

## How to Make Evidence-Based Programs Come to Life Transcript

Please stand by for realtime captions. >>

Ladies and gentlemen thank you for your patience and participation. This webinar will start in approximately 3 minutes. Thank you for your patience. We will be starting very shortly. >> Ladies and gentlemen, hello and welcome to leading with innovation. My name is Gerald and I will be in the background answering any WebEx technical questions. If you do experienced technical difficulties during or joining this WebEx section, you can call WebEx technical support at 186-6779 you can call WebEx technical support at 1-866-779-3239. Please note that as an attendee you are part of a larger audience.

However due to privacy rights we have chosen not to display the number our list of attendees to everyone on the call today. As a reminder, today's call is being recorded. We will be holding a Q&A session at the conclusion of the presentation. However, you can submit an online question at any time throughout the presentation today by tapping her question into the chat panel located on the right-hand side of your screen. Type your question into the text field and click send. Please keep these into default to, everyone. With that we invite you to sit back, relax and enjoy today's presentation. I would like to introduce you to your first speaker and moderator for today's event, he is the correctional program specialist at the national Institute of corrections. Mr. Greg Crawford. Mr. Crawford, you have the floor.

Thank you, Gerald and welcome to the national Institute of corrections 2016 virtual conference, meeting with innovation. As a Gerald mention my name is Greg Crawford. I'm a correctional program specialist and will be moderating the session. Title, how to make evidenced-based programs come to life. My co-moderator, Anne Malone from C2 technologies will be assisting me today. Presenting to date will be Joe Norwood, secretary, Kansas Department of Corrections. Parted joining the Kansas department of corrections on May 31, 2016, Secretary Norwood retired from Federal service at the regional director of the Northeast region of the Bureau of prisons with more than 30 years of correctional experience. Also presenting to date will be Kelly Pitocco, senior research associate at the University of Cincinnati Corrections Institute. With 30 years of experience in the field of social services and corrections, Ms. Pitocco has been consistently a leader in providing training and education to others. She trains primarily in the area of community corrections with an emphasis on cognitive behavioral treatment. She currently works at the University of Cincinnati Corrections Institute and provides training, program development, support and coaching on evidence-based practices. If you have any questions during today's presentation, please type that in the chat panel. At the conclusion of the presentation, and I will collect those questions and post them to the presenters. At this time LNO turn it over to Secretary Norwood. We hope you enjoy the session today. Thank you.

Good morning. It's a pleasure to be here but I think I will turn it over to Kelly. I believe she will initiate the presentation this morning.

Thank you. Yes. As the title of the conference suggests, we want to lead with innovation. What I want to talk about a little bit is while we want to lead with innovation we also want to be mindful of those core principles of effective intervention. And so on the next slide, we have those principles. Risk, needs, responses to this responsive to that he and fidelity. Mission drive all, decisions when importing programming for offenders. I want to quickly reviews those are end our infidelity principles. First when considering risk we want to remember three important points. One, we need to is a validated risk assessment to determine risk of recidivism and determine who we should target and our programs. Second we need more effective -- we are more effectively target those high risk offenders and serving low risk offenders may actually harm them and increase their recidivism. Thirdly we need to vary the intensity of programming based on the risk we'll talk more about that in a few slides. We can best reduced recidivism by targeting chromogenic needs. The need principal. That house is our trust -- risk adjustment tools will identify those domains that can produce risk. If we target them, can actually lower that risk secondary attachment tools are helpful and getting these domains more effectively and we need to deliver services and a way that is responsive to our offenders. The third principle really talks about removing barriers and presenting programming using cognitive we have real interventions. Finally we need to ensure that we are making sure that we deliver services with good fidelity. We want to make sure that the approaches we are working are actually being effective and that we are using them as they were designed. And so if we go to the next slide, one of those main responsivity issues is following core correctional practices. When we are assessing for risk we are targeting needs and delivering it with responsivity. These core correctional practices help guide our interventions. All staff should interact with offenders in a way that supports offender change. In other words, we want to interact with offenders in a collaborative and respectful style. We use positive reinforcement. Try to make that ratio afforded Tatian -- 4-1. When holding offenders accountable we provide guidance on how to prevent the next potential role of violation or criminal conduct. We offer choices when using our authority and praise compliance or enforce consequences. If we only sentient misconduct of violations we're not reducing the likelihood of reoccurrence. We need to help change thinking, manage emotions, build a pro-social skills set and teach problem-solving. On the next slide we really want to look at -- how to select curriculum that helps us implement those principles. In other words, it's not enough to pick the right curriculum that's based on the evidence. When you to deliver it in a way that is keeping with risk need responsivity and fidelity. You need to target the high risk offenders,! below. New to separate by gender, provide adequate dosage, address from an agenda needs using a CDB approach and training coach staff to follow core correctional practices. This needs to be monitored through fidelity and continuous quality efforts to address deficits. Selecting a curricula is part of the equation and can help this process but it's not enough. You need to look at what targets are you trying to address? Is the curriculum used with your specific population? What's the robustness and rigor of the evidence supporting the use of the curriculum? Does a provide for a structured, behavioral program? Is a congruent with your philosophy or model? Does it fit in practically with the program length and your capacity of staff to deliver it? Is there a cost associated with it? And is there a way to measure its fidelity? I will send this over to Secretary Norwood.

Thank you, Kelly. Again, I'm going to start talking a little bit about the approach we have taken here in Kansas. We've taken the approach that every interaction that an offender has with a staff member, a volunteer or any contract has an impact. And everyone needs to understand the impact they have and how naturally occurring contacts with offenders can impact behavior. For example, correctional officers are trained in cognitive reflective communication. In an attempt to give them skills using reinforcement, disapproval, their authority . And to challenge criminal attitudes and promote the problem solving as Kelly talked about. Correctional counselors, parole officers and our volunteer mentors are trained in Effective Practices in Corrections Settings. Program providers are in-house providers as well as our contractors. They are trained and core correctional practices. And this helps develop skills to strengthen groups and respond to disruptive group participants. Our supervisors and our mentoring coordinators that oversee our mentoring program are trained in coaching skills. They use the skills to ensure staff and our contractors or volunteers are utilizing the interaction skills that they been trained in. Again, as I said before, we feel that every interaction is important so we incorporate evidence-based principles and core correctional practices in each interaction. Every program, every case management interaction and staff and volunteer interactions have these are incorporated into them. Another important piece is the evaluation process. In the delivery of the programs. We have established free fidelity coaches. The stability coaches work with the program providers. They observed groups. They give the providers structured feedback and they model and coach skills with the group facilitators. We also work with independent evaluators for ongoing evaluation of programs. For example, in 2014, a Thinking for a Change evaluation found the treatment group had a recidivism rate of 19% and that's compared to the control group which had a rate of 26.6%. In the same study for high risk offenders, if the high risk offenders had a thinking for a change, a second CBT program, they had at 22 percentage lower recidivism rate. As Kelly indicated, it's important to know if the programs are being delivered as they are intended to be delivered and if we are getting the intended results from the program. Next slide please. >> Some operational issues as Kelly spoke about. The importance of assessing the risks for recidivism. And it needs for programming. Then matching programs to address the identified needs. About 15 years ago Kansas implemented the use of the level of service inventory revised or the LSIR. To assess risk and need. Since that implementation the LSIR has been validated by independent evaluations on our offender population not only an hour facilities but also on parole and those that are community corrections programs as well. In parole, a screener has been implemented to screen out the lowest risk offenders from further assessment. That screener is currently in the evaluation process for validity. We've done a couple of things on the female side of things. For female offenders, we've added the Women's Risk/Needs Assessment- Trailer to be more for programming interventions for females. In addition we implemented a trauma assessment for women which will be used for targeting trauma informed programming. Some additional areas of assessment that we are currently doing are in the area of mental health, sex offending and substance abuse. These further guide case management treatment and programming decisions. Based on the assessment of risk need for grams as they developed, they focus on those changeable traits in the inmate population. And some of those that we've looked at and are having programs available to our substance abuse,

criminal thinking, family and parenting, sex offending, education and employment programs, housing and leisure time. Case plans target programs based of course on the risk/need and the length of stay for a particular offender. As I indicated earlier our goal is to ensure that every program includes robust components of social learning skills with skill practice. For instance, the Offender Workforce Development curriculum Kansas uses, with support from NIC, has been recently updated to add modules on decision making, conflict and anger management, problem solving, and coping skills. Through NIC's offender implement retention specialist trained, specialist and volunteers have been trained in the uses of core correctional practices to assist offenders and high risk need area of employment and education in developing plans to achieve sustained employment an addendum to our fidelity feedback has been developed for this particular curriculum. This is one example of a section. Its title behavior management and it's covered in our observation and feedback process. Each group that we have in our facility is observed at least twice each year. By fidelity coaches. I think indicate that we have three fidelity coaches that we have doing this full time. Again, they are providing detailed feedback, ongoing modeling, coaching and training.

The observation and feedback instrument we have developed addresses a number of areas. Group structure, facilitators knowledge with modeling, teaching skills, behavior management, which is the sample that you see on the screen, communication, interpersonal characteristics, and any unique sections to a particular program. If a facilitator is struggling, the fidelity coaches increase their support and provide additional training and teach-back practice sessions to strengthen the facilitator. We have found that it is critical to our work to maintain constant dialogue about fidelity and Quality Assurance. To make sure that our program providers are providing the programs in a consistent basis in the way the programs are designed to be addressed. And to remind the staff and volunteers on a regular basis about the principals that are guiding our work. And find ways to change offender behavior, again, it's all about finding ways to change those traits and those behaviors that we can control. With that I would turn it back over to Kelly. >>

I mentioned the dosage principal earlier. Physically that means that the offenders need many structured hours of cognitive restructuring, skill building, practice and coaching. This is best achieved in a direct and structured format. The need for offenders to have a chance to move beyond theory or cathartic processing and into learning and becoming proficient in practicing and using new pro-social skills is essential. Time spent in this type of activity with staff is basically the dosage we are referring to. It's been shown to be effective in reducing recidivism. Providing staff with a structured curriculum provides guidance to facilitators and allows for the observation of the Quality Assurance piece. When developing a comprehensive plan to reduce recidivism, it is key to select or develop curricula based on the principles of effective intervention. Those include the needs identified in the risk assessment, taking into account how most offenders learn and to remind you, correctional programming should be action oriented. Passive learning approaches have not been shown to be effective in changing offender behavior effectively. Practices key. Offenders need to role-play frequently in their groups and apply new skills in ongoing practice work after this group sessions. When he to help them transfer what they are learning in group to their day-to-day life. So a plan for

success needs to be developed that addresses those individual high risk situations identified by each offender and then matching a replacement thinking, a self-control strategy, a social skill, and problem solving that they can use to reduce their risk. So our poll question is really -- curious together your views on how important program fidelity is in your efforts to implement evidenced-based practices. We invite you to respond with the WebEx window on your screen to that question. I'm guessing there may be some problems with it the functioning of the poll question? >>

The poll should be working. It takes a few seconds for the results to calculate. So we need about 20 seconds.

Okay. Clearly, most people say -- I guess everybody said it's at least important, very important or extremely important. And certainly we know that's to be the case. The challenges actually being able to implement that. And actually be able to find the resources to allowed to do fidelity monitoring. I think that's where most program struggle. Let's move onto the next slide. Of course it's important number right? Facilitators need to be trained. Training needs to include the use of teach-backs. The delivery of the material to help them feel comfortable. And make sure that they are proficient in that delivery. It's important that staff feel confident in their ability to deliver the approach. That can't just be assumed because they completed a training class. After training, coaching is essential. We need to work within the agency to provide support to the staff that aren't able to deliver with fidelity. Through this coaching. Some things we would recommend is to have her out of refreshers to provide observation. >>

Programs were very limited in structure and generic in nature such as, prerelease programs. What we found is programs were not reducing recidivism in particular in the high risk offenders. For a number of reasons that we discovered. Behavior problems kept higher risk offenders from getting into or completing programs. The program providers were more comfortable with lower risk offenders, intending to focus their energies on the lower risk offenders. The sentence did not always

Do we have the right type of staff providing programs? What do we do in relation to programming opportunities. To be honest, and budget situations and whatnot we're not going to see an influx of additional staffing or additional positions into our organization. So we have to constantly look at the types of positions we have and do we need to adjust some of the types of positions we have to gear more toward addressing some of the issues we have that address recidivism.

I had a question come in about Oklahoma but I'm thinking that it may be -- because of the lack of resources in the community for mentally ill patients, the jails and prisons in Iraq and rehab within de facto mental health institutions. The chat log just move up. Hold on. Why are we seeing more mentally ill inmates? That's the question. >> That's just the nature of society a little bit? I think in some ways mental illness is being more effectively diagnosed. We've recognized it more as an issue in our programming needs and having to address as we provide programs and the effectiveness of programs, assessing why programs are successful for some

and not others. I think they've identified some of the mental health issues that we have to address along with the cognitive, other cognitive behaviors and behavioral issues. In most cases -- as we know a mental health issue has a direct impact on their other behavior issues as well.

If I could also comment on that. Certainly mental health symptomology draws attention to itself and I think in some way we put people into the criminal justice system, that you mentioned earlier, would better be served in a mental health setting. But because of lack of resources there we have become the default and one of the things we have to do is assess how do we determine who are those mentally ill offenders that really need their mental health issues tended to. But they are low risk for recidivism and could not be someone that we would spend a lot of time with as referring back to the size of the caseloads that we are dealing with. And who are those folks that we do need to get into offender-based programming that have both mental health issues and offender risk. And so I think we are really challenged to try to support those folks and the needs that they have that also not overloading our caseloads in programming.

One thing we've done in Kansas is to create some specialized case managers that deal specifically with mental health issues and the issues that go along with programming or in the digital that has a mental health diagnosis. -- An individual that has a mental health diagnosis.

Great. Another question that was posed was, what was the average length of an inmate participation in the substance abuse treatment programming?

Typically it's about an eight month program. Again, it's one of those programs that we also geared toward the individual inmate. Some inmates may take longer than others. So, it's not cut and dry necessarily how long any particular inmate would be in the program. If they need additional treatment.

The curriculum itself is a 39 sessions. If you deliver it to times a week, someone would get through it in about 40 type and 5 months. You can delivered three times a week to get them through in four months.

Okay. And what is the stat/inmate ratio recommendation?

I think we are recovered that. Our chat log is moving up and down pretty quick. It's tough to track the questions but I think I have one here. Are we missing many of the learning challenged offenders by relying too much on incognito -- cognitive behavioral therapy?

I think you need to look at cognitive functioning for any CBT approach.

My hope would be that a similar approach would be used when you are looking at the mentally ill offender. We may need to slow things down. We need to lower the number of participants in a group, perhaps. When you to provide some support for them. This is the

responsivity to peace. I think -- PSPEC I think cognitive behavior with the sexual offender is certainly a treatment of choice. In companion with other approaches.

Secretary Norwood and Kelly, I don't see anymore questions of the chat log for you. Do you have any comments, closing comments?

I would just say that I think Kansas has taken the research and has provided a really effective way of implementing throughout the process. Being guided by responsivity and fidelity, they've been able to successfully implement some effective practices within of the institution and they partnered with the community to provide a nice, comprehensive model for other states to learn from.

Again, it's an ongoing process that we continue to evaluate. Again, that's the key. You need to continue to evaluate. Continue to look at your programs to make sure you are getting the result that you intended to get. And make adjustments as you go through to address the inmate population needs as well.

Thank you, Secretary Norwood and Kelly. This does conclude our session. At this time you are invited to continue this discussion in the discussion forum thread from this presentation. To access the discussion forum, select the discussion forum link to the main lobby page of the virtual conference website. We also invite you to explore the other features of the website including the exhibit hall, resource room and innovation chat rooms to learn about other innovative ideas in corrections. Thank you for your time. We appreciate your participation in this presentation.

Thank you.