



the NATIONAL REENTRY
RESOURCE CENTER

— A project of the CSG Justice Center —

Implementing Effective Institutional-Based Cognitive Behavioral Interventions

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Bureau of Justice Assistance, U.S. Department of Justice

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www.nationalreentryresourcecenter.org

- The resource center is continually updating its website with materials relevant to the reentry field.
- Sign up for the monthly NRRC newsletter to receive news about upcoming distance learning and funding opportunities.

The screenshot shows the homepage of the National Reentry Resource Center. At the top, there is a navigation bar with links for Home, About, Library, Topics, Training & TA, Reentry Facts, and What Works. Below the navigation bar, the main content area is divided into several sections. On the left, there is a sidebar with categories like Audiences, Tools & Resources, and a BJA logo at the bottom. The main content area features a 'WELCOME TO THE National Reentry Resource Center' message, a 'Subscribe to our newsletter!' form (highlighted with a red circle), and various news items under 'What's New?' and 'Announcements'. A red arrow points from the text in the adjacent list to the newsletter sign-up form.

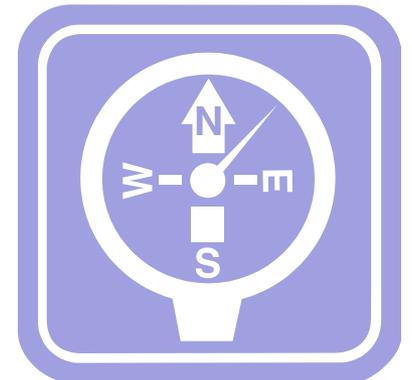
Speaker

- Kathleen Gnall
Independent Criminal Justice Consultant

Background in research and evaluation, criminal justice policy development and implementation. Spent 17 years with PA Department of Corrections in multiple positions including the Deputy Secretary for Specialized Programs and Reentry.

Presentation Overview

- This presentation is designed for practitioners in jails and prisons who are interested in improving the odds of successful community reintegration for offenders in their jurisdiction. Specifically, the presentation attempts to offer practical strategies for translating the body of evidence on using treatment interventions as a means to improve individual outcomes and reduce crime into daily practice.



One Goal of Incarceration

- **Enhance public safety.** Jails and prisons must be safe and secure; but beyond this, we are expected to “correct” behavior as virtually all offenders (95%) incarcerated today will be released into communities.
 - Recidivism rates remain high with about 2/3 of state offenders released being re-arrested within three years.
 - A large portion of crime is committed by a relatively small number of offenders.
- ***Do No Harm.*** At the very least, we do not want offenders to be more likely to commit crimes upon release than when they began their incarceration sentence. Research findings suggest a null to slightly *criminogenic* (crime-producing) effect for incarceration.

One Goal of Incarceration

- ***Do Some Good.***
- The Washington State Institute for Public Policy (WSIPP) website has several excellent publications about what specific programs work to reduce recidivism as well as the cost savings associated with these initiatives.

Can Positively Impact Outcomes

Prison-based basic education and vocational training programs.

Correctional Industries programs in prison.

Replacing anti-social associates with positive mentors.

Assisting offenders in finding and retaining employment post-release

One Goal of Incarceration

- Well-crafted and implemented treatment interventions targeted to those most likely to re-offend can indeed reduce reoffending rates (fewer victims) AND save money.

Prison-Based Intervention	Benefits Minus Cost Per Participant
Cognitive-behavioral treatment	\$ 10,524
Drug Treatment	\$ 10,456

- Aos, S., Lee, S., Drake, E., Pennucci, A. Klima, T., Miller, M., Anderson, L., Mayfield, J., & Burley, M. (2011). *Return on Investment: Evidence-based options to improve statewide outcomes* (Document No. 11-07-1201). Olympia: Washington State Institute for Public Policy.

Improving Public Safety

How Much of a Difference Can Treatment Programs Make?

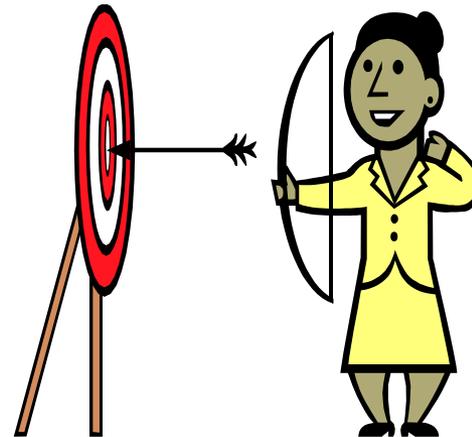
- It *depends.....*
- The *Blueprints for Violence Prevention Programs* are among the most rigorously tested initiatives which meet high standards. Some of the treatment programs which are included in blueprints include:
 - Functional Family Therapy
 - Multidimensional Treatment Foster Care
 - Multisystemic Therapy
- Results with adult offenders are usually not as profound as those with juvenile offenders BUT double-digit recidivism reductions are possible and have been documented.

- University of Colorado, Boulder Center for the Study of Prevention of Violence, Institute of Behavioral Science

Improving Public Safety

How to Increase the Probabilities of Success Through Treatment...

- Extensive research by experts including Andrews, Gendreau, Bonta, Lipsey, Latessa and others tell us a great deal about *who* to target, *what* to target and *how* to construct interventions that have the highest probability of making a difference.



Identifying the Issues

- Identify who stands to benefit the most from interventions, using the right tool(s) for the job.
- In order to mitigate *risk*, or the statistical probability of reoffending, we must first be able to objectively *measure* a given offender's likelihood of committing more crimes.
- A ***risk profile*** is comprised of two factors. The first is static factors such as age at first arrest, number of arrests and current age. The second includes changeable factors which research findings indicate are correlated with criminal behavior. These are called ***dynamic risk factors*** or ***criminogenic*** (crime-producing) needs.

Identifying the Issues

- Just as a physician uses diagnostic tests to pinpoint a medical issue, criminal justice professionals should have appropriate tools on hand for the job.
- The toolbox should have many different types and sizes of tools; the trick is to know which tool to use under which circumstances.
- *What are the right tools?*
 - Actuarial instruments designed for use with criminal populations and tested to ensure they are predictive for the population, AND
 - Clinical judgement.



Identifying the Issues

- **Those developing treatment plans and those running groups should understand :**
 - What the assessment tools are tapping into;
 - How to develop a composite profile of an offender with information from various tools; and,
 - How to develop a meaningful, reasonable plan with the offender to address factors important to that person's success.
- **Begin with the End in Mind.**
- The last thing any of us want is to commit significant staff and monetary resources to a task, only to have a beautiful-looking assessment report sit in an inmate's file collecting dust.



Considerations for Selecting Assessment Instruments

- Does the instrument have a demonstrated track record?
- Is the instrument proprietary? If so, what are the fees associated with administering it? Can your jurisdiction afford those charges?
- Do you need all of the information that the instrument is designed to measure?
- What is involved in administering the instrument? For example, does the instrument require a face to face interview with the offender?
- Or perhaps, there might be a version that an offender can take on a computer? If that is the case, what accommodations are there for illiterate or non-English speaking offenders?

Considerations for Selecting Assessment Instruments

- How will the data be captured? What resources will be required to collect, analyze and report on the data?
- Should the instrument be re-administered? At what intervals? If the assessments are taken on computers, will those resources be available for retesting?
- Will you need to hire a certified trainer to train your staff to use the instrument properly? What is the cost associated with the training?
- How will you validate the tool for your jurisdiction? How will you norm the tool (establish appropriate cut-off levels)?

Assessment Instrument Examples

- There are many instruments available. Among those measuring risk and need for adult offenders are:
 - Level of Service Inventory – Revised
 - Wisconsin Risk/Need
 - COMPAS
 - CAIS
 - Many instruments developed by experts specifically for a particular state/jurisdiction (e.g. Indiana and Ohio).
- Another option is to use a risk tool which contains mainly static risk factors that are highly predictive to allow for a quick and accurate way to sort offenders into groups e.g. low, medium, high.

Assessment Instrument Examples

- Then, a battery of needs assessment tools can be administered to the medium to high risk to hone in on the specific need areas for the individual offender. Can also help to identify “protective” factors.
 - Examples of tools that measure select criminogenic needs include:
 - The Self-Appraisal Questionnaire (SAQ)
 - The Hostile Interpretations Questionnaire (HIQ)
 - The Criminal Sentiment Scale-Modified (CSS-M)
- Many solid needs assessments tools can be found in the public domain. For example, Texas Christian University’s Institute for Behavioral Research website contains many tools relevant to assessing for addiction and dependence in criminal populations.

Who Should We Target for Treatment?

- Focus on *medium to high risk* offenders. WHY?
 - Medium to high risk offenders are likely to reoffend.
 - They stand to benefit the most from interventions. Question of human capital....and Good Stewardship of taxpayer dollars.
 - As public safety professionals, we should focus on providing quality interventions to these offenders because we are increasing their probabilities of success which translates into fewer victims, safer communities and greater cost savings (cost avoidance).

Who Should We Target for Treatment?

- WHAT ABOUT THE LOW RISK? (Risk is always relative to the population being studied. There is no standard definition for “low, “ it is in relationship to other offenders included in the group being studied).
 - Dedicate few if any treatment resources to these offenders.
 - They are less likely to fail than the medium to high risk AND
 - Providing low risk offenders with intensive interventions can actually INCREASE their failure rates. (Remember the first rule: DO NO HARM).
 - **How is that possible?** Researchers hypothesize that low risk offenders exposed to higher risk offenders particularly in treatment settings, may pick up on the habits, norms, behaviors of the higher risk, thus becoming “better” criminals.

Targets for Treatment

- Prisons and jails have hefty and multi-faceted responsibilities and like all organizations, must prioritize the use of limited resources.
- We cannot be all things to all people. Trying to provide something (or the same things) to everyone can mean progress for no one.
- One Size Does Not Fit All!

Targets for Treatment

- Every hour we spend with low risk offenders in group settings is less time to spend with the mid to high risk (opportunity cost).
- Get the Most Juice for the Squeeze by concentrating resources and providing intensive interventions to those with serious and multiple criminogenic needs.



How Much Treatment is Enough or Optimal?

- Though we have limited studies on treatment dosage requirements, those we do have suggest that 200 to 300 hours of group treatment will be required to positively impact outcomes for mid to high risk offenders.
- Treatment saturation, or reaching the point of diminishing returns, is possible but not probable.

We Know Who, Now What?

- Programs must target *criminogenic* needs or dynamic risk factors. In fact, programs should tackle multiple criminogenic factors. Research findings suggest better outcomes if programs target 4 or more factors.
- Criminogenic needs can and do change. Treatment should be targeted to the offender's needs now and not what they were in the past.

Identifying the Issues

- **Treatment Programs Must Target Factors Related to Criminality**

Dynamic Risk Factors (major factors listed first)	Examples of NON-criminogenic Needs
Harboring anti-social attitudes, beliefs, and values	Physical fitness
Associating with criminals or people who have pro-criminal attitudes	Anxiety/Depression
Being from a family with low levels of cohesion, neglected or abused	Self-Esteem (<i>may be issue for female offenders</i>)
Abusing alcohol and other drugs	Medical condition
Having low levels of education	Creative Abilities
Having little work history and few, if any vocational skills	

Theoretical Models

- Good programs are based on sound theoretical models. Sound models include: *Social learning/cognitive behavioral approaches*.
 - *Social Learning Theory* - behavior is learned by watching others. EVERY INTERACTION WITH AN OFFENDER IS AN OPPORTUNITY TO TEACH SOMETHING. Modeling pro-social behavior is important.
 - The appropriate use of rewards and punishers is important.
 - Rewards should outweigh punishers by a margin of 4 to 1.
 - Rewards should be meaningful to the offender. A variety of rewards should be used.
 - Punishers should be applied consistently and after each infraction. Celerity or immediacy is important. Punishers should be swift and certain but not harsh!

Theoretical Models

- *Cognitive-behavioral interventions* are based on the premise that thoughts, both HOW we think and WHAT we think, precede action. Thus, changing behavior starts with understanding and correcting thinking patterns.
- Cognitive-behavioral programs are action-oriented. They involve modeling behavior (facilitator), practicing behavior in realistic situations, rehearsing pro-social responses to likely scenarios. These sessions should not be lectures. The participants must do the work!

Ineffective Models

Examples of Ineffective Programs and Strategies

Scared Straight	“Talk” or other non-directive therapy
Pure Military-model Boot Camps	Drug Education
Bibliotherapy	Any program that focuses on needs unrelated to criminal behavior!

Getting Started with a CORE Program

- My view is that medium to high risk offenders require a CORE cognitive-behavioral program (akin to psych 101) that exposes them to COGNITIVE RESTRUCTURING and COGNITIVE SKILL-BUILDING concepts.
- A core program sets the foundation for any “domain” specific treatment; for example, drug and alcohol treatment or sex offender therapy that may follow.
- There are many well-designed core cognitive behavioral programs available.
- Some examples of cognitive behavioral programs:
 - Thinking for A Change (T4C)
 - Reasoning and Rehabilitation
 - Moral Reconation Therapy
 - Choices. Changes and Challenges

Choosing the Core Program

- In making the selection for a core program, consider:
 - Content and approach of program and not the BRAND NAME.
 - Cost.
 - Number of modules/dosage.
 - Treatment Settings.
 - Ease of use of Program Manual/Facilitator and Participant Guide
 - Open enrollment/cohort based.
 - Staff background and training requirements.

Beyond the Core Cognitive Behavioral Program

- **What Other Programs Might You Offer and How Do You Decide?**

Consider:

- The aggregate risk and need scores for your population.
- The sentence length distribution for the population you serve; You may need different criterion for varying sentence lengths (prison environment).
- If you are in a determinate sentencing state with a parole board making release decisions, the Board's requirements for parole.
- What treatment resources are available in your immediate community (jails) or across the state (prisons). Do these programs have waiting lists? Do they prioritize released offenders for services?
- Staffing resources, training requirements, physical space to run groups.

Beyond the Core Cognitive Behavioral Program: AOD Programs

- In examining need data, you will likely see that 75% or more of the medium to high risk offenders assess as either substance abusers or are substance dependent.
- Many jurisdictions elect to offer AOD treatment programs. It is important that these programs be cognitive-behavioral and not education.
- Research findings suggest that therapeutic communities have promising results. Alcohol and other drug treatment in prison with aftercare services provided in the community upon release, provide the most promise for good outcomes.

Consider the Treatment Setting – Living Communities

- Consider offering all treatment in residential units or “Living communities.” (LC)
- LC’s build on the therapeutic community model of offering AOD treatment. The community of offenders lives together in a block or modular unit. The group as a whole serves to remind each member to remain focused, to work on his/her individual treatment plan, not to fall into old habits.
- **PRO’s:** It may be a more efficient option to establish “living communities” where members are focused on completing treatment, rather than traditional “outpatient” models where offenders come from around the prison once or twice a week for treatment and then go back to their block.
 - They may be participating in education and/or work programs at the same time, which can cause conflicts and “turf wars” among the prison staff (e.g. feelings that treatment is always prioritized over education).
 - Living communities also provide opportunities for staff to observe offenders practicing the skills learned in groups in daily prison living. It is harder to do this using the traditional “outpatient” model where offenders come from around the prison for a few hours a few times per week and then return to their respective cell blocks or other housing.

Consider the Treatment Setting - Living Communities

- Using the outpatient model, offenders may have completed some programs and may be on waiting lists for others. The idea behind the living community is that the individuals in that block are focusing on addressing their treatment needs.
- They would receive the treatment they required based on assessment results in the living community setting and while every member might not be in every treatment group, all members serve to focus each other, encourage each other, call each other out as necessary (and with staff supervision).
- Each offender would progress based on the attainment of his/her individual treatment goals. “Graduation” from the community to perhaps an “aftercare” unit would mean that the offender completed all in-prison treatment and now could participate in work, life skills, reentry planning etc.

Cognitive Behavioral Groups in Action

- Consider running groups two to three times per week for about 90 minutes each session.
- One way to structure groups is to divide the session into quarters:

Review last Session and Homework	Facilitator Introduces New Skill	Participants Practice Skills	Practice/Role Play in increasingly Difficult scenarios
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- During practice and role plays, the facilitator must be aware of participants' anti-social statements. Common themes:
 - “I didn’t hurt anyone. I just took what I needed.”
 - “I had no choice. He confronted me and I had to deal with it.”
 - “I was framed.”

Cognitive Behavioral Groups in Action

- The facilitator might challenge these statements, ask questions about alternative responses and ask participants about the potential consequences of acting in the way they suggest.
- The facilitator must ensure that all offenders participate and don't just slide by. Attention must likewise be paid to a person or persons who appear to be "running" the group or who are having undue influence on other members.
- **Responsivity** factors or factors that influence a member's ability to participate or benefit from the group are important. Limited English Proficiency, reading ability, readiness or motivation for treatment, IQ and the ability to relate to the facilitator can matter.

Cognitive Behavioral Groups in Action

- Treatment groups are not the place to deal with issues such as commissary laundry, mail, telephone, visiting etc. The facilitator must keep the members on task. The facilitator must also ensure that one or two offenders do not dominate or control the group.
- It is important to give group members time in between meetings to do homework, practice the skills they learned and otherwise “process” the information.

Staffing and Other Considerations

- Select group facilitators based on their background (degree in “helping” profession) and personal characteristics (e.g. believe that people can change, can set boundaries, understand the value of rewards and punishers, etc.)
- Provide staff with high-quality **training** not only on specific curriculum (there should always be a program manual), but in running cog groups. Many staff want to run effective groups but they do not know what specific activities and actions they need to employ to do this.
- Staff should be **mentored** and **coached** on how to ask pertinent questions to keep the group focused, how to challenge anti-social statements, how to role model positive behavior, how to facilitate role plays and graduated practice. Staff too should not just be given instruction, they need to practice these skills and be assisted by experts in this area.

Staffing and Other Considerations

- Facility program managers should sit-in on groups and observe the facilitator's skills in role modeling behavior, keeping the group on task, facilitating role-plays, ensuring that all offenders participate and don't just slide by.
- **THIS IS AN EXCELLENT OPPORTUNITY TO REWARD STAFF DOING GREAT WORK.** It is also an opportunity to identify best practices and allow staff who are proficient in a specific skill to assist other staff who may be struggling.
- Leadership and being a champion of treatment, particularly at the facility level, is very important and impactful.

Staffing and Other Considerations

- There are formal assessment tools such as the Correctional Program Assessment Inventory and Corrections Program Checklist which list hundreds of standards distilled from the many studies, including meta-analyses on what good programs have in common. As useful as these tools are for evaluation, they are also great as a guide or checklist when getting a program off the ground.
- IT IS MUCH EASIER TO GET A PROGRAM STARTED OFF RIGHT THAN TO GO IN AND DO MAJOR FIXES LATER.
- Always be looking to improve your program. Seek input and feedback from staff, participants and graduates.
- Invite outside experts to do reviews and look for third-party funding to conduct evaluations both process and outcome.

Staffing and Other Considerations

- Implementation is hard work and maintaining program fidelity is incredibly challenging and important. We must support and acknowledge those on the ground making a difference every day!
- Make it a priority on an on-going basis to ensure that facilitators have the resources they need, that they are receiving supervision, that they have opportunities to learn from each other, that they receive feedback designed to assist them in becoming better....**FIGHT COMPLACENCY!**

Bringing It All Together for the Greater Good

- There is research, notably the Parole Violator study in Pennsylvania, that indicates “life skills” such as basic budgeting/financial management, interpersonal and communication skills are important for offender success.
- A major finding of this study is that a distinguishing factor between those who succeeded and those who failed in the community was their **expectations of life upon release**.
- Those who failed had unrealistic expectations of their life post release. They often stated that they thought reuniting with family would be “easy,” that they would have “no trouble” finding a job or remaining sober and that they would not fall back into bad habits or return to hanging out with their old friends, because everyone would be looking out for them.

Bringing It All Together for the Greater Good

- Think about ways, both in-treatment groups and in general prison/jail living, to address these issues and help offenders to be realistic and work on developing and practicing specific strategies that will help them succeed.
- Consider all criminogenic needs, those traditionally addressed in treatment groups such as poor problem solving and decision making skills, substance abuse, faulty or irrational thinking, as well as factors such as low levels of education and vocational training, that are traditionally not targets of treatment.
- How can we best develop individualized plans that cover these factors as well as attend to practical aspects of reentry, such as having appropriate identification upon release and a suitable place to live?

Contact Information

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