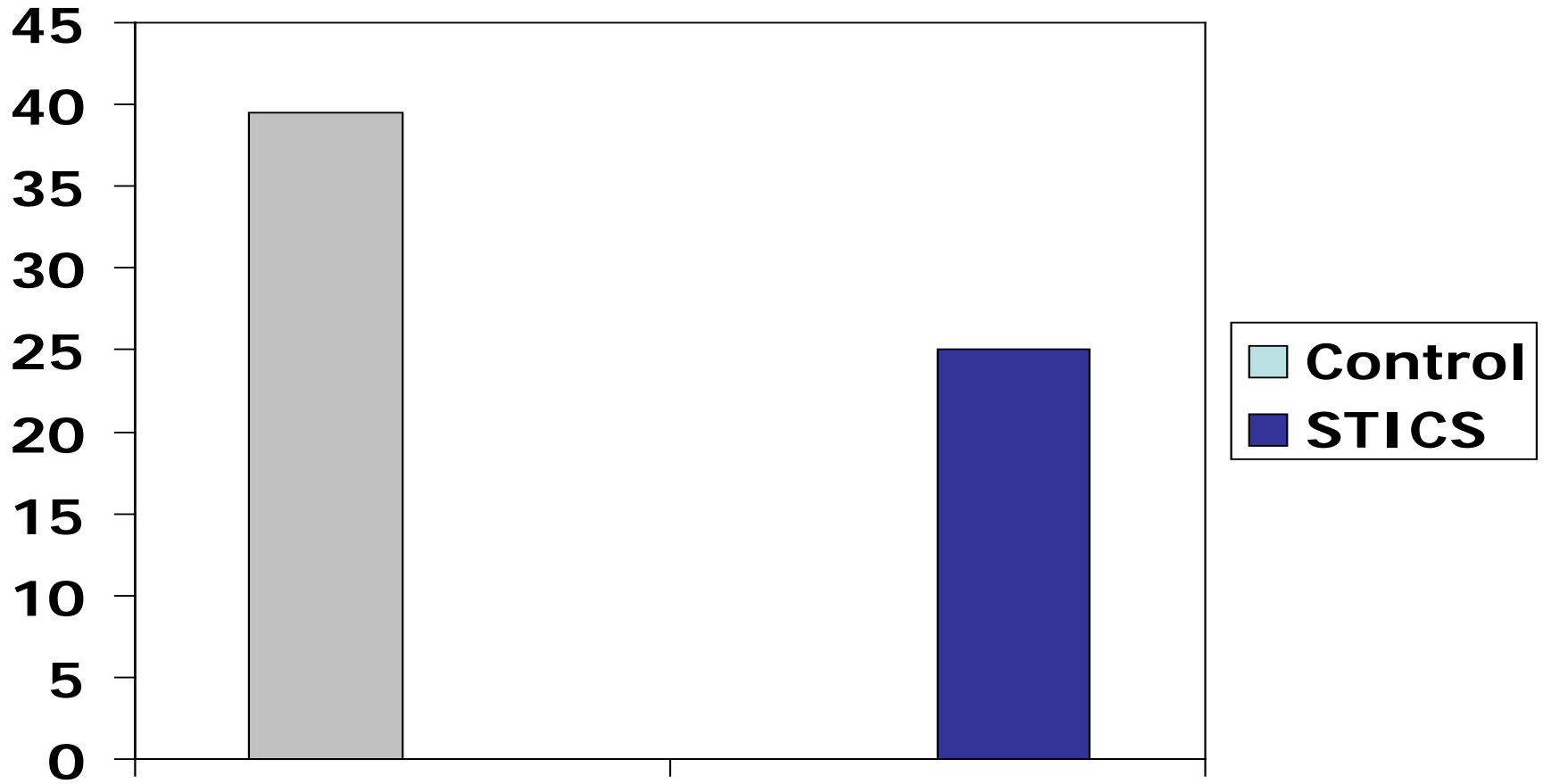
⇒ **STICS POs more focused on relevant issues**

Officer Skills



⇒ **STICS improves RNR skills**

Reconviction (2.3 years)



STICS: $r = .146$

“Real world”: $r = .15$ ($k = 10$)

Summary

Officer Behavior ~ RNR

Reduced Client Recidivism

**British Columbia Estimated Cost Saving = \$5.7
million**

STICS in BC Community Corrections

1. Goal to train @ 370 probation officers across 50 offices
2. Build Capacity
3. Implementation Integrity
4. Monitor and Evaluate

1. Training in STICS

Started in September 2011

- December, 2012: 13 offices and 163 officers trained

Monthly meetings (13 per month)

Refreshers (@ 20)

2. Build Capacity

Coaches (office level, 25-30 hours per month)

Roles:

- schedule monthly meetings and assist at refresher courses
- listen to recordings and provide oral feedback (1/2 day/week)

STICS Coordinators (4 Coordinators, all full time)

Roles:

- lead monthly meetings, deliver refresher courses, give *written* feedback
- supervise the coaches

Training of Coaches and Coordinators:

- from STICS research team (special training sessions)

3. Implementation Integrity

1. POs are expected to:
 - a) attend a refresher course
 - b) participate in at least eight monthly meetings
 - c) receive feedback on two recorded sessions

2. Monitor and evaluate

4. Monitor and Evaluate

Plan

Pre-Post design: 4 clients/PO baseline and 6 post-training clients

The “Pause” (January 2013)

Why?

Audio recordings *baseline* < 70%

Audio recordings *post-training* = 64%

The Pause

Questions:

1. Why the lower # of projected recordings?
2. Are we on the right track?
3. What is the level of commitment to STICS?

Method:

Interviews and questionnaires

Random sample of 92 post-training recordings

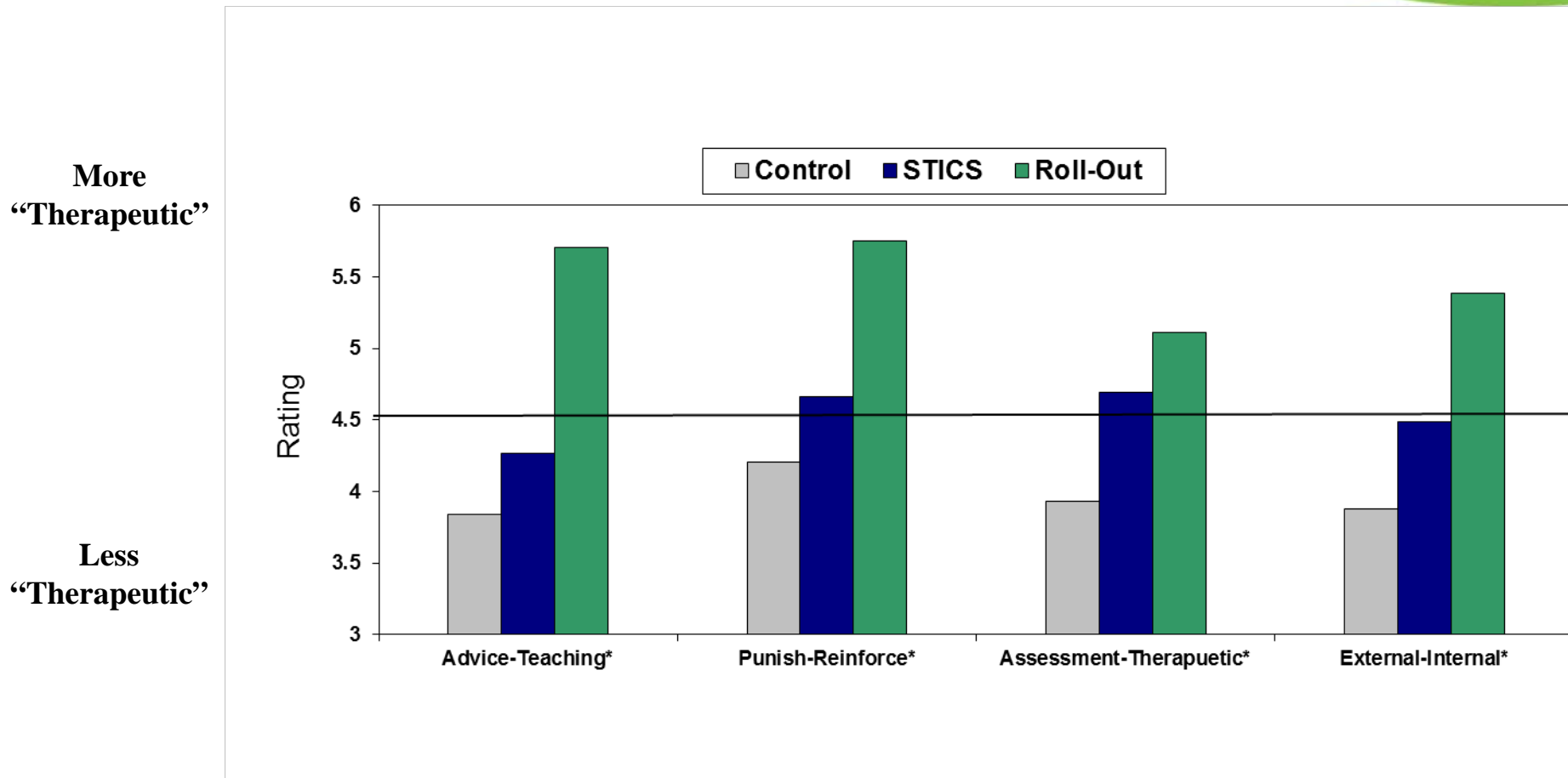
Recordings

- @ 19% of offices insufficient flow through
- The plague of technology
- Working out the bugs in recruitment protocol
 - post-training tapes from 65% to 85%
 - baseline tapes from 70%< to 90%

On the Right Track? Mean Scores and Percent Use of STICS Skills

Skill	2007 STICS Baseline + Control (N = 105)	2012-13 BC Post-Training (N = 92)	Significance
Structuring	8.65	14.30	p = .000
Relationship	11.65	12.87	p = .009
Behavioural Techniques	9.31	9.60	p = .64
Cognitive Techniques	0.019	0.90	p = .000
Total Skills	29.63	37.67	p = .000
Any Cognitive Technique	1/105 = 0.9%	31/92 = 33.7%	p = .000

On the Right Track? Session Characteristics



➤ **STICS: More "therapeutic" oriented**

Usefulness of STICS Skills

	Mean
Role clarification	4.57
Goal setting	4.54
Active listening	4.52
Prosocial modelling	4.35
STICS Behavior Model	4.18
Session structure	4.18
Effective reinforcement/disapproval	4.03/3.72
Cognitive restructuring	4.00
Problem-solving	3.78
Homework	3.68

Moving Forward

- Importance of the Pause
 - Understanding the up-take
 - Taking steps to enhance engagement
 - STICS training and clinical support
 - Managerial leadership and support
 - Communicating roles and a vision

Quantifying and Executing the Risk Principle in Real World Settings

Webinar Presentation

Justice Research and Statistics Association
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Kimberly Sperber, PhD

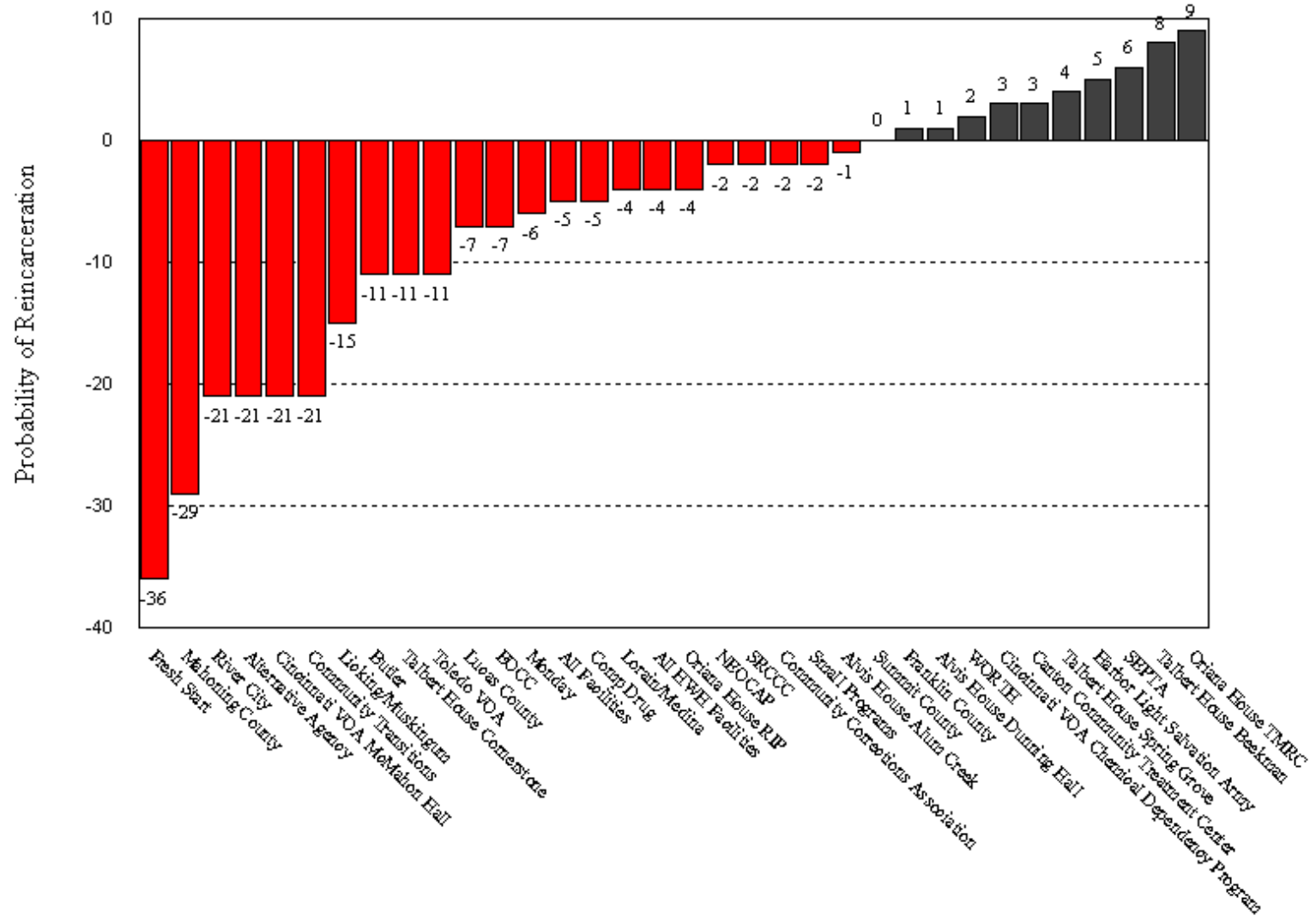


Support for the Risk Principle

- Hundreds of primary studies
- 7 meta-analyses
- Men, women, juveniles, violent offenders, sex offenders
- Programs that target higher risk offenders are more effective
- Reductions in recidivism are greatest for higher risk offenders
- Intensive interventions can harm low risk offenders

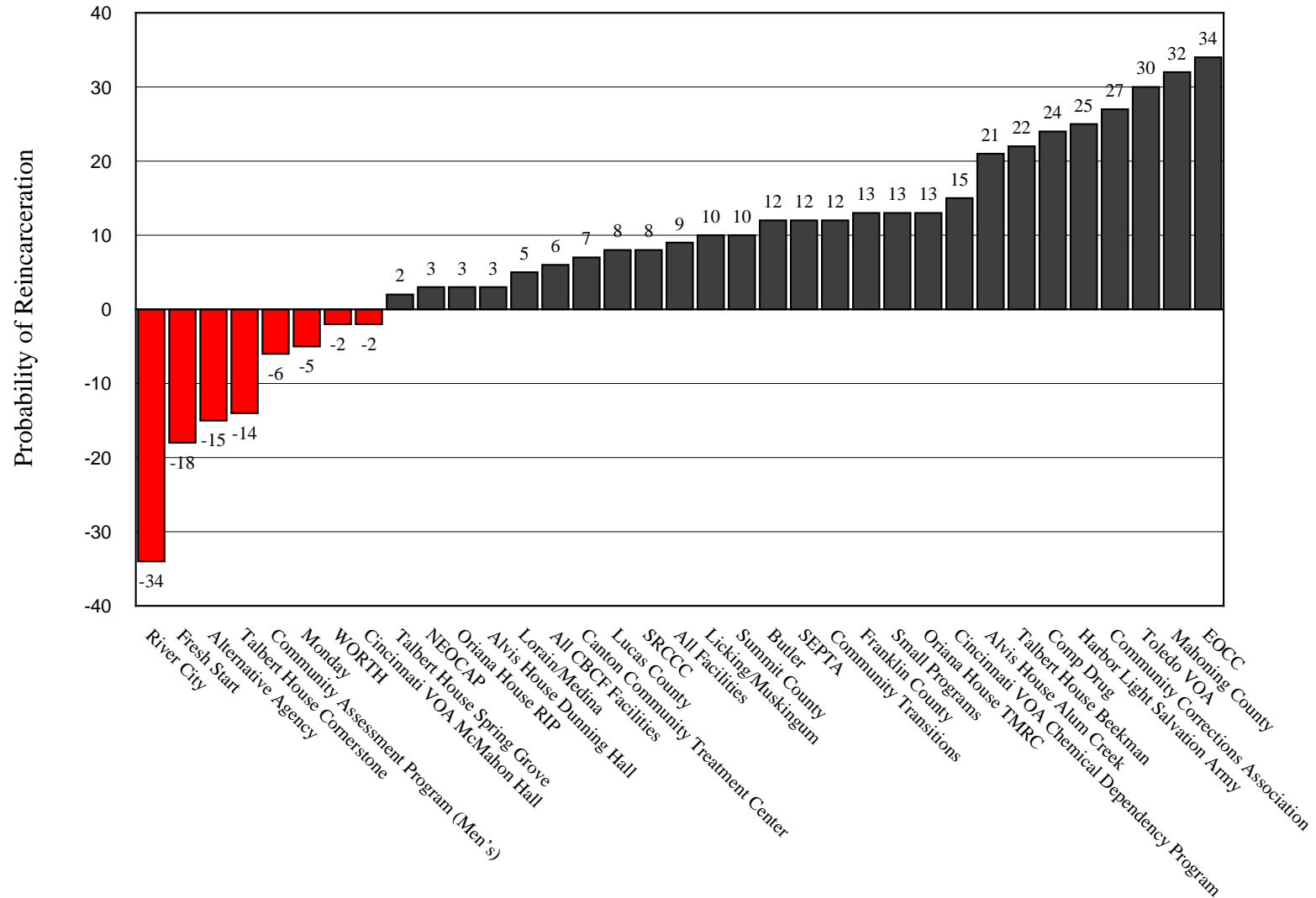
2002 UC Ohio Study of HH's and CBCF's

Treatment Effects for Low Risk Offenders



2002 UC Ohio Study of HH's and CBCF's

Treatment Effects For High Risk Offenders



Challenges for Practitioners

- We understand more services/supervision for high risk and less services/supervision for low risk
- **Conceptual** understanding of the risk principle versus **operationalization** of the risk principle in real world community settings to achieve maximum outcome
- “Can we **quantify** how much more service to provide high risk offenders?”

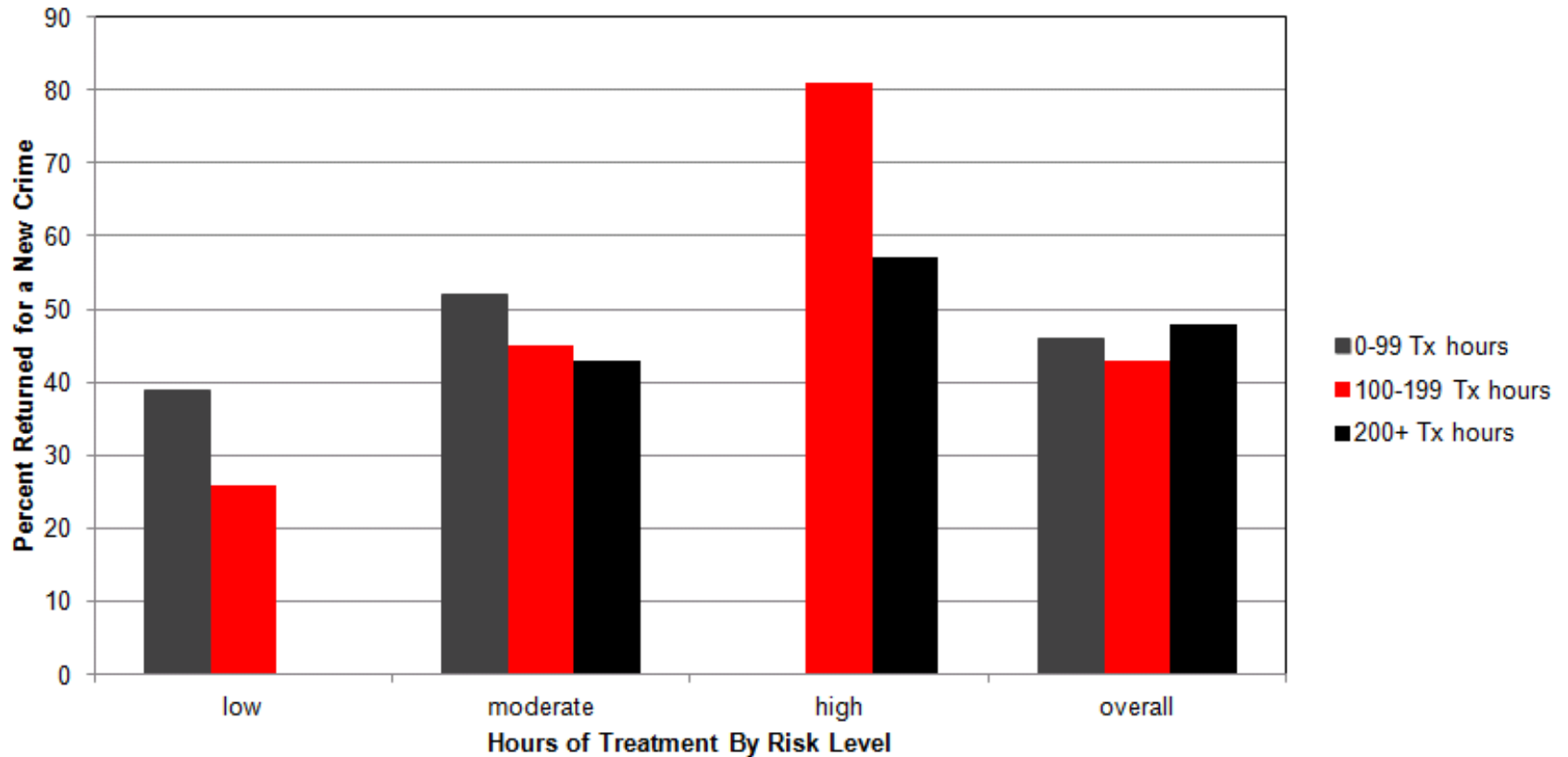
Limited Guidance

- Prior Literature:
 - Lipsey (1999)
 - Meta-analysis of 200 studies
 - Serious juvenile offenders
 - Bourgon and Armstrong (2005)
 - Prison study on adult males
- More Recent Literature:
 - Sperber, Makarios, and Latessa (2013)
 - Community-based setting

Identifying Effective Dosage Levels in a Community-Based Setting

- Sperber, Latessa, & Makarios (2013):
 - 100-bed CBCF for adult male felons
 - Sample size = 689 clients
 - Clients successfully discharged between 8/30/06 and 8/30/09
 - Excluded sex offenders
 - Dosage defined as number of group hours per client
 - Recidivism defined as new sentence to prison
 - All offenders out of program minimum of 12 months

Recidivism Rates by Treatment Intensity and Risk Levels



	low	moderate	high	overall
0-99 Tx hours	39	52		46
100-199 Tx hours	26	45	81	43
200+ Tx hours		43	57	48

Average low=78, Moderate= 155 High =241

Unanswered Questions

1. Defining dosage
2. What counts as dosage?
3. Prioritization of criminogenic needs
4. Counting dosage outside of treatment environments

Unanswered Questions

5. Sequence of dosage
6. Cumulative impact of dosage
7. Impact of program setting
8. Low risk but high risk for specific criminogenic need

Unanswered Questions

9. Nature of dosage for special populations
10. Impact of skill acquisition
11. Identifying moderators of risk-dosage relationship
12. Conditions under which dosage produces minimal or no impact

Forthcoming Studies

- Under Review:
 - Treatment Dosage and the Risk Principle: An Extension and Refinement
 - Makarios, Sperber, and Latessa
- In Progress:
 - Examining the Risk-Dosage Relationship in Female Offenders
 - Spiegel and Sperber
 - Treatment Dosage and Personality: Examining the Impact of the Risk-Dosage Relationship on Neurotic Offenders
 - Sperber, Makarios, and Latessa

Forthcoming Studies

- Under Construction:
 - Examining the Risk-Dosage Relationship in Sex Offenders
 - The Relative Impact of Role-Play versus Treatment Hours: Is There a Trade-Off?
 - The Impact of Client Strengths on the Risk-Dosage Relationship

But What Do We Know?

- Research clearly demonstrates need to vary services and supervision by risk
- Currently have general evidence-based *guidelines* that suggest at least 100 hours for moderate risk and at least 200 hours for high risk
- Should not misinterpret to imply that 200 hours is required to have any impact on high risk offenders
- Not likely that there is a one-size-fits-all protocol for administering dosage
- Practitioners have a responsibility to tailor interventions to individual's risk/need profile based on best available evidence

Practitioner Responsibilities for Effective Execution of the Risk Principle

- Process for assessing risk for all clients
- Modified policies and curricula that allow for variation in dosage by risk
 - Assess infrastructure and resources
- Definitions of what counts as dosage and mechanism to measure and track dosage
 - Unit of measurement
 - Quality versus quantity
- Formal CQI mechanism to:
 - Monitor whether clients get appropriate dosage by risk
 - Monitor quality of dosage
 - Monitor outcomes of clients receiving dosage outside of evidence-based guidelines

Conclusions

- Corrections has benefitted from a number of well-established Evidence-Based Guidelines and Evidence-Based Practices
- Next evolution will focus on bringing a more nuanced understanding and application of these EBG's and EBP's to the individual client level
- Practitioner-driven CQI/data needs to intersect with research to drive this process so that we continually move the field forward to maximize public safety outcomes