

The Principles of Effective Intervention

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PRINCIPLES OF SOUND CORRECTIONAL ADMINISTRATION

- 1. Prisons are where offenders are sent as punishment, not for punishment.*
- 2. There must be an unconditional respect for inmates as people.*
- 3. Staff must believe in an offender's ability to change their behavior.*
- 4. Programs, based on the cognitive behavior model, must be available to all inmates at all institutions.*
- 5. Staff must demonstrate the behavior they wish inmates to emulate*

The State of the State in Criminal Justice

- 7.3 million adult Americans' are currently under the supervision of the criminal justice system;
- This amounts to 1 in 31 American adults;
- 2.3 million of these individuals are incarcerated in our prison system;
- The proportion of offenders behind bars versus those in the community has changed very little over the last 25 years.

PEW Charitable Trusts, March 2009

Break Down By Population

- 1 in 11 Blacks;
- 1 in 27 Hispanic
- 1 in 45 Whites

- 1 in 18 Men
- 1 in 89 Women

Top Five States by Ratio

- Georgia 1 in 13
- Idaho 1 in 18
- Texas 1 in 22
- Massachusetts 1 in 24
- Ohio 1 in 25

Recommendations

- **SORT OFFENDERS BY RISK TO THE PUBLIC SAFETY TO DETERMINE APPROPRIATE LEVELS OF SUPERVISION;**
- **BASE INTERVENTION PROGRAMS ON SOUND RESEARCH ABOUT WHAT WORKS TO REDUCE RECIDIVISM;**
- **HARNESS ADVANCES IN SUPERVISION TECHNOLOGY SUCH AS ELECTRONIC MONITORING AND RAPID-RESULT ALCOHOL AND DRUG TESTS;**
- **IMPOSE SWIFT AND CERTAIN SANCTIONS FOR OFFENDERS WHO BREAK THE RULES OF THEIR RELEASE BUT WHO DO NOT COMMIT NEW CRIMES; AND**
- **CREAT INCENTIVES FOR OFFENDERS AND SUPERVISION AGENCIES TO SUCCEED, AND MONITOR THEIR PERFORMANCE.**

The Primary Goal of Correctional Counselors Should be Intervening Therapeutically

- Adjustment
- Risk Reduction Programming;
- Teaching responsibility and accountability;
- Transition planning;
- Community living.

What is Effective Treatment?

- The impact of Martinson's "Nothing Works" research;
- Maintaining order, or addressing an offender's needs with the hopes of facilitating a smooth transition? Balance!

What do we know?

- A collaborative approach, or wrap around services, involving all players is critical;
- Administrative support a must to program development, resources, etc.
- Life skills programming, intensive and aftercare, an integral part of all offender programming;
- Matching characteristics of the offender, therapist, and program, i.e., principle of responsivity;
- Program evaluation;

What Do We Know Continued

- A willingness to move from the status quo and explore meaningful treatment alternatives;
- Relapse prevention strategies and post release programming a must;
- Well trained staff, with appropriate credentials, required to facilitate programming.

How do we evaluate effectiveness?

- CPAI Audits for program quality;
- Measuring change in dynamic risk factors, Stable 2007, Acute 2007;
- Polygraph, treatment/supervision compliance;
- PPG, Abel, for behavior/arousal monitoring.

Paul Gendreau's Principles to Effective Intervention

- Findings from hundreds of studies and meta-analysis of criminal justice interventions indicate that good programs, those that reduce recidivism, have common features;
- These common features can be summarized as “Principles of Effective Offender Intervention”.

Why are These Principles Important

- They provide a rational blueprint for offender treatment, if one had to create a treatment system from scratch, these principles would provide us with a guide;
- These principles take us beyond what we “feel” is effective to what is supported by scientific evidence;
- Evidence based practice supports our claim that we are doing our best to promote public safety!

Principle 1: Target Criminogenic Needs

- Good programs target factors related to offending, and that can be changed!
These dynamic factors are commonly known as criminogenic needs;
- What factors do you think can lead a person to be a criminal?

Anti-Social Attitudes, Beliefs, Values

- **Rationalization** – “everybody does it, so what’s the problem”, “she was asking for it”, “I have the right to do what I want”.
- **Minimization** – “nobody got hurt, so it’s ok”, “they got insurance”.
- **Denial of responsibility** – “I was framed”. “I’ve already been punished enough”.
- **Inflated self-esteem** – “No way I’m working at Mickey D’s”.
- **Hostility** – “This guy was looking at me funny, so I had to pop him”.

Criminal Thinking

I'm too smart to get caught

Anti-Social Associates

- “Well you see, my buddy knew this guy....”

Poor Decision Making

- “I needed money to send my kid to private school, so I sold drugs (I’m a good mother, though)”

Principle 2

Conduct Thorough Assessments of Risk and Need, Target Programs to Moderate-High Risk Offenders

- What is an offender assessment
 - The systematic collection, analysis and utilization of objective information about an offender's level of risk and need.
- What is risk
 - The probability that offender will commit additional offenses.
- What is need
 - The specific problems or issues that contribute to an offender's criminally deviant behavior. Needs are by definition dynamic (changeable) and can be targeted by treatment programs.

Four Important Factors to Consider when Choosing an Assessment Instrument

- Has the instrument been validated?
- Does the instrument target the population your assessing?
- What is the strength of prediction for this instrument?
- What is the strength of the instrument's replication?

Offender Assessments

Scale	# of Items	Type	Strength	Replication
LSI-R	54	General Violent	High Moderate	High
VRAG	12	General Violent	High High	High
SORAG	14	Violent Sexual	High Moderate	Low
PCL-R	20	General Violent	Moderate Moderate	High
MnSOST	21	Sexual	Moderate	Moderate
MnSOSTR	16	Sexual	High	Low
RRASOR	4	Sexual	Moderate	Moderate
Static 99	10	Sexual	Moderate	Moderate

Why Assess?

- Research indicates that offender treatment programs that conduct thorough, rigorous and objective assessment of offenders and use assessment information to inform treatment planning decisions have much better outcomes than programs that do not do such assessments.
- Allows us to maximize our limited resources, cost effectiveness!!

Risk Assessment and the Risk Principle

- Research indicates that providing high intensity treatment to low risk offenders may increase their risk level, by extensively exposing them to higher risk offenders who may “contaminate” them with anti-social attitudes, thinking and behavior.

Risk Level and Treatment Outcomes (% Recidivism)

Study	Risk Level	Minimal Treatment	Intensive Treatment
O'Donnell et al (1971)	Low	16%	22%
	High	78%	56%
Baird et al (1979)	Low	3%	10%
	High	37%	18%
Bonta et al (2000)	Low	15%	32%
	High	51%	32%
Andrews & Kiessling	Low	12%	17%
	High	58%	31%

Risk Assessment and the Risk Principle

- Some research also suggests that the very highest risk offenders may not benefit from treatment either i.e. they may be beyond help!
- The highest risk (psychopathic) offenders may actually use treatment groups to learn and practice new skills of manipulation and deception, thus worsening their anti-social tendencies. They can also undermine the dynamics of treatment groups.

Measuring Risk Level of Service Inventory – Revised (LSI-R)

- The LSI-R can be thought of as something like a medical triage decision making tool – it provides insight into which offenders should receive the highest priority for treatment, regardless of their specific problem areas.

LSI-R

- Can be used on male or female offenders of any offense type, in prison or community based settings. Offenders under the age of 16-17 should probably be scored on the youth level of service /case management inventory.
- Scores on the LSI-R range from theoretical minimum of zero to a maximum of 54. Few cases of zero are encountered.
- The 54 items are grouped into ten domains that represent key criminogenic risk factors.

LSI-R Domains

- Criminal history (10)
- Education/Employment (10)
- Financial (2)
- Family Marital (4)
- Accommodation (3)
- Leisure/Recreation (2)
- Companions (5)
- Alcohol/Drug Problems (9)
- Emotional/Personal (5)
- Attitudes/Orientation (4)

Measuring Risk and Risk Levels

- What constitutes “low risk”?;
- How high is “too high” to treat?;
- The LSI-R comes with a risk cut-off table based upon studies done in Canada.

LSI-R Published Norms

Score Range	Level of Risk of Recidivating
41 to 47 and above	High risk - 76% chance of recidivating
34 to 40	Medium/High Risk – 57% Chance
24 to 33	Moderate Risk - 48.1% chance
14 to 23	Low-Moderate Risk 31.1% chance
0 to 13	Low Risk – 11.7% Chance

Assessment of Sexual Offenders

- The Stable 2007 and Acute 2007 used in conjunction with the Static 99 form a comprehensive picture of risk of sexual re-offending that captures not only long term risk potential, but also assists in the treatment of offenders and management of risk for the supervision of offenders in the community.

Static 99

- An actuarial risk tool used for the prediction of sexual and violent recidivism among adult male sexual offenders.

Static 99

Appropriate Populations

- Adult male sexual offenders
 - 18 years of age or older at the time of assessment;
 - Charged or convicted for an offense that is known to have a sexual motivation/component.

Limitations of Static 99

- Not normed for juvenile offenders;
- Not normed on female offenders;
- Not for statutory rape victims;
- Not for offenders offense free for 10+ years in the community.

Static-99 Risk Factors –What is the Likelihood of Re-Offending? Generally assessed only once!

- **Prior Sex Offenses**
- **Prior sentencing dates (excluding index)**
- **Index non-sexual violence**
- **Prior non-sexual violence**
- **Any Unrelated Victims**
- **Any Stranger Victims**
- **Any Male Victims**
- **Young Aged**
- **Single**

Static 99 Risk Category

POINTS	RISK CATEGORY
0,1	LOW
2,3	MODERATE-LOW
4,5	MODERATE-HIGH
6+	HIGH

Needs Assessment

- Various instruments can be used in combination with the LSI-R to produce a profile of the likelihood that an offender will fail upon release and of the specific problem areas that should be prioritized in treatment.
- Needs assessment tools provide information about offenders' level of need for intervention in specific problem areas identified as being strongly related to re-offending (criminogenic needs);
- Criminal Sentiments Scale-Modified (CSS-M) and Hostile Interpretations Questionnaire are two such instruments.

Principle 3

Base Design and Implementation on a Proven Theoretical Model

- Effective programs work within the context of a proven (evidence-based) theory of criminal behavior. Proven theories include social learning and cognitive-behavioral.

Questionable Theories of Crime

- Offenders lack creativity theory;
- Offenders lack discipline theory;
- Treat offenders as babies and dress them in diapers theory;
- Offenders need to get in touch with their feminine side theory;
- Offenders need to learn to work with dogs/cats/horses/tropical fish theory.

Ineffective Treatment Models

- Traditional Freudian psychodynamic and non-directive (client centered therapies);
- Medical model approaches;
- Subcultural/labeling approaches;
- Punish smarter strategies – boot camps, EM, tent cities, etc;
- Almost any program targeting low risk offenders or non criminogenic needs.

Ineffective Clinical Approaches

- Encourages externalization of blame to parents, staff, society, etc;
- Encourages ventilation of anger;
- Ignores lack of consideration of victims;
- Rejects clients who are less “amenable” to treatment!

Principle 4

Use a Cognitive Behavioral Approach

- Thinking and behavior are linked; offenders behave like criminals because they think like criminals; changing thinking is the first step towards changing behavior;
- Effective programs attempt to alter an offender's cognitions, values, attitudes and expectations that maintain anti-social behavior; **Breaking the con code!**
- Emphasis on problem solving, decision making, reasoning, self control and behavior modification, through role playing, graduated practice and behavioral rehearsal.

Acute 2007 Rating

Implications for Supervision

- Individuals who score “Moderate” on the Acute 2007 should receive twice the supervisory priority as those who score “Low”.
- Individuals who score “High” on the Acute 2007 should receive four times the supervisory priority as those who score “Low”.

Principle 4

Cognitive Behavioral Approach

- Good cognitive-behavioral programs not only teach offenders more socially appropriate behaviors, but also provide them with extensive opportunity to practice, rehearse and pattern these behaviors in increasingly difficult situations. **Good behaviors are often just habits.**
- Every social interaction within the prison (inmate-inmate, inmate – staff, staff-staff) provides opportunity to model, teach and practice pro-social skills;
- Rewards for pro-social behavior are important and should outweigh punishers, 4:1.

What Does Not Work!

- Drug prevention classes focused on fear and other emotional appeals;
- Drug education classes;
- Self-help programs;
- Yoga, sweat lodges and other “introspective” programs.
- Shaming offenders.

Principle 5:

Disrupt the Delinquency Network

- Effective programs provide a structure that disrupts the delinquency network by enabling offenders to place themselves in situations (around people and places) where pro-social activities dominate.
- Effective programs also help offenders to understand the consequences of maintaining criminal friendships. Role playing can help them practice building new pro-social friendships.

Principle 6: Provide Intensive Services

- Effective programs offer services that occupy 40% - 70% of the offender's time while in the program and last 3-9 months. The actual length of the program should be driven by specific behavioral objectives of the program and specific needs of the individual offenders.

Principle 7: Match Offender's Personality and learning style with Appropriate Program Settings and Approaches.

- This is known as the “Responsivity” principle.
- There are important interactions between the learning and personality style of the offender and their setting or situation.
- Therapist's skills should be matched with appropriate program type;
- Offender's strengths and limitations should be considered in program plan.

Principle 7: Responsivity Factors

- Responsivity factors can influence program success;
- There are few good tools that comprehensively measure responsivity factors;
- Many agencies routinely collect data that can provide insight into an offender's responsivity factors;

Principle 7

Data that can Provide Insight to Responsivity Factors:

- Personality variables – anxiety, depression, mental illness, socialization, motivation, etc.
- Cognitive variables – intelligence, learning disabilities, retardation, academic achievement, learning style, etc.
- Other – culture, language, physical handicaps, barriers to getting to treatment, etc.

Principle 8: Include a Relapse Prevention Component

- Relapse prevention should be offered both in prison and in the community when possible and should include:
 - Rehearsal of alternative pro-social responses;
 - Practicing pro-social behaviors by rewarding improved competencies in increasingly difficult situations.
 - Training family and friends to provide reinforcement for pro-social behavior;
 - Providing booster sessions to offenders following the formal phase of treatment.

Principle 9: Integrate with Community-Based Services

- Effective programs refer offenders to other programs with good track records;
- Programs that include aftercare components demonstrate the greatest reductions in recidivism.

Principle 10: Reinforce Integrity of Services

- Effective programs continually monitor program development, organizational structure, staff development and training and other core organizational processes;
- Program evaluation is an important part of this process.

Principles of Effective Offender Intervention – Summing Up

- It is difficult to say which of these principles are more important than the other, although as we have seen, some are easier to implement;
- The best results are found when all of the principles operate together and reinforce one another;
- It is difficult to say how many principles are needed to be effective, but the more the better.

Latessa's Ohio Study

- Two year follow-up study of 13,000 offenders released from prison in 1999-2000 and sent to one of fifty community correction treatment centers;
- Examined the use (or non-use) of the principles

Latessa's Findings

- Programs that focused on principle 1, target criminogenic needs, were found to reduce recidivism by 5%.
- Programs that focused on principle two, risk/needs assessments, were found to reduce recidivism by 7%;
- Programs that focused on principle 4, cognitive-behavioral programming were found to reduce recidivism by 10%;

Latesa's Findings Continued

- Programs that focused on principle 6, intensive treatment, were found to reduce recidivism by 10%;
- Programs that focused on multiple principles reduced recidivism by as much as 40%

Gendreau's Characteristics Associated with 50% Reduction in Recidivism

- Community-based;
- Intensive;
- Full time;
- Cognitive-behavioral;
- Works with high risk offenders;
- Uses positive reinforcement;
- Disrupts criminal social network

Evidence-Based Intervention – How Strong is the Data?

- We base much social policy and medical practice on evidence that is not as strong as that underlying these principles.
- The correlations in the next table show the strength of some well-known relationships that guide social policy; the higher the number the stronger the evidence.

Relationship	Correlation
Asprin & reduced risk of death by heart attack	.02
Heart bypass & 5 year survival	.08
Smoking & lung cancer within 25 years	.08
Lead Exposure & reduced IQ	.12
Ibuprofen & reduced pain	.14
Mammogram & cancer detection	.27
Cog-Behavioral treatment and reduced recidivism	.29
Actuarial risk tools as predictors of recidivism	.30
Evidence-based treatment & reduced recidivism	.30
Antisocial attitudes/companions & recidivism	.18 - .39
Targeting criminogenic needs and reduced recidivism	.55
Andrews, et al, 1990; Andrews & Bonta, 1994; Gendreau, et al, 1996	

Effectiveness of Negative or Punishing Sanctions

- In order for punishing sanctions to be effective the following rules must apply without exception:
 - Escape from punishing stimuli is impossible;
 - The punishing stimulus is applied immediately and at maximum intensity.
 - It is applied at the earliest possible point in the deviant response chain and after every occurrence of the deviant behavior;
 - The punishers should not be spread out and should be varied

Populations Resistant to Punishment

- Psychopathic;
- Risk Takers;
- Not Neurotic;
- Under the influence of a substance;
- Have a previous history of being punished;
- Are less bright.

Outcomes of Punishing Sanctions

- It is important to be mindful that punishment only trains a person what not to do!

Four Sources of Correctional Quackery

- Failure to use research in designing programs;
- Failure to follow appropriate assessment and classifications;
- Failure to use effective treatment models;
- Failure to evaluate what we do!

The Three C's of Effective Correctional Policy

- Employ credentialed people;
- Ensure the agency is credentialed i.e., founded on principles of fairness and the improvement of the lives through ethically defensive means; and
- Base treatment decisions on credentialed knowledge, e.g., research from meta analysis.

Ten Commandments for Correctional Staff

- Go home safe and sound at the end of the day;
- Establish realistic expectations (for self, offenders, and other staff);
- Set firm and consistent limits;
- Avoid power struggles;
- Manage interpersonal boundaries;

Ten Commandments for Correctional Staff Continued

- Don't take things personally;
- Strive for an attitude of healthy skepticism;
- Don't fight the bureaucracy;
- Ask for help (from supervisors and colleagues);
- Don't take your work home with you!

Working alone we may have our
share of success

Working together, we can
accomplish great things!

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