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
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 punishment alone.
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
• 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
Need Principle

I. Tells us WHAT to target

II. Target criminogenic needs

III. Avoid correctional quackery
## Need Principle

<table>
<thead>
<tr>
<th>Criminogenic Needs</th>
<th>Non-Criminogenic Needs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pro-Criminal Attitudes</td>
<td>Stress/anxiety</td>
</tr>
<tr>
<td>Anti-Social Personality</td>
<td>Low Self-esteem</td>
</tr>
<tr>
<td>Anti-Social Peer Associations</td>
<td>Discipline</td>
</tr>
<tr>
<td>Substance abuse</td>
<td>Creative Abilities</td>
</tr>
<tr>
<td>Family</td>
<td>Cohesiveness of social group</td>
</tr>
<tr>
<td>Education/employment</td>
<td>Vague emotional problems</td>
</tr>
<tr>
<td>Leisure time</td>
<td>Physical condition</td>
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<tr>
<td></td>
<td>Trauma*</td>
</tr>
<tr>
<td></td>
<td>Medical/Mental Health Needs</td>
</tr>
<tr>
<td></td>
<td>Understanding one’s culture/history</td>
</tr>
</tbody>
</table>
Need Principle

Change in Recidivism Rates

Target 1 - 3 more criminogenic needs
Target at least 4-6 more criminogenic needs

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.
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
Responsivity Principle

*Most Important Responsivity Factors:

- **Motivation to change**
- Cognitive functioning / IQ
- Education level
- Gender
- Race and Ethnicity
- Personality
- Mental health
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
/re-ly-uh-bil-i-tee/
To be able to produce good results time after time
Fidelity Principle

Effects of Quality Programs Delivery for Evidenced Based Programs for Youth Offenders

<table>
<thead>
<tr>
<th></th>
<th>Functional Family Therapy</th>
<th>Aggression Replacement Training</th>
</tr>
</thead>
<tbody>
<tr>
<td>Competently Delivered</td>
<td>38</td>
<td>24</td>
</tr>
<tr>
<td>Not Competent</td>
<td>-16.7</td>
<td>-10.4</td>
</tr>
</tbody>
</table>

Adherence to RNR

Change in Recidivism Rates

-2 0 1 2 3

2 18 26
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 Abuse
- 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 client 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