Title: Eight Principles of Effective Intervention

Procedural Bulletin # 1

Purpose

To provide Community Corrections Grant Funded Entities with foundational information related to community supervision and use of evidence-based practices.

Section 1:

As per IC 11-12-1-2.5, Community Corrections Programs are to use evidence-based services, programs, and practices to reduce the risk of recidivism of those persons participating in IDOC grant funded programs or levels of supervision. Per the Indiana Probation Standards, all policies and procedures for the operation of the department are required to be consistent with evidence-based practices.

Evidence-based practices in corrections are those which are empirically proven to reduce recidivism within the target population. This research should guide policies and procedures and ensure that grant funded entities are delivering the most effective programs to the supervised participants. The Eight Principles of Effective Intervention, when used in their entirety with post-conviction participants, have been proven to decrease a participant's risk to recidivate. Some of these principles have been shown to be effective with Pre-Trial participants. Those principles are noted below in blue.

Eight Evidence-Based Principles for Effective Intervention

1. Assess Actuarial Risk/Need (*Pre-Trial should assess Risk but not Needs)
2. Enhance Intrinsic Motivation
3. Target Interventions
    a. Risk Principle (*Pre-Trial should target interventions that affect Risk but not needs.)
    b. Need Principle
    c. Responsivity Principle
    d. Dosage
    e. Treatment
4. Skill Train with Directed Practice
5. Increase Positive Reinforcement (*Pre-Trial)
6. Engage Ongoing Support in Natural Communities
7. Measure Relevant Processes/Practices (*Pre-Trial)

8. Provide Measurement Feedback (*Pre-Trial)

1. **Assess Actuarial Risk/Needs –** The State of Indiana currently recognizes and uses the Indiana Risk Assessment System (IRAS) to determine the risks and needs of the adult participant population in the legal system. Static and dynamic risk factors are assessed to determine the likelihood of an individual reoffending. As a part of best practices, grant funded entities should also utilize additional actuarial assessment tools when necessary with both post-conviction and pre-trial individuals.

   Post-Conviction Assessments

   - All community corrections program participants are required to be assessed with the IRAS. The IRAS must be conducted by a staff member certified through the Indiana Office of Court Services. The IRAS tool that should be used for post-conviction participants is the Community Supervision Tool (CST). Each adult post-conviction participant should receive an intake and discharge assessment, as well as any reassessments, if applicable. Agencies are to adhere to the minimum standards as outlined by the Indiana Office of Court Services and to their local agency policies and procedures.

   Pre-Trial Assessments

   - Participants under Pre-Trial Supervision should assess an individual's risk with the IRAS Pre-Trial Tool (PAT). Agencies are to adhere to the minimum standards as outlined by the Indiana Office of Court Services and to their local agency policies and procedures.

2. **Enhance Intrinsic Motivation** – Motivation for participant change may be external or internal and is unique to the individual. Short term effects on participant behavior may occur either through negative consequences or personal hardships; however, **long term change** is achieved when a person is internally motivated.

   Participants are generally motivated by external factors and aren't well-equipped to motivate themselves in a prosocial manner. Effective staff interactions with participants will facilitate the transfer of motivation from external factors to internal ones. Staff should be trained in courses such as *Effective Communication and Motivational Strategies* or *Motivational Interviewing*, and refresher trainings and/or learning teams should be used to strengthen these skills. Supervisors should directly observe and evaluate staff members' performance of these skills for quality assurance measures annually, at minimum.

3. **Target Interventions** Each participant under supervision should create a case plan with their case manager. Case Planning should consider the following:

   A. RISK PRINCIPLE: Prioritize supervision and treatment resources for higher risk offenders.

   B. NEED PRINCIPLE: Target interventions to criminogenic needs.

   C. RESPONSIVITY PRINCIPLE: Be responsive to temperament, learning style, motivation, gender, and culture when assigning to programs.

D. DOSAGE: Structure 40-70% of high-risk offenders' time for 3-9 months.

E. TREATMENT PRINCIPLE: Integrate treatment into the full sentence/sanction requirements.

a) Risk Principle

Prioritize primary supervision and treatment resources for offenders who are at higher risk to re-offend. Shifting program and personnel resources to focus more on higher risk offenders promotes harm-reduction and public safety in several ways. First, higher risk offenders have a greater need for pro-social skills and thinking and consequently, are more apt to demonstrate significant improvements through related interventions. Second, offenders that are frequently involved in criminal behavior (high base-rate offenders) are found in greater prevalence in higher- rather than lower risk offender populations. In terms of public safety, there is a much larger *bang-for-the-buck* when high base-rate offenders reduce or end their criminality. Finally, supervision and treatment resources that are focused on lower- risk offenders tend to produce little if any net positive effect on recidivism rates.

High-risk offenders generally present multiple criminogenic areas (e.g., antisocial cognition, antisocial temperament, antisocial associates, dysfunctional family/marital issues, substance abuse, employment, education, leisure activities) needing to be addressed at significant levels. Successfully addressing this population's issues requires placing these types of offenders on smaller caseloads, applying well developed case plans, and placing offenders into sufficiently intense cognitive-behavioral interventions that target their specific criminogenic needs.
(Gendreau, 1997; Andrews & Bonta, 1998; Harland, 1996; Sherman, et al, 1998; McGuire, 2001, 2002)

b) Criminogenic Need Principle

Address offenders' greatest criminogenic needs. Offenders have a variety of needs, some of which are directly linked to criminal behavior. These criminogenic needs are dynamic risk factors that, when addressed or changed, affect the offender's risk for recidivism. The top four most influential criminogenic needs are 1) Antisocial cognition 2) Antisocial personality (temperament), 3) Antisocial associates 4) Family/marital support. Other Criminogenic Needs include: 5) Substance abuse 6) Employment 7) Education 8) Leisure activities. Based on an assessment of the offender, these criminogenic needs can be prioritized so that services are focused on the greatest criminogenic needs.
(Andrews & Bonta, 1998; Lipton, et al, 2000; Elliott, 2001; Harland, 1996; Carey Group Publishing 2013)

c) Responsivity Principle

Responsivity requires that we consider individual characteristics when matching offenders to services. These characteristics include, but are not limited to: culture, gender, motivational stages, developmental stages, mental health, language and learning styles. These factors influence an offender's responsiveness to different types of treatment. The principle of responsivity also requires that offenders are provided with treatment that is proven effective with the offender population. Certain treatment strategies, such as

cognitive-behavioral methodologies, have consistently produced reductions in recidivism with offenders under rigorous research conditions. Providing appropriate responsivity to offenders involves selecting services in accordance with these factors, including:

a) Matching treatment type to offender;

b) Matching treatment provider to offender; and

c) Matching style and methods of communication with offender's stage of change readiness.

(Guerra, 1995; Miller & Rollnick, 1991; Gordon, 1970; Williams, et al, 1995)

d) Dosage

Occupy 40%-70% of these offenders' free time in the community over a three to nine month period. During this initial phase, higher risk offenders' free time should be clearly occupied with delineated routine and appropriate services, (e.g., outpatient treatment, employment assistance, education, etc.) Providing appropriate doses of services, pro-social structure, and supervision is a strategic application of resources. Higher risk offenders require significantly more initial structure and services than lower risk offenders. Certain offender subpopulations (e.g., severely mentally ill, chronic dual diagnosed, etc.) commonly require strategic, extensive, and extended services. However, too often individuals within these subpopulations are neither explicitly identified nor provided a coordinated package of supervision/services. The evidence indicates that incomplete or uncoordinated approaches can have negative effects, often wasting resources.
(Palmer, 1995; Gendreau & Goggin, 1995; Steadman, 1995; Silverman, et al, 2000)

e) Treatment Principle

Integrate treatment into sentence/sanction requirements through assertive case management (taking a proactive and strategic approach to supervision and case planning). Treatment, particularly cognitive-behavioral types, should be applied as an integral part of the sentence/sanction process. Delivering targeted and timely treatment interventions will provide the greatest long-term benefit to the community, the victim, and the offenders. This does not necessarily apply to lower risk offenders, who should be diverted from the criminal justice and corrections systems whenever possible.
(Palmer, 1995; Clear, 1981; Taxman & Byrne, 2001; Currie, 1998; Petersilia, 1997, 2002, Andrews & Bonta, 1998)

All mental health and substance abuse treatment services provided within the agency and/or by the referral source must be certified. A copy of the certification shall be kept on file within the grant funded entity. Programs and services offered by the entity and referral source must be evidence-based.

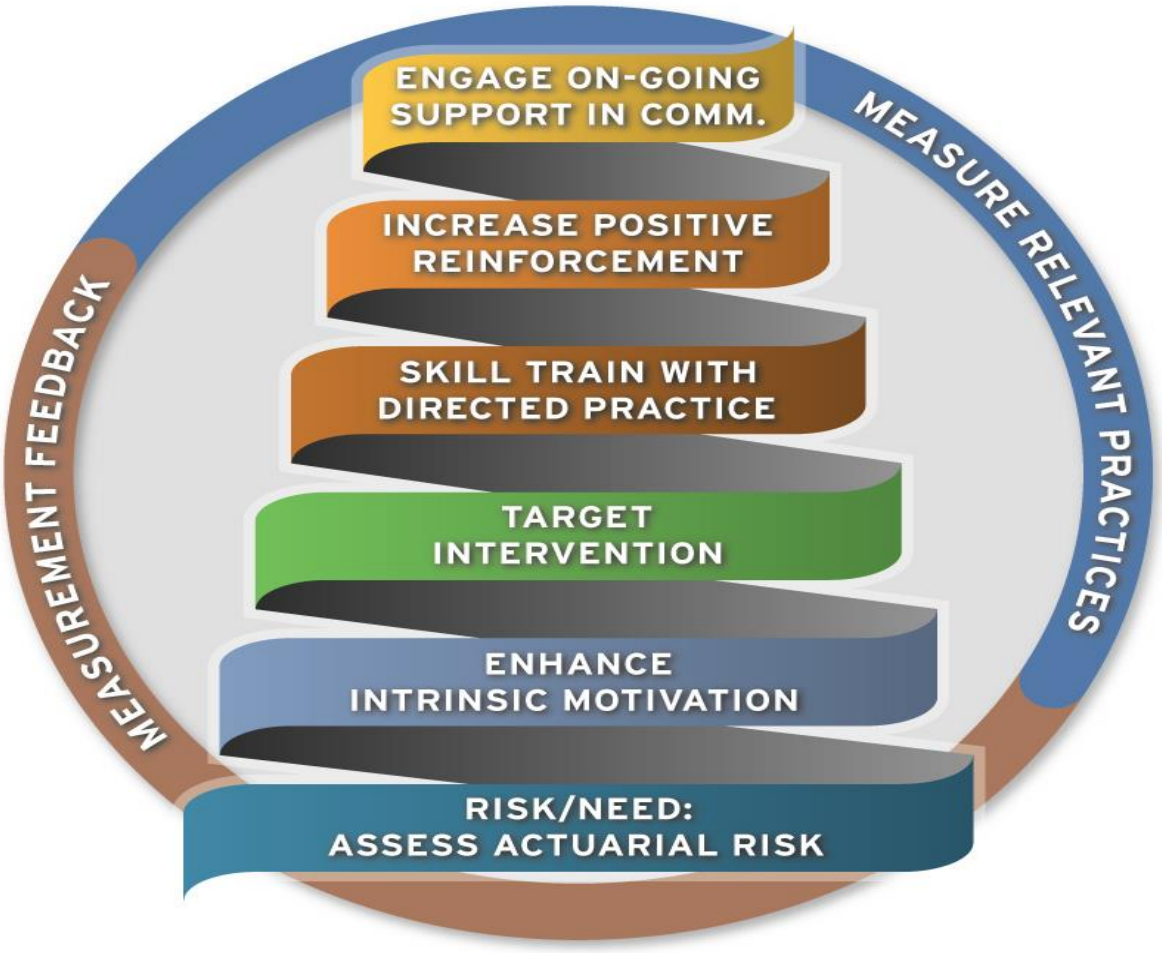
4. **Skill Train with Directed Practice –** Staff should be properly trained to deliver effective programming to participants in order to affect behavioral change. All staff members should be proficient in Motivational Interviewing skills and have an understanding of Social Learning Theory & Cognitive Behavioral Theory. Prosocial Skills should be taught, demonstrated, practiced, and reinforced during case management appointments. All staff members should be familiar with cognitive behavioral programming available to participants in order to support, encourage, and practice the new skills learned by the participant.

5. **Increase Positive Reinforcement** – A powerful tool used to correct negative behavior and to affect positive behavioral change is the use of positive reinforcements at a ratio of 4:1. Each grant funded entity shall have an incentives/rewards policy. The incentives/rewards policy must be approved by the local community corrections advisory board. The application of incentives/rewards must be documented by the entity for each participant. This may be done within the entity case management software system and/or participants' hard copy file.

6. **Engage Ongoing Support in Natural Communities** – Participants' pro-social supports should be included with the case plan. These pro-social supports may include spouses, significant others, appropriate family and friends, or other entity resources in their communities. These networks, whether they are people or activities, provide proper social skills modeling important to positive behavior change.

7. **Measure Relevant Processes/Practices** – Each agency should have a Continuous Quality Improvement plan with quality assurance measures to determine if its policies and procedures are producing the desired outcomes. By collecting the proper data, agencies can ensure the effectiveness of its programs and services. Each agency should be collecting and reviewing data on areas such as: staff training, program fidelity, program pre- and post-tests, reduction in criminal thinking, reduction of risk, appropriate use of the IRAS, and participant surveys.

8. **Measurement Feedback** – After data is collected and results are figured, the information should be shared with stakeholders and members of the entity. Feedback should be given to the participants, staff, service and program providers, and stakeholders. Feedback may consist of progress reports, staff evaluations, program evaluations, financial reports, annual reports, and quarterly reports.



Principle of Effective Correctional Intervention (Crime and Justice Institute, 2009)

Section 2: Web Resources

Evidence Based Practices

https://nicic.gov/series/implementing-evidence-based-practice-community-corrections

http://ebdmoneless.org/wp-content/uploads/2015/12/EBDMFramework.pdf

http://cepp.com/expertise/evidence-based-practices/

http://www.thecareygroup.com/documents/Checklist%20Building%20and%20Sustaining%20an%20EBP%20Organization.pdf

https://www.gmuace.org/documents/research/rnr/RNR_Practitioner_Pub_FINAL_2.12.13.pdf

Pretrial Resources

http://www.pretrial.org/

https://napsa.org/eweb/DynamicPage.aspx?Site=NAPSA&WebCode=standards

http://www.pretrial.org/download/performance-measures/Measuring%20What%20Matters.pdf