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

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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 = \downarrow \text{Recidivism}

![Effect Size (r) Chart]

- General
- Violent
- Females
- Young Offenders
- Sex Offenders
But what about community supervision?

What is its effect on recidivism?
### Effectiveness of Community Supervision: Meta-Analytic Findings

<table>
<thead>
<tr>
<th>Outcome</th>
<th>$\Phi$</th>
<th>$k$</th>
<th>$N$</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Recidivism</td>
<td>.02</td>
<td>26</td>
<td>53,930</td>
</tr>
<tr>
<td>Violent Recidivism</td>
<td>.00</td>
<td>8</td>
<td>28,523</td>
</tr>
</tbody>
</table>

$k$ = number of effect sizes

Bonta et al. (2008)

$\Rightarrow$ Community supervision appears to have a minimal impact on recidivism
What about the RNR principles? Does adherence make a difference?

<table>
<thead>
<tr>
<th>Risk-Need-Responsivity Adherence</th>
<th>$\phi$</th>
<th>k</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>RNR = 0</td>
<td>.017</td>
<td>7</td>
<td>47,885</td>
</tr>
<tr>
<td>RNR = 1</td>
<td>-.009</td>
<td>12</td>
<td>2,716</td>
</tr>
<tr>
<td>RNR = 2</td>
<td>.078</td>
<td>5</td>
<td>2,415</td>
</tr>
<tr>
<td>RNR = 3</td>
<td>.092</td>
<td>2</td>
<td>914</td>
</tr>
</tbody>
</table>

- 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?

<table>
<thead>
<tr>
<th>Need Area</th>
<th>% Discussed When Need Present</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family/Marital</td>
<td>90%</td>
</tr>
<tr>
<td>Substance Abuse</td>
<td>78%</td>
</tr>
<tr>
<td>Employment/Academic</td>
<td>57%</td>
</tr>
<tr>
<td>Peer Problems</td>
<td>21%</td>
</tr>
<tr>
<td>Attitudes</td>
<td>9%</td>
</tr>
</tbody>
</table>

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*

<table>
<thead>
<tr>
<th>Length of Discussion</th>
<th>Recidivism*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low (0-19 minutes)</td>
<td>49%</td>
</tr>
<tr>
<td>Medium (20-39 minutes)</td>
<td>36%</td>
</tr>
<tr>
<td>High (40+ minutes)</td>
<td>3%</td>
</tr>
</tbody>
</table>

* Controlling for risk
Probation Conditions & Recidivism

- Compliance is a fact of supervision but…

<table>
<thead>
<tr>
<th>Time</th>
<th>Recidivism</th>
</tr>
</thead>
<tbody>
<tr>
<td>10 minutes</td>
<td>18.9%</td>
</tr>
<tr>
<td>15 minutes or more</td>
<td>42.3%</td>
</tr>
</tbody>
</table>

Rates adjusted for risk level

Too much emphasis can backfire
### Adherence to Responsivity Principle:
#### RNR Skills: Relationship & Structuring

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

*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
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

Volunteer PO
N = 80

Control
N = 29

Random Assignment
60:40 Split

STICS
N=51

Submitted Data
N = 19
43 Clients

Drop Outs
N = 10
Benign (3)
Lazy (7)

Drop outs
N = 18
Benign (7)
Lazy (11)

Submitted Data
N = 33
100 Clients

STICS
N = 51

Control
N = 29

Random Assignment
60:40 Split

Volunteer PO
N = 80

Submitted Data
N = 19
43 Clients

Drop Outs
N = 10
Benign (3)
Lazy (7)

Drop outs
N = 18
Benign (7)
Lazy (11)
### Participating Probation Officers...

<table>
<thead>
<tr>
<th>Variable</th>
<th>STICS (N = 33)</th>
<th>Control (N = 19)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age (years)</td>
<td>38.2</td>
<td>38.4</td>
</tr>
<tr>
<td>Gender (male)</td>
<td>30.3%</td>
<td>31.6%</td>
</tr>
<tr>
<td>Years of Experience</td>
<td>9.9</td>
<td>9.1</td>
</tr>
<tr>
<td>Race (Caucasian)</td>
<td>79.3%</td>
<td>84.2%</td>
</tr>
<tr>
<td>Knowledge Test Score</td>
<td>5.6</td>
<td>6.3</td>
</tr>
</tbody>
</table>

⇒ 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

<table>
<thead>
<tr>
<th>Advice-Teaching*</th>
<th>Punish-Reinforce*</th>
<th>Assessment-Therapeutic*</th>
<th>External-Internal*</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>4.5</td>
<td>5</td>
<td>4.5</td>
</tr>
</tbody>
</table>

Control vs. STICS
Discussing “appropriate” topics...

Percentage of session discussing...

- All Crim Needs
- Attitudes-ID
- Attitudes-All
- Non-Crim Conditions

Control vs. STICS
Overall Officer Skills

![Bar chart showing mean z scores for Structuring, Relationship, Behavioural Techniques, Cognitive Techniques, and Effective Correctional Skills for Control and STICS groups. The chart illustrates that STICS participants have higher mean z scores compared to the control group in all categories.](chart.png)
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...

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

⇒ 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

- Retro STICS (n = 123)
- Retro Control (n = 67)
- Control (n = 43)
- STICS (n = 100)
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 training
  - **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

![Graph showing the comparison of skills in sessions between Control, Low STICS Support, and High STICS Support groups. The x-axis represents different skills (Structure, Relationship, Beh Tech, Cog Tech, Total STICS), and the y-axis represents the change in skills. The graph includes bars for each skill, showing the differences between the groups.]
Control vs. Low Support vs. High Support Discussions in Sessions ≥ 270 days post-training
# 1 Year Recidivism Differences

<table>
<thead>
<tr>
<th>Group</th>
<th>Pre</th>
<th>Post</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Control</td>
<td>34%</td>
<td>33%</td>
<td>↓ 1%</td>
</tr>
<tr>
<td>Low Clinical Support</td>
<td>33%</td>
<td>24%</td>
<td>↓ 9%</td>
</tr>
<tr>
<td>High Clinical Support</td>
<td>41%</td>
<td>15%</td>
<td>↓ 26%</td>
</tr>
</tbody>
</table>
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 it’s 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

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