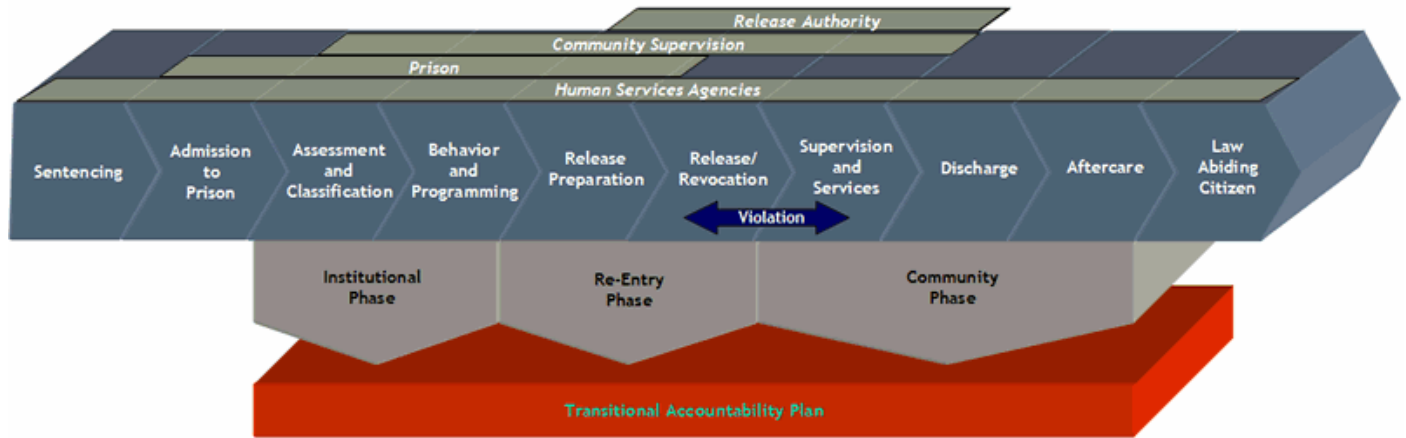


Partners in Progress – What We Learned

The TPC model encourages strategic system changes to reduce recidivism and future victimization, to enhance public safety, and to improve the lives of communities, victims, and offenders. The National Institute of Corrections (NIC), along with project partners and Associates and the Center for Effective Public Policy¹, has implemented the TPC model in eight states.

Transition from Prison to Community (TPC) Model²



TPC Model: Steps to Implementation

1. **Mobilize interdisciplinary, collaborative** leadership teams convened by corrections agencies to guide reentry efforts at state and local levels.
2. **Engage in a rational planning process** to carefully define goals, develop a clear understanding of reentering offender populations and their rates of recidivism, and review existing policies, procedures, and resources for reentry.
3. **Integrate stages of offenders' processing** through the justice/corrections system (beginning at commitment to prison or earlier and continuing through assessment, prison programming, preparation for release, release, and supervision in the community), resulting in a carefully planned process with close communication and collaboration among prison officials, releasing authorities, and post-prison supervision staff.
4. **Involve non-correctional stakeholders** (public, private, and community agencies) who can provide services and support as reentry efforts are planned and implemented.
5. **Assure that transitioning offenders are provided basic survival resources** such as identification documents, housing, appropriate medications, linkages to community services and informal networks of support before, during, and after they are released from prison.
6. **Implement valid offender assessments** at various stages of the offender's movement through the system.
7. **Target effective interventions**, based on good research, to address the offenders' risks and criminogenic needs identified by assessments.
8. **Expand the traditional roles of correctional staff** beyond custody, security, accountability, and monitoring to include an integrated approach to offender management that engages offenders in the process of change.
9. **Develop the capacity to measure change** toward specific outcomes and track information that can be used for planning future improvements.

¹ Center for Effective Public Policy, <http://www.cepp.com/>

² National Institute of Corrections, Transition from Prison to Community (TPC) Model, <http://www.nicic.gov/TPCModel>

Clarifying Terms

The terms best practices, what works, and evidence-based practice (EBP) are often used interchangeably. While these buzz words refer to similar notions, pointing out the subtle distinctions between them helps to clarify the distinct meaning of evidence-based practices. For example, best practices do not necessarily imply attention to outcomes, evidence, or measurable standards.

- *Best practices* are often based on the collective experience and wisdom of the field rather than scientifically tested knowledge.
- *What works* implies linkage to general outcomes, but does not specify the kind of outcomes desired (e.g. just desserts, deterrence, organizational efficiency, rehabilitation, etc.). Specificity regarding the desired outcomes is essential to achieving system improvement.
- In contrast, *evidence-based practice* implies that 1) there is a definable outcome(s); 2) it is measurable; and 3) it is defined according to practical realities (recidivism, victim satisfaction, etc.). Thus, while these three terms are often used interchangeably, EBP is more appropriate for outcome focused human service disciplines

Levels of Research Evidence

Research does not support each of these principles with equal volume and quality, and even if it did, each principle would not necessarily have similar effects on outcomes. Too often programs or practices are promoted as having research support without any regard for either the quality or the research methods that were employed. Consequently, we have established a research support gradient (at right) indicating current research support for each principle. All of the eight principles for effective intervention fall between EBP (Gold) and Promising EBP (Bronze) in research support.

RESEARCH SUPPORT GRADIENT

GOLD

- Experimental/control research design with controls for attrition
- Significant sustained reductions in recidivism obtained
- Multiple site replications
- Preponderance of all evidence supports effectiveness

SILVER

- Quasi-experimental control research with appropriate statistical controls for comparison group
- Significant sustained reductions in recidivism obtained
- Multiple site replications
- Preponderance of all evidence supports effectiveness

BRONZE

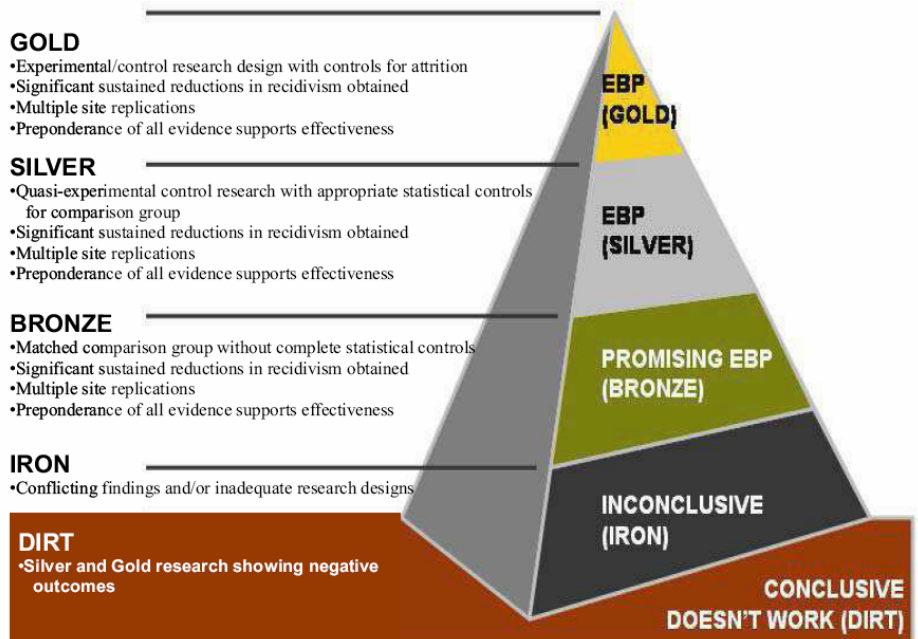
- Matched comparison group without complete statistical controls
- Significant sustained reductions in recidivism obtained
- Multiple site replications
- Preponderance of all evidence supports effectiveness

IRON

- Conflicting findings and/or inadequate research designs

DIRT

- Silver and Gold research showing negative outcomes



The five criteria listed are similar to what has already been employed in a number of nationally recognized projects such as the Blueprints for Violence Prevention (Mihalic et al, 2001) and the National Institute of Justice's independent review of crime prevention programs (Sherman et al, 1998). The highest quality research support depicted in this schema (gold level) reflects interventions and practices that have been evaluated with experimental/control design and with multiple site replications that concluded significant sustained reductions in recidivism were associated with the intervention. The criteria for the next levels of support progressively decrease in terms of research rigor requirements (silver and bronze) but all the top three levels require that a preponderance of all evidence supports effectiveness. The next rung lower in support (iron) is reserved for programs that have inconclusive support regarding their efficacy. Finally, the lowest level designation (dirt) is reserved for those programs that have research (utilizing methods and criteria associated with gold and silver levels) but the findings were negative and the programs were determined not effective.

Criminogenic Needs³

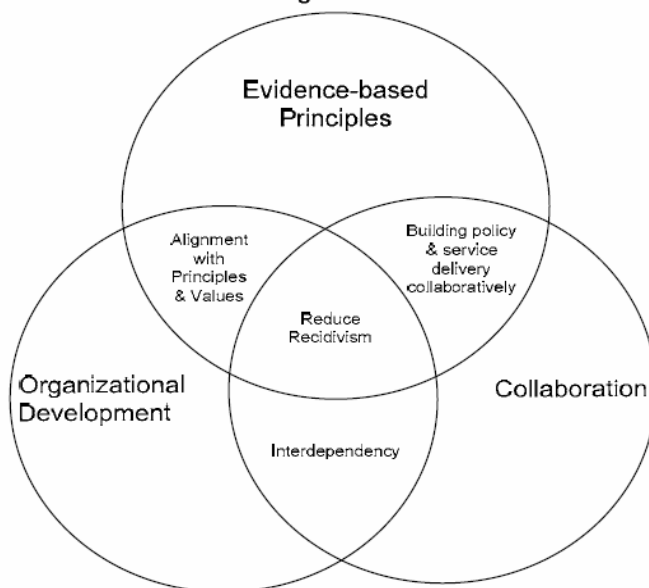
There are two basic types of criminal risk factors: (1) static, which cannot be changed (e.g., criminal history, age), and (2) dynamic, which are malleable. Dynamic risk factors are also known as criminogenic needs because they are amenable to change and are appropriate targets for intervention and case management. These risk/needs factors include criminal attitudes, thinking and values; unstable living arrangements; lack of employment; antisocial peer associations; problems with substance abuse; and lack of self-control. There are also non-criminogenic needs, that is, factors that research has not linked with criminal conduct. These include anxiety and low self-esteem.

Using an Integrated Model to Implement Evidence-Based Practices in Corrections⁴

By implementing a series of evidence-based practices with an integrated model of implementation; evidence-based practice, eight principles for effective interventions, and collaboration can significantly reduce offender recidivism in community corrections.

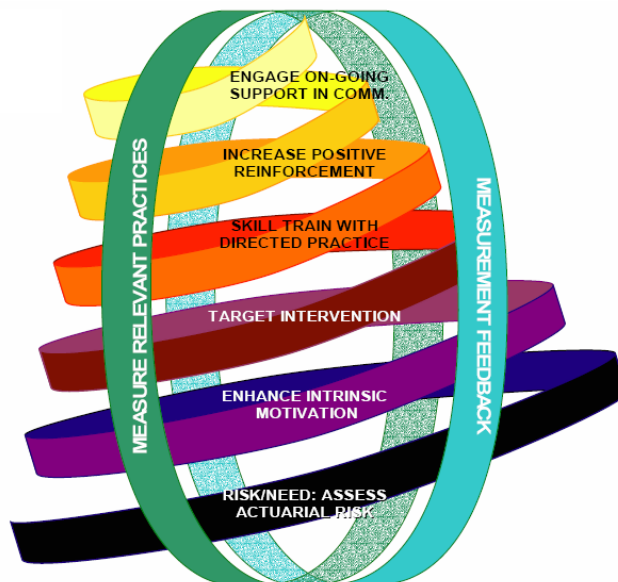
The eight principles are organized in a developmental sequence and can be applied at three fundamentally different levels: 1) the individual case; 2) the agency; and 3) the system. Given the logic of each different principle, an overarching logic can be inferred which suggests a sequence for operationalizing the full eight principles.

Implementing Evidence-based Practice: The Integrated Model



Eight Evidence-Based Principles for Effective Interventions⁵

1. Assess Actuarial Risk/Needs.
2. Enhance Intrinsic Motivation.
3. Target Interventions.
 - 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, culture, and gender when assigning programs.
 - d. *Dosage*: Structure 40-70% of high-risk offenders' time for 3-9 months.



³ Effective Recidivism Reduction and Risk-Focused Prevention Programs: A Compendium of Evidence-Based Options for Preventing New and Persistent Criminal Behavior, February, 2008, http://dcj.state.co.us/ors/pdf/docs/WW08_022808.pdf

⁴ Using an Integrated Model to Implement Evidence-Based Practices in Corrections, August 2004, International Community Corrections Association and American Correctional Association, http://crjustice.org/cji/NICCJI_Project_ICCA.pdf

⁵ The Eight Principles as a Guiding Framework, page 14, <http://www.nicic.org/pubs/2004/019342.pdf>

- e. *Treatment*: Integrate treatment into the full sentence/sanction requirements.
4. Skill Train with Directed Practice (use Cognitive Behavioral treatment methods).
5. Increase Positive Reinforcement.
6. Engage Ongoing Support in Natural Communities.
7. Measure Relevant Processes/Practices.
8. Provide Measurement Feedback.

1) Assess Actuarial Risk/Needs

Develop and maintain a complete system of ongoing offender risk screening / triage and needs assessments. Assessing offenders in a reliable and valid manner is a prerequisite for the effective management (i.e., supervision and treatment) of offenders. Timely, relevant measures of offender risk and need at the individual and aggregate levels are essential for the implementation of numerous principles of best practice in corrections, (e.g., risk, need, and responsivity). **Offender assessments are most reliable and valid when staff are formally trained to administer tools.** Screening and assessment tools that focus on dynamic and static risk factors, profile criminogenic needs, and have been validated on similar populations are preferred. They should also be supported by sufficiently detailed and accurately written procedures.

Questions to Ask

- Does the assessment tool we're using measure for criminogenic risk and need?
- How are officers trained to conduct the assessment interview?
- What quality assurance is in place to ensure that assessments are conducted appropriately?
- How is the assessment information captured and used in the development of case plans?

2) Enhance Intrinsic Motivation

Staff should relate to offenders in interpersonally sensitive and constructive ways to enhance intrinsic motivation in offenders. Behavioral change is an inside job; for lasting change to occur, a level of intrinsic motivation is needed. Motivation to change is dynamic and the probability that change may occur is strongly influenced by interpersonal interactions, such as those with probation officers, treatment providers, and institution staff. Feelings of ambivalence that usually accompany change can be explored through **motivational interviewing**, a style and method of communication used to help people overcome their ambivalence regarding behavior changes. Research strongly suggests that motivational interviewing techniques, rather than persuasion tactics, effectively enhance motivation for initiating and maintaining behavior changes.

Questions to Ask

- Are officers and program staff trained in motivational interviewing techniques?
- What quality assurance is in place?
- Are staff held accountable for using motivational interviewing techniques in their day-to-day interactions with offenders?

3) Target Interventions

- 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.

3a) Risk Principle

Prioritize primary supervision and treatment resources for offenders who are at higher risk to re-offend. Research indicates that supervision and treatment resources that are focused on lower-risk offenders tend to produce little if any net positive effect on recidivism rates. Shifting these resources to higher risk offenders promotes harm-reduction and public safety because these offenders have greater need for pro-social skills and thinking, and are more likely to be frequent offenders. **Reducing the recidivism rates of these higher risk offenders reaps a much larger bang-for-the-buck.** Successfully addressing this population requires smaller caseloads, the application of well developed case plans, and the placement of offenders into sufficiently intense cognitive behavioral interventions that target their specific criminogenic needs.

3b) 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. Examples of criminogenic needs are: criminal personality; antisocial attitudes, values, and beliefs; low self control; criminal peers; substance abuse; and dysfunctional family. Based on an assessment of the offender, these criminogenic needs can be prioritized so that services are focused on the greatest criminogenic needs.

3c) 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, and learning styles. These factors influence an offender's responsiveness to different types of treatment. The principle of responsivity also requires that offenders be 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; and b) Matching style and methods of communication with offender's stage of change readiness.

3d) Dosage

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. During the initial 3-9 months post-release, 40-70% of their free time should be clearly occupied with a delineated routine and appropriate services, (e.g., outpatient treatment, employment assistance, education, etc.). 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.**

3e) Treatment Principle

Treatment, particularly cognitive-behavioral types, should be applied as an integral part of the sentence/sanction process. A proactive and strategic approach to supervision and case planning that delivers targeted and timely treatment interventions will provide the greatest long-term benefit to the community, the victim, and the offender. **This does not necessarily apply to lower risk offenders, who should be diverted from the criminal justice and corrections systems whenever possible.**

Questions to Ask

- How do we manage offenders assessed as low risk to re-offend?
- Does our assessment tool assess for criminogenic need?
- How are criminogenic risk and need information incorporated into offender case plans?
- How are offenders matched to treatment resources?
- How structured are our case plans for offenders, especially during the three to nine month period in the community after leaving an institution?
- How are staff held accountable for using assessment information to develop a case plan and then subsequently using that case plan to manage an offender?

4) Provide skills training using cognitive-behavioral treatment methods.

Provide evidence-based programming that emphasizes cognitive-behavioral strategies and is delivered by well trained staff. To successfully deliver this treatment to offenders, staff must understand antisocial thinking, social learning, and appropriate communication techniques. Skills are not just taught to the offender, but are practiced or role-played and the resulting pro-social attitudes and behaviors are positively reinforced by staff. Correctional agencies should prioritize, plan, and budget to predominantly implement programs that have been scientifically proven to reduce recidivism.

Questions to Ask

- How are social learning techniques incorporated into the programs we deliver?
- How do we ensure that our contracted service providers are delivering services in alignment with social learning theory?
- Are the programs we deliver and contract for based on scientific evidence of recidivism reduction?

5) Increase Positive Reinforcement.

When learning new skills and making behavioral changes, individuals respond better and maintain learned behaviors for longer periods of time when approached with carrots rather than sticks. Sustained behavioral change is better achieved when an individual receives a higher ration of positive to negative reinforcements. Research indicates that a ratio of **four positive to every one negative** reinforcement is optimal for promoting behavior changes. These rewards do not have to be applied consistently to be effective (as negative reinforcement does) but can be applied randomly. Increasing positive reinforcement should not be done at the expense of or interfere with the administration of swift, certain, and real responses for negative and unacceptable behavior. Offenders having problems with responsible self-regulation generally respond positively to reasonable and reliable additional structure and boundaries. Offenders may initially overreact to new demands for accountability, seek to evade detection or consequences, and fail to recognize any personal responsibility. However, with exposure to clear rules that are consistently (and swiftly) enforced with appropriate and graduated consequences, offenders will tend to comply in the direction of the most rewards and least punishments. This type of extrinsic motivation can often be useful for beginning the process of behavior change.

Questions to Ask

- Do we model positive reinforcement techniques in our day-to-day interactions with our co-workers?
- Do our staff understand and use the four-to-one theory in their interactions with offenders?

6) Engage On-going Support in Natural Communities.

Realign and actively engage pro-social supports for offenders in their communities. Research indicates that many successful interventions with high risk populations (e.g., inner city substance abusers, homeless, dual diagnosed) actively recruit and use family members, spouses, and supportive others in the offender's immediate environment to positively reinforce desired new behaviors. This Community Reinforcement Approach (CRA) has been found effective for a variety of behaviors (e.g., unemployment, alcoholism, substance abuse, and marital conflicts); and research also indicates the efficacy of twelve step programs, religious activities, and restorative justice initiatives geared towards improving bonds and ties to pro-social community members.

Questions to Ask

- Do we engage community supports for offenders as a regular part of case planning?
- How do we measure our community network contacts as they relate to an offender?

7) Measure Relevant Processes/Practices.

Accurate and detailed documentation of case information, along with a formal and valid mechanism for measuring outcomes, is the foundation of evidence-based practice. Agencies must routinely assess changes in offenders' cognitive and skill development, and recidivism, if services are to remain effective.

In addition to routinely measuring and documenting offender changes, staff performance should also be regularly assessed. Staff that are periodically evaluated for performance achieve greater fidelity to program design, service delivery principles, and outcomes. Staff whose performance is not consistently monitored, measured, and subsequently reinforced work less cohesively, more frequently at cross-purposes and provide less support to the agency mission.

Questions to Ask

- What data do we collect regarding offender assessment and case management?
- How do we measure incremental offender change while they are under supervision?
- What are our outcome measures and how do we track them?
- How do we measure staff performance? What data do we use? How is that data collected?

8) Provide Measurement Feedback.

Once a method for measuring relevant processes/practices is in place (principle seven), this information must be used to monitor process and change. Providing feedback to offenders regarding their progress builds accountability, and is associated with enhanced motivation for change, lower treatment attrition, and improved outcomes (e.g., reduced drink/drug days, treatment engagement, goal achievement). The same is true within an organization. Monitoring delivery of services and fidelity to procedures helps build accountability and maintain integrity to the agency's mission. Regular performance audits and case reviews with an eye toward improved outcomes, keep staff focused on the ultimate goal of reduced recidivism through the use of evidence-based principles.

Questions to Ask

- How is information regarding offender change and outcomes shared with officers? With offenders?
- With whom do we share information regarding outcome measures?
- How is staff performance data used in the performance evaluation process?

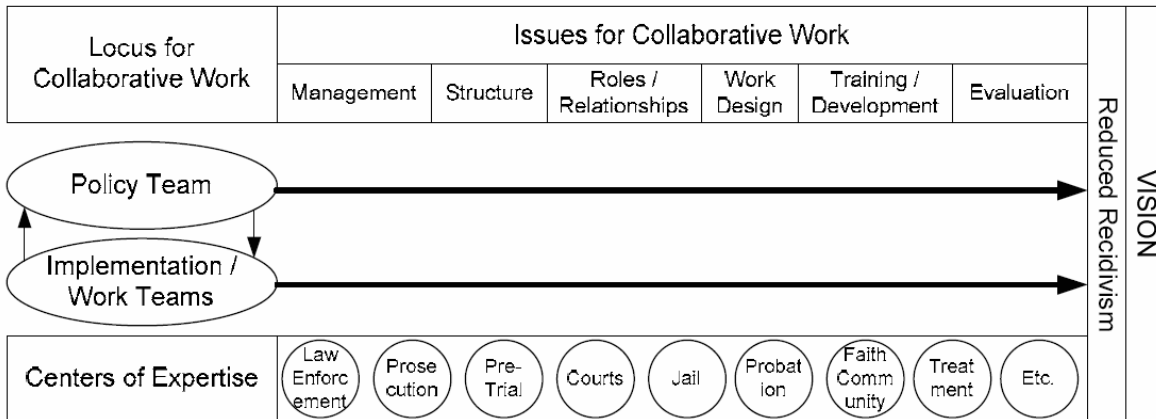
Summary

Aligning these evidence-based principles with the operations of an agency is difficult, but will largely determine the impact the agency has on sustained reductions in recidivism. In order to accomplish this shift to an outcome orientation, practitioners must be prepared to dedicate themselves to a mission that focuses on achieving sustained reductions in recidivism. The scientific principles presented in this document are unlikely to produce a mandate for redirecting and rebuilding an agency's mission by

themselves. Leadership in organizational change and collaboration for systemic change are also necessary.

Essential elements of collaboration

- Including the Right People
- Developing Structure
- Shared vision
- Unique purpose
- Clear roles and responsibilities
- Healthy communication pathways
- The right membership
- Respect and integrity
- Accountability to the collaboration and to the participating organizations
- Data-driven process
- Effective problem solving
- Sufficient resources, including staffing and facilitation
- An environment of trust and collaborative leadership



Conclusion

The research on evidence-based practices continues to emerge, and organizations around the world continue to work to translate this research into practice. The unique feature of this integrated model is its insistence that the systemic change required to do this cannot be fully implemented or sustained without equal and integrated focus on evidence-based principles, organizational development, and collaboration. The model builds heavily on work already being done by corrections systems. While it may not require heavy investment of new resources, it may require a change in the way existing resources are allocated, which can be just as challenging. Implementing this model requires strong leaders who are willing to challenge the status quo, advocate for better service provision, and strive for better outcomes.

The financial crisis facing criminal justice systems is forcing policy makers and administrators to rethink the old way of doing business and re-examine policies that favor institutional growth. The research is clear about which interventions result in reduced recidivism. Criminal justice leaders must be clear about whether or not they are willing to accept the status quo or take the steps necessary to make more effective use of the public resources allocated to corrections. If they opt for more effective use of resources and increased public safety, this model will guide corrections systems through the three components of successful implementation: evidence-based practices, organizational development, and collaboration.