Principles of Effective Intervention

*Materials contained in this training were provided by the University of Cincinnati, Corrections Institute (UCCI)
https://cech.uc.edu/about/centers/ucci.html

"Evidence-Based"--
What Does it Mean?

- *Anecdotal evidence vs* Empirical evidence

- Easier to think of as "evidence-based decision making"

- Involves several steps and encourages the use of validated tools and treatments

- Not just about the tools you have but also *how* you use them

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Research Conclusions

Community services and interventions can be effective in reducing recidivism; however, not all programs are equally effective…

The most effective programs are based on *principles of effective intervention:*

1. **Risk (Who)**

2. **Need (What)**

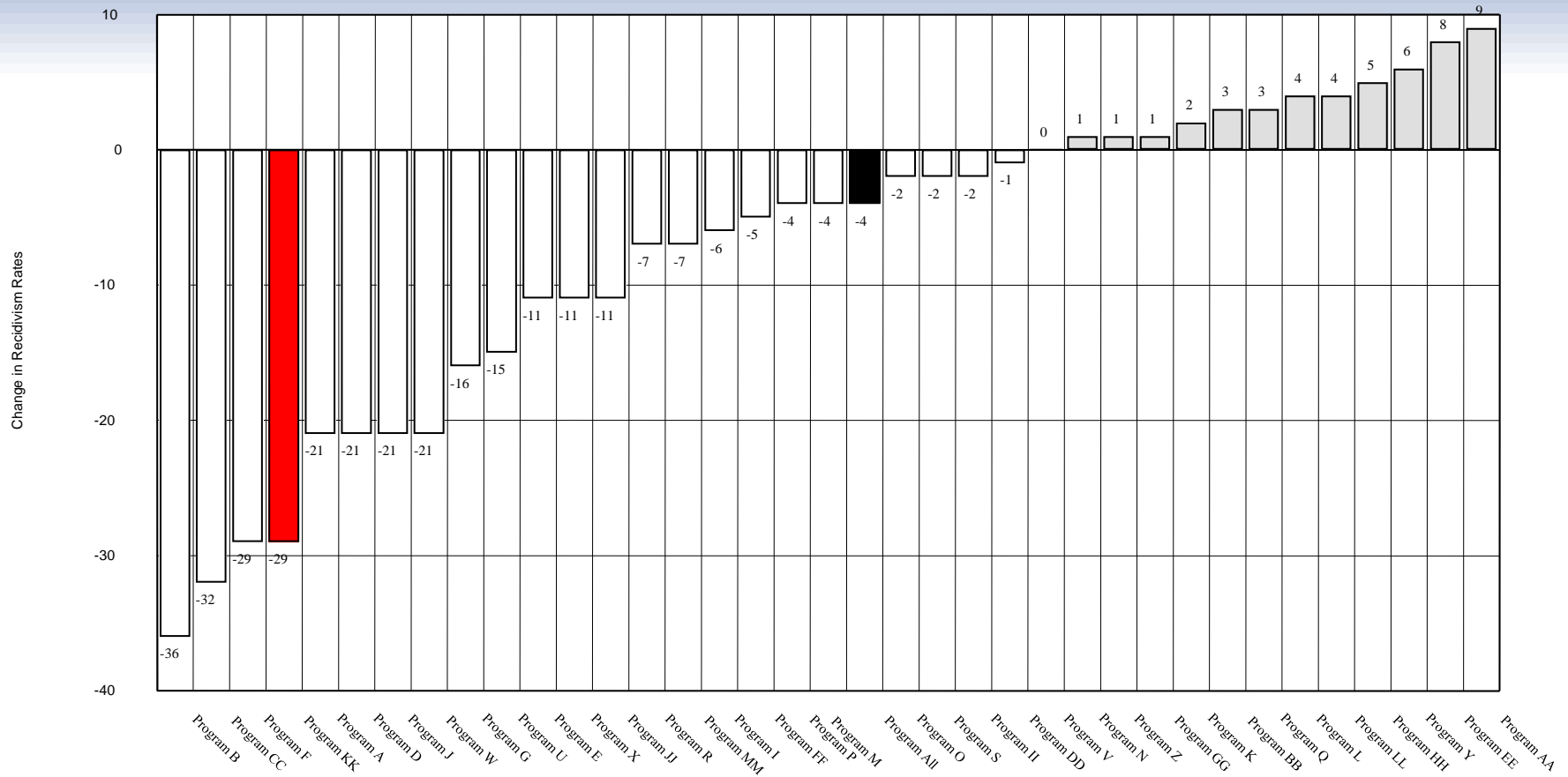3. **Responsivity (How)**

4. **Fidelity (How Well)**

Risk Principle

- **Supported by lots (and lots) of research**

- **Tells us WHO to target**

- **Supervision and treatment should match risk level of each project participant**

- **Target higher risk individuals with the most intensive interventions**

Risk Principle

Change in Recidivism Rates

Programs (left to right): Program B (-36), Program CC (-32), Program F (-29), Program KK (-29), Program A (-21), Program D (-21), Program J (-21), Program W (-21), Program G (-16), Program U (-15), Program E (-11), Program X (-11), Program JJ (-11), Program R (-7), Program MM (-7), Program I (-6), Program FF (-5), Program P (-4), Program M (-4), Program AII (-4), Program O (-2), Program S (-2), Program II (-2), Program DD (-1), Program V (0), Program N (1), Program Z (1), Program GG (1), Program K (2), Program BB (3), Program Q (3), Program L (4), Program LL (4), Program HH (5), Program Y (6), Program EE (8), Program AA (9)

Lowenkamp, C.T. & Latessa, EJ. 2004. "Understanding the Risk Principle: How and Why Correctional Interventions can Harm Low-Risk Offenders" Topics in Community Corrections - 2004, pp. 3-8.

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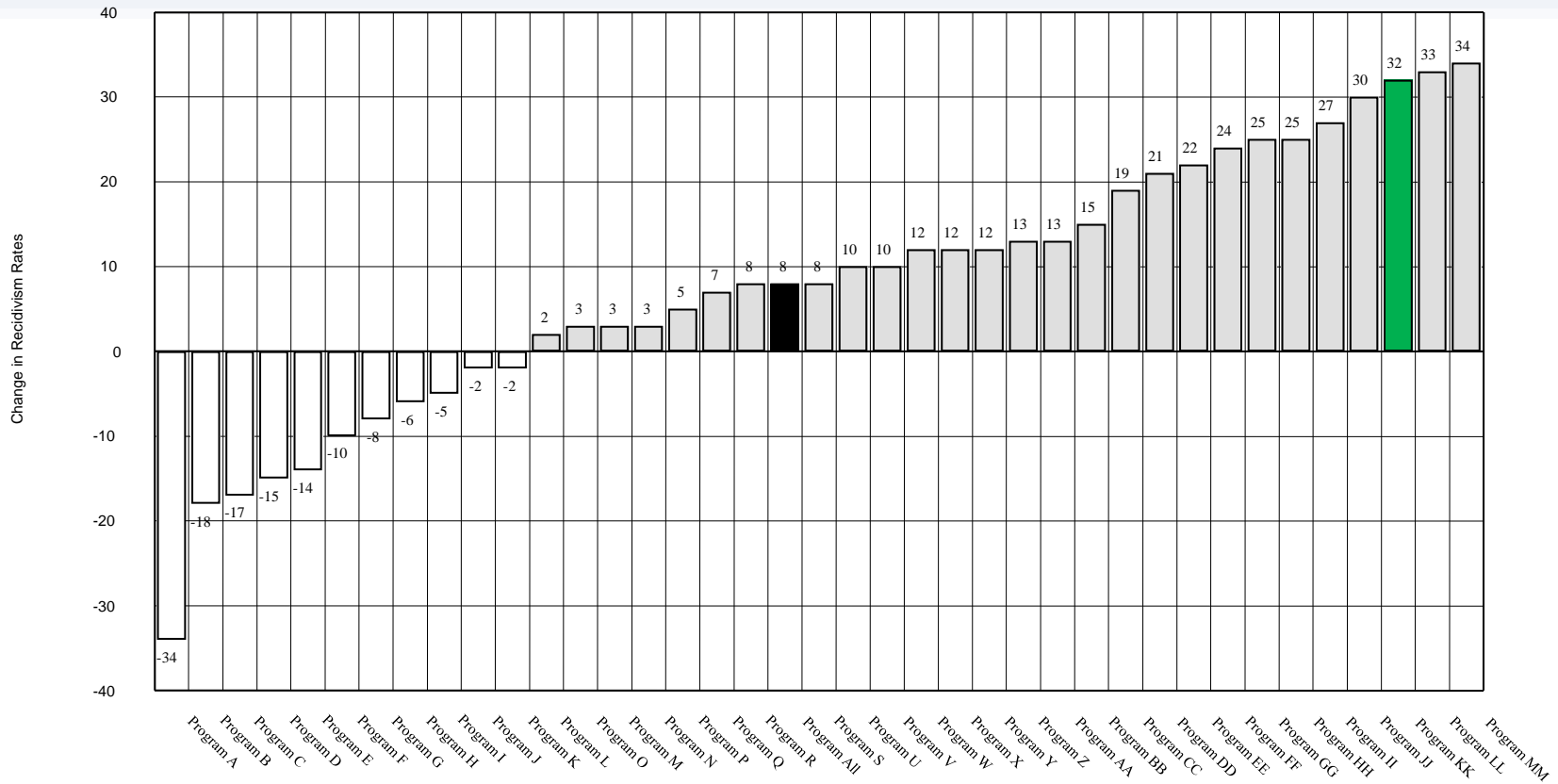
Risk Principle

Need Principle – What to Target

Criminogenic Needs

- **Pro-Criminal Attitudes**
- **Anti-Social Personality**
- **Anti-Social Peer Associations**

- **Substance Use**
- **Family**
- **Education/Employment**
- **Pro-Social Leisure time**

Non-Criminogenic Needs

- **Stress/anxiety**
- **Low Self-esteem**
- **Discipline**
- **Creative Abilities**
- **Cohesiveness of social group**
- **Vague emotional problems**
- **Physical condition**
- **Trauma***
- **Medical/Mental Health Needs**
- **Understanding one's culture/history**

Need Principle
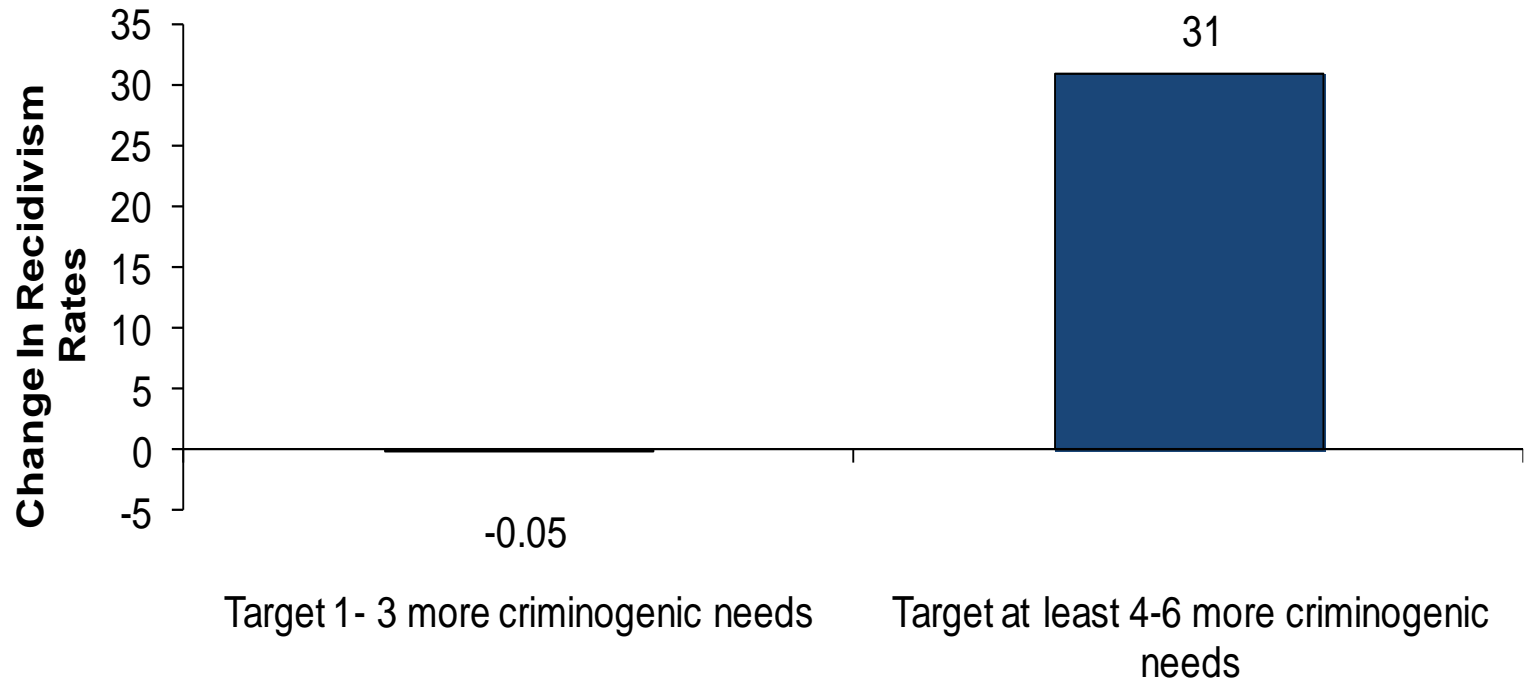
Source: Gendreau, P., French, S.A., and A.Taylor (2002). What Works (What Doesn't Work) Revised 2002. Invited Submission to the International Community Corrections Association Monograph Series Project
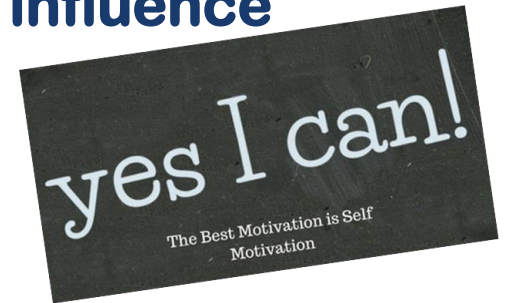
Responsivity Principle

Responsivity:

- **Refers to learning style and characteristics of the participant, which can impact their engagement in the program**
- **Tells us HOW to target criminogenic needs**
- **Cognitive/behavioral/social learning models are most effective**
- **People learn differently**
- **Each participant will have individual barriers to services**

Responsivity Principle

The most effective interventions are behavioral:

- They focus on current factors that influence behavior

- They are action-oriented

- They reinforce prosocial behavior

- They include cognitive restructuring

- They include skill development with relatable examples

- **They include approaches that train family on appropriate techniques**

Responsivity Principle

Reduced Recidivism

0.35
0.3
0.25
0.2
0.15
0.1
0.05
0

0.07

0.29

Nonbehavioral (N=83)

Behavioral (N=41)
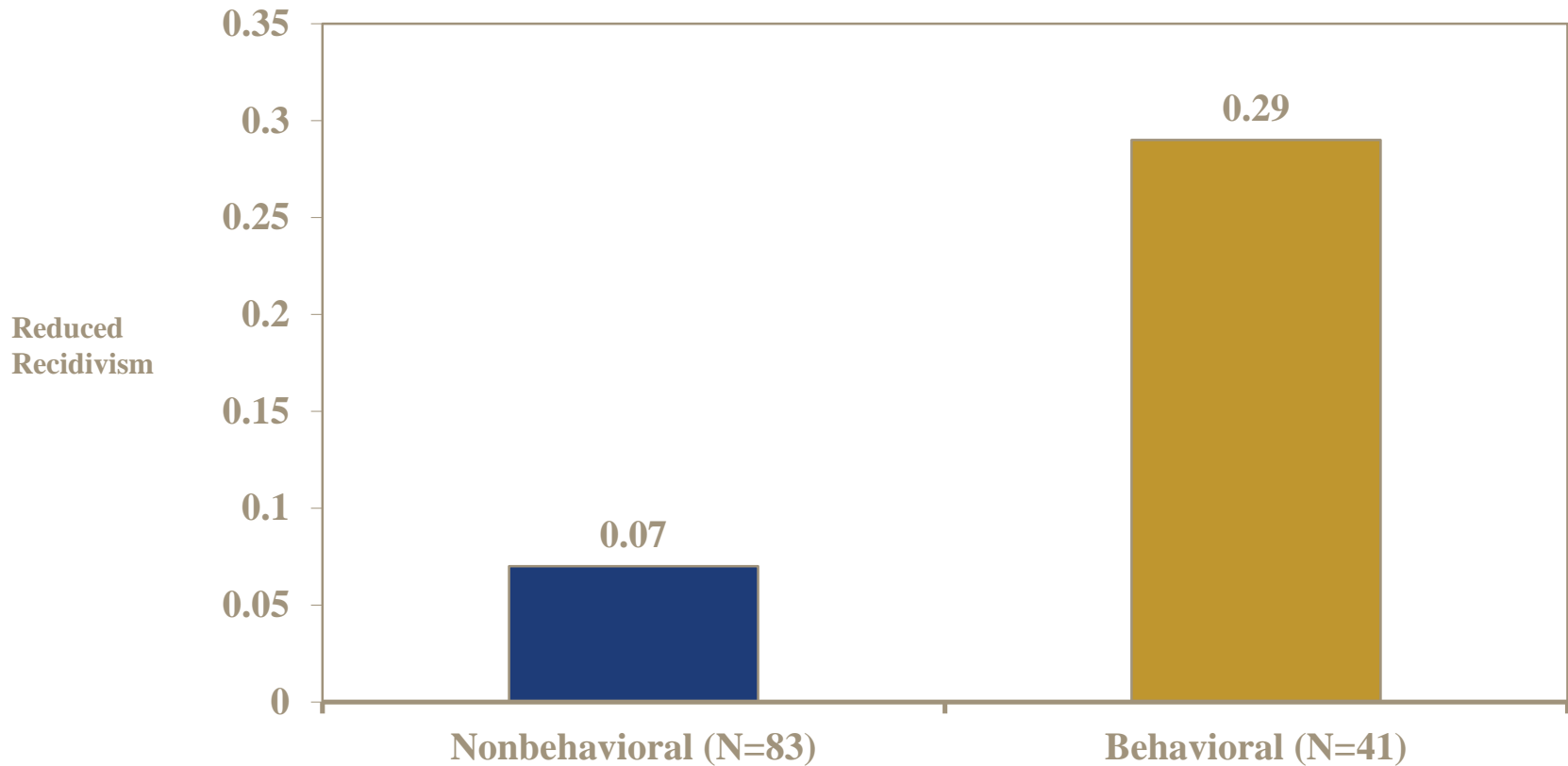
Andrews, D.A. 1994. An Overview of Treatment Effectiveness.
Research and Clinical Principles, Department of Psychology, Carleton
University. The N refers to the number of studies.

Fidelity Principle

I. **Refers to HOW WELL the program adheres to the principles**

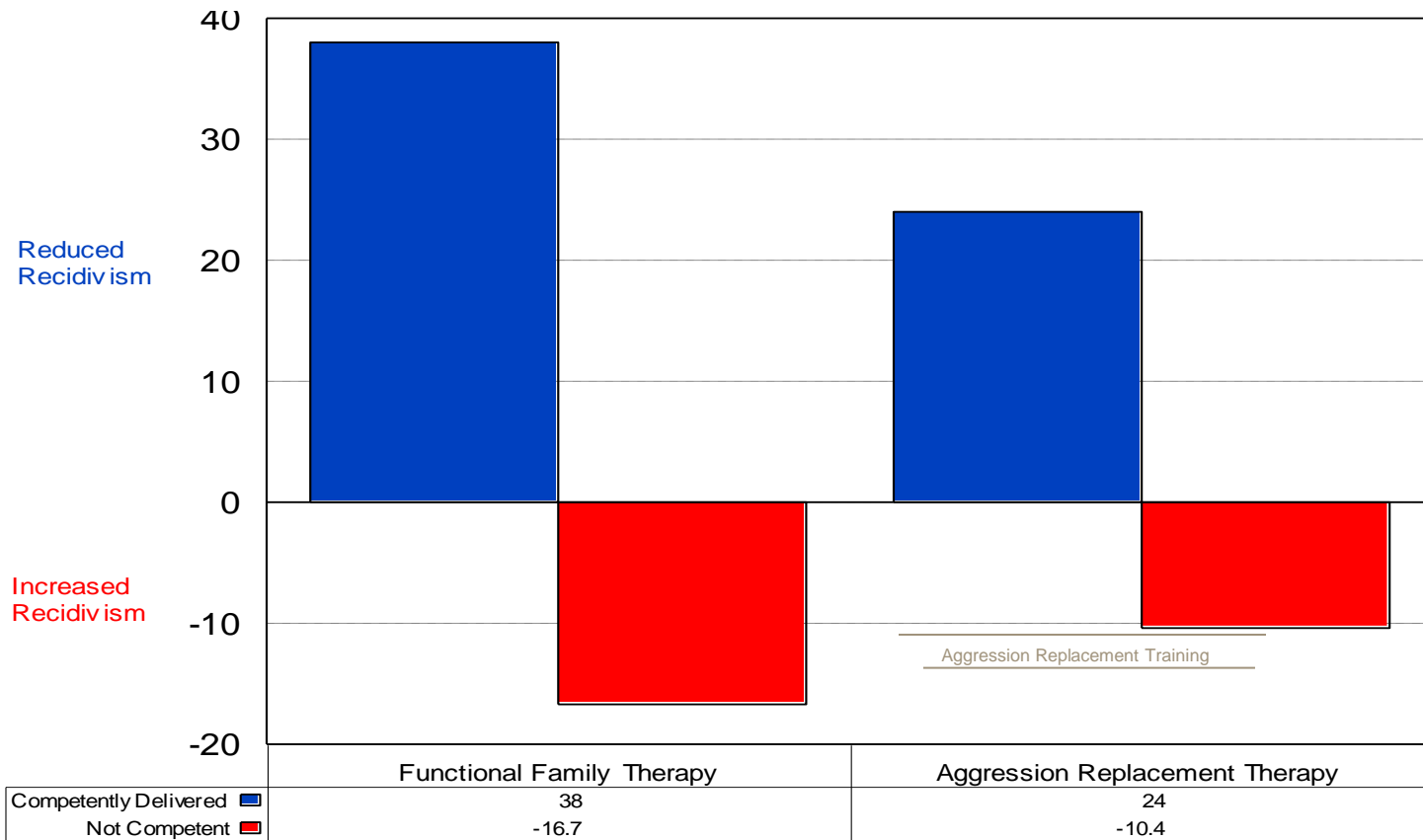II. **Refers to HOW WELL the program does what it is designed to do**


Reliability
/ree-ly-uh-bil-i-tee/
To be able to produce good results time after time

Fidelity Principle

|	Functional Family Therapy	Aggression Replacement Therapy
Competently Delivered ■	38	24
Not Competent ■	-16.7	-10.4

Source: Outcome Evaluation of Washington State's Research-Based Programs for Juvenile Offenders. January 2004. Washington State Institute for Public Policy.

Adherence to RNR

Change In Recidivism Rates

	Risk	Need	Responsivity
Yes	10	19	23
No	3	-1	4

■ Yes □ No
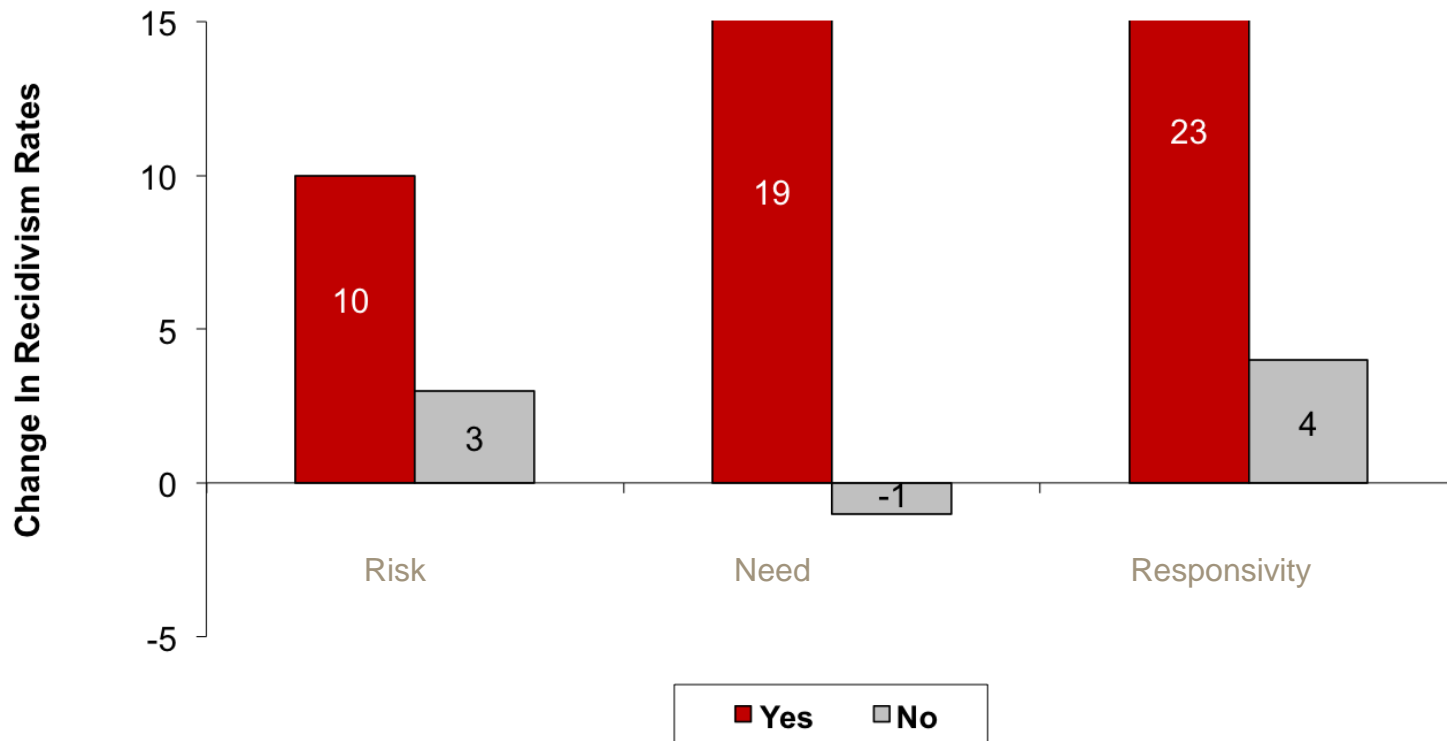
Andrews, 2006. Enhancing adherence to risk-need-responsivity: Making quality a matter of policy. *Criminology and Public Policy*, *5*, 595-602.

Adherence to RNR
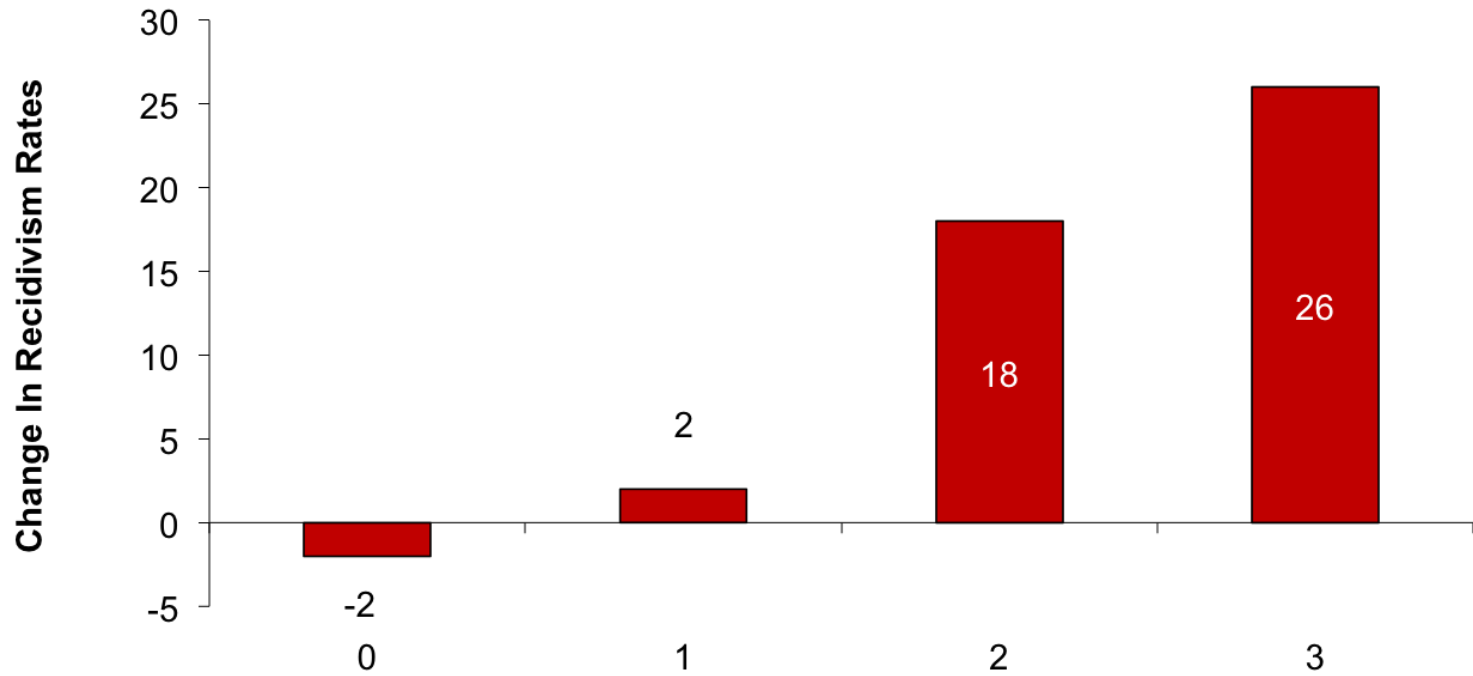
Cognitive Behavioral Treatment (CBT)

Most effective form of programming for moderate and high-risk participants

Addresses:

✓ **Antisocial thinking patterns**

✓ **Builds problem-solving skills**

✓ **Equips the client with new thinking and skills through repetition with increasingly difficult practice sessions (i.e., role-playing)**

Research Says Effective Programs Should…

Ensure CBT strategies:

- **Cognitive Restructuring**
- **Social Skills**
- **Problem Solving**
- **Emotional Regulation**
- **Train Family/support**

On-going Role-Playing and Modeling

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Research Says Effective Programs Should…

Target criminogenic needs:

Focus Here:

- **Antisocial Attitudes, Values, Beliefs**
- **Antisocial Peers**
- **Antisocial Personality**
- **Family**
- **Education/Employment**
- **Substance Use**
- **Leisure Activities**

Not Here:

- **Self-Esteem**
- **Physical Conditioning**
- **Artistic Ability**
- **Life Skills**
- **Victim Impact**
- **Spirituality**

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Behavior Modification System

GOAL –

To develop a system that increases compliance while the client is under programming, but more importantly increases LONG-TERM prosocial behavior