

Plenary Session:

What Works?

The Fundamentals

Moving Toward Evidence-Based Practice

Evidence-Based Practices

- Use of Risk and Needs Assessment
- Use of Specialized Screens
- Stages of Change Model
- Motivational Interviewing Strategies
- Cognitive-behavioral Approaches

The prediction literature contributes in a number of ways:

- ⇒ **Public Safety**
- ⇒ **Prevention**
- ⇒ **Rehabilitation**
- ⇒ **Allocation of Resources**
- ⇒ **Accountability**

Meta Analysis – Focus General Population

AUTHOR

MAJOR FINDINGS

- Andrews et al (1990)
 - Effective programs target high risk offenders and crimenogenic needs
 - Rely on social learning and cognitive behavioral methods
 - Focus on Juveniles
- Lipsey (1995),
- (2001)
 - CBT programs most effective
 - Implementation important (4x's more effective)

Principles of Effective Intervention

Risk – Who?

Need – What?

Responsivity – How?

Effective Programs – How to

Risk: Who?

Using an Actuarial Risk and Needs
Assessment

Target those at Medium to High
Risk of Reoffending

nyCOMPAS, core COMPAS, LSIR, LS/CMI, WRNA

Assessments in Use in NYS

- nyCOMPAS
- Core COMPAS
- Level of Service Inventory (LSIR)
- LS/CMI
- WRNA

Need: What?

High Needs scores related to the
Risk of Reoffending

- Employment/School, Family, Community, Peers, Individual

The Major Risk Factors

- ➔ **Personal attitudes/values/beliefs supportive of crime**
- ➔ **Pro-criminal associates and isolation from anti-criminal others**
- ➔ **Temperament and personality factors**
- ➔ **History of antisocial behavior evident from a young age**
- ➔ **Dynamic family factors**
- ➔ **Low levels of personal educational, vocational or financial achievement**

Why do Cognitive-Behavioral Programs Work With Criminal Justice Populations?

These programs target some of the major criminogenic need areas and developmental challenges.

- Self-control and self-management
- Interpersonal problem solving
- Social perspective taking
- Values
- Cognitive style
- Critical thinking

How are Cognitive Behavioral Interventions being used with Criminal Justice populations?

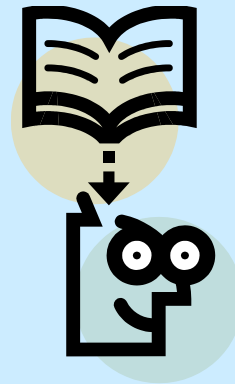
- Cognitive Restructuring: changing **what** we think, the – **content**
- Cognitive Skills Development: changing **how** we think, the – **process**
- Behavioral Strategies: focusing on **reinforcement and modeling** to increase pro-social behavior

3 Key Types of Skills

- **Cognitive Self Change** - Paying attention to the thoughts and feelings that go on inside of us to avoid the kinds of thoughts and feelings that lead us to trouble
- **Social Skills** – Behaviors or abilities we use in situations that involve other people
- **Problem Solving Skills** – Skills to help us make better choices

The Guided Learning Approach to Teaching New Skills

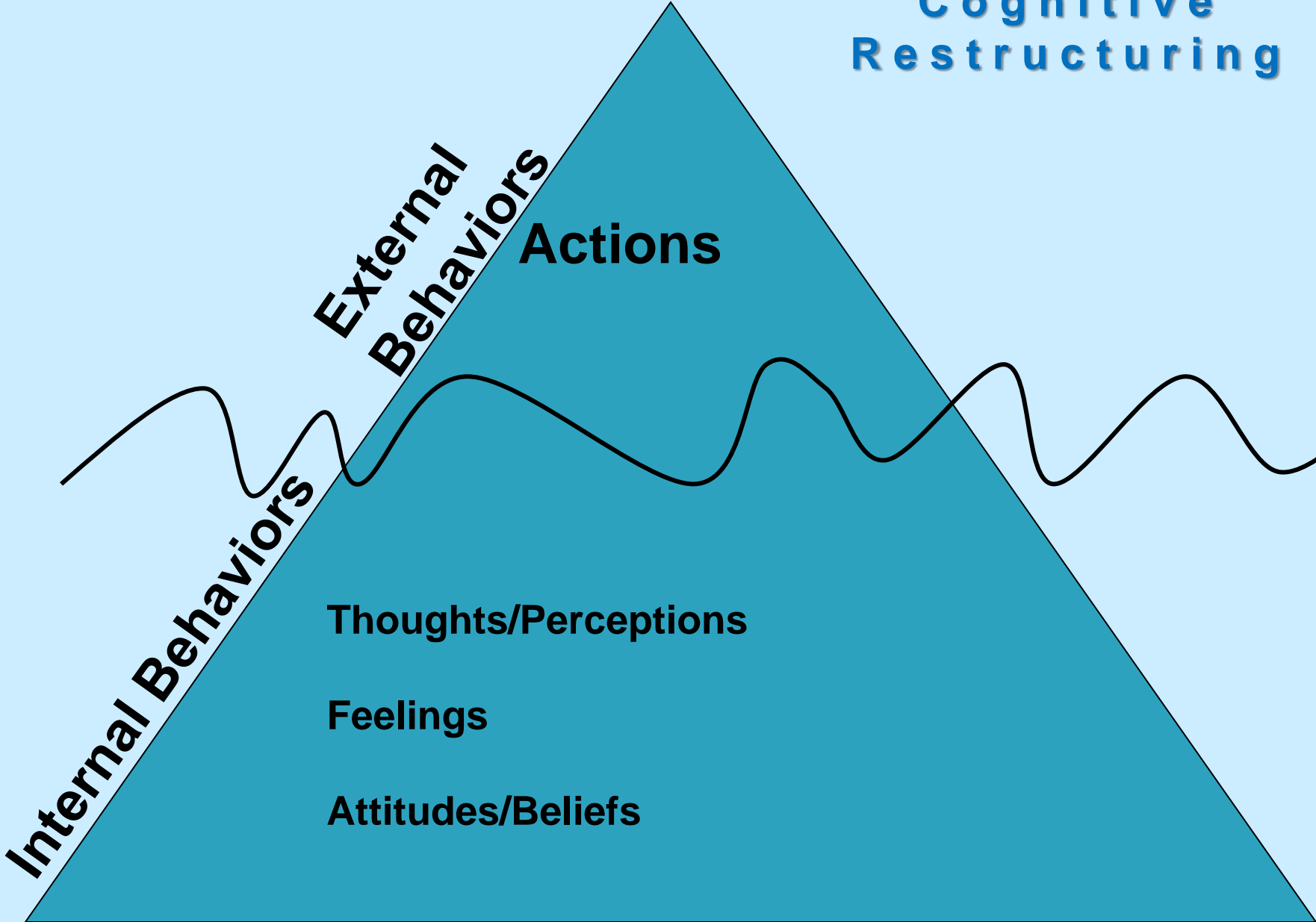
- Why and What?
- Show Me
- Let Me Try
- How Did I Do?
- Practice



Thinking Controls Behavior

***By taking
charge of our
thinking we can
take control of
our lives***

**Cognitive
Restructuring**



3 Steps of Cognitive Self Change

1. Pay Attention to Our Thoughts
2. Recognize Risk
3. Use New Thinking



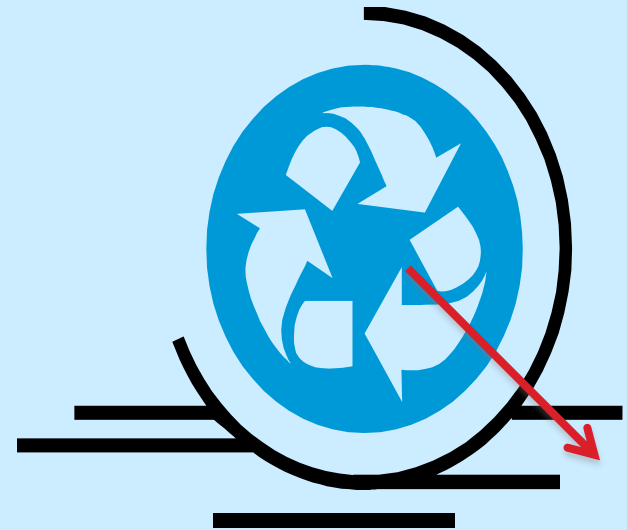
Problem Solving Skills

- Stop and Think
- State the problem, what is the risk?
- Set a goal and gather information
- Think of the choices and consequences
- Make a plan
- Do and evaluate
- Self-praise

Thinking for Change (T4C)

Barry Glick PhD., Juliana Taymans PhD., Jack Bush PhD.

- NIC behavioral change curriculum
- 25 lessons
- Social Skills
- Cognitive Skills
- Problem Solving Skills
- Modeling
- Role Playing
- Practice



interrupt the

conflict cycle

Interactive Journaling

The Change Companies, Inc.

- Journals: Courage to Change, Breaking Barriers, etc.
- Individual or group
- Juvenile or Adult
- Journals matched to needs of the Individual
- 1/3 content
- 1/3 graphic
- 1/3 journaling

Other Evidence Based Cognitive Behavioral Interventions in Use in NYS by Probation and ATI programs

- Thinking for Change (T4C)
- Interactive Journaling
- Reasoning and Rehabilitation (Juvenile/Adult)
- Moving On (Women Offenders)
- Moral Reconciliation Therapy
- Offender Workforce Development; Ready, Set, Work
- Seeking Safety
- Reasoning and Rehabilitation

Responsivity: How?

The delivery of effective treatment programs and services in a style and mode that is consistent with the ability and learning style of the clients.

Examples of Responsivity Issues

- **Motivation**
 - Resistance/Denial/Anger
 - Difficulty engaging in helping relationship
- **Psychiatric symptoms**
 - Depression
 - Psychosis
- **Cognitive impairments**
 - Ability to concentrate
 - Learning disability

Examples of Approaches that Address Responsivity

- Motivational Interviewing/Motivational Enhancement Strategies
- Illness/Symptom Management Strategies

MOTIVATIONAL INTERVIEWING (MI)

MI is a collaborative conversation style for strengthening a person's own motivation and commitment to change.

- It is an *approach* to behavior change that emphasizes communication style.
- Characterized by person-centered style of communicating.
- The approach strengthens and enhances intrinsic motivation.

Motivational Interviewing

- Developed by William Miller and Stephen Rollnick in 1983. Began as an approach to working with chronic inebriates.
- Text: Motivational Interviewing: Helping People Change Newest edition published in 2013.
- Approach has been widely researched and is now considered an “evidence based practice” .
- Has been successfully adapted to many different setting where behavior change is the goal, including correctional settings.
- Endorsed by the National Institute of Corrections .

MI's Foundational Principles

- Confrontation and denial form a complementary and self-perpetuating cycle. Confrontation often evokes resistance.
- Resistance predicts a lack of behavior change.
- We can drive a person's resistance up or down by the communication style we use.
- The quality and nature of the relationship with a service provider is key component of *enhancing* motivation *facilitating* change.

Illness Management and Recovery (IMR)

- IMR is an evidence-based standardized skills based program:
 - consists of 40+ group sessions
 - Helps participants acquire information and skills to develop mastery over their psychiatric illness
 - Reduces hospitalizations
- Approach:
 - ✓ Psycho-education
 - ✓ Behavioral tailoring for medication
 - ✓ Relapse prevention, coping skills training

IMR Research

- **Collaborative project with CUCS and NYS OMH**
- **Randomized clinical trial in three NYS prisons.**
 - Sing Sing Bedford Fishkill
- **Dramatic gains for those in the experimental group from the ICP:**
 - For one year following the intervention:
 - 56% of controls had some disciplinary restrictions vs. 16% of treatment group
 - 59% of controls had some violent infraction vs. 13% of treatment group
 - 53% of controls had some Tier 3 infraction vs. 2% of treatment group

Implementing Evidence-Based Practices

- Stories from the field
- SAMHSA's Toolkit
 - Getting Started with Evidence Based Practices

From Training to Practice

- Training is not enough
- Training AND a broad range of implementation activities = Success

Building Support for Change

- Assign key staff member to oversee implementation.
- Identify key stakeholders/people affected by the practice
- Invite one champion from each group to participate in an advisory/planning committee
 - Educate advisory committee on practice
 - Get input from them on how to make it work within your setting

Action Plan - Procedures

- How will you staff the program?
- What will be your supervision structure?
- Who will you target to receive the intervention?
- How will you target? How will referrals happen?
- How will you integrate into treatment planning and service delivery procedures?
- What are the obstacles/challenges to implementation and how will you manage them?

Identify Funding issues

- Identify long-term funding mechanisms
- Account for staff time:
 - Stakeholder meetings
 - Time for staff training
 - Time for strategic planning
 - Time for travel to visit other sites that may be implementing the practice.
 - Other expenses?

Develop a Training Plan

Who will you train?

- Basic Training – promote support
- Intensive Training – skills building
- Ongoing Training

How often will you train them?

Who will be your trainer?

Monitoring and Evaluating

Advisory Committee:

- Process Measures
 - Has the practice been implemented as planned?
- Outcome measures
 - Has practice resulted in expected outcomes?

Questions?



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