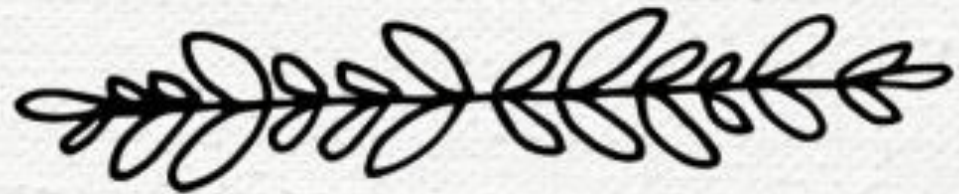


Principles of Effective Intervention



*Materials contained in this training were provided by the University of Cincinnati, Corrections Institute (UCCI)

<https://cech.uc.edu/about/centers/ucci.html>



“Evidence-Based”-- What Does it Mean?

There are different forms of evidence:

- The lowest form is anecdotal evidence; stories, opinions, testimonials, case studies, etc. - but it often makes us feel good
- The highest form is empirical evidence – research, data, results from controlled studies, etc. - but sometimes it doesn't make us feel good

Evidence-Based Strategies



- ◆ Easier to think of as “evidence-based decision making”
- ◆ Involves several steps and encourages the use of validated tools and treatments
- ◆ Not just about the tools you have but also how you use them

- The term “what works” means evidence exists that the program or intervention is effective in reducing recidivism.
- Effectiveness is demonstrated through empirical research – not stories, anecdotes, common sense, or personal beliefs about effectiveness
- Without some form of human intervention or services, there is unlikely to be an impact on recidivism from correcting behaviors alone.

Research Conclusions



Research Conclusions

Community services and interventions can be effective in reducing recidivism; however, not all programs are equally effective...

The most effective programs are based on *principles of effective intervention*:

1. Risk (Who)
2. Need (What)
3. Responsivity (How)
4. Fidelity (How Well)



Risk Principle



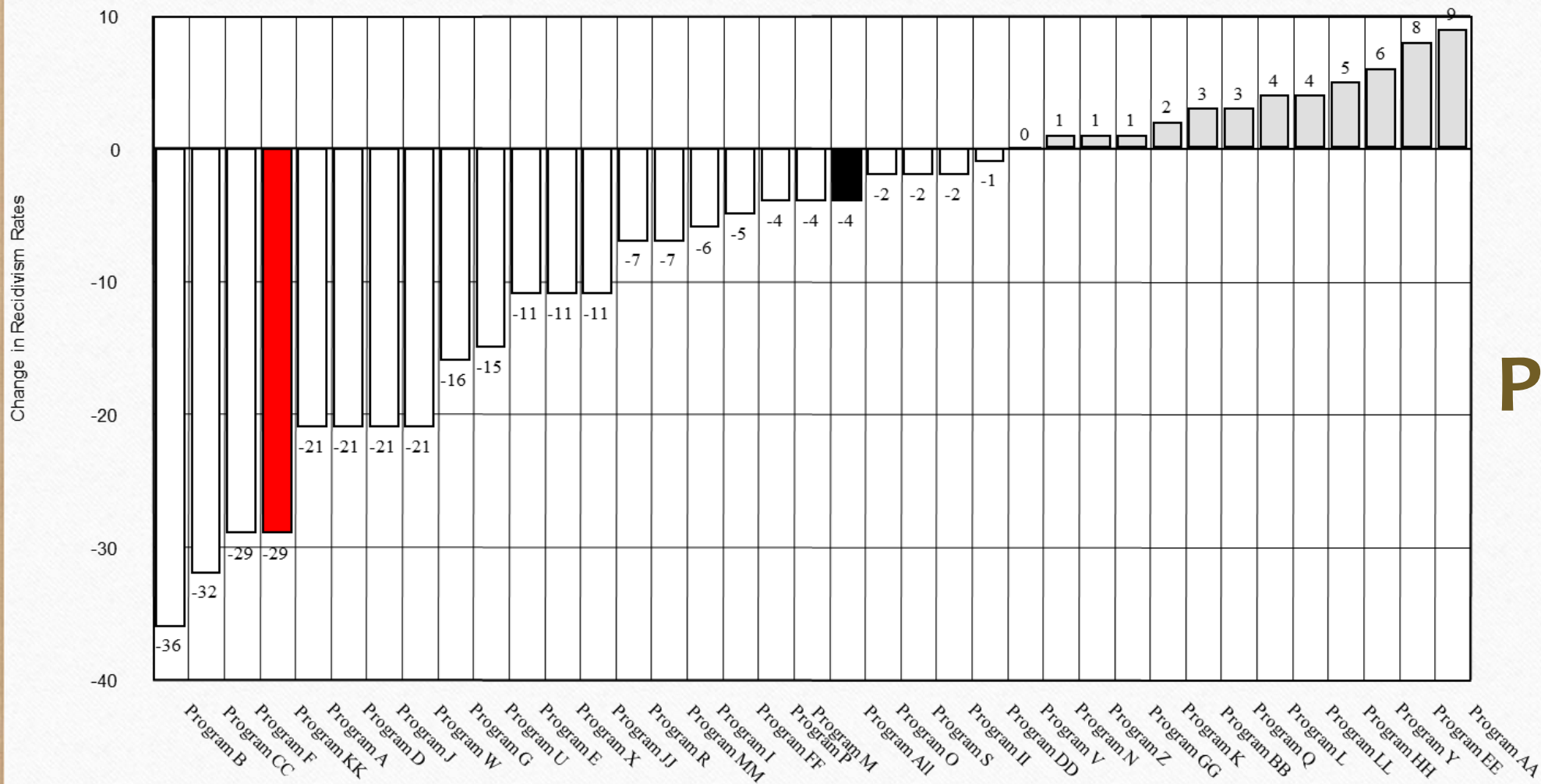
- Supported by lots (and lots) of research → meta-analysis
- Tells us WHO to target
- Two (2) types of risk factors
 - ❑ Static (unchangeable)
 - ❑ Dynamic (malleable)

Risk Principle:



- I. Supervision and treatment should match risk level of each project participant
- II. Target higher risk individuals with the most intensive interventions

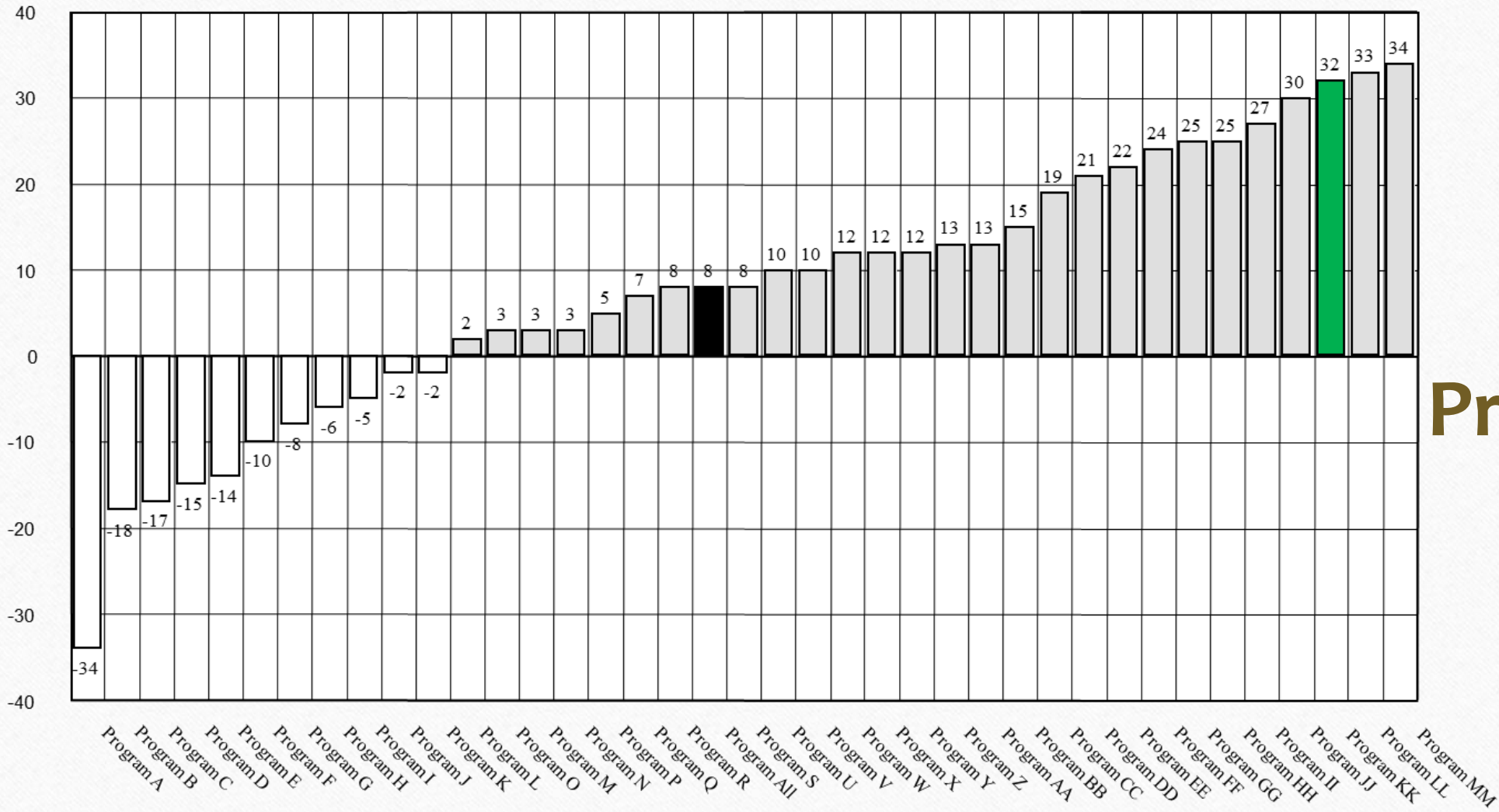
Violating this principle can lead to increased rates of recidivism for lower risk participants



Risk Principle

Lowenkamp, C.T. & Latessa, E.J. 2004. "Understanding the Risk Principle: How and Why Correctional Interventions can Harm Low-Risk Offenders" Topics in Community Corrections - 2004, pp. 3-8.

Change in Recidivism Rates



Risk Principle

Need Principle



- I. Tells us **WHAT** to target
- II. Target **criminogenic needs**
- III. **Avoid correctional quackery**

Need Principle:

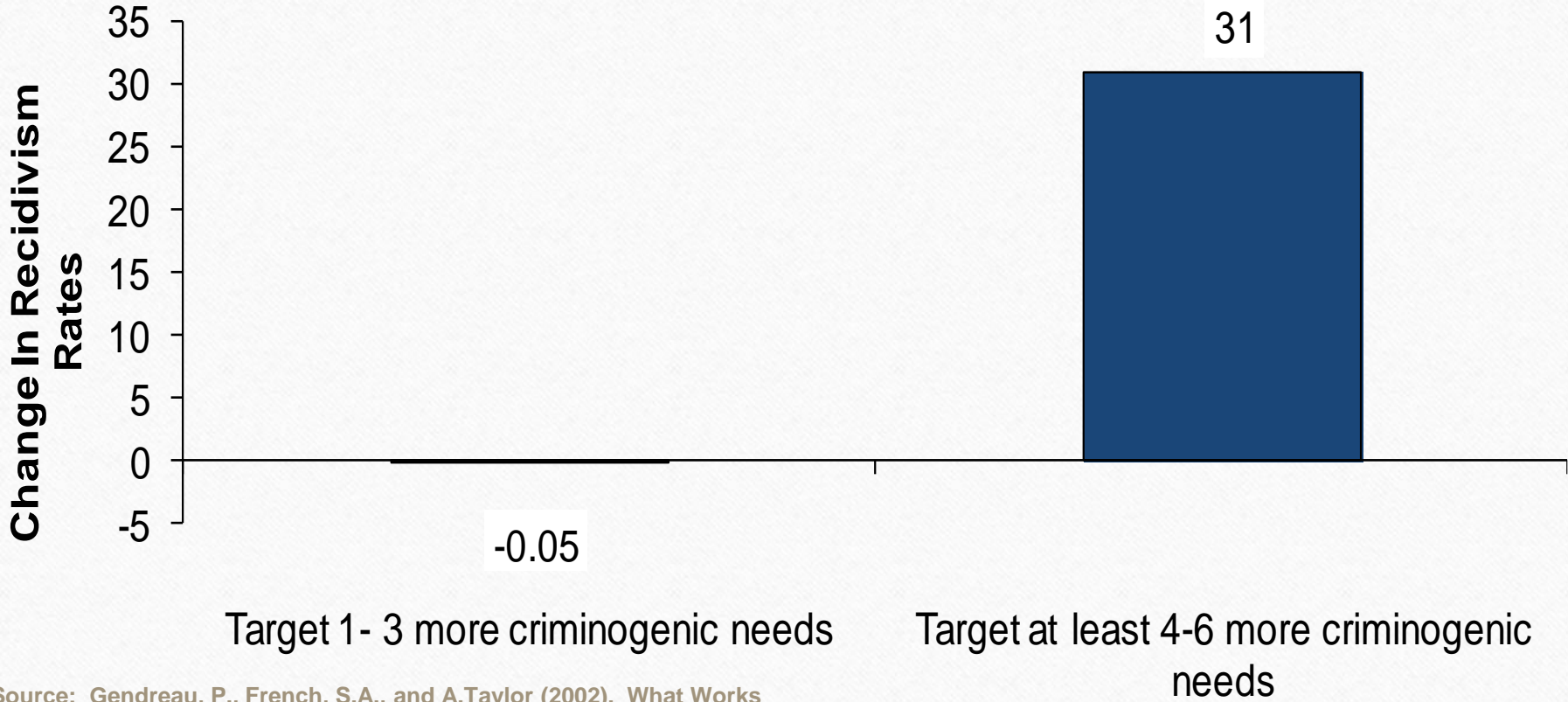
Criminogenic Needs

- Pro-Criminal Attitudes
- Anti-Social Personality
- Anti-Social Peer Associations
- Substance abuse
- Family
- Education/employment
- Leisure time

Non-Criminogenic Needs

- Stress/anxiety
- Low Self-esteem
- Discipline
- Creative Abilities
- Cohesiveness of social group
- Vague emotional problems
- Physical condition
- Trauma*
- Medical/Mental Health Needs
- Understanding one's culture/history

Need Principle:



Source: Gendreau, P., French, S.A., and A.Taylor (2002). What Works (What Doesn't Work) Revised 2002. Invited Submission to the International Community Corrections Association Monograph Series Project

Responsivity Principle



Responsivity:

- Refers to learning style and characteristics of the participant, which can impact their engagement in the program
- Tells us HOW to target criminogenic needs
- Cognitive/behavioral/social learning models are most effective
- People learn differently
- Each participant will have individual barriers to services

Responsivity Principle



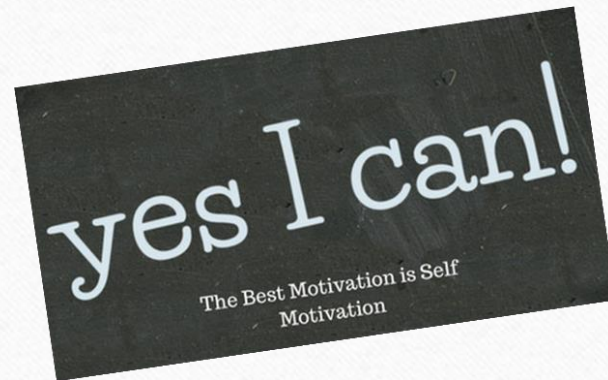
The most effective interventions are behavioral:

- They focus on current factors that influence behavior
- They are action-oriented
- They reinforce prosocial behavior
- They include cognitive restructuring
- They include skill development with relatable examples
- They include approaches that train family on appropriate techniques

*Most Important Responsivity Factors:

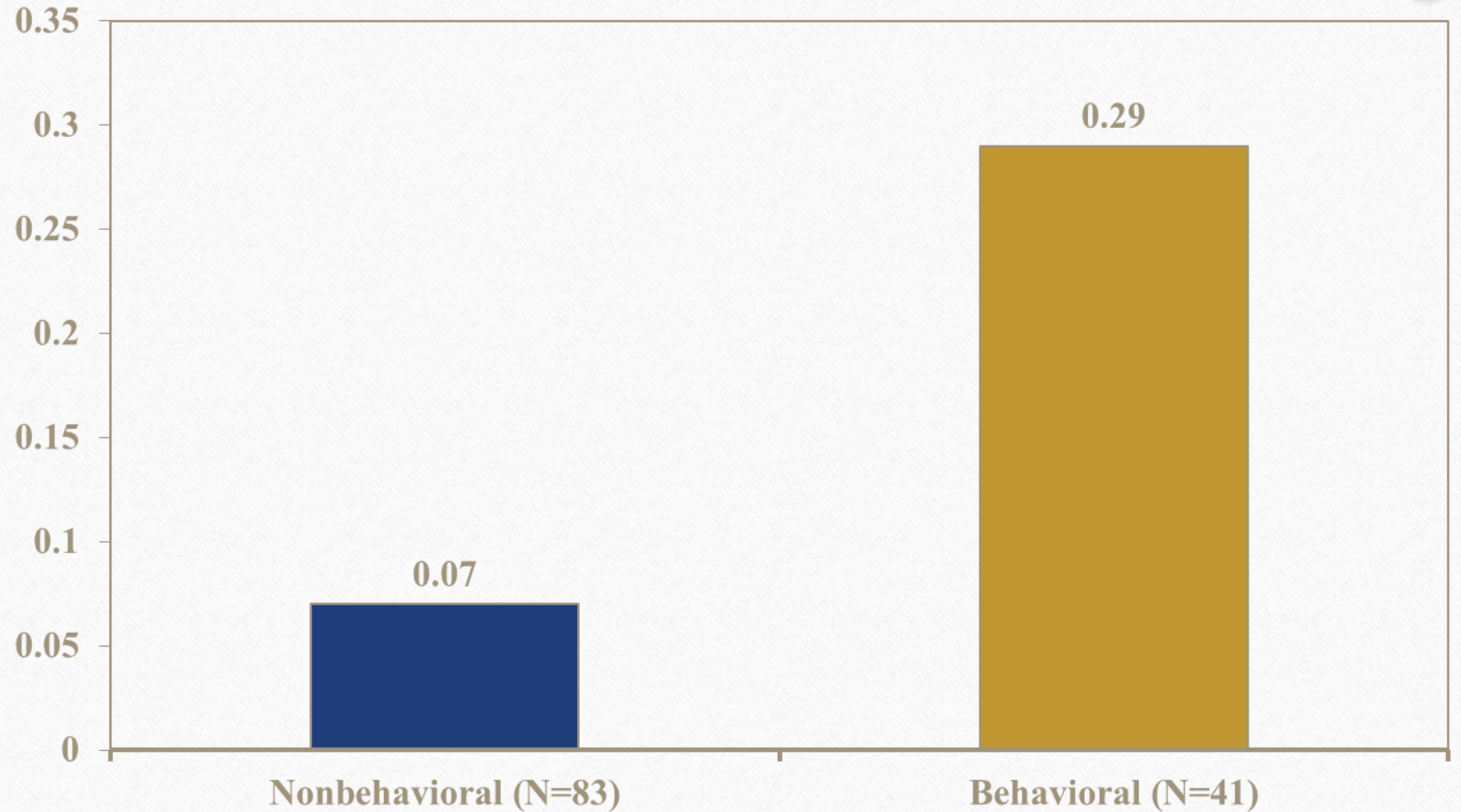
- Motivation to change
- Cognitive functioning
- Education level
- Gender
- Race and Ethnicity
- Personality
- Mental health

Responsivity Principle



Responsivity Principle

Reduced
Recidivism



Andrews, D.A. 1994. An Overview of Treatment Effectiveness. Research and Clinical Principles, Department of Psychology, Carleton University. The N refers to the number of studies.

Fidelity Principle

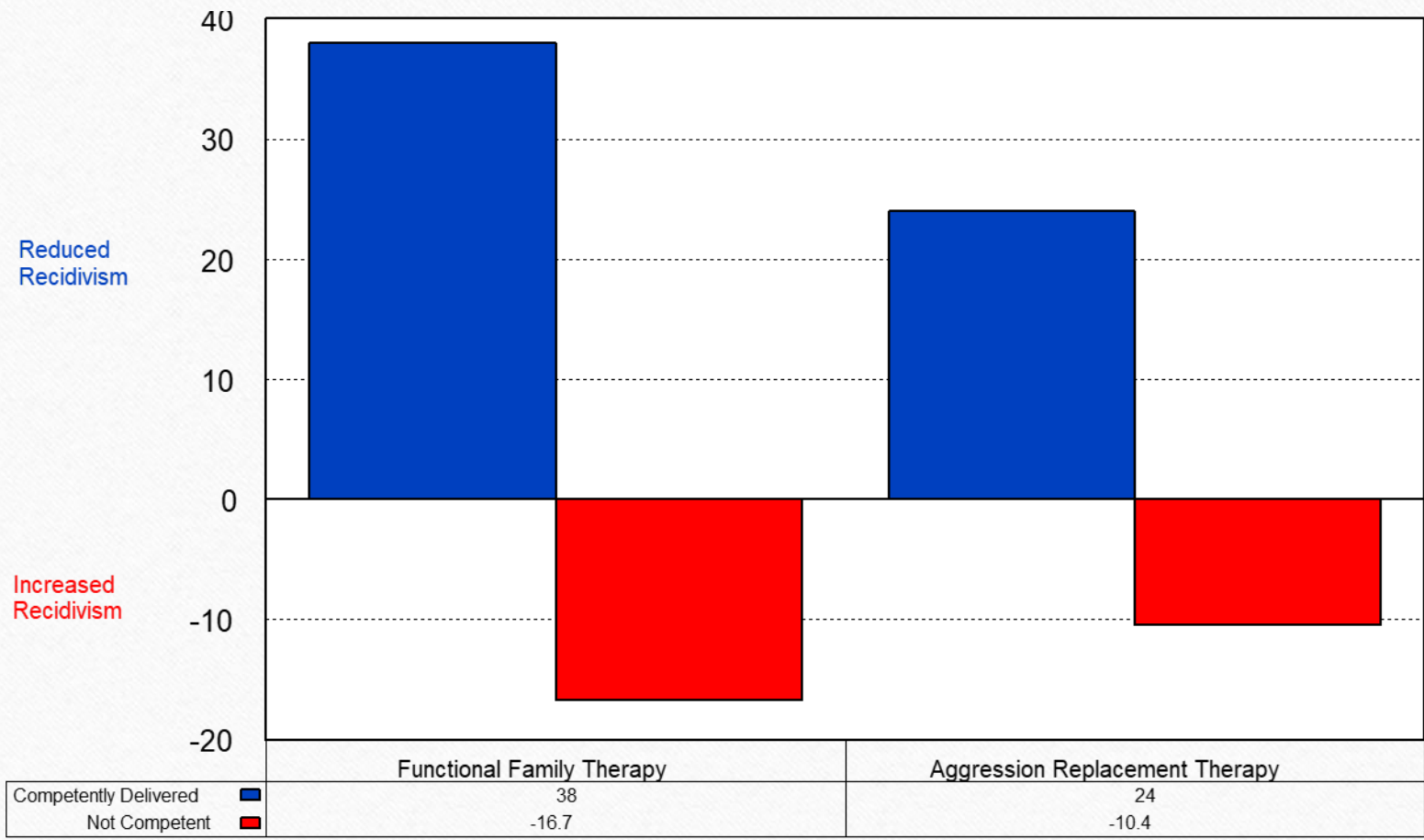


- I. Refers to **HOW WELL** the program adheres to the principles
- II. Refers to **HOW WELL** the program does what it is designed to do

Reliability

/ree-ly-uh-bil-i-tee/

To be able to produce good results time after time



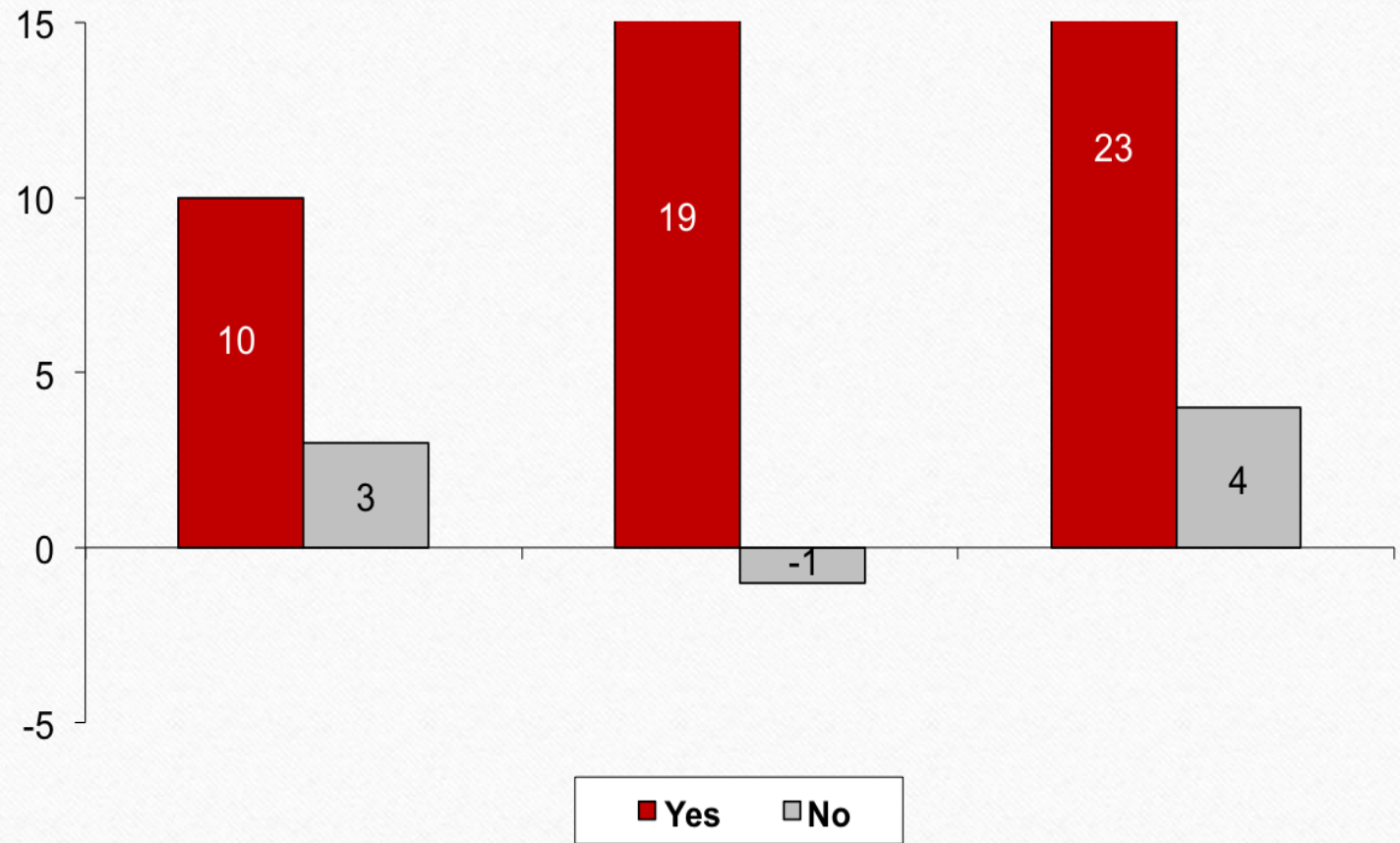
Fidelity Principle

Source: Outcome Evaluation of Washington State's Research-Based Programs for Juvenile Offenders. January 2004. Washington State Institute for Public Policy.

Adherence to RNR



Change In Recidivism Rates

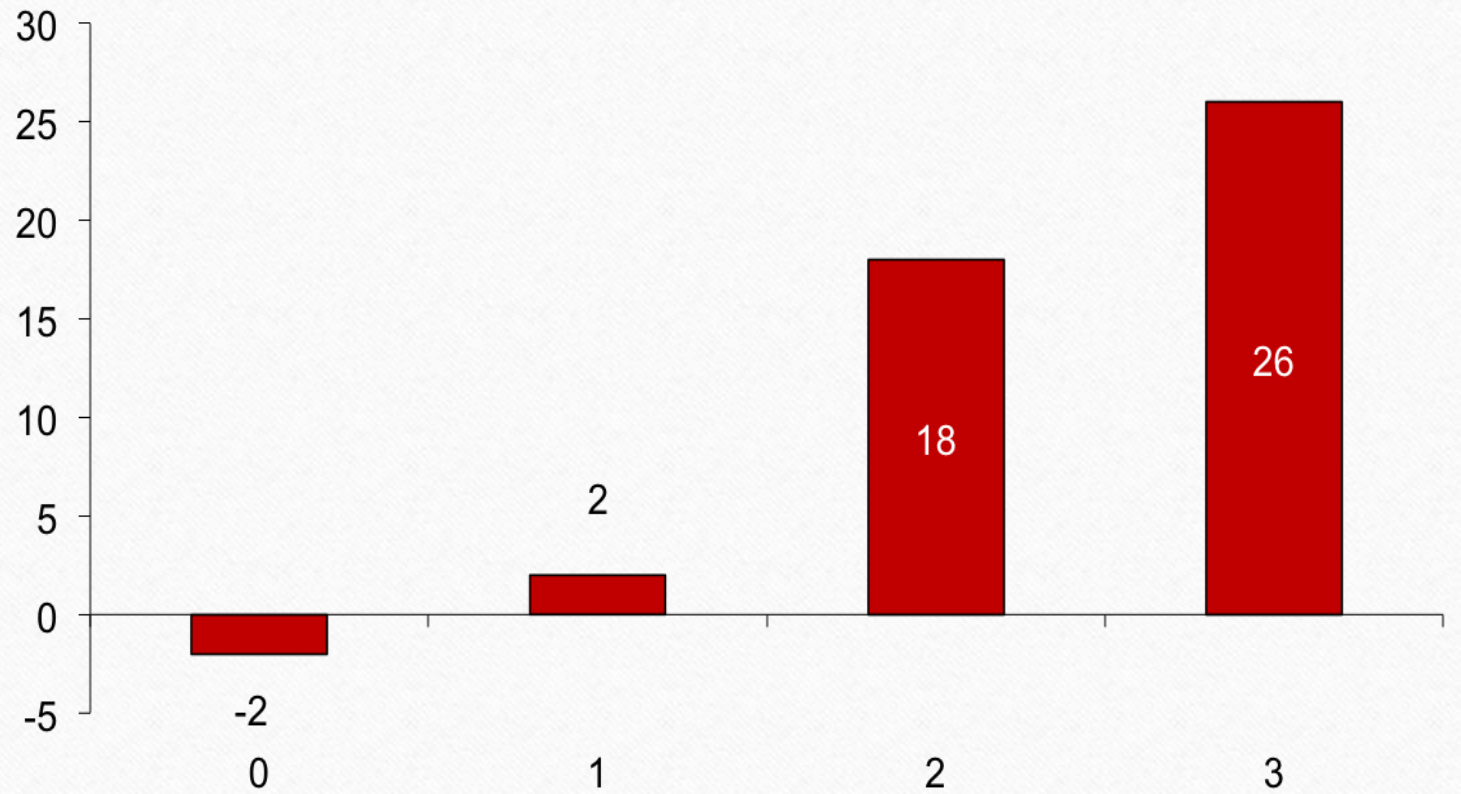


Andrews, 2006. Enhancing adherence to risk-need-responsivity: Making quality a matter of policy. *Criminology and Public Policy*, 5, 595-602.

Adherence to RNR



Change In Recidivism Rates



Cognitive Behavioral Treatment (CBT)

Key Principles:

- Thinking affects behavior
- Antisocial, distorted, unproductive, irrational **thinking** = antisocial, unproductive **behavior**
- Thinking can be influenced and changed
- We can change how we feel and behave by changing what we think



Cognitive Behavioral Treatment (CBT)



Most effective form of programming for moderate and high-risk participants

Addresses:

- ✓ **Antisocial thinking patterns**
- ✓ **Builds problem-solving skills**
- ✓ **Equips the client with new thinking and skills through repetition with increasingly difficult practice sessions (i.e., role-playing)**

Cognitive Behavioral Treatment (CBT)

Treatment Components:

- **Cognitive Restructuring**: Replace irrational/antisocial thinking with prosocial thoughts
 - Used when problem behavior is caused by *excess* of antisocial thoughts
- **Cognitive-Behavioral Coping Skills**: Teach prosocial responses to high-risk situations
 - Cognitive process and actions
 - Used when problem behavior is caused by *lack* of adaptive thinking

Well-Defined CBT Programs

Characteristics of Effective Interventions

- The program is highly structured
- Manual for intervention is strictly followed
- Staff relate to clients in interpersonally sensitive and constructive ways
- Staff monitor client change on targets of treatment at set timeframes
- Relapse prevention and aftercare services are provided
- **Family members are trained to assist**



Research Says Effective Programs Should...



**USE COGNITIVE
BEHAVIORAL
INTERVENTIONS
THROUGHOUT THE
ENTIRE PROGRAM**

Research Says Effective Programs Should...

Ensure CBT strategies:

- Cognitive Restructuring
- Social Skills
- Problem Solving
- Emotional Regulation



On-going Role-Playing and Modeling

Research Says Effective Programs Should...

Target criminogenic needs:

Focus Here:

- 
- Antisocial Attitudes, Values, Beliefs
 - Antisocial Peers
 - Antisocial Personality
 - Family
 - Education/Employment
 - Substance Use
 - Leisure Activities

Not Here:

- *Self-Esteem*
- *Physical Conditioning*
- *Artistic Ability*
- *Life Skills*
- *Victim Impact*
- *Spirituality*

Behavior Modification System



GOAL –

To develop a system that increases compliance while the participant is under programming, but more importantly increases **LONG-TERM** prosocial behavior

Behavior Modification System

- Identify the desired behaviors to target
- Develop a menu of short- and long-term reinforcements
- Contingent on performing the behavior
- Recipient aware that the reward is a consequence of the specific desired behavior
- Continuous rewards followed by intermittent rewards





THANK YOU!

*Any questions?
Email your assigned Field
Representative*