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

• Andrews et al (1990)
• Lipsey (1995), (2001)

MAJOR FINDINGS

• Effective programs target high risk offenders and crimenogenic needs
• Rely on social learning and cognitive behavioral methods
• Focus on Juveniles
• 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

- Actions
  - Thoughts/Perceptions
  - Feelings
  - Attitudes/Beliefs

External Behaviors

Internal Behaviors
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

- 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?
Contact Information

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