

# Principles of Effective Interventions



\*Materials contained in this training  
were provided by the University of  
Cincinnati, Corrections Institute (UCCI)  
[www.uc.edu/criminaljustice](http://www.uc.edu/criminaljustice)

**RESEARCH**



# **“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

# Research Conclusions

- 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 much effect on recidivism from punishment alone.

# Research Conclusions

Correctional 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
  - ❑ Dynamic

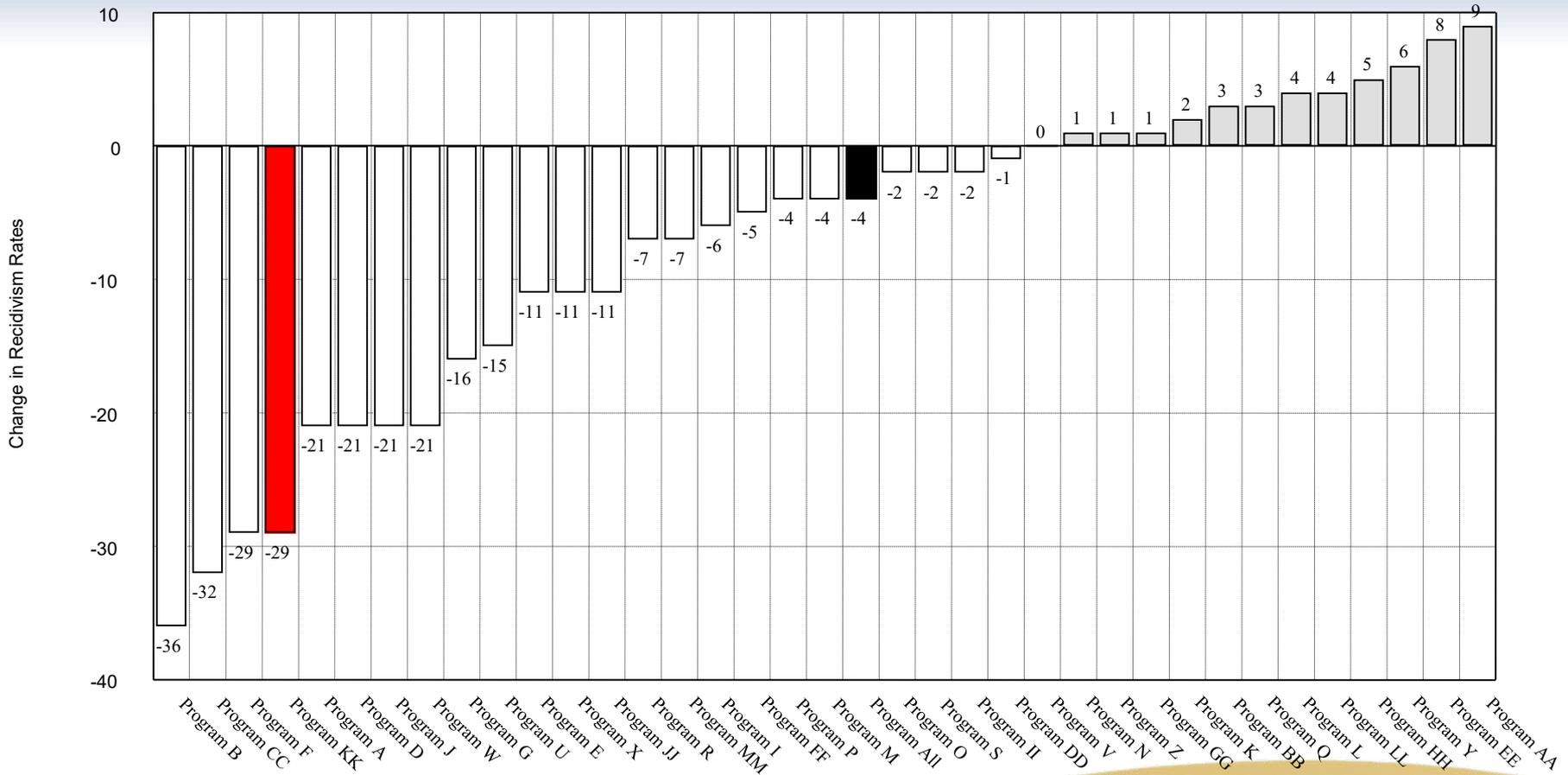


# Risk Principle

- I. Supervision and treatment should match risk level of client
- II. Target higher risk client with the most intensive interventions

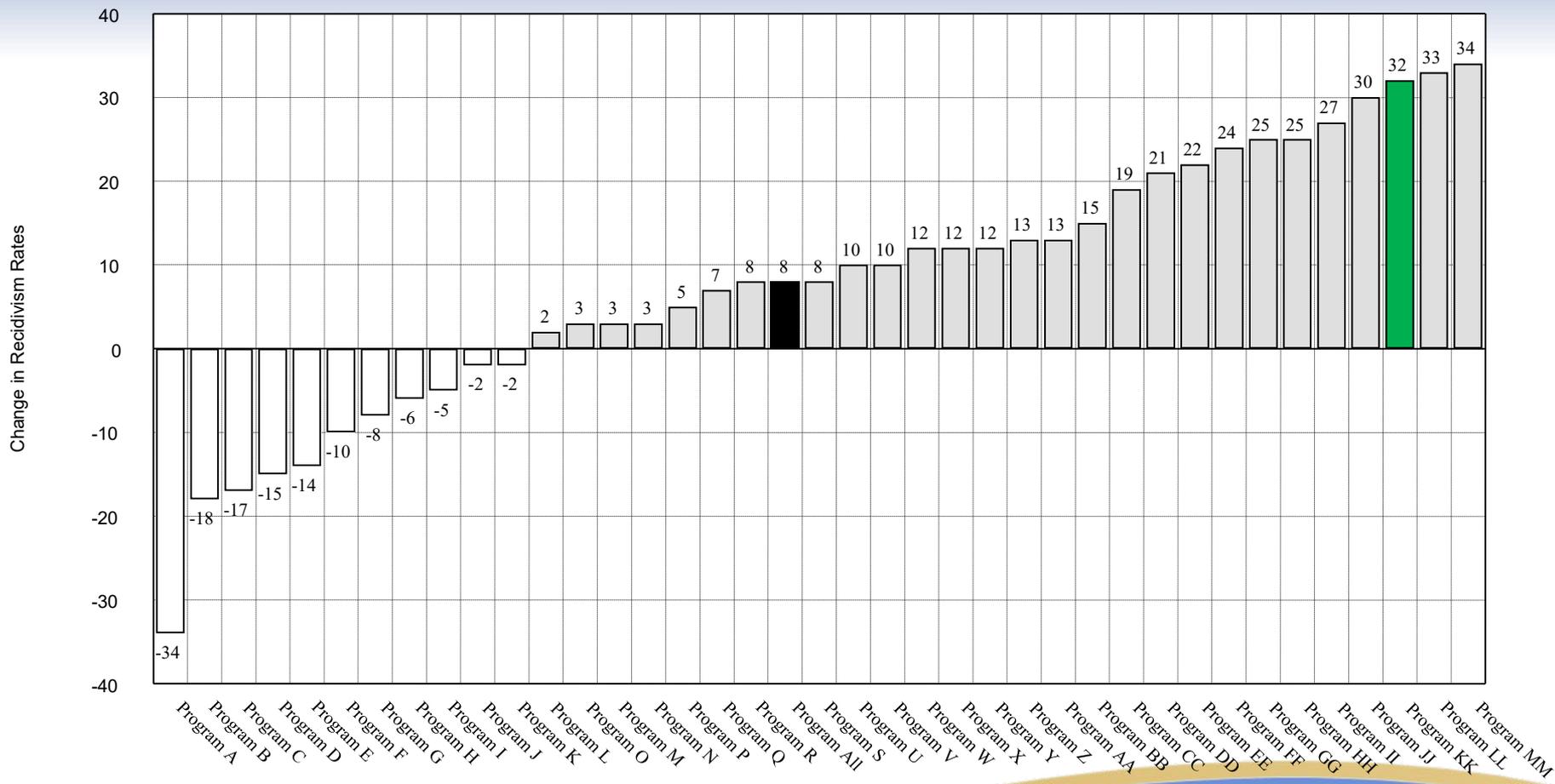
*Violating this principle can lead to increased rates of recidivism for lower risk participants*

# 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.

# Risk Principle



# Need Principle

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

# Need Principle

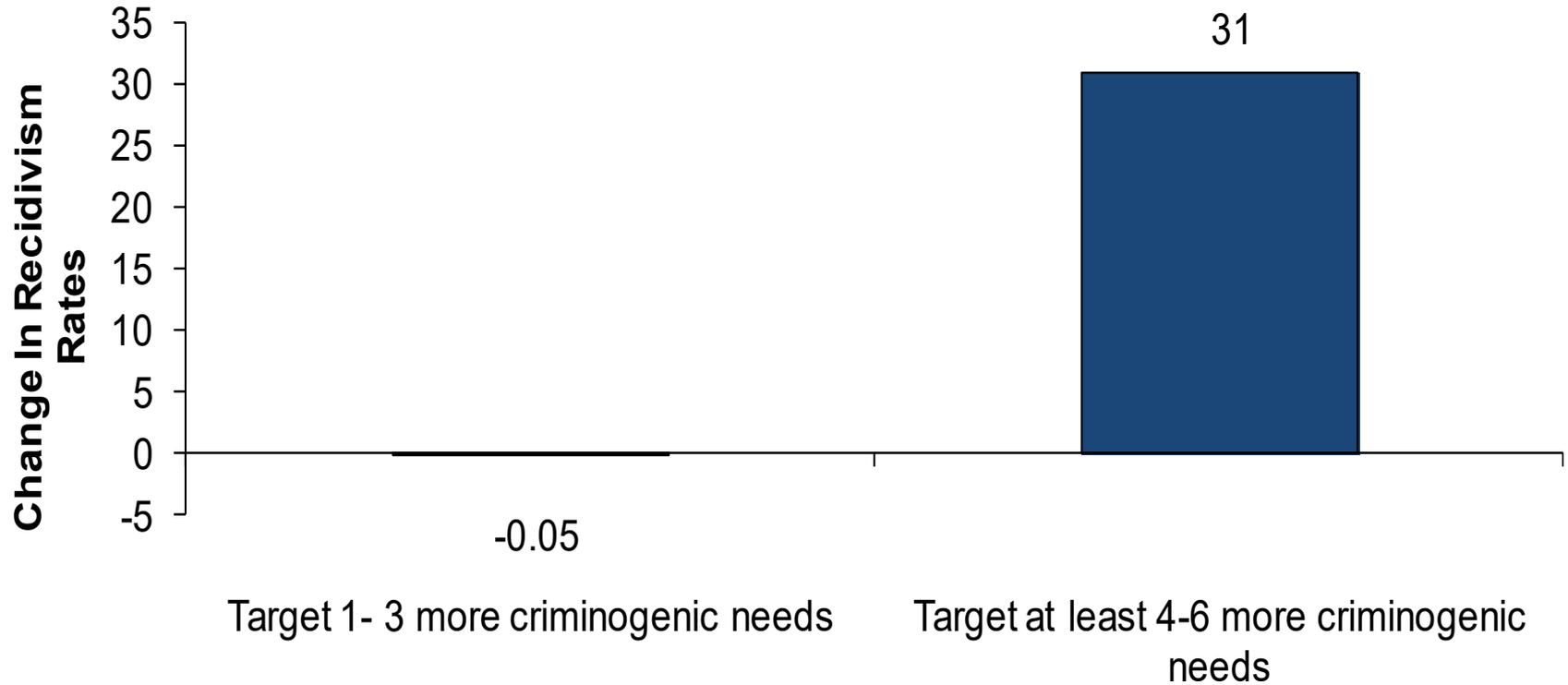
## Criminogenic Needs

- 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 client, which can affect their engagement in the program
- Tells us HOW to target criminogenic needs
- Cognitive/behavioral/social learning models are most effective
- People learn differently
- Each client will have individual barriers to services

# Responsivity Principle

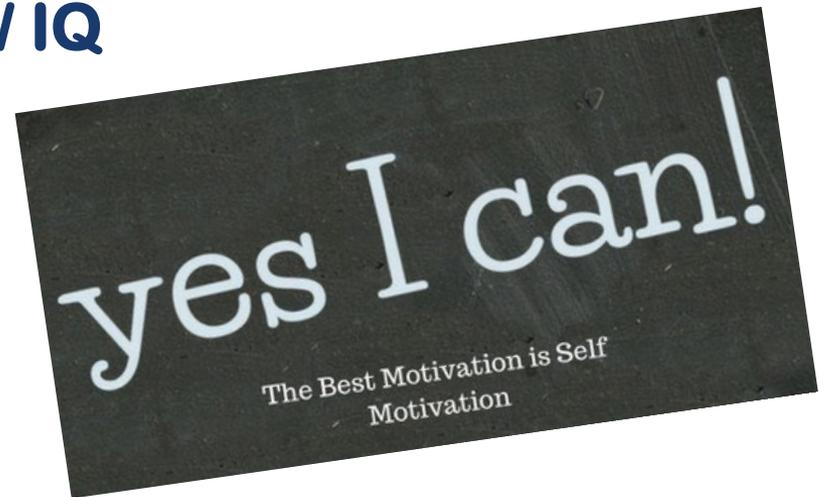
**The most effective interventions are behavioral:**

- **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**

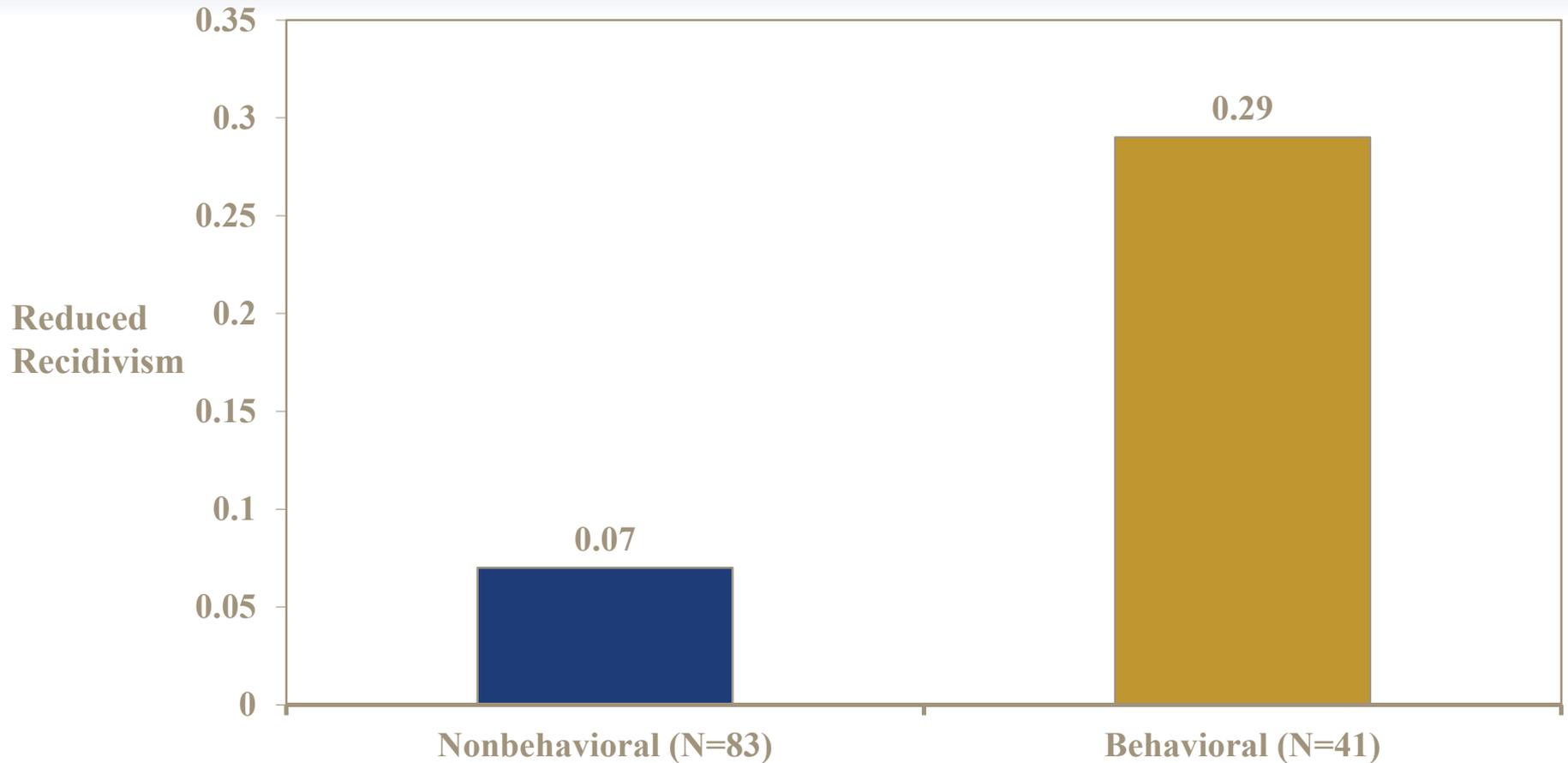
# Responsivity Principle

## \*Most Important Responsivity Factors:

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



# Responsivity Principle



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

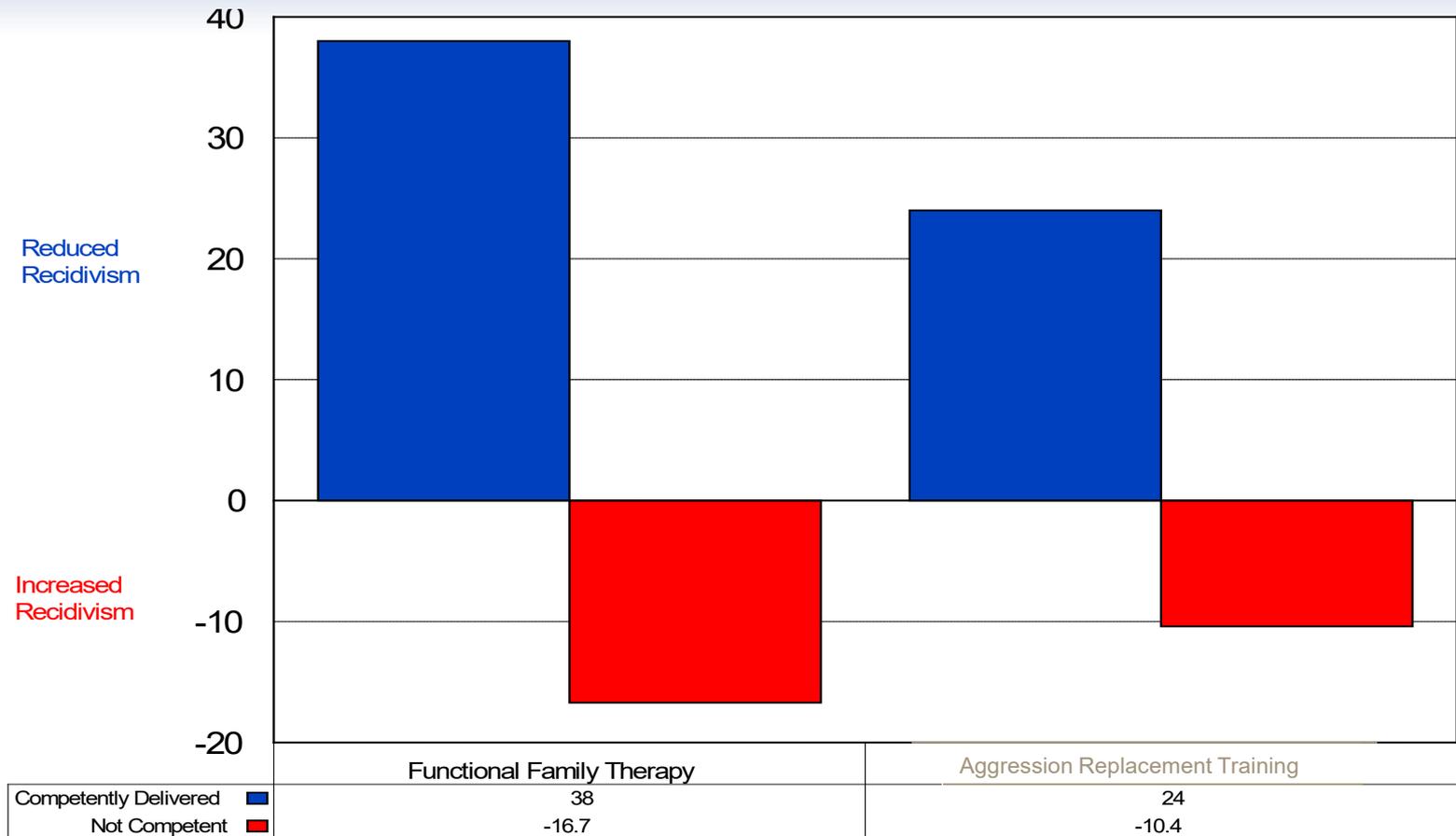


Reliability

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

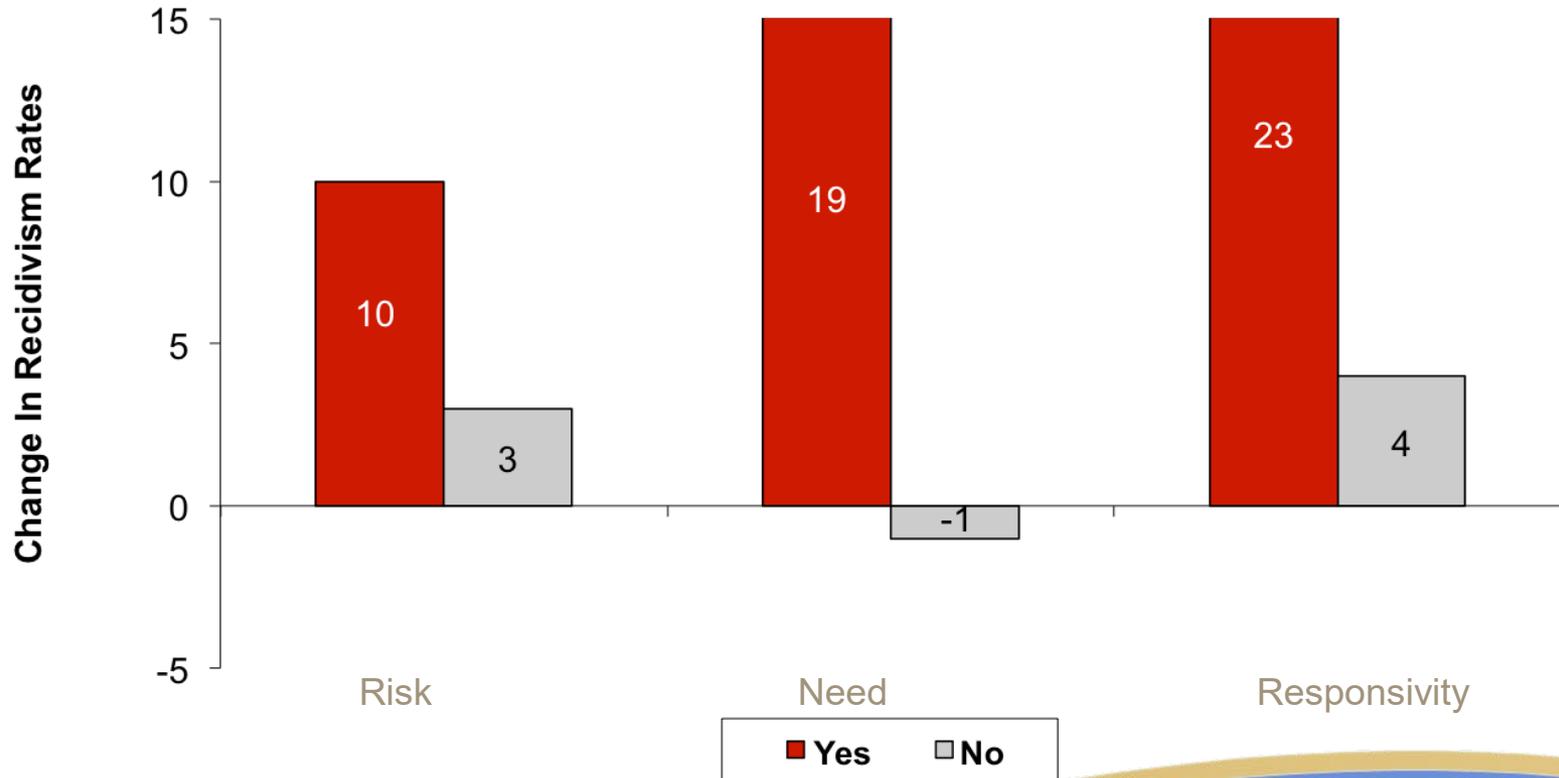
To be able to produce good results time after time

# Fidelity Principle



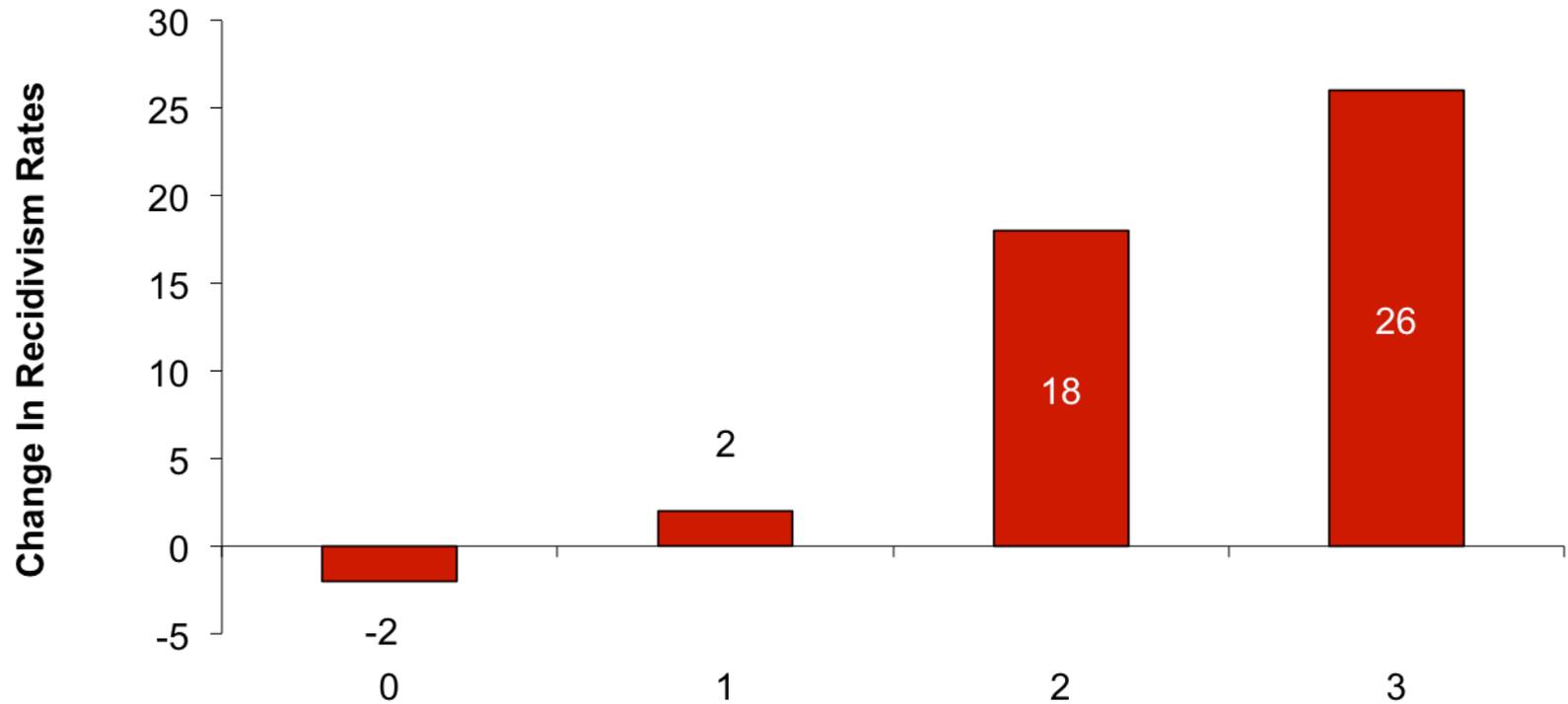
Source: Outcome Evaluation of Washington State's Research-Based Programs for Juvenile Offenders. January 2004. Washington State Institute for Public Policy.

# Adherence to RNR



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

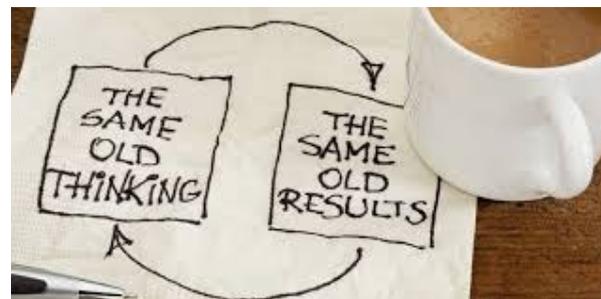
# Adherence to RNR



# 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 client**

**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 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!!!***