

# RESEARCH AND IMPLEMENTATION OF EVIDENCE-BASED PRACTICES IN COMMUNITY CORRECTIONS

**Anne Connell-Freund**, Oriana House, Inc., United States  
President International Community Corrections Association  
(ICCA)

**Donald Evans**, Journal of Community Corrections, Canada

# PUBLIC SAFETY FIRST

- 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*

# WHAT DOES RESEARCH TELL US ABOUT EFFECTIVE INTERVENTIONS?

**Risk Principle (Who)—Higher risk offenders**

**Need Principle (What)—Criminogenic needs**

**Treatment Principle (How)—Use cognitive behavioral approaches**

**Specific Responsivity (How)—Matching/barriers**

**Program Integrity (all of the above and fidelity)— Quality**

# 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

# IN THE COMMUNITY CORRECTIONS REALITY

- 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)**

# HERE IS WHAT WE TRAIN STAFF

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*

# TRADITIONAL COMMUNITY SUPERVISION PROBATION

## 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.

# TRADITIONAL COMMUNITY SUPERVISION PROBATION

- 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

# MEDICATED ASSISTED TREATMENT (MAT) NATIONAL INSTITUTE OF DRUG ABUSE (NIDA) SAYS...

- 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)

# YEARS OF RESEARCH TELLS US

- 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

*American Society of Addiction Medicine, The ASAM National Practice Guideline.*

*Mattick et al., "Methadone Maintenance Therapy"; Comer et al., "Injectable, Sustained-Release Naltrexone"; and Fudala et al., "Office-Based Treatment."*

*Schwartz et al., "Opioid Agonist Treatments"; Judith I. Tsui et al., "Association of Opioid Agonist Therapy With Lower Incidence of Hepatitis C Virus Infection in Young Adult Injection Drug Users," JAMA Internal Medicine 174, no. 12 (2014):*

# MEDICATION ASSISTED TREATMENT (MAT)

- 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)

# RISK ASSESSMENTS

- 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

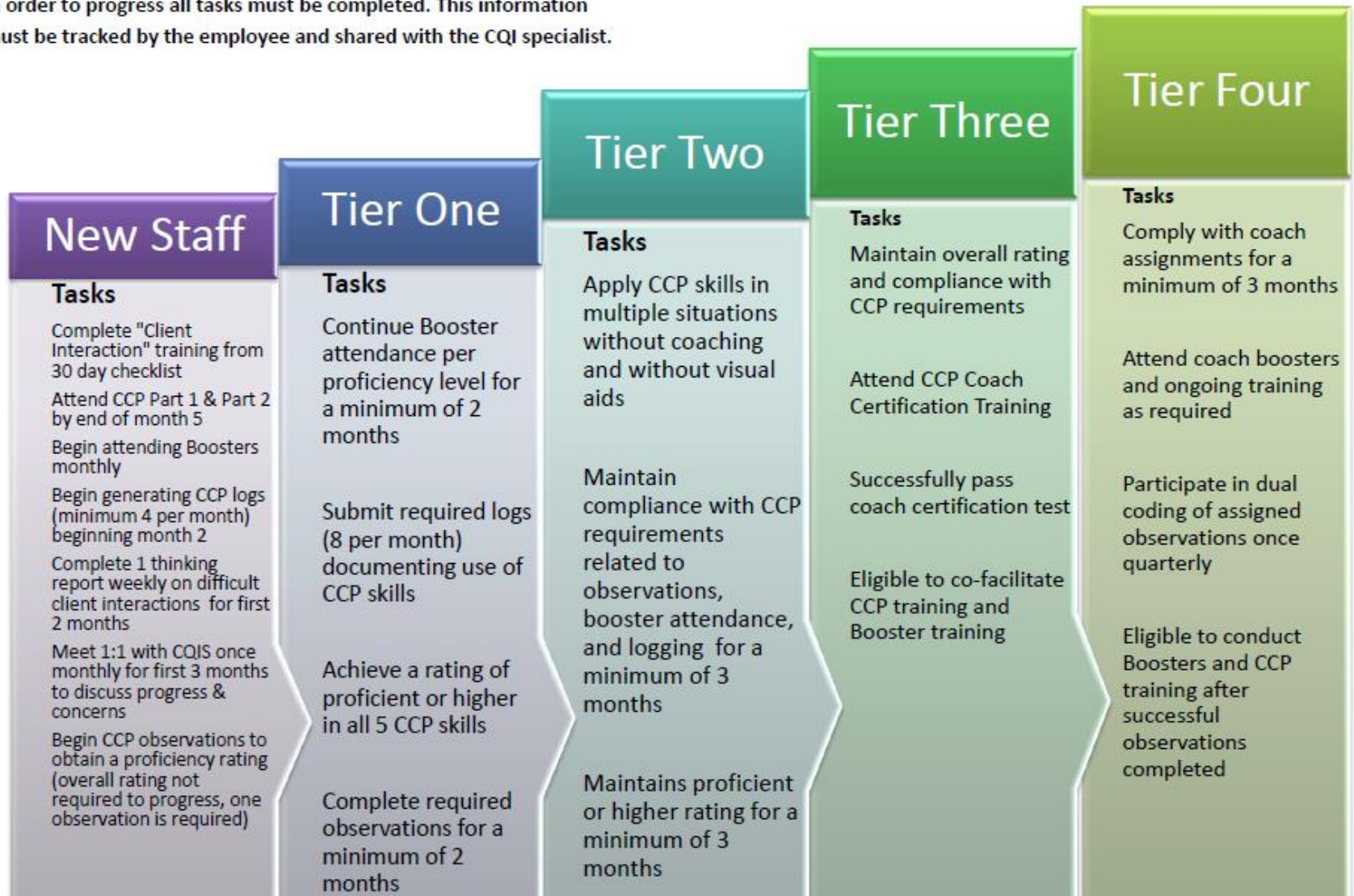


# “REAL WORLD” OF RISK ASSESSMENTS

- 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.



## Incentives/Rewards

### **New Staff Proficiency:**

-OHI Water Bottle

—or—

-Candy

—or—

-\$5 Vending Coupons

### **Tier 1 Proficiency:**

-\$5.00 gift card when overall Proficient rating obtained



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

—or—

-\$15.00 gift card if Extremely Proficient rating is initially obtained

### **Tier 2 Proficiency:**

-Free OHI shirt

—or—

-2 Free movie tickets

—or—

-\$20.00 gift card

### **Tier 3 Proficiency:**

-CCP Coach Lanyard

—and—

-Certificate of achievement (copy to personnel file)

—and—

-Individual meeting including lunch with member of facility management team

### **Tier 4 Proficiency:**

-Invitation to a CCP recognition event

—and—

-Free OHI fleece

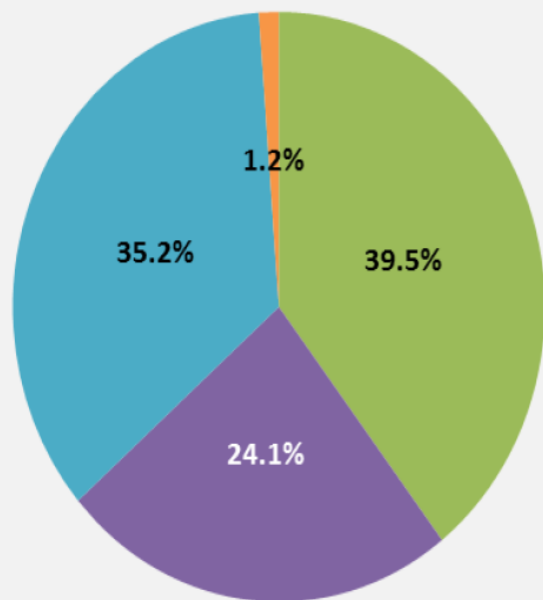
—or—

-\$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

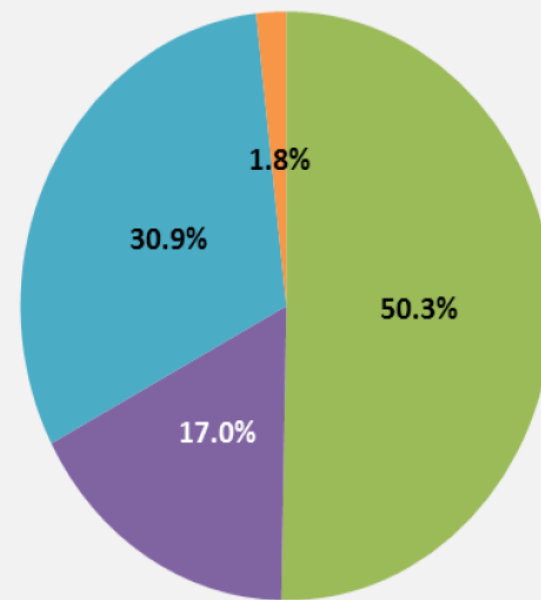


■ Extremely Proficient ■ Proficient ■ Not Yet Rated ■ Unacceptable

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

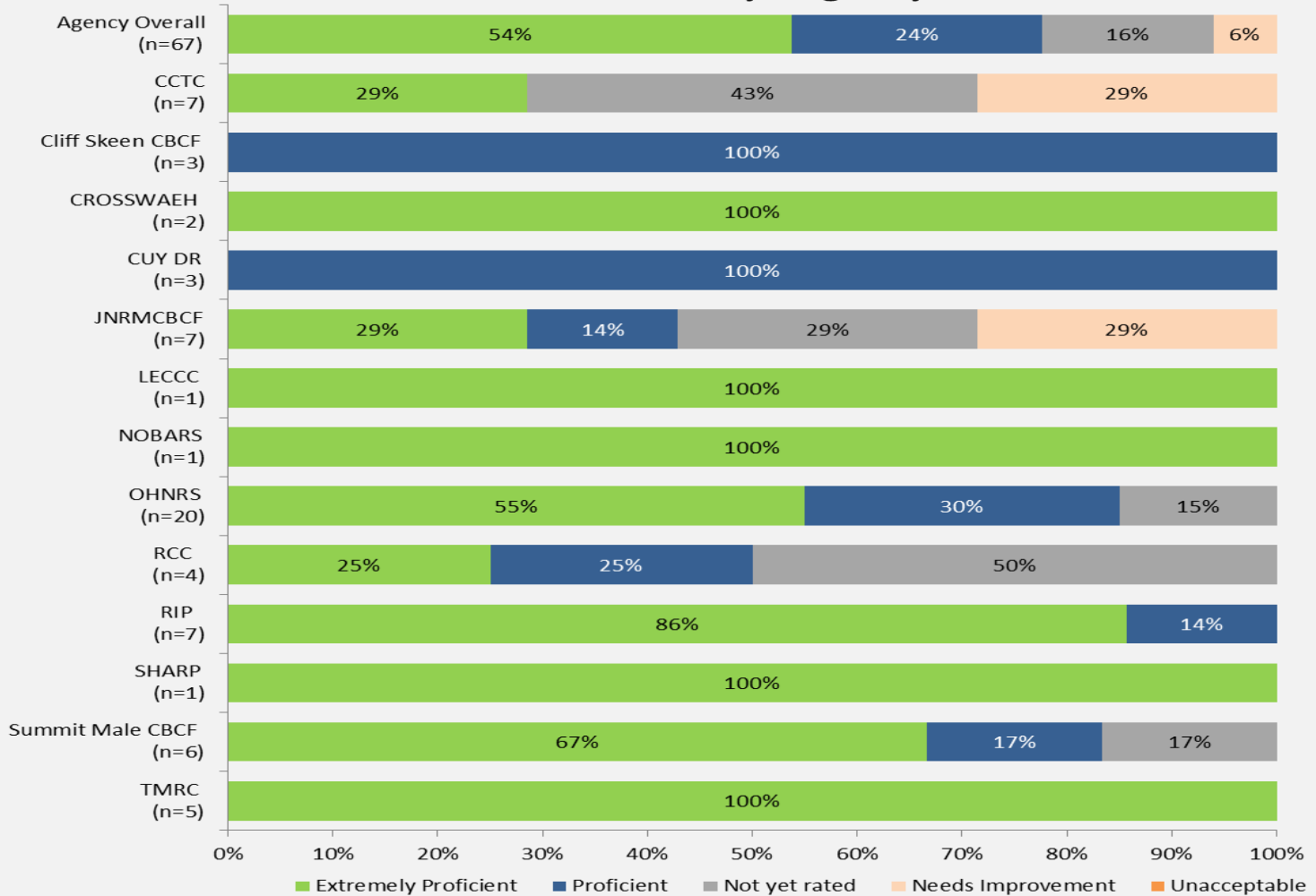
### Agency-Wide Overall CCP Proficiency

n=165



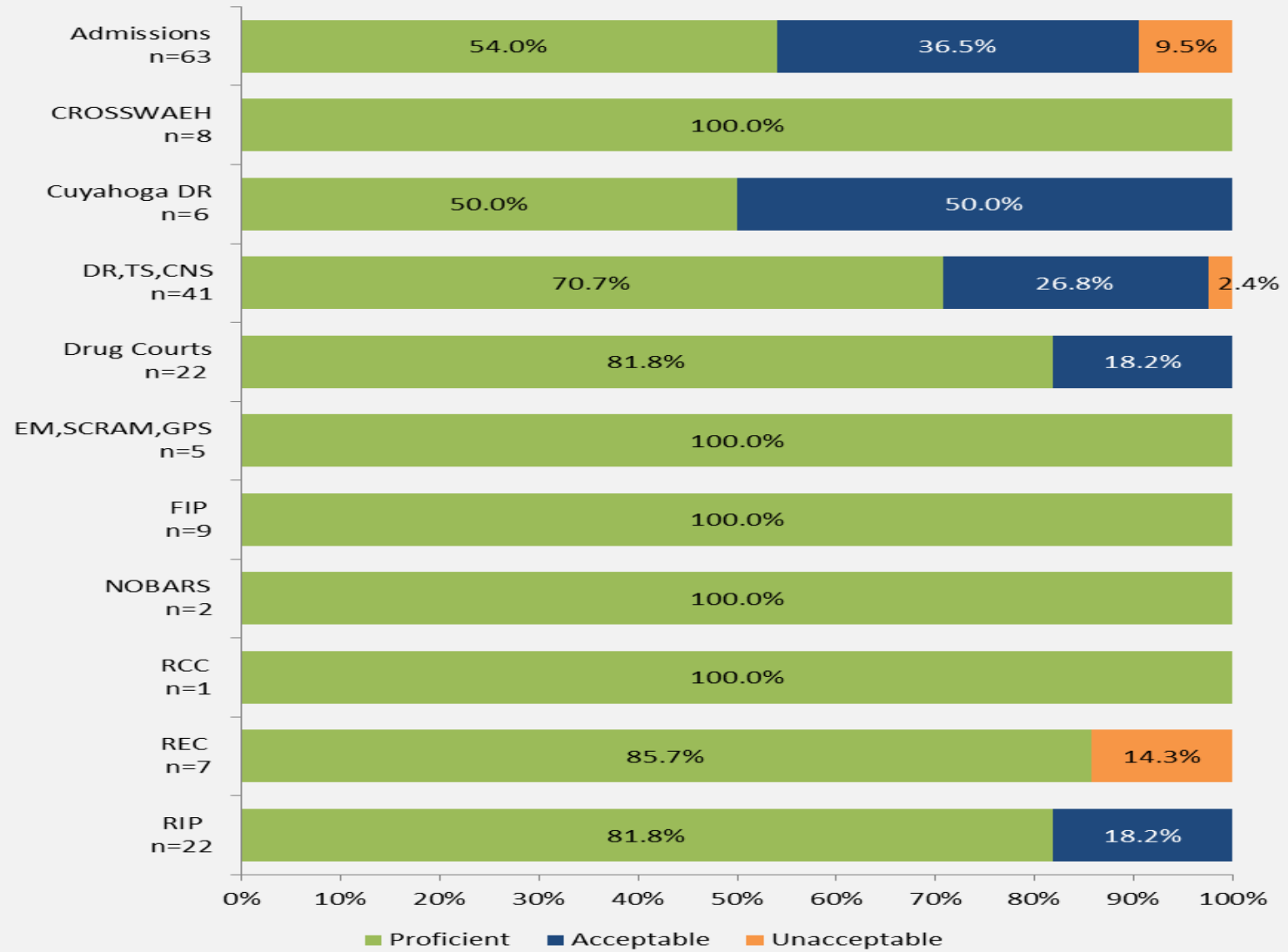
■ Extremely Proficient ■ Proficient ■ Not Yet Rated ■ Unacceptable

## EPICS II Overall Proficiency - Agency Wide



\*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



**QUESTIONS?**