Characteristics of Effective Programs and What Gets in the Way

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Several large studies we have conducted have helped us identify characteristics of effective programs

- 45,000 offenders (adult and juvenile)
- 450 programs (community, residential, & institutional)
Leadership makes a Difference
Program Leadership and Development

• Program Leader
  – Qualified
  – Experienced
  – Involved in selecting and training staff
  – Conducts regular supervision with staff
  – Balances supervision/oversight responsibilities with involvement in direct work with clients
• **Program Development**
  – Program based on review of research
  – Interventions are piloted
  – Program is valued by the community
  – Funding is adequate/stable
  – Program is well-established
  – If coed program is designed so that interventions for men and women are separate
Leadership/Development Scale

Leadership and Development Scale

% Change in Recidivism

Leadership and Development Scale

r=.41
Staff make a Difference
Staff Characteristics

• Qualified and Experienced
• Selected for skills and values consistent with offender rehabilitation
• Regular staff meetings
• Assessed on service delivery
• Receive clinical supervision
• Training (initial and ongoing)
• Staff input into the program
• Staff support treatment goals
• Ethical guidelines in place
Successful Staff

• Successful staff are modeling appropriate behavior, qualified, well trained, well supervised, and committed

• Staff should be trained, coached, and evaluated regularly in key service delivery skills
Staff Characteristics Scale and Effects on Recidivism

% Change in Recidivism

Staff Scale
R = 0.42
Assessment Makes a Difference
Assessment

- Appropriate clients selected based upon clear inclusion/exclusionary criteria
- Actuarial tool used to assess:
  - Risk Factors
  - Criminogenic need factors
  - Responsivity factors
- Tool Validated on similar population
- Program targets higher risk offenders (at least 70%)
Assessment Scale

% Change in Recidivism

Assessment Scale

r = .38
Treatment Makes a Difference
Treatment Characteristics

• Program Design
  – Interventions target criminogenic needs
  – Treatment 3 to 9 months in length
  – Dosage sufficient and matches risk level
  – Participants are matched to treatment/staff based on needs and responsivity issues
  – Family training incorporated
  – Quality aftercare incorporated
  – Group size does not exceed 10/1 ratio
  – Clear completion criteria
  – Completion rate 65-85%
Treatment Characteristics

• Program Delivery
  – Criminogenic density—75%
  – Use effective treatment model—CBT
  – Treatment manuals developed and followed
  – Types and process for appropriate reinforcement
  – Types and process for appropriate sanctioning behavior
  – Skills training incorporated
  – Skill modeled by staff
  – Skill practiced by clients
  – Feedback provided
  – Graduated practice
Treatment Scale

% Change in Recidivism

- 0 to 2
  -1.9

- 3 to 4
  4.2

- 5 or more
  8.9

Treatment Scale

r=.55
Quality Assurance Makes a Difference
Quality Assurance/Evaluation

• Quality Assurance
  – Observation of treatment with feedback
  – Satisfaction survey
  – File review process
  – External QA
  – Reassessment on target needs/behaviors
  – Recidivism tracked
  – Program undergone outcome evaluation
  – Evaluator working with/in program
Quality Assurance/Evaluation Scale

Quality Assurance and Evaluation Scale

% Change in Recidivism

r=.16
Program Integrity and Recidivism

• The more of the attributes the program had the greater the reduction in recidivism
Overall Score Scale

% Change in Recidivism

Overall Score

r=.72
Barriers to Change
What Gets in the Way?

- Lack of leadership
- Ineffective or resistant supervisors
- Lack of staff input on program changes
- Poor communication
- Staff changes/staffing patterns
- Staff Attitudes
- Freeing up staff time
- Administrative support
- Program delivery
- Lack of collaboration
- Failure to build capacity/sustainability
Lack of Strong Leadership

Administrators:

- Give change lip service, but do not really want to change approach
- No identified overseer of changes or unstable leadership
- Reluctant to challenge staff and hold accountable
- Poor communication between program staff and leadership to identify and resolve implementation issues
- Leadership instability
Mid level supervisors

- Feel threatened
- Don’t have the skills or competencies
- Failure to challenge or hold staff accountable
- Not part of the decision making
- Us against them mentality (form alliance with staff to resist change)
Staff

• Staff attitudes - resistance to changes based on conflicting philosophies, fear of change, concern that the change won’t last, and viewing own way of doing things as more effective

• Don’t have the skills or competencies

• Requires work (I wasn’t hired for this)

• Are not challenged by supervisors
Assessment

• Do not take assessment seriously
• Ignore responsivity factors
• Assess youth then don’t use it – everyone gets the same treatment
• Do not develop and/or update case plans
• Do not reassess
• Make errors and don’t correct
• Do not adequately train staff in interpretation
• Assessment instruments are not validated
Treatment

- Just take the parts you like or are easy
- Not delivered as designed
- Resist changes to the schedule (particularly when the dosage is increased)
- Quick to conclude that changes aren’t working (if a participant fails or treatment component requires modification)
- Introduction of “new” program elements that are not always consistent with the model
- Lack of consistency delivery/scheduling
Lack of On-Going Quality Assurance

• Drift from model
• Failure to have QA processes (including ongoing observation of service delivery with feedback)
• Failure to respond to findings from QA processes
Other barriers

• Outside influences (i.e. political, financial, personal)

• Failure to develop internal capacity and sustainability
Suggestions for developing effective programs

• Need to find leaders to serve as champions
  – Different levels are important

• Supervisors are the key to successful implementation
  – Need additional training and need to part of the process

• All staff need to be trained, but training alone isn’t enough
  – Need to provide on-going coaching and support as well as booster sessions
Overcoming barriers

• Need to distinguish between activities & core correctional programming
  • Core correctional programming is designed to reduce risk
  • Activities can keep youth engaged, reduce idleness, serve as rewards

• Treatment needs to be manualized
  – Provides structure and easier to replicate
  – Improves quality assurance
  – Improves consistency

• Build capacity and sustainability
  • Need to make sure you train trainers and coaches—give all staff core skills, and develop internal expertise
• **Data makes a difference**
  – Evaluate and collect data and make changes as needed

• **Clinical staff need to be involved**
  – Help monitor groups and staff
  – Help train
  – Serve as coaches / QA reviews

• **Changing is Difficult**
  – Take it one program at a time
• What was the most important thing you learned?

• What questions still remain in your mind?