

EVIDENCE-BASED PRACTICES: WHERE ART AND SCIENCE MEET

EXECUTIVE SUMMARY

As a correctional professional, you have probably heard plenty about something called an “evidence-based” practice. Amid rumors and misinformation surrounding this topic, it might be useful to clarify what an evidence-based practice is, and what it is not. Simply put, evidence-based practices incorporate the latest research on effective practice into the daily operation of a correctional system. The principle: Recidivism can be significantly reduced through a focus on improved assessment, client motivation, case planning, treatment, and program evaluation.

As client populations have risen, correctional systems have become increasingly security-minded and compliance-oriented in order to survive a human tidal wave of clients entering the system.¹ In response, much emphasis has been placed on risk control strategies, such as making the required number and type of contacts and running the required number of drug tests. Unfortunately, sole reliance on a risk control strategy has not significantly improved long-term client outcomes – our jails and prisons are full of examples.^{2, 3}

A single-minded focus on risk control ignores a basic truth confirmed by over two decades of correctional research: *Lasting human change is an inside job*. No amount of external control will make people change the way they think or behave for long. After all external controls are lifted, most people, and certainly most clients, revert to the same lifestyle choices they engaged in previously.⁴ Consequently, more than one half of correctional clients ultimately return to the correctional system.⁵

Something has to change. Promoting lasting, positive client change, while holding those under our supervision accountable for their choices, reduces recidivism and improves long-term public safety.⁶ We all win. Given the workloads that correctional professionals face every day, how do those working in a correctional setting find the time, energy and motivation to change their practice to reduce long-term criminal risk? The answer is to work *smarter*, using research to guide practice. There are proven tools, techniques and skills identified in the correctional literature that, once mastered and applied with fidelity, improve client outcomes and actually make life as a corrections practitioner easier, more productive and more enjoyable.

The ideas supported by the research are simple:

- Identify levels of risk and make decisions on how resources are to be allocated for various correctional client populations by risk.

¹ Pew Center on the States, *One in 31: The Long Reach of American Corrections* (Washington, DC: The Pew Charitable Trusts, March 2009).

² McGuire, J. (2001). What works in correctional intervention? Evidence and practical implications. Pp. 25-43 in *Client rehabilitation in practice: Implementing and evaluating effective programs.*, edited by D. F. Gary Bernfeld, Alan Leschied. New York, NY: John Wiley & Sons, LTD.

³ Sherman, L.W., D.C. Gottfredson, D.L. Mackenzie, J. Eck, P. Reuter, and S.D. Bushway. (1998). Preventing Crime: What works, what doesn't, what's promising. National Institute of Justice.

⁴ Miller, W. and S. Rollnick. (2002). *Motivational interviewing: Preparing people for change*. New York, NY: Guilford Press.

⁵ Langan, P. A. and Levin, D. J. (2002). *Recidivism of Prisoners Released in 1994*. Washington, DC: Bureau of Justice Statistics.

⁶ Gendreau, P., M. Paparozzi, et al. (1993). Does "Punishing Smarter" Work? An Assessment of the New Generation of Alternative Sanctions in Probation. *Forum On Corrections Research* 5: 31-34.

- Limit opportunities for high-risk clients to intermingle with low-risk clients, who get riskier by association.
- Become skilled in communication techniques (such as motivational interviewing) that serve to enhance the intrinsic motivation of clients to change for the better.
- Target for intervention those criminogenic (crime-producing) needs that tend to make clients riskier. These are the “dynamic” factors that are responsive to effective interventions.
- Apply the right dosage of treatment for the degree of need suggested as a result of the assessment.
- Make plans for intervention based on the whole person, their cultural orientation, their learning style and their unique challenges/barriers.
- Increase positive reinforcement through creative incentives, and establish graduated sanctions that teach as well as control.
- Enter into a collaborative effort with treatment providers, the client’s family and community members to lessen the likelihood of recidivism.
- Measure and evaluate all components of the supervision process and strive to improve outcomes through a never-ending process of learning.

These are the cornerstones of an evidence-based practice.⁷ The following is a brief discussion of the major components of this practice.

ASSESSMENT

There are different ways to assess the likelihood that someone may recidivate. As professionals, we are often guided by gut feeling, based upon our experience and past history. Yet, correctional research has concluded convincingly that reliance on human judgment and static factors alone provides an incomplete and often biased interpretation of risk potential.⁸

An evidence-based practice relies upon the use of actuarial assessment data as its foundation, carefully blended with human judgment, to inform correctional decision-making. State-of-the-art, fourth generation risk assessment tools use sophisticated statistical models to accurately assess both *static risk factors* (those things, such as prior criminal history, that can’t change) and *dynamic risk factors* (those things, such as criminal thinking and attitudes, that can change).

Accurately assessing and interpreting static and dynamic risk factors tells us *who* are at highest risk to recidivate (the risk principle), *what* their greatest crime-producing issues are (the needs principle), and suggests *how* we might craft an intervention that works to successfully address those issues, surmounting whatever barriers that might stand in the way of positive change (the responsivity principle).

⁷ Bogue, B. N. Campbell, M. Carey, E. Clawson, D. Faust, K. Florio, L. Joplin, G. Keiser, B. Wasson and W. Woodward. (2004) *Implementing Evidence-Based Practice in Community Corrections – The Principles of Effective Intervention*. Washington, DC: National Institute of Corrections.

⁸ Meehl, P.E. (1996). *Clinical versus statistical prediction: A theoretical analysis and a review of the evidence* (New Preface). Lanham, MD: Rowan & Littlefield/Jason Aronson. (Original work published 1954).

Getting good data up front is critical to achieving successful client outcomes. So, what are these crime-producing needs upon which we should be concentrating? Criminological researchers have identified the “Big Five,” the five best predictors of future criminality:⁹

1. History of Antisocial Behavior
2. Criminal Peers
3. Criminal Attitudes
4. Criminal Personality
5. Criminal Opportunity

In addition to the Big Five, a fourth generation assessment instrument should also identify the strength of second-tier predictors such as substance abuse, family influences, vocational/educational failure and the influence of their neighborhood/community, as well as protective factors such as pro-social friends/family, crime-free neighborhoods, economic opportunities, and the prospects for a better future.

Once measured and interpreted, these factors create a detailed picture of what is going on in a client’s life, allowing the practitioner to see the connections between the client’s past, present and future. Great skill is required in the interpretation of the data to draw accurate inferences from the assessment, and to share these insights with the client in such a way that they understand it and buy into a plan to change the course of their life. At its finest, assessment is a careful blend of art and science, intuition and statistics, guts and numbers.

ENHANCING INTRINSIC MOTIVATION

One of the most effective ways to improve outcomes is simply to enhance the client-practitioner relationship. People change when they generate a compelling level of internal motivation, and the best way to enhance that motivation is through encouragement, reward and reinforcement of positive behaviors.

Clients are used to having people notice what they are doing wrong; they are less accustomed to having someone acknowledge when they do something right. An evidence-based practice builds on the notion that praise and other incentives are prime motivators for anyone to do better. Clients are no different than the rest of us in this regard.

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Often a client has either given up hope of changing or fails to acknowledge the need for change. A set of skills and techniques collectively known as Motivational Interviewing (MI) can help a client explore their ambivalence about change and create some discrepancy between their stated life goals and the repeated thinking and behavioral choices that prevent the attainment of those goals. A skilled MI practitioner is adept at reflecting value-laden statements back to the client by repeating, rephrasing, paraphrasing or reflecting the emotional dimensions of the client’s statements. Ultimately, the MI practitioner attempts to elicit self-motivating statements from the client about what *they* see as problem areas, the consequences of continuing to live and behave the way they do, and alternatives worth considering. Ultimately, the client is required to make a choice as to whether to change or not, given the consequences of the options available.

⁹ Andrews, D.A., J. Bonta, and R. Hoge. (1990). Classification for effective rehabilitation: Rediscovering psychology. *Criminal Justice and Behavior* 17:19-52.

When done with skill, MI encourages a dialogue that is change-focused, and clarifies the expectation that the client is responsible for their life and the choices they make.

TARGET INTERVENTIONS

The development of an effective case plan is one of the most critical pieces of the correctional puzzle. The plan should drive the supervision process and serve as a roadmap for an effective intervention. Far too many plans are created as cookie-cutter examples of a “one size fits all” mentality.

Research shows that the frequency of client contact has very little impact on long-term outcome. What really matters is the *quality* of the contacts, and, within these contacts, how the goals of the case and the most problematic criminogenic issues are addressed. The plan must be carefully constructed to address the crime-producing needs identified during the assessment. During the case planning process, a number of questions need to be asked, including:

- What kinds of patterns do you see in the assessment data? Have you seen this pattern before?
- Can you infer a causal relationship between factors or a logical chain of events along each unique pathway to a criminal lifestyle? Where might this causal chain best be broken?
- Which factors need immediate attention? Which might be most amenable to treatment? Which factors are transient, and which are well-entrenched?
- What triggers have historically inhibited movement toward change? How can they be minimized?
- What strengths are present, and how can they be built upon? How can the client’s interests be incorporated into the planning process?
- What incentives might be most effective in reinforcing the change process? What sanctions might be used to teach as well as punish?
- What intermediate steps might be required to properly stage and sequence the intervention?
- How is success to be measured?

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Case planning is another area in which art meets science. It is an interactive process; at the virtuoso case-planning level, the practitioner uses all of their communication and motivational skills to engage the client in the planning process, with the client assuming responsibility for its follow-through.

Often the first items to be addressed in a supervision plan are those that are most basic: homelessness, joblessness, mental health, and substance abuse. There will be opportunities to address other criminogenic needs once the client’s basic needs are met and good levels of rapport and confidence in the relationship are generated.

Ultimately, a good supervision plan is about building long-term skills: problem-solving, behavioral management and coping skills. An effective plan grows and changes, at regular intervals, and should drive the supervision forward with regular modification over time, dictated by conditions in each specific

case. At its best, the supervision plan can be used as a highly effective motivational tool, to hold clients accountable for making the positive changes they have identified as necessary.

SKILL TRAIN WITH DIRECTED PRACTICE

Most behavior is learned, first by observation, then by imitation and practicing the behavior until it closely resembles that which was observed.¹⁰ Behavioral adaptations take time, patience, good modeling, motivation and the understanding that all behaviors start as thoughts. Cognitive-behavioral treatment is an evidence-based approach that works on the logic behind the behavior: the attitudes, values and beliefs that either reinforce or inhibit a certain behavior. Careful examination of the thinking gets at those underlying attitudinal components and how they tend to “give permission” for bad behavior. Each intervention must start where the client is. If they are pre-contemplative, motivational interviewing techniques will be needed to explore ambivalence to change and to create discrepancy between stated goals and current actions. If the client has reached a decision that change is needed, the goal is then to teach the skills

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necessary to make the change, to reinforce pro-social thinking, to model coping strategies, and to direct the practice of those strategies.

If done correctly, in sufficient dosage and for a sufficient duration, cognitive behavioral treatment has been shown by research to improve outcomes, especially when the therapist and the corrections agent work together to reinforce the learning and reward the behavioral change they want.¹¹ A high level of open, honest communication between the treatment staff and supervision officer is critical, so that the client receives a consistent message that maximizes the impact of the intervention effort.

INCREASE POSITIVE REINFORCEMENT

Rewards are far more powerful as motivators than are punishments; and, often, the most powerful rewards are intrinsic. We care what others think of us. Clients are no different. The research tells us that a ratio of at least four positive reinforcements for each negative sanction is optimal in producing better supervision outcomes. Such reinforcements can be informal (a pat on the back or a word of praise and encouragement) or formal (a letter of commendation sent to a judge, formal acknowledgement from the chief or warden placed in the file, reduction of drug-testing frequency, reduction in community service requirements, or early release from supervision).

If a positive relationship between the officer and client has been well-established, these reinforcements will have a much greater effect than if the relationship is superficial or oppositional. Most clients *care* what their officers think of them, and will perform at higher levels for an officer who values and acknowledges their efforts. The supervision relationship can be far more effective if based on mutual respect and the establishment of incentives to reward the kind of pro-social change that is desired.

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¹⁰ Prochaska JO, Velicer WF, Rossi JS, Goldstein MG, Marcus BH, Rakowski W, et al. Stages of change and decisional balance for 12 problem behaviors. *Health Psychol* 1994;13:39-46.

¹¹ Aos, S., Miller, M., & Drake, E. (2006). *Evidence-based public policy options to reduce future prison construction, criminal justice costs, and crime rates*. Olympia, WA: Washington State Institute for Public Policy.

ENGAGE ONGOING SUPPORT IN THE COMMUNITY

Research supports the notion that positive support in a client's "natural community" can improve outcomes.¹² Social learning theory suggests that it is in these regular, daily connections with other people that patterns of thinking and behavior are observed, imitated, reinforced and rewarded. If positive behavioral models in the neighborhood can be identified, recruited and included in the intervention process, then chances of a positive outcome improve. Routine home visits can serve as a chance to get to know the family, find out who in the home has the client's best interests at heart, and identify those family members that may exert a negative influence. Getting a read on the household dynamics is the first step in putting together a community support plan.

Well-intentioned family members can act as eyes and ears for the supervising officer in the community. At least some home visits, and especially the initial one, should be scheduled with supportive family present, so that they can become engaged in the intervention process. The family should be encouraged to contact the supervising officer with any observations or concerns about the client's neighborhood activities.

Pastors, employers, community leaders and mentors can all be recruited to help support the client's successful completion of their behavioral contract. Start building this coalition by asking the client to identify those who serve as a positive influence in their life, and seek out the involvement of those people when designing and executing the case plan. The plan will have more meaning and impact when it is supported by everyone close to the client.

MEASURE RELEVANT PRACTICES

What gets measured gets done. Collecting and using the right kind of solid, empirical data to support a detailed analysis of performance is essential if the correctional agency is to learn what is working and what isn't. Practices that cannot be accurately measured should be reexamined to determine whether they have a valid place in the agency. Wasteful policies, procedures and standards need to be adjusted or eliminated. It is this feedback loop that allows an agency to take an honest look at its performance, to correct deficiencies, to eliminate poor-performing practices and programs, and build on proven successes.

Measurement should also extend to individual officers, and their mastery of critical skills. Officers who fall below acceptable skill proficiency levels should be targeted with additional training, coaching and support.

Likewise, the agency must be held accountable for the outcomes it produces. Results that are inconsistent with improved client outcomes and reduced recidivism suggest that changes in practice are needed. Corrective plans and new performance measures evolve from this feedback loop, and the process begins anew.

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¹² Meyers, R.J, W.R. Miller, J.E. Smith, and S. Tonnigan. (2002) A randomized trial of two methods for engaging treatment-refusing drug users through concerned significant others. *Journal of Consulting and Clinical Psychology*, Vol. 70:5,1182-1185

CLOSING

An evidence-based practice is less of something you do and more of something that you think. It is not a program, nor is it a policy. It is a way of looking at the work in a way that focuses our efforts on practices that have been proven to work in enhancing public safety. In a long-term sense, improvements in public safety are best achieved when we focus less on processes and more on outcomes. Do clients complete supervision knowing more about themselves, with better coping and decision-making skills? Do they have an effective support system in place and a clear plan for their future that minimizes their chances of coming back into the correctional system? If so, then the goal of an evidence-based supervision approach has been achieved.