

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

### Introduction from the Guest Editor

Stephen M. Haas, Ph.D.  
Director, West Virginia Statistical Analysis Center

### Current Practice and Challenges in Evidence-Based Community Corrections

This special issue of *Justice Research and Policy* contains invited articles on community corrections, with special emphasis on successful implementation strategies. A common thread that runs through these articles relates to what is needed to better ensure fidelity to evidence-based practices in community supervision and treatment. The research and implementation strategies shared by the authors should provide greater guidance to agency and program administrators working to assimilate evidence-based practices into their organizations.

#### State of Evidence-Based Decision Making in Community Corrections

Over the past 20 years community corrections practitioners have relied on an array of evidence-based approaches and key principles that guide effective correctional intervention to inform their practice—for example, the risk-need-responsivity (RNR) model of correctional rehabilitation, core correctional practice, cognitive-behavioral strategies, and motivational interviewing techniques for reducing recidivism. A great deal of work still needs to be done to bring this knowledge into day-to-day operations in the field, however.

We are now at a critical point in community corrections, transitioning from “get tough,” punishment-oriented strategies to offender rehabilitation, risk reduction, community reintegration, and evidence-based approaches to controlling crime. The long-term prospects of the current evidence-based movement hinge on our ability to address known barriers to successful implementation.

Researchers and practitioners must both demonstrate that evidence-based approaches can be implemented and sustained in a real-world setting. As Kimberly Sperber and her colleagues point out in this issue, the field must understand the differences between evidence-based

programs, evidence-based guidelines, and evidence-based decision making. While the current body of research provides a host of evidence-based programs and guidelines, we have done little to identify the mechanisms by which evidence-based practices (EBPs) can be transferred into system routine. If the evidence-based movement is going to endure, a framework needs to be built that embraces the science of implementation, recognizes the complexity of implementing EBPs in large-scale correctional environments, and guides efforts to sustain fidelity to effective models over time.

#### Challenges for Community Corrections in an Evidence-Based Environment

Implementing evidence-based decision making in community corrections is challenging. Many of the authors in this special issue acknowledge a significant gap between what we know to be effective and what is actually done in the

#### Inside

- STICS: From Pilot Project to Wide-Scale Implementation, p. 2
- Motivational Interviewing Proficiency in Corrections, p. 4
- Ohio Youth Assessment System – Creation, Validation, and Implementation, p. 6
- Actuarial Risk/Need Assessment and Its Effect on Supervision Revocation, p. 8
- Establishing the Proper Risk-Dosage Relationship, p. 10
- Review Essay: Implementing EBP in Community Corrections, p. 12
- Review Essay: Moving Implementation of EBP Forward, p. 15

---

*Justice Research and Policy*  
is published by the  
Justice Research and Statistics Association  
720 7<sup>th</sup> St., NW, Third Floor, Washington, DC 20001  
[www.jrsa.org](http://www.jrsa.org)

field. Research has shown that the norm in community-based programs is poor adherence to what works, which results in significantly less desirable outcomes.

The challenges that face community corrections relate to both research and practice. They range from organizational culture and system-level issues to the individual attitudes and orientation of correctional staff. For example, James Bonta points out in this issue that many of the treatment interventions included in meta-analytic studies are based upon small, group-based treatment programs led by highly qualified researchers and professionals. Can these interventions be implemented with fidelity in large-scale correctional settings characterized by multiple layers of bureaucracy and limited resources? It is not entirely clear.

The variation in program effectiveness is in part due to the demands placed on community supervision agencies that attempt to implement a model shown by research to “work.” The transition to an evidence-based practices model represents nothing short of a cultural change for most organizations. It requires a large investment in agency resources and development of new skills among staff who are often resistant. For instance, community supervision officers must become proficient in the use of cognitive-behavioral strategies, motivational interviewing, offender assessment, and case planning, and must learn how to fully engage in a process of evidence-based decision making. Staff must develop and practice specialized skills in communication and interaction with offenders. They must weigh the scientific evidence when making individualized service decisions for offenders on their caseloads. Efforts to implement evidence-based strategies in real-world settings must manage issues such as these in order to be successful.

Research also has a significant role to play in ensuring successful implementation of evidence-based programs. Studies have consistently shown that larger reductions in recidivism are achieved when program designers and evaluators are involved in program implementation and ongoing monitoring and assessment of program activities. Likewise, researchers can be invaluable in the development of quality assurance mechanisms and performance measurement tools that yield useful data for program planners. Such tools and the involvement of evaluators, particularly on the front end of new programs, go a long way in filling many of the gaps in our understanding of what leads to good implementation.

## Special Issue Overview

While the field has experienced an evidence-based movement in recent years and identified many evidence-based programs and practices, the science of implementing these programs with fidelity has lagged far behind. An emerging “science of implementation” holds a great deal of promise for assisting researchers and practitioners in developing successful implementation strategies to maximize adherence to science-based practices in community corrections. The articles in this issue contribute to the extant literature by describing various strategies for successful implementation in community supervision and treatment. Two of the articles center on systematic efforts to build staff skills in order to improve implementation, while the others concentrate on different aspects of risk assessment, including the development and application of assessment tools to guide evidence-based decision making.

This special issue concludes with two respondent essays from distinguished practitioners in the field of corrections. These essays offer valuable insight into practical barriers that often impede successful implementation of evidence-based practices in correctional environments, and offer strategies for transcending these challenges. These articles will provide useful information for program developers and administrators who are seeking to build the capacity of their own organizations to implement evidence-based programs, and may also inspire researchers to conduct new studies that will contribute to the growing body of literature on implementation science.

\*\*\*\*\*

## STICS: From Pilot Project to Wide-Scale Implementation

*Bonta, J., Bourgon, G., Ruggie, T., Gress, C., & Gutierrez, L. (2013). Taking the Leap: From Pilot Project to Wide-Scale Implementation of the Strategic Training Initiative in Community Supervision (STICS). Justice Research and Policy, 15(1), 17–35.*

## Why Was the Study Done?

Many jurisdictions are realizing that getting tough on offenders has not reduced recidivism and they have renewed attention on offender rehabilitation. Research has consistently shown that treatment can reduce recidivism, but the majority of treatment programs are small-scale projects ( $N < 100$ ). Although larger interventions are

effective in reducing recidivism, their effects are not as strong. The reasons for this may have to do more with quality implementation issues, however, rather than with the treatment itself. This article describes the implementation plans for a probation officer training intervention that is being introduced across a large jurisdiction. The steps taken to ensure quality implementation are outlined and obstacles that arose are discussed.

## What Was the Program and What Did the Researchers Do?

In 2005, researchers within the Corrections Research Division of Public Safety Canada began developing the Strategic Training Initiative in Community Supervision (STICS). The overall goal of STICS was to increase probation officers' adherence to the risk, need, responsibility (RNR) principles with the expectation that this would lead to lower recidivism rates among their clients. Rather than focus on individual criminogenic needs (e.g., substance abuse, anger management, etc.), the focus was on procriminal attitudes and the dysfunctional attitudes underlying the various criminogenic needs (e.g., attitudes supportive of substance abuse, negative attitudes towards employment).

STICS consisted of two major components. First, a curriculum taught probation officers to build rapport and a collaborative working relationship with their clients; recognize the importance of criminogenic needs, especially procriminal attitudes; and apply cognitive-behavioral techniques to help their clients replace their procriminal attitudes with prosocial attitudes. The second component consisted of ongoing clinical support to maintain and improve the skills the officers learned in training.

In 2007, 80 probation officers from three Canadian provinces were randomly assigned to either STICS training (51 officers) or a control group that did "probation as usual" (29 officers). The results showed that officer behavior changed, as measured by audio-recorded supervision sessions, and that the clients of the STICS officers had a lower recidivism rate. British Columbia's Community Corrections Division decided to capitalize on the promising results of this pilot study and implement STICS across the service. The decision was based on factors ranging from the observed reduction in recidivism to reports of improved officer morale and confidence. The potential cost savings with a province-wide rollout was also a key consideration.

Plans for the STICS rollout began in spring 2011. The primary consideration was to design the implementa-

tion in a way that would avoid many of the difficulties encountered in other large-scale treatment projects. The question that arose is, what accounts for the diminished effect in large-scale implementations? Is it due to problems with the treatment itself or its implementation (i.e., delivering the program as intended)?

## Factors Needed for Successful Implementation

Using the research literature as a guide, the authors identified four key factors for successfully implementing STICS on a large scale.

*System Uptake.* Because British Columbia participated in the original STICS experiment, many important program components were already in place: a group of trained probation officers; monthly meetings and refresher courses supported by Community Corrections; and at every opportunity (e.g., senior management meetings, staff training courses, etc.) the message was conveyed about the importance of STICS to changing the way supervision can be done.

*Implementation Integrity and Fidelity.* STICS training and the accompanying clinical support are initially provided by the original STICS trainers. Once probation officers are trained, they are expected to attend a refresher course (approximately six months after training), participate in at least eight monthly meetings (over a year), and receive feedback on at least two recorded sessions.

*Build Capacity.* One probation officer from each office is designated as a coach. The coach's role is to schedule and arrange monthly meetings and mentor his/her colleagues in their respective offices. Coaches commit between 25 and 30 hours per month to STICS support activities, including assisting the trainer in a refresher course approximately once every six months, listening to audio recordings, and eventually providing oral feedback to their fellow officers. The province created four new STICS Coordinator positions within the Community Corrections Division to deliver future STICS training to new staff and provide the necessary clinical support after the project ended. As the rollout continued, it became clear that most of the work was needed to run the monthly meetings and refresher courses, and provide individualized feedback to the newly trained probation officers. Thus, training for STICS Coordinators was shifted to focus on these activities. Particular attention was given to helping Coordinators learn how to give quality feedback on the STICS skills to their fellow officers, since this was considered the most difficult skill to learn. A system of qualification and competency is in

place for the Coordinators (and the coaches) to ensure that they are competent to deliver STICS clinical support.

*Evaluation Plan.* The evaluation of the STICS rollout in British Columbia is based upon a multiple baseline design. First, a baseline of officer behavior is established through audio recordings with clients. Next, two offices are trained and changes in officer behavior are measured post-training (again, through audio recordings with clients). Following that, an additional two offices are trained and the process repeats itself. In other words, the effects of training on officer behavior are replicated numerous times.

There are two phases to the evaluation. The first involved an evaluation of the project based on the first 10 offices trained, and the second phase is an evaluation of the remaining offices. A multiyear rollout allowed for the opportunity to adjust training and/or support, if required.

Finally, one of the weaknesses in the design of the original STICS pilot program evaluation was that while the officers were randomly assigned to training or routine supervision, the assignment of clients was not random or standardized. Improvements were made so that the new process ensures an examination of a broad range of officer-client interactions and minimizes subjective selection.

### **What Did the Researchers Find?**

To understand the progress of the STICS implementation to date, the authors examined the implementation plans vis-à-vis the Correctional Program Assessment Inventory (CPAI). The CPAI was developed to assess the quality of correctional programs delivered in a “real world” setting and their adherence to the RNR principles. Thus far, at least 400 programs from around the world have been evaluated using the CPAI, with scores on the instrument showing significant associations with reductions in recidivism.

Because STICS was still in the implementation phase, the authors measured their planned STICS rollout against the CPAI. That is, if their plan were followed, would they achieve a passing grade from the CPAI (a score of 70% is required to be categorized as “very satisfactory”). Based on their consideration of the program implementation literature and the hypothetical administration of the CPAI, the authors expect to have a reasonable chance of successfully moving from a pilot to a large-scale implementation of an RNR-based community supervision model.

### **What Are the Implications of the Study for Policy Making?**

The British Columbia implementation of STICS is a structured and well-designed project that will build upon the foundational work of adherence to RNR principles initially started in the province in the mid to late 1990s. The authors believe this evidence-based and strategically important project will inform future operational decisions and criminological research and will answer questions such as a) the applicability of cognitive-behavioral techniques in all instances of one-on-one client supervision and clinical support to probation officers; b) the potential for greater job satisfaction; and c) the potential for changes in the reconviction rates of adult offenders who are supervised by probation officers trained in STICS.

\*\*\*\*\*

### **Motivational Interviewing Proficiency in Corrections**

*Bogue, B., Pampel, F., & Pasini-Hill, D. (2013). Progress Toward Motivational Interviewing Proficiency in Corrections: Results of a Colorado Staff Development Program. Justice Research and Policy, 15(1), 37–66.*

### **Why Was the Study Done?**

Scholars and practitioners in the criminal justice field have great interest in identifying programs that prevent or reduce substance abuse, recidivism, and behavioral problems of offenders. Many successful programs not only treat the offenders, but also help staff develop broader strategies to interact more effectively with offenders. But implementing new practices may require reorientation of the agency’s culture as well as the individual habits of officers. Such change often comes slowly.

This study presents the results from one strategy used to implement program change in criminal justice agencies in Colorado. The EBP (Evidence-Based Practices) Implementation for Capacity (EPIC) staff development strategy sought to train officers in five departments and 17 Colorado criminal justice agencies to adopt motivational interviewing (MI) techniques. EPIC aims to improve the skills of correctional staff in interacting with offenders and ultimately increase the offenders’ chances for success in the community. Training was based on individual coaching and feedback for officers on their use of MI techniques in meetings with offenders and their

success in helping offenders to discover change goals in their own talk.

## What Did the Researchers Do?

This study aimed to demonstrate improvement by measuring skill use and impact of officer interactions with clients before, during, and after training. The study did not have a control group or measures of offender recidivism; rather, it used preliminary, case-study evidence to demonstrate that an extended training process can raise officers' skills when meeting with offenders and bring about positive change in the offenders' behaviors.

### *EPIC Program*

EPIC (EBP Implementation for Capacity) focuses on many skills, but MI was selected as the primary evidence-based innovation to roll out in the local pilot agencies. MI is a method or strategy of interaction that is used to engage the offender and enhance the offender's motivation to change, while also providing the corrections professional with opportunities for modeling prosocial behaviors.

The EPIC program relies on three principles to bring about change in officer and offender interactions and behaviors: Collaboration, or a sharing of skills, enthusiasm, techniques, tools, and attitudes; Scaffolding Skills and Mastery, or building larger, more complex skill sets from smaller, simpler ones; and Organizational Transparency, or making roles, skills, motivation, and organization culture more visible.

A key to the capacity-building strategy in the EPIC project is a concentrated effort to improve staff skill acquisition. The EPIC project recruits "change agents" (officers who take the lead in adopting and promoting new practices), gives general training, consults and coaches during and after meetings with offenders, measures improvement in interactions with offenders, and compiles decision-support data systems from the resulting performance assessment data.

The project began with 90 officers selected by the local agencies as change agents to receive MI training and coaching. The officers provided audiotaped sessions with a consented offender/client, and a trained MI coder assessed the level of MI adherence. Over the telephone, a coach reviewed the tape scores and explored ways to engage officers in discussions that help clarify and set a new focus for their personal skill goals and practice. Invariably phone coaching sessions would also include actual

skill practice through role-play simulations and real-plays to help set the context for future specific skill practice opportunities. This process was repeated for most officers at least once, and possibly up to four times. In addition, most officers participated in up to three face-to-face sessions with a coach and a consented offender/client. The coach provided feedback to the officer after the session, and codes from the taped and coached sessions were entered into a database. As part of a larger and separate project, all officers in the agencies were surveyed on their attitudes, satisfaction, and work orientations—all possible influences on skill acquisition.

The key outcome of the study is improvements in the interactions of the officers with the offenders. Effectiveness of EPIC should show in improved outcomes in MI.

## What Did the Study Find?

The results on average showed substantial and statistically significant improvement on several indicators of effective use of MI. The officers who improved most began with lower skills, indicating the ability of the training to help those most inexperienced with MI. Indeed, officers with varied educational degrees, levels of job satisfaction, and orientations toward law enforcement enjoyed similar skill acquisition. More important for success was the adoption of an attitude of respect for client autonomy and interest in collaboration.

The findings surprisingly showed greater benefit from use of session tapes and subsequent feedback than from live coaching sessions. This result needs to be confirmed by additional research, as immediate feedback from the coaching sessions would be expected to be most beneficial. Yet, the finding also implies that submission of tapes, particularly multiple tapes, has value.

## What Are the Implications of the Findings for Policy Making?

The results confirm, with some exceptions, the findings of the research literature on MI. The generally positive results indicate that the MI training was able to overcome problems of inertia and resistance to new correctional procedures, while maintaining fidelity to the principles of MI.

As MI skills improved, the agents developed new abilities to elicit and reinforce client/offender "change talk," or self-motivating statements, and there was a corresponding increase in the behavioral ratings of client change talk by independent raters. Elicitation of change talk is

considered a causal and primary mechanism for how MI works to produce reliable positive effects. These findings provide a good picture of how the MI innovation can be transferred into practice and brought to scale.

The challenge in implementing an MI program can be substantial. In Colorado, the EPIC project is complex: It is a joint collaboration between four different state government departments to intentionally and strategically build their respective capacities for implementation. The project uses a multipronged strategy that engages staff skills, roles, and motivation, as well as the organizational cultures within 17 different local agency pilot sites.

Future research on the EPIC program needs to explore the study implications with additional data. First, follow-up data can evaluate the use of MI after the end of the program. Successful training should lead to continued use of the techniques. Second, data need to be gathered on use of MI by correctional staff that did not participate in the training and coaching. Scale-up (often defined as 50% competency) should have spillover benefits as trained staff encourage, and even teach, others to use the techniques; users should reach a critical mass such that other staff members want to adopt MI. Third, similar programs in other states are being implemented, and these need to be studied to gauge the generalizability of the results outside of Colorado. Fourth, and perhaps most importantly, data on offender recidivism need to be linked to measures of use of MI by supervising correctional staff. The ultimate goal is to obtain evidence to indicate that competency in MI and elicitation of change talk by offenders reduces recidivism. Adoption of MI is thus a means to an end rather than an end in itself.

\*\*\*\*\*

## Ohio Youth Assessment System – Creation, Validation, and Implementation

Lovins, B., & Latessa, E. (2013). *Creation and Validation of the Ohio Youth Assessment System (OYAS) and Strategies for Successful Implementation*. *Justice Research and Policy*, 15(1), 67–93.

### Why Was the Article Written?

Identifying and implementing juvenile justice programs that can reduce recidivism is more complicated than just adopting an evidence-based program. Recently there has been a push to think more broadly about evidence-based decision making, following a series of guiding principles versus adopting a single, evidence-based program to ad-

dress offender behavior. Moreover, a number of juvenile justice systems are examining ways to make decisions regarding youth at multiple stages of the juvenile justice system.

In 2005, Ohio's juvenile justice system was similar to those in many other states when it came to the adoption of evidence-based decision making. Some local jurisdictions had been making decisions based on research for several decades, while others relied solely on intuition and experience. At the state level, the Department of Youth Services (DYS) had adopted the Youthful Level of Service/Case Management Inventory at intake, but never implemented a reassessment process at release, making it difficult to guide release decisions and place youth on the correct level of supervision based on up-to-date risk information.

To address this problem, DYS contracted with the University of Cincinnati to create a risk assessment system that spanned from diversion through parole, which resulted in the development of the Ohio Youth Assessment System (OYAS). The goal was to create a set of nonproprietary tools that provide juvenile justice staff the ability to measure the risk and needs of a youth while considering the context in which the youth is being assessed. Specifically, assessment tools were developed for the following stages: 1) diversion, 2) detention, 3) disposition, 4) residential intake, and 5) residential reentry. The purpose of this article is to describe the processes used to develop, validate, and implement the OYAS.

### What Did the Researchers Do and What Did They Find?

The OYAS was unique in two ways: 1) It was developed from prospective data collected through face-to-face interviews with youth, file reviews, and self-report surveys, and 2) data were collected at five different stages of the juvenile justice system, with an assessment tool constructed for each stage. Independent samples were drawn for the development of each instrument, for a total of 1,992 youths overall.

The *OYAS Diversion Tool* was designed to assess youth at the time of intake to determine if the youth should be formally processed into juvenile court or if the youth is eligible for diversion. The tool has six items measuring 1) prior offenses, 2) previous probation, 3) current offense, 4) age at first contact, 5) family criminality, and 6) caregiver's ability to supervise. Data were collected from a sample of 522 youth through file review, face-to-face

interview, or a combination of both. Cross-tabulations were used to determine the appropriate cutoff values. For example, females who scored 0 to 1 were classified as low risk and rearrested 14% of the time; low-risk males (also scoring 0 to 1) were rearrested 20% of the time. Moderate-risk cutoffs were 2 to 4 for both males and females; rearrest rates were 32% for females and 34% for males. Cutoffs for the high-risk youth were set at 5 to 7, with males rearrested at 48% and females slightly lower at 44%. Based on additional analysis, it was determined that the tool did reasonably well in placing youth into risk categories over random cases.

The *OYAS Detention Tool* was designed to assess youth at detention to determine if they pose a risk to reoffend. The tool has six items measuring 1) prior offenses, 2) previous probation, 3) current offense, 4) age at first contact, 5) youth's aggressiveness, and 6) youth's attitudes towards the system. The tool was designed to be used to inform release decisions that also take into account local factors (e.g., seriousness of offense, availability of caregiver supervision, and contact with victim). Again, a series of cross-tabulations was used to determine the appropriate cutoff values for the 189 youth in this sample. Additional analysis suggested that the tool classified youth into risk categories more effectively than random assignment.

The *OYAS Disposition Tool* is considerably more than a screening instrument. It consists of 32 items across seven domains and has multiple purposes. The tool is designed to assess youth at the time of disposition and assist the court in making an appropriate placement based on the composite risk score. In addition, the domains provide guidance to the staff, youth, and the youth's family as to the areas in which the youth is low, moderate, or high risk. For those criminogenic need areas that are moderate to high risk, it is recommended that staff work with the youth and the youth's caregivers to develop an individualized service plan that addresses the need. The OYAS can be used to reassess youth every six months to gauge progress and to aid in discharge decisions. A series of analyses was used to determine the appropriate cutoff values for the 492 youth in this sample. Additional analysis suggested that the tool did well in classifying youth into categories of risk.

The *OYAS Residential Tool* was developed to examine predictors of recidivism and identify those youth in residential care who would benefit from interventions. This tool provides the unique ability to measure risk specifically for

the residential youth population by a) taking into account that many youths are housed in a secure setting for long periods of time prior to placement and b) taking into account risk factors that are rare in community samples (e.g., use of weapon in the commission of the crime) but have a higher concentration in residential placements. The tool consists of 32 items covering seven domains, and was developed using a sample of 540 youth who were committed to a community residential facility, a community corrections facility, or the Ohio Department of Youth Services facility. A series of cross-tabulations was used to determine the appropriate cutoff values for the youth, and additional analysis suggested the tool was able to place youth in appropriate categories of risk more effectively than by selection of random cases.

The *OYAS Reentry Tool*. One of the challenges of assessing youth placed in a residential or secure setting is that measuring risk and needs of such youth is difficult for tools that were designed to measure risk in the community. This tool provides a means for staff to measure risk for youth that are placed in a secure setting for a minimum of three months. By collecting the data prospectively, the OYAS was able to identify current risk factors that could be measured while the youth is in a controlled environment, providing staff with a current level of risk for each youth as he or she transitions back to the community. Analyses suggested that the tool is very effective in classifying youth into risk categories compared to random selection.

## What Are the Implications of the Findings for Policy Making?

Many agencies are motivated to make the transition to evidence-based decision making, but they do not for various reasons. As part of the development of the OYAS, the Department of Youth Services and the University of Cincinnati were tasked with implementing the risk assessment across the entire state juvenile justice system. The strategies they used were as follows:

- Develop a steering committee consisting of major stakeholders to guide the process and overcome barriers to statewide implementation.
- Develop a pilot committee of a broader range of stakeholders to assist in the implementation.
- Adopt a dissemination strategy that encompasses the broader stakeholders.
- Ensure staff have the knowledge, skills and understanding to effectively score and utilize the tools.
- Use technology to enhance access, reduce barriers, and

assist staff in understanding the information in a useful manner.

- Ensure fidelity to the model.

More than 65 Ohio counties use the OYAS and more than 35,000 youth have been assessed. The number of youth housed in Ohio's juvenile institutions has declined from more than 2,400 in 2004 to just over 600 in 2012. While not all of Ohio's success can be attributed to the OYAS, many consider it a key ingredient.

The development of the OYAS addresses one of the primary shortcomings of current risk assessment—an assessment's ability to measure risk across unique stages of the juvenile justice system. It also provides a foundation for agencies to build on in addressing youths' behavior adequately. Based on the principles of effective classification, the OYAS is designed to assist staff in identifying the overall risk of a youth, but also provides clear guidance on targeting criminogenic needs and identifying strengths and barriers in working effectively with youth.

\*\*\*\*\*

## **Actuarial Risk/Need Assessment and Its Effect on Supervision Revocation**

*Holsinger, A.M. (2013). Implementation of Actuarial Risk/Need Assessment and its Effect on Community Supervision Revocations. Justice Research and Policy, 15(1), 95–122.*

### **Why Was the Study Done?**

The recent emphasis on “evidence-based practices” in the justice field has led many correctional agencies to add actuarial-based (i.e., statistically based) assessments to their standard procedures. Actuarial risk/needs assessment provides agencies with the necessary tools to follow the “risk” and “need” principles of correctional intervention. Failure to adhere to the risk principle may result in wasted resources, while proper use allows agencies to find out reliably who among their population needs, or doesn't need, the most services. Adherence to the need principle allows agencies to effectively target criminogenic (crime-producing) behaviors.

The Level of Service Inventory–Revised is one of the most widely used risk assessment instruments. The LSI-R is a 54-item instrument that provides a composite score that, in turn, provides a linear measure of recidivism risk (the higher the score, the higher the risk). The bulk of the initial information for scoring comes from a one-on-one interview between the practitioner and the client.

Other information sources include file review, family members and/or other practitioners who have worked with the client before, and other sources that might shed light on the domains/items. The LSI-R provides additional benefits such as formal documentation of risk/need factors, legitimacy for agency decision making, and the formal measurement of (potential) change, but while its overall validity has been demonstrated, there are concerns about whether it is valid for certain offender subpopulations.

This study tested the validity of the LSI-R in several ways. A general test of its localized validity (i.e., validity for a specific local population) was conducted using a very large study sample; the predictive validity for subgroups within the global population—white offenders, African-American offenders, male offenders, and female offenders—was analyzed separately. The results were examined over a six-year period (2003 to 2008) and in the aggregate. A test of the risk principle comparing “high risk” to “low risk” offenders who received either “high intensity” or “low intensity” interventions was performed as well. Finally, the effect of LSI-R implementation on the rate of offender commitment to an institution within the state's Department of Corrections (that is, offenders who began on community supervision, but who were ultimately revoked and shipped to the Department of Corrections) was examined. It was presumed that implementation of the LSI-R would increase the likelihood of appropriate caseload placement, resulting in a lowering of the rates of probationers being revoked and sent to the Department of Corrections.

### **What Did the Researcher Do?**

The data for the study were obtained from two community supervision agencies in a large Midwestern county outside of Kansas City, Missouri. In 2003, the county trained agency officers about effective assessment practices and how to conduct the LSI-R specifically. When all officers were certified to use the LSI-R, it was implemented throughout the system/county. Participants in this study were all the offenders who were placed on community supervision in the county since the official beginning of LSI-R use in 2003 through 2008 (a total of 7,986). The probationer's initial (intake) LSI-R was used in the analyses. The status of the probationer's termination from supervision was the primary outcome measure. “Successful” status means most, if not all, of the court-ordered requirements were met, and “unsuccessful” status indicates some requirements were still outstanding.

The following data elements were used in the analysis: race, sex, age, year the offender was placed on community supervision, case outcome (successful discharge from community supervision or unsuccessful termination), intensity level of the supervision, time under supervision, and composite LSI-R score. In addition, outcome was captured, measured as unsuccessful termination with intake into the Department of Corrections.

Two statistical procedures were used to test the relationship between the LSI-R and outcome—Pearson’s *r*, and area under the curve (AUC) analysis. Chi-square analysis was used to test the relationship between the four LSI-R categories utilized (quartiles) and case outcome and to test the risk principle, comparing low- and high-risk offenders in each of low-intensity and high-intensity environments. Finally, rates were calculated regarding some systemic measures (specifically, the rates at which these community supervision agencies are moving offenders from supervision to the Department of Corrections).

### What Did the Study Find?

Taking the results as a whole, it appeared that the LSI-R had predictive validity (that is, predicted outcomes accurately) for the sample used in the study, though there were some exceptions. As LSI-R score increased, so did the likelihood of supervision failure. Further, the LSI-R composite score appeared to possess predictive validity for various subpopulations, including male offenders, female offenders, white offenders, and African-American offenders.

What was not shown in the current analyses, and remains unknown in these agencies, is whether the agencies are responding to risk categorizations in palpable ways. While the study results offer some support for the LSI-R as a predictive tool, it was not clear what, if any, differences occur in the number and type of human services received amongst the offender population, and if those differences are due to differing levels of risk and need (as assessed by the LSI-R).

### What Are the Implications of the Findings for Policy Making?

For an assessment and classification strategy to be as effective as possible, much work is needed after the “high/medium/low” decision point, including use of additional assessment instruments, comprehensive case planning, reassessment, and discharge planning.

Comprehensive case planning involves the building of a “road map” of intervention to enhance an offender’s likelihood of success on supervision, and the likelihood he/she will remain crime free after supervision is terminated. Case plans should be realistic, detailed, and individualized, and should allow for the charting of progress. They should also be dynamic or changeable as the offender progresses through various services.

The LSI-R represents a 10-domain, 54-item comprehensive risk/need assessment. Its composite score (ranging from 0 to 54) informs the overall risk/need level, but the individual domains are useful in that they flag specific areas that may need intervention or they may identify offenders’ strengths (represented by low scores). Scores on the individual domains offer the practitioner an idea of where to begin further assessment using additional scales and criteria, which will increase the breadth, depth, and meaning of the case plan. All the assessment information together (the global assessment such as the LSI-R, and any additional domain-specific assessments) can be used to create a comprehensive, living case plan.

The article makes specific recommendations based on the research findings:

- This study’s results offer support for the predictive validity of the LSI-R. Jurisdictions that are currently utilizing no risk/need assessment or an underdeveloped one should consider its implementation.
- Localized validation of the LSI-R should occur in any and all correctional systems.
- LSI-R should be a cornerstone for correctional intervention, insuring the implementation of the risk principle, the classification of offender population into risk categories, and the building of dynamic case plans.
- There should be meaningful agency actions and decisions that are directly tied to the risk categories. In short, all correctional agencies should insure that they vary the intensity and duration of all interventions (both sanctions and treatment/rehabilitative) based on risk/need level.
- Correctional agencies should track revocation rates, but in particular, community correctional agencies should track revocations that result in shipping an offender to a state (or federal) prison. This knowledge will help test the validity of the assessment protocol, and will also help with the overall management of the offender population and budgetary planning.

\*\*\*\*\*

## Establishing the Proper Risk-Dosage Relationship

Sperber, K.G., Latessa, E.J., & Makarios, M.D. (2013). *Establishing a risk-dosage research agenda: Implications for policy and practice. Justice Research and Policy, 15(1), 123–141.*

### Why Was the Study Done?

Numerous studies on the risk principle provide evidence that correctional practitioners should vary treatment by risk by providing more services to higher risk offenders than to lower risk offenders. Seven meta-analyses involving more than 400 primary studies have demonstrated empirical support for the risk principle, and collectively these studies show that correctional interventions are more likely to have a positive impact on moderate- and high-risk offenders than low-risk offenders.

Knowing that higher risk offenders should receive more services and supervision than lower risk offenders is not the same as knowing how much more service and supervision to provide to higher risk offenders, however. Few studies have identified how much more treatment is required to impact recidivism for higher risk offenders compared to their lower risk counterparts.

The purpose of this article was to summarize the empirical evidence on the risk-dosage relationship, identify remaining gaps in the literature, and argue for a comprehensive research agenda that focuses on the most effective execution of risk-based dosage in corrections.

### Research on Dosage by Risk

At least two studies offer general support for providing higher levels of dosage to higher risk offenders. Lowenkamp, Latessa, and Holsinger (2006)<sup>1</sup> conducted a study of 13,676 offenders from 97 treatment programs and found that programs demonstrated greater reductions in recidivism when they provided more intensive treatment to higher risk offenders and when they increased treatment length for the higher risk offenders. Similarly, in a meta-analysis of more than 40 cognitive-behavioral programs, Lipsey, Landenberger, and Wilson (2007)<sup>2</sup> found larger effect sizes for those programs that targeted moderate- and high-risk offenders and that provided more sessions per week. Neither of these studies, however, specified the specific number of hours of service that practitioners should provide to a high-risk population.

Currently three studies provide quantifiable guidelines for service delivery based on risk.

- Lipsey's<sup>3</sup> 1999 meta-analysis of 200 studies of treatment programs for serious juvenile offenders found that approximately 100 hours of programming were necessary to reduce recidivism among this population.
- In 2005, Bourgon and Armstrong<sup>4</sup> compared post-release recidivism rates of adult male offenders who received treatment in prison to a comparison group who received no treatment. They found that 100 hours of treatment reduced recidivism for offenders of moderate risk or with few criminogenic needs (three or fewer). Next they found that 200 hours of treatment were required to reduce recidivism for offenders designated as high risk with few needs or moderate risk with multiple needs. Finally, they found that 300 hours of treatment was insufficient for reducing recidivism for offenders identified as both high risk and high need when compared to the no-treatment group.
- Questions from community corrections providers about the amount of dosage required to reduce recidivism for offenders in community-based settings prompted a third study in 2013 by Sperber, Latessa, & Makarios.<sup>5</sup> They utilized a sample of 689 adult male offenders successfully discharged from an Ohio community-based correctional facility. Offenders were categorized as low, moderate, or high risk to reoffend based on the Level of Service Inventory–Revised. They were also identified as receiving low, moderate, or high levels of dosage. The study found that when dosage increased from the low range (from 0 to 99 hours) to the moderate range (from 100 to 199 hours), recidivism for low-risk offenders dropped by 13 percentage points. With moderate-risk offenders, recidivism dropped by nine percentage points as dosage increased from the lowest range to the highest range (200 or more hours). For high-risk offenders, recidivism dropped by 24 percentage points when they received dosage in the highest range. Specifically, the recidivism rate for high-risk offenders moved from 81% to 57% when treatment hours were increased from 100–199 hours to 200 or more hours.

### Constructing a Comprehensive Risk-Dosage Research Agenda

While the three studies mentioned above contribute to the discussion about effective implementation of risk-based dosage, a number of questions remain. The authors of the current study identify 12 potential areas that

could form the foundation of a comprehensive research agenda.

1. A consistent definition of dosage needs to be established to reduce the chance of variability in findings simply due to variability in the definition of dosage. Hours of treatment may be a more exact measurement than days or number of sessions.
2. Researchers and practitioners should work toward identifying the types of activities and services that count as dosage (e.g., only those that address criminogenic needs and that utilize a cognitive-behavioral approach).
3. Research that enables us to prioritize the various criminogenic needs as treatment targets would be of value to practitioners in their efforts to most effectively allocate treatment dosage.
4. More work is needed on how to best count dosage outside of a traditional treatment environment, such as encounters with probation or parole officers. Some research has shown that some probation interventions are more effective than others, for example.
5. The impact of the sequence of dosage delivery, both within a discrete episode of treatment and across the system, needs investigation. What is the impact of receiving a high amount of dosage in a condensed amount of time compared to a longer time? In what order should criminogenic needs be addressed? Should treatment in prison reduce the hours of recommended treatment for offenders after release?
6. The cumulative impact of dosage is important. It is often assumed that a single stay in a correctional program should “cure” an individual of criminality, but some offenders may need multiple administrations of dosage before desisting from crime.
7. The program setting may moderate the relationship between dosage and risk, but more needs to be known about whether and how this may work. Do offenders need the same number of hours of treatment in a secure treatment environment versus a halfway house, where outside factors may produce a beneficial effect?
8. Offenders who are low risk for reoffending may be high risk for a specific need (such as substance abuse). More study is needed to determine whether such offenders may require a higher number of treatment hours to address a particular need.
9. Research has not yet examined the risk-dosage relationship as it pertains to specialized offender populations, such as females, sex offenders, or domestic violence offenders.

10. Research should focus on the potential mediating effect of skill acquisition during treatment on the risk-dosage relationship. Some individuals may progress more quickly, or less quickly, than expected during treatment, and hours of dosage may need to be adjusted accordingly.
11. Practitioners may need to tailor dosage requirements for individual offenders based on key responsivity characteristics, such as personality type, motivation, cognitive functioning, or mental illness. So far research has not examined how these barriers to treatment might serve to moderate the risk-dosage relationship.
12. Research has not yet identified the conditions under which dosage produces minimal or no impact. Is there a saturation effect of dosage, or are there specific subgroups of offenders who will not respond regardless of the amount or type of services received?

## Current Risk-Dosage Research

In response to the many gaps in correctional dosage literature, Talbert House, a private, nonprofit agency that provides correctional and other types of services, has four studies nearing completion and two studies planned.

- The first study seeks to refine the extant knowledge about tailoring dosage to offender risk by testing the impact of more narrowly defined categories of dosage on recidivism for moderate- and high-risk offenders (i.e., dosage ranges based on 50-hour increments rather than 100-hour increments).
- The second study is designed to assess the impact of a key responsivity factor—personality type—on the risk-dosage relationship.
- The third study examines the impact of varying levels of treatment dosage by risk for female offenders in a community-based correctional setting.
- The fourth study seeks to examine the impact of “frontloading” treatment hours into the beginning of programming on post-release recidivism in a sample of adult male halfway house participants.
- In a study that began in 2013, the risk-dosage relationship in a sample of adult male sex offenders is being examined.
- A second study that began in 2013 will utilize a prospective design and will include measures of skill acquisition, desistance, and number of prior treatment exposures in order to look at the moderating effect of these variables on the risk-dosage relationship.

## What Are the Policy and Practice Implications of Findings from Existing Literature?

First, the research clearly suggests that correctional practitioners should vary dosage by risk, with higher risk offenders receiving higher dosage than their lower risk counterparts. Second, the existing research generally suggests dosage ranges of at least 100 hours of dosage for moderate-risk offenders and at least 200 hours for high-risk offenders. To effectively triage dosage by risk, correctional administrators need to ensure that: (1) there is a process for assessing the risk level of all new admissions, (2) the agency has modified policies and curricula to allow for variation in dosage by risk, and (3) the agency has a formal quality improvement mechanism for monitoring whether offenders receive the appropriate level of dosage based on their criminogenic risk and needs.

Practitioners and policy makers should not conclude from the current research that all programs have to provide at least 200 hours of service to produce any impact on recidivism for high-risk offenders. A more accurate interpretation is that dosage levels of 200 or more hours likely produce the optimal impact on recidivism for high-risk offenders.

Finally, it is unlikely that there is a one-size-fits-all protocol for dosage, even for high-risk offenders. Practitioners and policy makers should resist the urge to translate these findings into concrete, narrowly defined standards for dosage.

While research is being conducted on effective application of dosage by risk, this line of empirical inquiry is still in its infancy. There is a need for researchers, practitioners, and policy makers to form collaborative partnerships to build and execute a comprehensive research agenda on the risk-dosage relationship and its application in real world settings.

---

<sup>1</sup> Lowenkamp, C. T., Latessa, E. J., & Holsinger, A. (2006). The risk principle in action: What have we learned from 13,676 cases and 97 correctional programs? *Crime & Delinquency*, 52, 77–93.

<sup>2</sup> Lipsey, M. W., Landenberger, N. L., & Wilson, S. J. (2007). Effects of cognitive behavioral programs for offenders. *Campbell Systematic Reviews*, 6, 1–27.

<sup>3</sup> Lipsey, M. (1999). Can intervention rehabilitate serious delinquents? *The ANNALS of the American Academy of Political and Social Science*, 564, 142–166.

<sup>4</sup> Bourgon, G., & Armstrong, B. (2005). Transferring the principles of effective treatment into a “real world” prison setting. *Criminal Justice and Behavior*, 32, 3–25.

<sup>5</sup> Sperber, K. G., Latessa, E. J., & Makarios, M. D. (2013). Examining the interaction between level of risk and dosage of treatment. *Criminal Justice and Behavior*, 40, 338–348.

\*\*\*\*\*

## Review Essay: Implementing EBP in Community Corrections

*Burrell, W.D., & Rhine, E.E. (2013) Implementing Evidence-Based Practices in Community Corrections: A Review Essay. Justice Research and Policy, 15(1), 143-157.*

For nearly three quarters of the twentieth century, community corrections had embraced the dual roles of enforcing court and parole board orders and assisting offenders to change their behavior, and while there was some tension between the helping and enforcing roles, there was a general consensus that both roles were vital. But in 1974, Robert Martinson<sup>1</sup> published an article that was highly critical of the effectiveness of correctional treatment, and the helping role, grounded in the rehabilitative ideal, was cast aside because the research supposedly showed that “nothing works.” Little solid, reliable evidence showed that the programs and practices of community corrections were effective at reducing the risk of recidivism. One of Martinson’s central messages was that methodologically rigorous and well-documented research on correctional treatment that might inform and guide the development and operation of effective correctional programming was lacking. Offender supervision was transformed into a model that was based almost entirely on surveillance and enforcement.

## What Works?

In 1990, Don Andrews and colleagues<sup>2</sup> published two academic articles that signaled a sea change for corrections, particularly for community corrections. Through meta-analysis, these articles described the specific elements or strategies of effective correctional treatment programs. From these reviews and others the principles of effective correctional treatment emerged. Initially referred to as the “what works” literature (in response to the earlier “nothing works” findings), this body of research identified the building blocks of effective correctional programming. As a result, it became possible to translate research into practice with a reasonable expectation that the same results could be replicated in a new setting.

In 2004, the National Institute of Corrections published a series of papers that resulted in “what works” morphing into a discourse on “evidence-based practices” (EBPs).<sup>3</sup> This important shift in focus aligned the work emerging in community corrections with larger efforts to improve practices and outcomes in fields such as medicine, education, substance abuse treatment, counseling, and psychotherapy. The evolving research demonstrated the possibility of effective correctional treatment, showing that it is possible to reduce reoffending and restore offenders to productive, prosocial lives. This served to reestablish the tradition of helping offenders change their behavior as part of probation and parole’s mission and, even more significantly, provided the principles to develop and implement effective technology for offender supervision.

## Evidence-Based Practice Models

While it is evident that fidelity to the requirements of EBP has enormous potential for improving the outcomes of probation and parole supervision, it is also true that EBP represents a complex practice model. The National Institute of Corrections model for community corrections, for example, has eight principles, with one having five subprinciples. The model for parole supervision developed by the Urban Institute calls for the adoption of 13 strategies. The principles identified by Andrews and Bonta for effective correctional treatment overall now total 15.

While the number of EBP principles alone poses a significant challenge to any community corrections agency, other factors further complicate their full incorporation and implementation. First, the EBP model is firmly grounded in redirecting offender behavior in prosocial directions through the active change efforts of probation and parole officers (PPOs). After four decades of movement away from rehabilitation and toward enforcement and sanctioning as the principal approach, the adoption of EBP and the commitment to risk reduction through the offender behavior change that it requires can be a difficult shift for many staff.

Second, the difference in philosophy between EBP and the “trail ’em, nail ’em, and jail ’em” surveillance and enforcement model has profound implications for the daily work of staff. Many aspects of work routines change, often significantly, and the expectation that a complex set of new skills will be mastered throughout the organization poses a significant challenge.

The third complicating factor has to do with the process of implementing a complex model like EBP. The model is not self-executing. Rather it requires an active, extensive, and sustained effort over an extended period of time to implement successfully.

But while the challenges are certainly great, they are not insurmountable. Substantial resources and significant experiences are available to draw upon for guidance and assistance.

## Planned Change

Implementation of EBP is an example of planned change in an organization. Planned change is a purposeful endeavor, usually driven from within, to make specific modifications to the way in which the organization functions in order to improve outcomes. Successful planned change efforts require an overarching focus on three main elements:

- An effective model of operations that has been proven successful in achieving the desired outcomes of the organization. In the case of offender supervision, the model is EBP.
- Effective implementation. Installing a new model is a difficult challenge, fraught with many pitfalls and barriers. Fortunately, there is now a corresponding body of research on the science of implementation that can provide specific techniques and strategies for successful implementation.
- Knowledgeable and sustained leadership over the entirety of the implementation process. Agency executives must provide sustained, flexible, and resilient leadership over an extended period of time if implementation of EBP is to succeed. With respect to this element, substantial assistance and guidance are available in the work of John Kotter<sup>4</sup> on leading the organizational change process

The challenge of successful planned change should not be underestimated. A decision to implement change should be preceded by a period of intensive learning and knowledge acquisition to prepare agency leaders and managers for the task ahead.

## Themes and Issues from the Articles

Taken together, the articles in this issue offer a series of important lessons for those individuals who have responsibility for leading and/or participating in efforts to effect meaningful organizational change targeting EBP and the myriad challenges associated with its full and successful adoption.

- Time is a critical issue for successful implementation. First is the overall time that implementation will take which is best measured in years, not weeks or months. The second aspect is how much staff time and investment will be needed to learn and master new skills at all levels of the agency. The last critical aspect is ensuring that PPOs have sufficient time for meaningful contacts with offenders. These models simply cannot be implemented in the high caseload environments that are so common in probation and parole.
- Training alone isn't sufficient. The traditional approach of providing several days of classroom training and then sending staff back to their offices will not work with EBP. Staff, especially line officers and supervisors, need time to practice new skills, receive feedback from coaches, get booster training, and practice some more. Even when competency is achieved, there is an ongoing need for performance monitoring, coaching, and refresher training to maintain skills at a high level.
- Risk/need assessment is the foundation of EBP. In addition to determining the supervision level, risk and need assessment must drive risk reduction efforts by targeting criminogenic factors and shaping supervision strategies in the case plan. EBP requires that the risk and need assessment must be fully implemented and integrated into practice.
- Measurement is essential. The core concept of EBP—evidence—requires measurement. This includes measuring the implementation process, staff performance on core tasks and responsibilities, and measuring short-, intermediate-, and long-term outcomes of offender supervision. Measurement is the only way to know how well the organization is doing.
- Collaboration is a core strategy for successful implementation. Implementation of large-scale change such as EBP is difficult. Collaboration within an agency and across agency lines builds needed trust, knowledge, skills, support, and capacity for change and growth.

## Dosage: How Much and of What?

The question of dosage—how much treatment is enough—is addressed by Sperber and her colleagues in this issue. They raise a question that has profound implications for probation and parole. When considering dosage—typically considered to be treatment by trained and certified clinicians—does the work of PPOs in supervision qualify?

Treatment in the “what works”/EBP realm has historically been provided in discrete programs by therapists

and counselors using a cognitive behavioral model. With the emergence and growing popularity of cognitive behavioral curricula such as Thinking for a Change, Reasoning and Rehabilitation, Moral Reconnection Therapy, and Aggression Replacement Training, probation and parole agencies have begun delivering something closer to treatment in the traditional sense that should qualify as dosage. Work by Bonta and his colleagues and results from the Federal Probation System's evaluation of its STARR initiative provide support for this argument. The work of Bonta and his colleagues also has the potential to answer the question of optimal caseload size. In addition to identifying how PPOs should supervise offenders (effective strategies and techniques), they also developed information on how long PPO/offender contacts should be if they are to be effective. With that as a foundation, subsequent research should explore the optimal frequency of contacts and the duration of supervision (how many total contacts are required over how long a period of time). With those elements, it would be possible to construct a workload model based on evidence and not conjecture, opinion, or untested assumptions.

## Conclusion

Evidence-based practices hold enormous potential for improving the effectiveness of community corrections; at the same time they pose significant challenges relative to their effective implementation and long-term sustainability. The articles contained in this special issue demonstrate that the commitment to EBP must not only reflect the principles that drive effective correctional intervention, but also incorporate the growing body of knowledge that speaks to the “science of implementation”—research that illustrates how critical it is to address the integrity and demands of properly and consistently implementing correctional programs. The EBP successes in community corrections, while smaller in number than many in the field would like, demonstrate that it is within the capability of most agencies and their staff to succeed with EBP. Those agencies that are willing to do so will be far better positioned in the years ahead to create a credible narrative showing how the mission of community supervision contributes to public safety and positive offender change.

<sup>1</sup> Martinson, R. (1974). What works? Questions and answers about prison reform. *The Public Interest*, 35, 22–45.

<sup>2</sup> Andrews, D. A., Bonta, J., & Hoge, R. (1990). Classification for effective rehabilitation: Rediscovering psychology.

*Criminal Justice and Behavior*, 17 (1), 19–52.

Andrews, D. A., Zinger, I., Hoge, R. D., Bonta, J., Gendreau, P., & Cullen, F. T. (1990). Does correctional treatment work? A clinically relevant and psychologically informed meta-analysis. *Criminology*, 28(3), 369–404.

<sup>3</sup> Bogue, B., Campbell, N., Carey, M. et al. (2004). *Implementing evidence-based practice in community corrections: The principles of effective intervention*. Washington, DC: National Institute of Corrections.

Bogue, B., Campbell, N., Carey, M. et al. (2004). *Implementing evidence-based principles in community corrections: Collaboration for systemic change in the criminal justice system*. Washington, DC: National Institute of Corrections.

Bogue, B., Campbell, N., Carey, M. et al. (2004). *Implementing evidence-based principles in community corrections: Leading organizational change and development*. Washington, DC: National Institute of Corrections.

<sup>4</sup> Kotter, J., & Cohen, D. S. (2002). *The heart of change*. Boston: Harvard Business School Press.

\*\*\*\*\*

## Review Essay: Moving Implementation of EBP Forward

Nagy, G. (2013). *Moving Implementation of Evidence-Based Practice Forward: A Practitioner's View*. *Justice Research and Policy*, 15(1) 160–176.

While the field of probation has theoretically embraced the concept of evidence-based practices (EBP), what we say might not be what we actually do. A major gap exists between the science of changing behavior and the practice at the front line and across organizational levels of community supervision agencies. Historically, both criminal justice practitioners and correctional researchers focused on building a “toolbox” of practices (EBPs) that have a known impact on measures of recidivism. Much less attention has been aimed at identifying those processes that can be used to effectively move EBPs into system routine.

This article identifies three major challenges in implementing EBPs into community corrections programs, and offers suggestions for how these challenges might be met. The need for a framework that goes beyond traditional methods of implementing change is also discussed.

### Challenge #1: Addressing the Complexity of Implementation Within Multilevel Systems

Within the setting of community corrections, implementation means taking certain practices that have met

a threshold of proof (EBPs) and bringing them to scale so they have a measured impact on offender behavior and, ultimately, public well-being. But implementation of EBPs is complex. For an agency it may mean broad organizational change and critical course corrections. For the local system it may mean consensus building among agency heads, court officials, and other stakeholders, and making countless decisions to facilitate the creation of interdependent processes that support a common goal. Thus, a structure that recognizes the multiple, interrelated levels involved in bringing EBP to scale even within a local system is needed.

Shortell's (2004)<sup>1</sup> multilevel model of “change for performance improvement,” which was initially developed as a conceptual framework for health services research, might prove to be a useful model for local justice systems. Shortell identifies four “levels” within a system that are likely to be crucial to change. First is the bottom level, which concerns the delivery of services by individual practitioners. The next level concerns work groups or teams where processes that facilitate coordination and shared knowledge must be defined. Next is the organizational level, where supportive structures and strategies are crucial. Last is the top level, the “larger system and environment” where the development of supportive funding strategies, regulations, and policies are key.

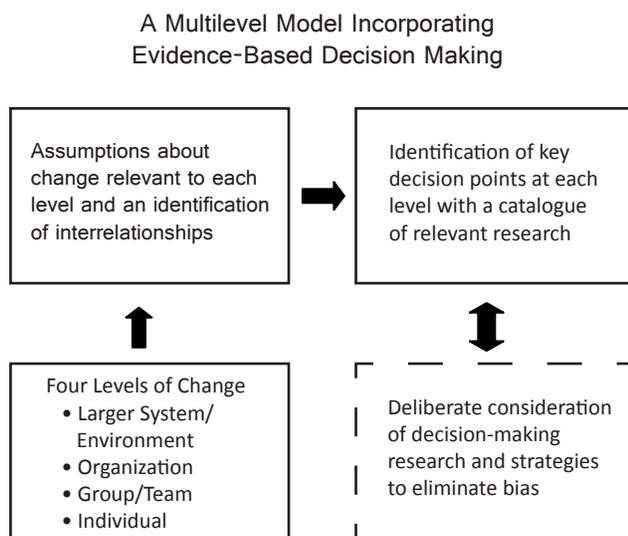
The article by Bonta and colleagues in this issue (on implementing STICS) illustrates the value of coordinating implementation strategies across multiple levels of a system. Bonta et al. developed and tested the effectiveness of building work teams and a structure to support large-scale implementation. STICS provided skill-based training and ongoing clinical support for 80 officers in three Canadian provinces, but also incorporated middle-level organizational strategies with two major objectives: 1) to establish organizational readiness for large-scale change, and 2) to establish organizational support that would help sustain the skills learned in training over time. Thus, the initiative not only builds and supports necessary skills but also creates a sound upper-level organizational structure that assures a level of competency that can sustain fidelity to the STICS model over time.

### Challenge #2: A Multilevel Approach and Creating an Evidence-Based Decision-Making Framework

Over the past decade, thinking about EBP has shifted from a focus predominately on programs to one that looks at EBP within the larger context of evidence-based decision making. As Lovins and Latessa point out in their

article in this issue (“Creation and Validation of the Ohio Youth Assessment System and Strategies for Successful Implementation”), the growing recognition of the importance of evidence-based decision making has not resulted in a significant change in practice. Rather, the complexity of adopting an evidence-based decision-making framework has led most community corrections agencies to continue on the narrow path of program development largely for the sake of simplicity.

One way to move evidence-based decision making forward is to integrate it into a conceptual framework for implementation. The figure below provides a simple illustration of how Shortell’s model could be expanded to include an inventory of likely decision points at the various levels of a system so that natural links could be identified and decisions coordinated.



To illustrate, consider the many decisions that require a consideration of recidivism risk. Individual officers would consider risk in their presentence recommendations to the court, their treatment referrals, and their judgments related to sanctions for noncompliance. Work teams and organizational leaders would consider risk in their decisions regarding supervision requirements, caseload structures and size, the allocation of resources, and the design of interventions (see Sperber and colleague’s work on dosage in this issue). Large-system stakeholders, such as judges and other court officials, would consider risk in the setting of conditions and responding to probation violations.

Finally, oversight agencies and policy leaders would consider risk in the design of funding strategies, the identification of standards of care, and the specification of desired outcomes. By identifying the specific decisions involved at each level and thinking through the impact of these decisions upon one another, implementation teams would be better equipped to define a long-term strategy for enhancing risk-based decision making from a larger system perspective.

### Challenge #3: Incorporating a Consideration of Decision-Making Research on Cognitive Bias

The concept of evidence-based decisions begins with the assumption that intelligent people are rational decision makers capable of processing relevant information, ignoring their internal influences and biases, and giving the research their full consideration. Research on decision making and human judgment, however, largely disproves the assumption that people process information in a consistently rational way. Hundreds of empirical studies have shown that people are subject to strong and systematic bias when making decisions. Cognitive bias at the individual, team/organizational, and larger system levels can lead to failure when important decisions are being made.

### Methods of Overcoming Cognitive Bias

One promising strategy for reducing cognitive bias is to incorporate “cognitive forcing” into key decision points at the various levels of implementation. Cognitive forcing involves defining the decision at hand, identifying relevant information, and developing decision protocols, technologies, or tools that force the utilization of relevant information and simplify the process of making decisions.

These techniques need not be complex. As part of an EBP initiative in Travis County, Texas, a number of tools were created to force a consideration of relevant information and diminish the impact of cognitive biases and the utilization of irrelevant information at key decision points. Most of the tools involve color-coded matrices that integrate risk as well as other information relevant to the decision at hand. The matrices, while all risk-based, vary in format and design depending on the nature of the decision. For example, the Pre-sentence Investigation Report, which historically provided a long narrative “story” about the offender, was replaced with a Diagnostic Report, which organized relevant information, including assessment results, into simple matrices. The new format “forces” the writer, and ultimately the courts, to focus

attention on the defendant's level of risk, the identified criminogenic needs, the supporting relevant information, and the recommended conditions. The underlying goal was to assist the courts in setting appropriate conditions for probation cases (including treatment programs or interventions appropriate for the defendant's level of risk and criminogenic needs) so that judicial decisions would be in alignment with the EBP initiative.

Numerous other strategies that might also prove beneficial for local justice systems include structured decision-making protocols, directed training to overcome specific flaws in thinking, checklists, the use of simulations or clinical scenarios, measured feedback, and accountability. As practitioners begin to explore the utility of these strategies, it is important that correctional researchers study cognitive bias and debiasing techniques in the specific context of community corrections. The Bogue et al. article in this issue supports the value of providing measured feedback to officers in the community corrections setting. Further study might examine the utilization of this technique for enhancing decision-making skills. By investigating decision-making bias and effective methods of addressing them in practice, leaders of EBP implementation can move beyond training and policy mandates and instead facilitate evidence-based decision making throughout their systems.

## Conclusion

Closing the gap between science and practice in community corrections will largely depend on the ability of correctional researchers and practitioners to come together to address effective implementation. As the articles in this special issue illustrate, the tide has begun to

shift towards a balanced approach that builds and refines evidence-based practices and explores evidence-based implementation strategies within the context of community justice systems.

Until recently, most practitioners faced the challenge of implementation by simply figuring it out on their own. As a consequence, the implementation of EBP has been largely informed by the field experience of a few. By embracing the science of implementation and engaging in the deliberate study of specific methods, EBPs can be brought to scale and community supervision agencies can achieve the results they were promised.

However, implementing EBP is a complex endeavor that involves multiple players and multilayers within each agency or organization involved. Adoption of a multilevel implementation model will assist in the identification of implementation strategies attuned to interdependencies within a complex system. Furthermore, by developing a framework that recognizes interdependent levels, key decision points can be defined at each level and a structure for evidence-based decision making can be developed. Research on decision making and cognitive biases can be helpful, and decision-making research, particularly as it relates to judgments of risk, might help explain and overcome common roadblocks that practitioners face in their efforts to implement EBPs.

---

<sup>1</sup> Shortell, S. M. (2004). Increasing value: A research agenda for addressing the managerial and organizational challenges facing health-care delivery in the United States. *Medical Care Research and Review*, 61(3), 12S–30S.

\*\*\*\*\*