RESEARCH AND IMPLEMENTATION OF EVIDENCE-BASED PRACTICES IN COMMUNITY CORRECTIONS

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Transitioning inmates from behind the wall to the streets and

Providing skills and supervision to reduce recidivism while in the community.....

*It is not about the offender as much as it is about us*
<table>
<thead>
<tr>
<th>WHAT DOES RESEARCH TELL US ABOUT EFFECTIVE INTERVENTIONS?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Risk Principle (Who)—Higher risk offenders</td>
</tr>
<tr>
<td>Need Principle (What)—Criminogenic needs</td>
</tr>
<tr>
<td>Treatment Principle (How)—Use cognitive behavioral</td>
</tr>
<tr>
<td>approaches</td>
</tr>
<tr>
<td>Specific Responsivity (How)—Matching/barriers</td>
</tr>
<tr>
<td>Program Integrity (all of the above and fidelity)—Quality</td>
</tr>
</tbody>
</table>
WHAT SHOULD CRIMINAL JUSTICE SYSTEM TARGET FOR OFFENDERS?

- Criminal History
- Antisocial Attitudes/Cognitive-Emotional States
- Antisocial Peers
- Temperamental and Personality Factors
- Family and Marital Factors
- Education and Employment
- Substance Abuse
- Leisure and Recreation
HOW DO WE TARGET THESE CURRENTLY?

✔ Substance Abuse Treatment
✔ Cognitive Skills Training
✔ Anger Management
✔ Role Playing to practice new skills
✔ Problem Solving Training
✔ Education
✔ Employment
The top criminogenic needs that effect recidivism is attitudes, values, and associates.

In the field, we don’t have good programming or time to address the above, so we train our staff in things like EPICS, (Effective Practice in Community Supervision) and Core Correctional Practice (CCP).
EPICS II SKILLS

- Active Listening
- Role Clarification
- Behavioral Analysis
- Effective Reinforcement
- Effective Disapproval
- Effective Use of Authority
- Teaching the Cognitive Model
- Reviewing Application of Cognitive Model
- Problem Solving
- Relapse Prevention Planning

Upon review of skills used, staff utilize problem solving skills the most and rarely utilize a behavior analysis and other skills with clients that may impact top needs.
EPICS II SKILLS UTILIZATION

- Role Clarification
- Effective Reinforcement
- Effective Disapproval
- Problem Solving
CORE CORRECTIONAL PRACTICES

- Effective Reinforcement
- Effective Disapproval
- Effective Use of Authority
- Cognitive Restructuring
- Anti-Criminal Modeling/Structured Skill Building
- Problem Solving
- Relationship Skills/Motivational Interviewing

Gendreau, Andrews and Theriault (2010)
Effective Reinforcement
Effective Disapproval
Effective Use of Authority
Problem Solving

What’s missing?
Cognitive Restructuring
Anti-Criminal Modeling/Structured Skill Building
Relationship Skills/Motivational Interviewing
Why has community supervision not shown reductions in recidivism?

Bonta et al. (2008) explored the potential reasons that community supervision has been shown to be ineffective in reducing recidivism. They found that officers rarely adhered to the principles of effective intervention during contact sessions. Instead of focusing on risk, need, and responsivity factors, officers spent most of their contact sessions on compliance with conditions and the law enforcement aspects of their job.
In the “real world”, officers know that the requirements of many supervisors is tracking completion of financial requirements, number of contacts made and other non-evidence based compliance.

Outcome (recidivism) studies are rarely conducted in the traditional community supervision.

All probationers are treated the same regardless of risk levels, it is easier.
Effective treatment addresses all aspects of the individual, the most effective treatment for opiate disorder is MAT, but

- **Biology**
  - (MAT alone is unsuccessful)

- **Behavior**
  - (Treatment alone is unsuccessful)

- **Social Aspects**
  - (Addressed alone is unsuccessful)
The use of medications combined with psychosocial treatment is superior to drug or psychosocial treatment on its own.

For example, research shows that MAT significantly increases a patient’s adherence to treatment and reduces illicit opioid use compared with nondrug approaches.

By reducing risk behaviors such as injection of illicit drugs, it also decreases transmission of infectious diseases such as HIV and hepatitis C.


Many treatment providers will not accept clients who are currently taking medications for their addiction.

They view “true” abstinence as the only type of recovery.

Doctors are hesitant to become involved in long term treatment of addiction.

Little if any providers available nation wide (USA)
Much has been written on the ability to assess risk.

There is great evidence of the predictability of the behavior of groups.

It is very difficult, if not impossible, to predict the behavior of an individual.
Administering a risk assessment ≠ Using the results

Identifying a domain ≠ Generating an individualized treatment plan

Implementing a structured treatment manual ≠ CBT program

Training staff ≠ Proficiency in skills related to service delivery
Proficiency Tiers Tasks

In order to progress all tasks must be completed. This information must be tracked by the employee and shared with the CQI specialist.

**New Staff**
- **Tasks**
  - Complete "Client Interaction" training from 30 day checklist
  - Attend CCP Part 1 & Part 2 by end of month 5
  - Begin attending Boosters monthly
  - Begin generating CCP logs (minimum 4 per month) beginning month 2
  - Complete 1 thinking report weekly on difficult client interactions for first 2 months
  - Meet 1:1 with CQIS once monthly for first 3 months to discuss progress & concerns
  - Begin CCP observations to obtain a proficiency rating (overall rating not required to progress, one observation is required)

**Tier One**
- **Tasks**
  - Continue Booster attendance per proficiency level for a minimum of 2 months
  - Submit required logs (8 per month) documenting use of CCP skills
  - Achieve a rating of proficient or higher in all 5 CCP skills
  - Complete required observations for a minimum of 2 months

**Tier Two**
- **Tasks**
  - Apply CCP skills in multiple situations without coaching and without visual aids
  - Maintain compliance with CCP requirements related to observations, booster attendance, and logging for a minimum of 3 months
  - Maintains proficient or higher rating for a minimum of 3 months

**Tier Three**
- **Tasks**
  - Maintain overall rating and compliance with CCP requirements
  - Attend CCP Coach Certification Training
  - Successfully pass coach certification test
  - Eligible to co-facilitate CCP training and Booster training

**Tier Four**
- **Tasks**
  - Comply with coach assignments for a minimum of 3 months
  - Attend coach boosters and ongoing training as required
  - Participate in dual coding of assigned observations once quarterly
  - Eligible to conduct Boosters and CCP training after successful observations completed
Incentives/Rewards

**New Staff Proficiency:**
- OHI Water Bottle
  - or -
  - Candy
  - or -
  - $5 Vending Coupons
  
  $5.00 gift card when overall Proficient rating obtained

  $10.00 gift card when overall Extremely Proficient rating obtained extremely prof

  $15.00 gift card if Extremely Proficient rating is initially obtained

**Tier 1 Proficiency:**
- Free OHI shirt
  - or -
  - 2 Free movie tickets
  - or -
  - $20.00 gift card

**Tier 2 Proficiency:**
- CCP Coach Lanyard
  - and -
  - Certificate of achievement (copy to personnel file)
  - and -
  - Individual meeting including lunch with member of facility management team

**Tier 3 Proficiency:**
- Invitation to a CCP recognition event
  - and -
  - Free OHI fleece
  - or -
  - $25.00 gift card
Figure 1.1: Agency-Wide Overall CCP Proficiency
October 1, 2016-December 31, 2016

Agency-Wide Overall CCP Proficiency
n=162

- Extremely Proficient: 39.5%
- Proficient: 24.1%
- Not Yet Rated: 1.2%
- Unacceptable: 35.2%

Figure 1.2: Agency-Wide Overall CCP Proficiency
January 1, 2017-June 30, 2017

Agency-Wide Overall CCP Proficiency
n=165

- Extremely Proficient: 50.3%
- Proficient: 17.0%
- Not Yet Rated: 1.8%
- Unacceptable: 30.9%
<table>
<thead>
<tr>
<th>Agency Overall (n=67)</th>
<th>54%</th>
<th>24%</th>
<th>16%</th>
<th>6%</th>
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</thead>
<tbody>
<tr>
<td>CCTC (n=7)</td>
<td>29%</td>
<td>43%</td>
<td>16%</td>
<td>18%</td>
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<tr>
<td>Cliff Sken CBCF (n=3)</td>
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<tr>
<td>CROSSWAEH (n=2)</td>
<td>100%</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>CUY DR (n=3)</td>
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<tr>
<td>JNRMCBCF (n=7)</td>
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<td>14%</td>
<td>29%</td>
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<td>LECCC (n=1)</td>
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<td>NOBARS (n=1)</td>
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<td>SHARP (n=1)</td>
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<tr>
<td>Summit Male CBCF (n=6)</td>
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<tr>
<td>TMRC (n=5)</td>
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*Overall proficiency* is defined as: **Extremely Proficient (EP)**: 10 or more EP skills, **Proficient (P)**: All skills rated as P or above, **Needs Improvement (NI)**: 1 to 3 skills rated as Unacceptable. **Unacceptable (U)**: 4 or more skills rated as Unacceptable.
**ORAS CST Proficiency Levels**

<table>
<thead>
<tr>
<th>Program</th>
<th>Total</th>
<th>Proficient</th>
<th>Acceptable</th>
<th>Unacceptable</th>
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<tbody>
<tr>
<td>Admissions</td>
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<td>54.0%</td>
<td>36.5%</td>
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<tr>
<td>CROSSWAEH</td>
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<tr>
<td>Cuyahoga DR</td>
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<td>50.0%</td>
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<tr>
<td>DR,TS,CNS</td>
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<tr>
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<tr>
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<tr>
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<td>81.8%</td>
<td>18.2%</td>
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</tbody>
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QUESTIONS?