



Justice Center THE COUNCIL OF STATE GOVERNMENTS

Arkansas Justice Reinvestment Initiative

March 11, 2024 Legislative Recidivism Reduction Task Force Meeting

Overview

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- An Introduction to Evidence-Based Practice
- **Principles of Effective** Intervention
- Next Steps and Project Update

By the end of this presentation, we hope that you'll have a better understanding of the following.



Evidence-based practice and the principles of effective intervention



How evidence-based practice can be used in facilities and in the community to reduce recidivism



Resources to implement those principles in a correctional setting

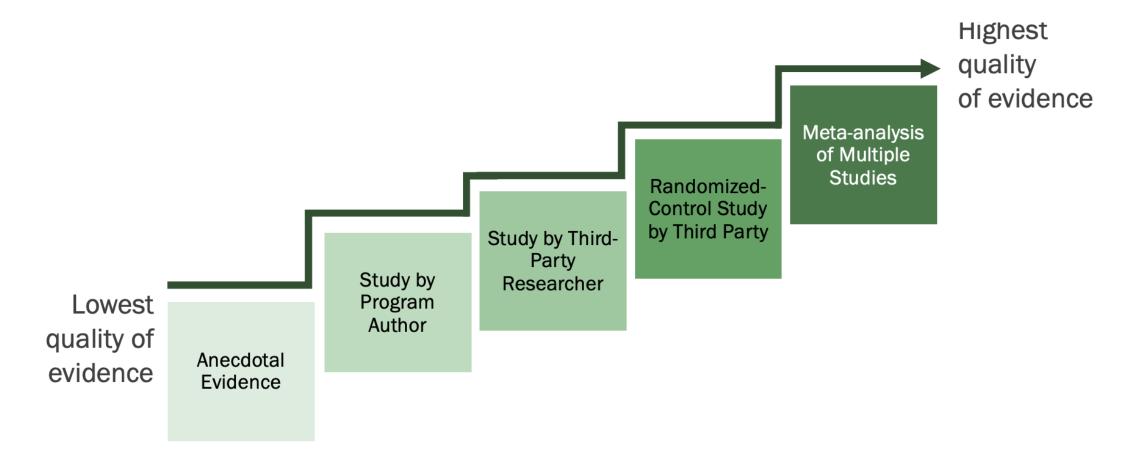
Evidence-Based Practice

"Evidence-based practice (EBP) is the objective, balanced, and responsible use of current research and the best available data to guide policy and practice decisions, such that outcomes for consumers are improved."

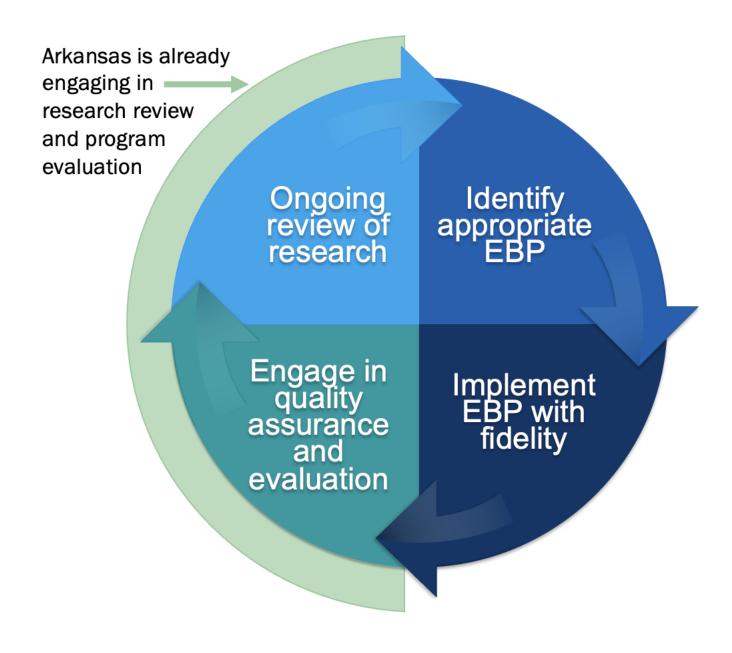
National Institute of Corrections

Crime and Justice Institute at Community Resources for Justice, *Implementing Evidence-Based Policy and Practice in Community Corrections*, 2nd ed. (Washington, DC: National Institute of Corrections, 2009).

Evidence-based practice focuses on approaches proven to be effective through empirical research rather than through anecdote or professional experience alone.



Using evidencebased practice is an ongoing process.



There are resources to identify effective evidencebased programs.



University of Cincinnati Corrections Institute (UCCI) developed the <u>Correctional Program Checklist (CPC)</u> (and other similar tools) as a resource to evaluate the extent to which correctional intervention programs adhere to EBP, including the principles of effective interventions. There are also various clearinghouses and program registries that help identify EBP:

- <u>Results First[™] Clearinghouse</u>
- Evidence-Based Practices Resource
 <u>Center</u>
- CrimeSolutions
- What Works in Reentry
- WSIPP

Principles of Effective Intervention

Nine Principles of Effective Intervention



Assess risk, needs, and responsivity.



Enhance intrinsic motivation.



Target interventions based on assessments and appropriate dosage.



Time and order interventions strategically to have the maximum impact.

Adapted from Brad Bogue, Implementing Evidence-Based Practice in Community Corrections: The Principles of Effective Intervention (National Institute of Corrections and Crime and Justice Institute, 2004), https://nicic.gov/implementing-evidence-based-practice-community-corrections-principleseffective-intervention.



Ensure adequate investment in and access to proven programs.



Use assessment-driven case planning to facilitate behavior change.



Respond effectively to negative behavior and increase positive reinforcement.



Engage with supports in the community.



Measure outcomes and provide feedback.

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Assessing risk, needs, and responsivity (RNR) is essential to effective interventions and reducing recidivism.

Risk Responsivity Need

RISK Focus the most intensive resources on individuals most likely to commit crimes to have the largest impact on recidivism.

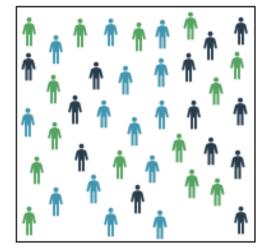
NEED Focus on dynamic criminogenic needs directly associated with individual criminal behavior.

RESPONSIVITY Tailor interventions in a way to mitigate barriers for each individual.

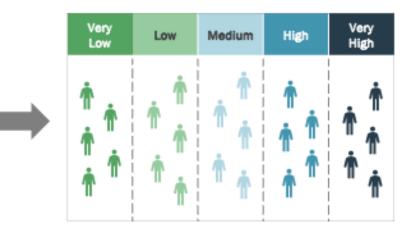
P1 Determining risk levels allows for a more tailored and effective way of focusing resources and interventions.



Without Risk Assessment...



With Risk Assessment...

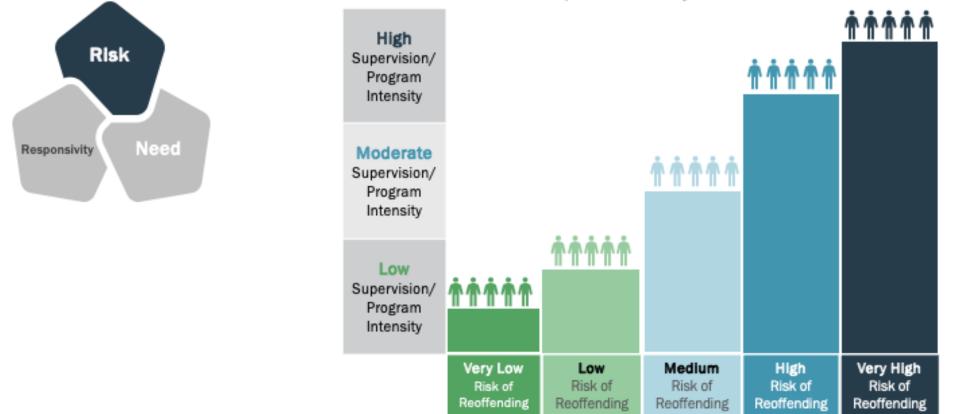


Risk level is not an indicator of:

- ≠ Dangerousness
- ≠ Severity of offense
- ≠ Guarantee of reoffending or non-offending
- ≠ Offense-specific reoffending
- ≠ Level of need for services



Focusing resources according to risk means that people at higher risk of future criminal behavior receive higherintensity interventions.



Supervision by Risk

P1

Criminogenic needs are dynamic risk factors that are associated with a person's risk of reoffending.



Dynamic risk factors	Potential needs to be addressed	
Antisocial personality pattern	Build self-management skills, teach anger management	Most predictive
Procriminal attitudes	Counter rationalizations with prosocial attitudes/build prosocial identity	
Procriminal associates	Replace with prosocial friends and associates	
Substance use disorder	Reduce use; enhance alternatives to using substances	
Family/marital stressors	Teach parenting skills; enhance capacity to care	
Poor school/work performance	Enhance work/study skills and nurture interpersonal relationships at school or work	
Few leisure or recreation activities	Encourage participation in prosocial activities, hobbies, and sports	Least predictive



Risk and need should be determined through a validated risk and needs assessment tool.



Yields a more accurate prediction than unstructured clinical judgment

Guides the most efficient use of scarce resources



Helps inform case planning and management to ensure that individual criminogenic needs are met

Helps determine appropriate supervision intensity, case planning and management, programming requirements, and treatment referrals

"In Brief: Understanding Risk and Needs Assessment," CSG Justice Center, January 13, 2017, accessed February 27, 2024, https://csgjusticecenter.org/2017/01/13/in-brief-understanding-risk-and-needsassessment/#:~:text=Risk%20and%20needs%20assessments%20use,addressed%20to%20reduce%20that%20likelihood.



Treatment intervention works best when it is responsive, or tailored, to individual learning styles, motivations, abilities, and strengths.



General responsivity, the use of cognitive behavioral interventions, focuses on helping people manage problems by changing how they think and behave and is the most effective tool for changing behavior.

Specific responsivity refers to choosing and providing cognitive interventions that account for an individual's strengths, learning style, personality, motivation, and other demographic characteristics, including gender and race.



Responsivity also means removing barriers that prevent individuals from fully benefiting from programming.



Examples of Potential Barrier	Responsivity-Informed Intervention	
Limited literacy skills	Use assessments, offer remedial literacy programming, ensure any written programming occurs after reading skills are sufficiently strong enough to support comprehension	
Mental health needs/ unresolved trauma	Offer medication management and engage in therapy/ trauma-informed counseling prior to other programming	
Low intrinsic motivation	Require all staff to be trained in motivational interviewing	
Lack of access to transportation	Ensure driver's license is obtained prior to reentry; offer virtual services	

P1 Strong adherence to core RNR principles makes programs more effective at reducing recidivism.

40% Residence Community Decrease 35% 35% 30% 25% 22% 20% 17% Recidivism 15% 12% 10% 5% 3% 0% 2 3 1 -5% -10% Number of treatment principles -10% Increase -15% (Of 3 Possible - Risk, Need, Responsivity)

Mean Effect Size by RNR Adherence and Setting

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Ensure adequate investment in and access to proven programs.



Use assessment-driven case planning to facilitate behavior change.



Respond effectively to negative behavior and increase positive reinforcement.



Engage with supports in the community.



Measure outcomes and provide feedback.

P2 Building intrinsic motivation has been shown to be an effective strategy for behavior change.



WHY FOCUS ON INTRINSIC MOTIVATION?

Motivation can be affected by both internal and external factors, but internally motivated change (or intrinsic motivation) has been shown to last longer.

HOW TO BUILD INTRINSIC MOTIVATION?

- Motivational Interviewing uses specific techniques to help individuals tap into their own values and goals and overcome ambivalence about change.
- The goal should be to build the desire to change within the individual rather than find a way to convince the individual to change due to external forces.

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P3 Target the right people and focus the highest-intensity resources on people at the highest risk of recidivating.

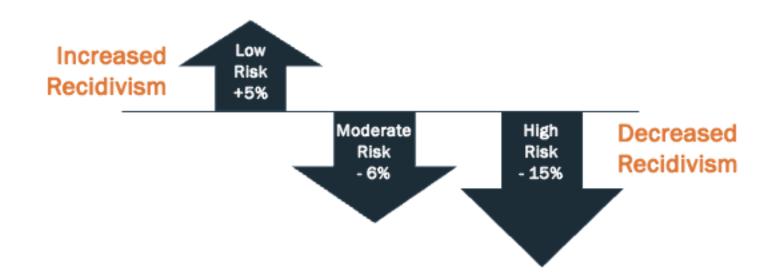
Intensity The amount of intervention, or 2x week dosage, should match the level or Residential of the person's assessed risk and needs. Duration 2x week 9 - 18Months Dosage 6-9 Months 1x week 3–6 Months 300 hours Given the limited research on dosage and recidivism to date, this chart presents a 200 hours Minimal theoretical model to guide interventions for 100 Hours people assessed as being at a higher risk of Minimal recidivism. Moderate Mod/High High Low

National Institute of Corrections, "A Framework for Evidence-Based Decision Making in Local Criminal Justice Systems: Starter Kit" (Washington, DC: National Institute of Corrections), <u>http://info.nicic.gov/ebdm/sites/info.nicic.gov.ebdm/files/docs/3c_Appendix_2.pdf</u>.



Mixing individuals with different risk levels harms lowrisk individuals.

Average Difference in Recidivism by Risk for Individuals in Ohio Halfway Houses, 2006–2007



Edward J. Latessa, Lori B. Lovins, and Paula Smith, "Follow-up Evaluation of Ohio's Community Based Correctional Facility and Halfway House Programs – Outcome Study" (Cincinnati, OH: Center for Criminal Justice Research, Division of Criminal Justice, University of Cincinnati, 2010)



Ignoring the risk principle can increase recidivism for people assessed as low risk.

People who are assessed as low risk:



- Can stop committing crime with minimal intervention in many cases
- Have positive patterns of behavior that can be disrupted by intensive services and supervision



Have been shown to learn more ingrained criminal behaviors and have an increased likelihood of recidivism when put with higher-risk individuals

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The responsivity principle should also guide timing and sequencing of interventions.

In facilities

Interventions should be given such that they build upon one another.

Offering programming around the end of an individual's sentence has been shown to reduce recidivism.

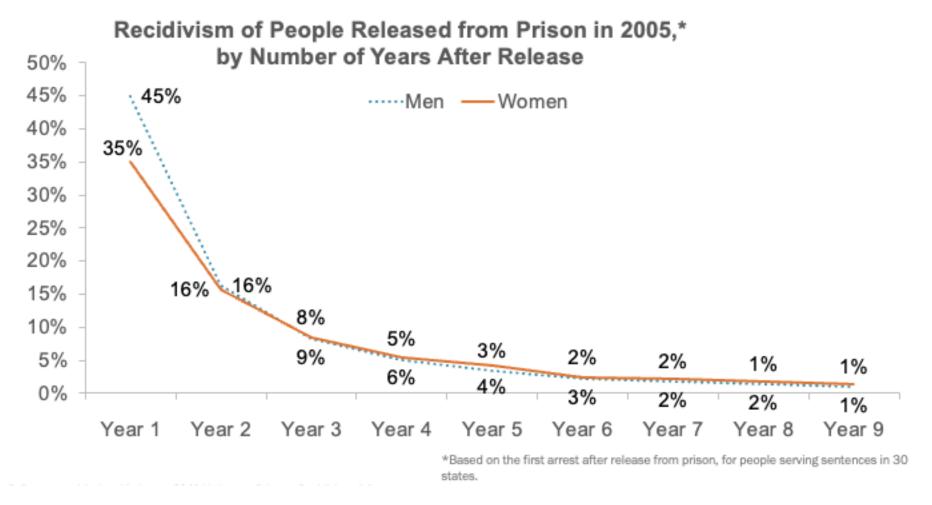
In the community

Intensity of supervision and supports should be greatest during the period of greatest risk and decrease over time.

Grant Duwe *The Effects of the Timing and Dosage of Correctional Programming on Recidivism* (Minnesota Department of Corrections, November 2017) Mariel Alper, Matthew R. Durose, and Joshua Markman, 2018 Update on Prisoner Recidivism: A 9-Year Follow-up Period (2005–2014) (Washington DC: Bureau of Justice Statistics, May 2018).

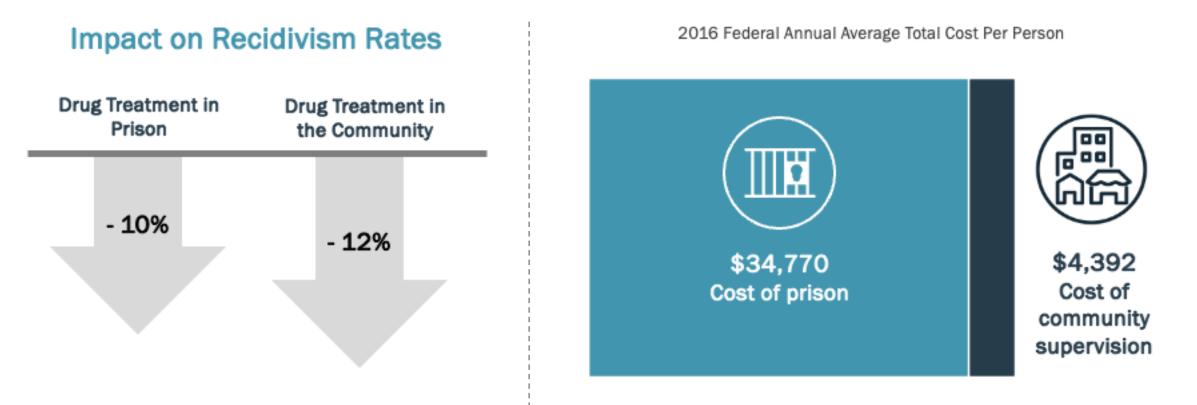


Interventions should be focused on the first year following release from prison.





Programming delivered in the community is essential and can be more effective, and less expensive, than programming in prison.



"Benefit-Cost Results," Washington State Institute for Public Policy, accessed February 19, 2021, <u>https://www.wsipp.wa.gov/BenefitCost?topicId=2;</u> "Incarceration Costs Significantly More than Supervision," United States Courts, accessed February 19, 2021, <u>https://www.uscourts.gov/news/2017/08/17/incarceration-costs-significantly-more-supervision</u>.

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Access to adequate and effective programs in prisons and in the community is essential.



Programs should use cognitive behavioral approaches

regardless of area of focus (e.g., criminal thinking, substance use, sex offender).



Skill building with structured skills practice is an essential component of effective programs.



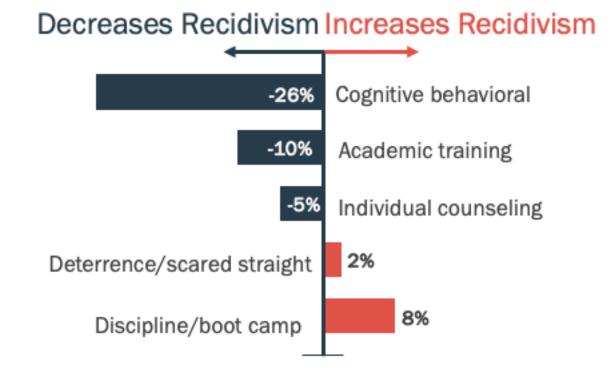


Systems should prioritize genderresponsive services and trauma-informed approaches. All programming should be provided with attention to responsivity factors.

Mark Lipsey, "The Primary Factors that Characterize Effective Interventions with Juvenile Offenders: A Meta-Analytic Overview," Victims & Offenders: An International Journal of Evidence-Based Research, Policy, and Practice 4, no. 2 (2009): 124–147; James Bonta and D.A. Andrews, The Psychology of Criminal Conduct, 6th Ed. (New York: Routledge, 2017), 182, 345.

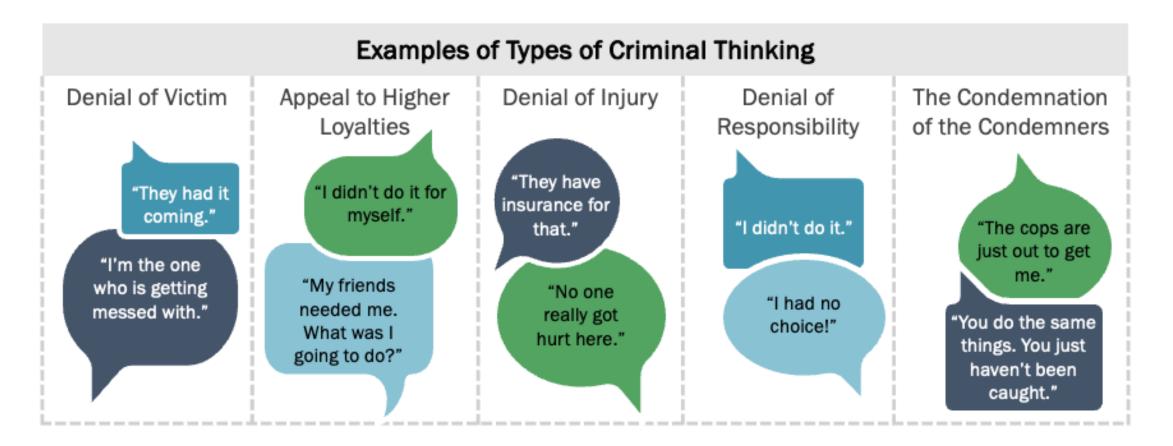
P5 Not all programming is effective programming.

Cognitive behavioral approaches, when implemented with fidelity, are more effective at reducing further criminal behavior than any other intervention, and some interventions may increase recidivism. Changes in Recidivism by Program Type





Cognitive behavioral interventions should address criminal thinking for people assessed as being at a high risk of recidivism.



Gresham M. Sykes and David Matza, "Techniques of Neutralization: A Theory of Delinquency," *American Sociological Review* 22, no. 6 (1957): 664–670.

5 Quality of staff, training, and development all impact outcomes.

A meta-analysis of 58 studies of CBT showed that high-quality treatment implementation was associated with larger recidivism reductions. Corrections and supervision agencies should conduct initial staff training on curricula by appropriately trained or licensed individuals as recommended by the program developer.

Agencies should also conduct annual staff training on evidence-based practice and service delivery for participants in a correctional setting.

New staff should be required to attend and complete all necessary training prior to facilitating services.

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To facilitate positive behavior change, case planning goals should focus on the needs that are identified through validated assessments.

Condition Setting

Tailor special conditions to need areas identified as "high risk" or as a "significant problem."

Case Planning

Focus case planning goals on identified criminogenic need areas to proactively address needs prior to violation behavior.

Programming/Referrals

Ensure that programming addresses criminogenic needs.

There are many services that are not designed as evidence-based programs but are still important components of a comprehensive treatment plan.

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Eric J. Wodahl, "Utilizing Behavioral Interventions to Improve Supervision Outcomes in Community-Based Corrections," Criminal Justice and Behavior 38, no. 4, 2011.

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Incentives should be used **4x** more often than **sanctions** to promote and sustain behavior change.

- Imposed rewards and sanctions must be meaningful to the person receiving them.
- Punishment stops behavior but doesn't replace it with appropriate behavior.
- It is important to reinforce desired behaviors so those continue after punishment discourages undesired behavior.
- All staff should be trained in the use of the behavioral management system so that skills and strategies learned in treatment are consistently reinforced.

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P8

Prosocial support for individuals in their communities upon reentry or while on supervision can provide positive reinforcement of desired new behaviors.

Examples of prosocial supports:

- Collaborative comprehensive case plan for reentry
- In-reach by community-based treatment providers to establish relationships
- Relapse prevention plan; use of peer recovery support if applicable
- Engagement with supportive family friends, community resources (including employment, education, housing, treatment providers)

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Measure outcomes, provide feedback, and use data to inform actions.

RESEARCH

Correctional leadership, management, supervisors, and officers all need access to **timely data** showing how actions impact outcomes.

- Follow trainings with staff coaching, and tie knowledge and performance expectations to job descriptions and performance evaluations.
- Institute quality assurance and continuous quality improvement processes.
- Conduct program evaluations on a regular basis to ensure quality and effectiveness.
- Evaluate how data is used to improve outcomes.



Use data to drive agency decisions, incentivize staff to adopt effective practices, and inform policymaking for better outcomes.



Adopt a data system that tracks day-to-day practices and outcomes and that transforms data from stale reporting into a real-time catalyst for measuring and managing change.



Monitor staff proficiency in use of evidence-based practice and create feedback loops to staff about what is working well to improve outcomes.



Use data to inform decision-making related to training, programming, and implementing new practices and to assess and address areas of agency culture that prevent progress.



Use data to measure the implementation, fidelity, and impact of evidencebased practice and agency policies in affecting behavior and reducing revocations.



- Using evidence-based practice is effective in reducing recidivism.
- The risk-needs-responsivity model should guide programming decisions within the correctional system.
- Too many interventions with low-risk individuals or too few, or the wrong interventions with high-risk individuals can yield poor results.
- Interventions are more effective and less costly when done in the community, when appropriate.
- A commitment to EBP requires
 - Fidelity in implementation,
 - Regular program evaluation, and
 - Ongoing review of research.

Next Steps and Project Update

Next Steps



Drilling down in programming assessments to identify areas of strength and weakness regarding EBP

- What is working well and adheres to the Principles of Effective Intervention?
- What areas of programming are not evidence-based?
- What is missing and why?



We will answer these questions through original qualitative and quantitative analyses that build on the work already being done. Having timely access to state data is critical to the success of this project.



Justice Reinvestment Data Requests

Data Requested	Source	Status
Court Case Dispositions	Administrative Office of the Courts (AOC)	DUA approved; awaiting upload of data
Arrest and Disposition Information for Felonies and Misdemeanors	Arkansas Crime Information Center (ACIC)	DUA Sent
Probation Supervision; ADC Admissions and Releases	Arkansas Department of Corrections (ADC)	DUA signed; awaiting upload of data

CSG Justice Center staff will be conducting regional site visits to get a better understanding of what's happening around the state.



So far, CSG Justice Center staff have met with working group members, reentry programs, workforce officers, and are eager to connect with even more people from across the state.

Thank You!

Join our distribution list to receive updates and announcements:

https://csgjusticecenter.org/resources/newsletters/

For more information, please contact Estrella López at elopez@csg.org.



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