

Characteristics of Effective Programs and What Gets in the Way

Presented by:

Edward J. Latessa, Ph.D.

School of Criminal Justice

University of Cincinnati

www.uc.edu/criminaljustice

Edward.Latessa@uc.edu

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

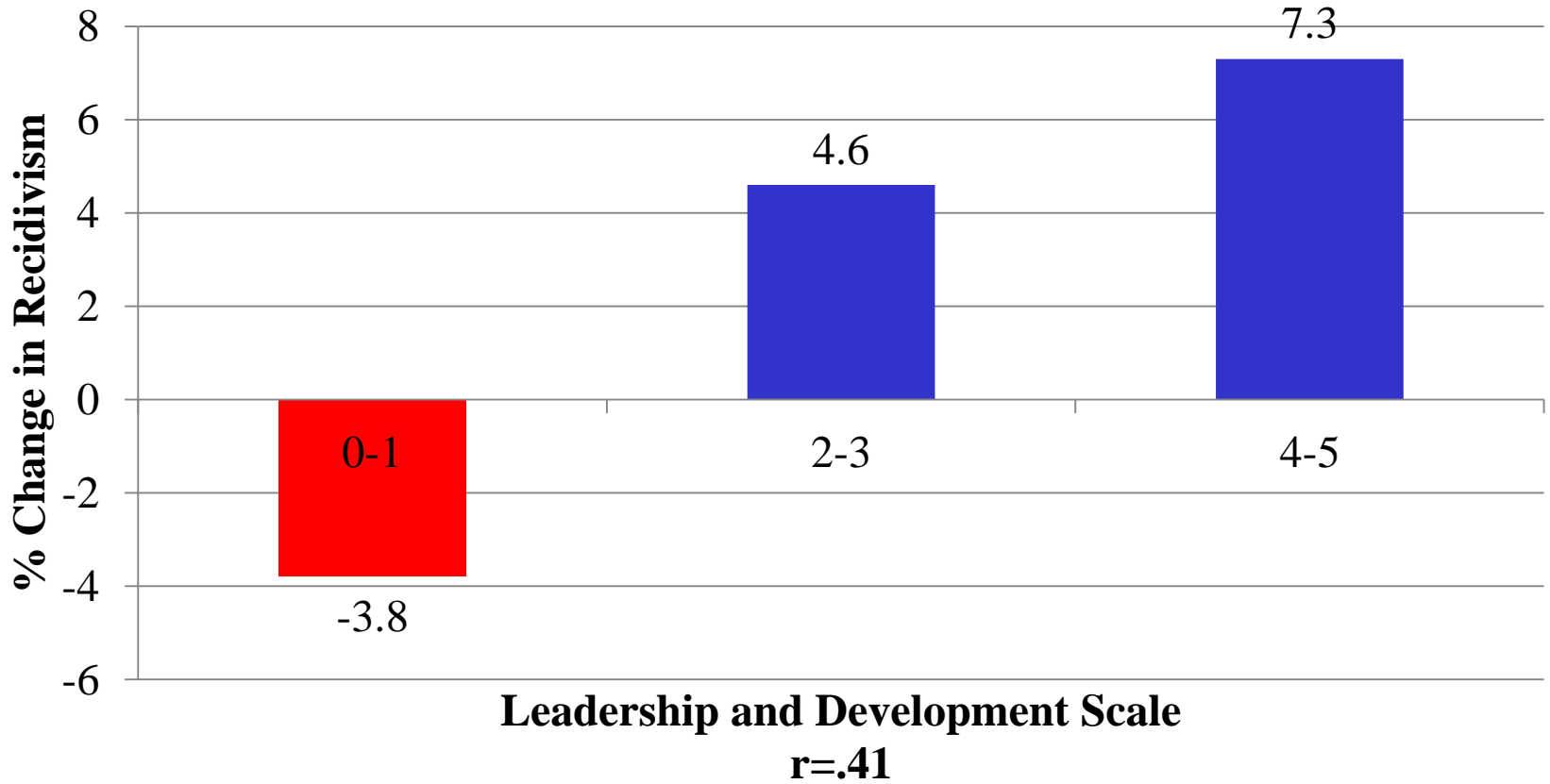
Program Leadership and Development

- 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



Staff make a Difference

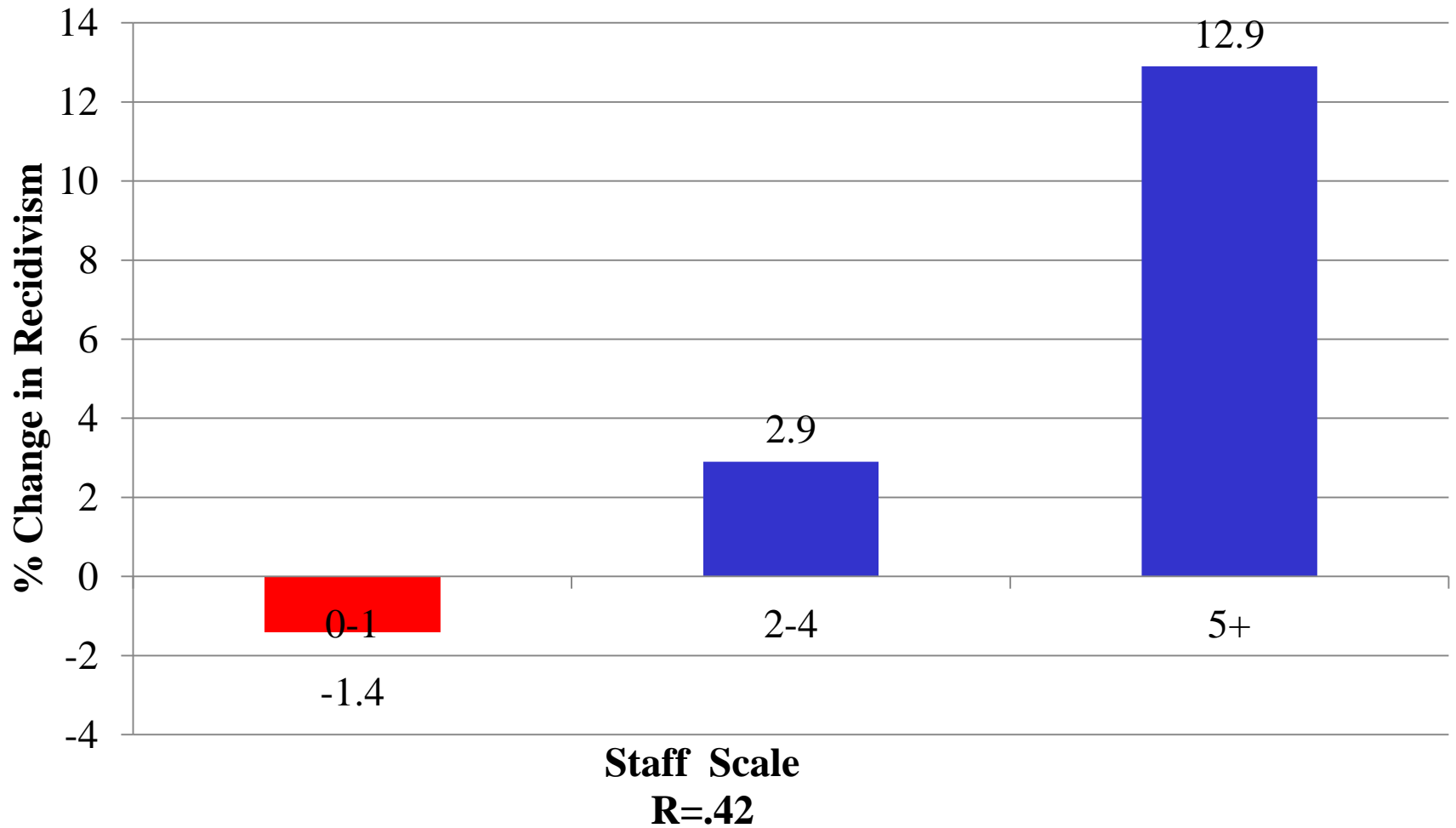
Staff Characteristics

- 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

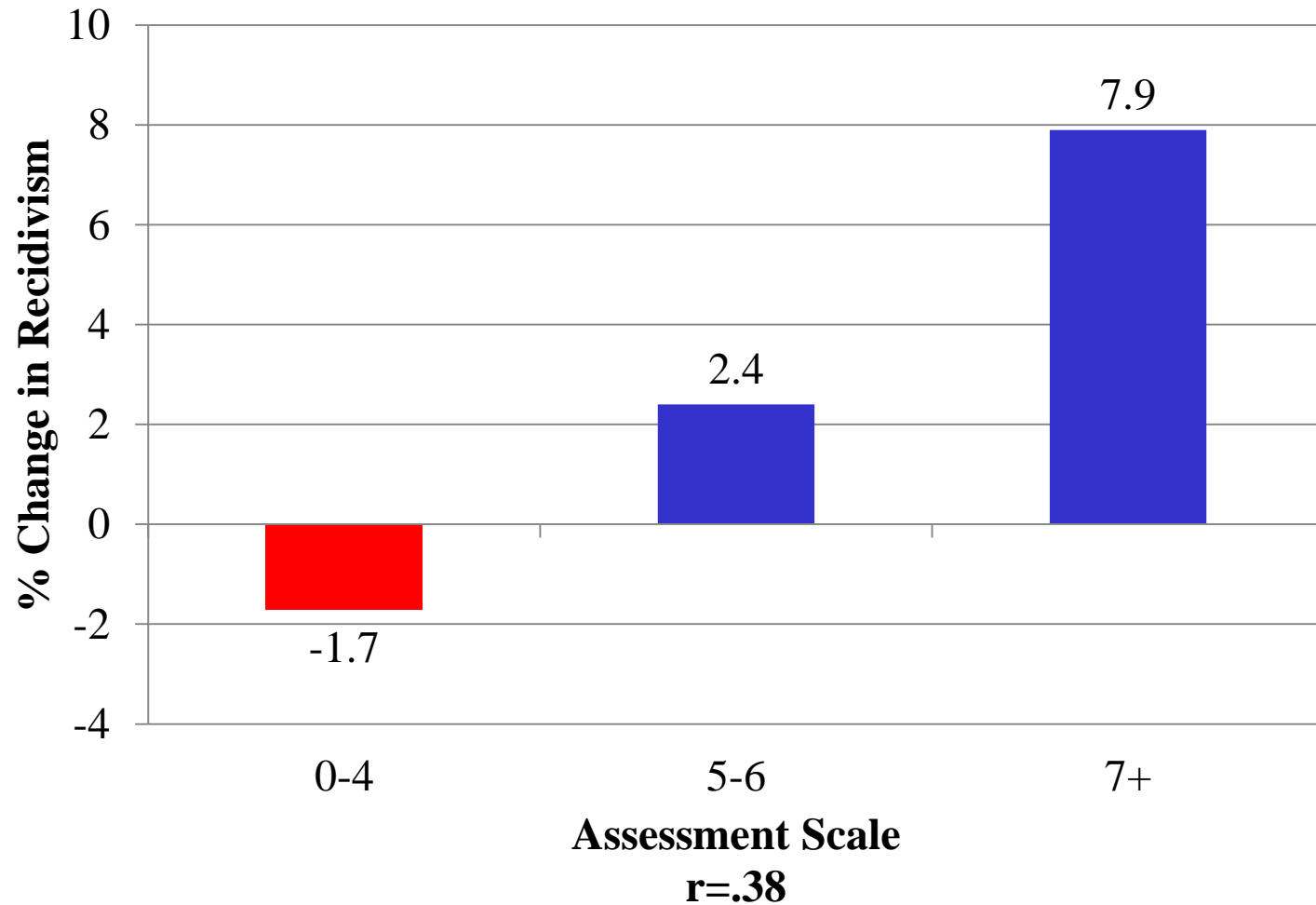


Assessment Makes a Difference

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



Treatment Makes a Difference

Treatment Characteristics

- **Program Design**

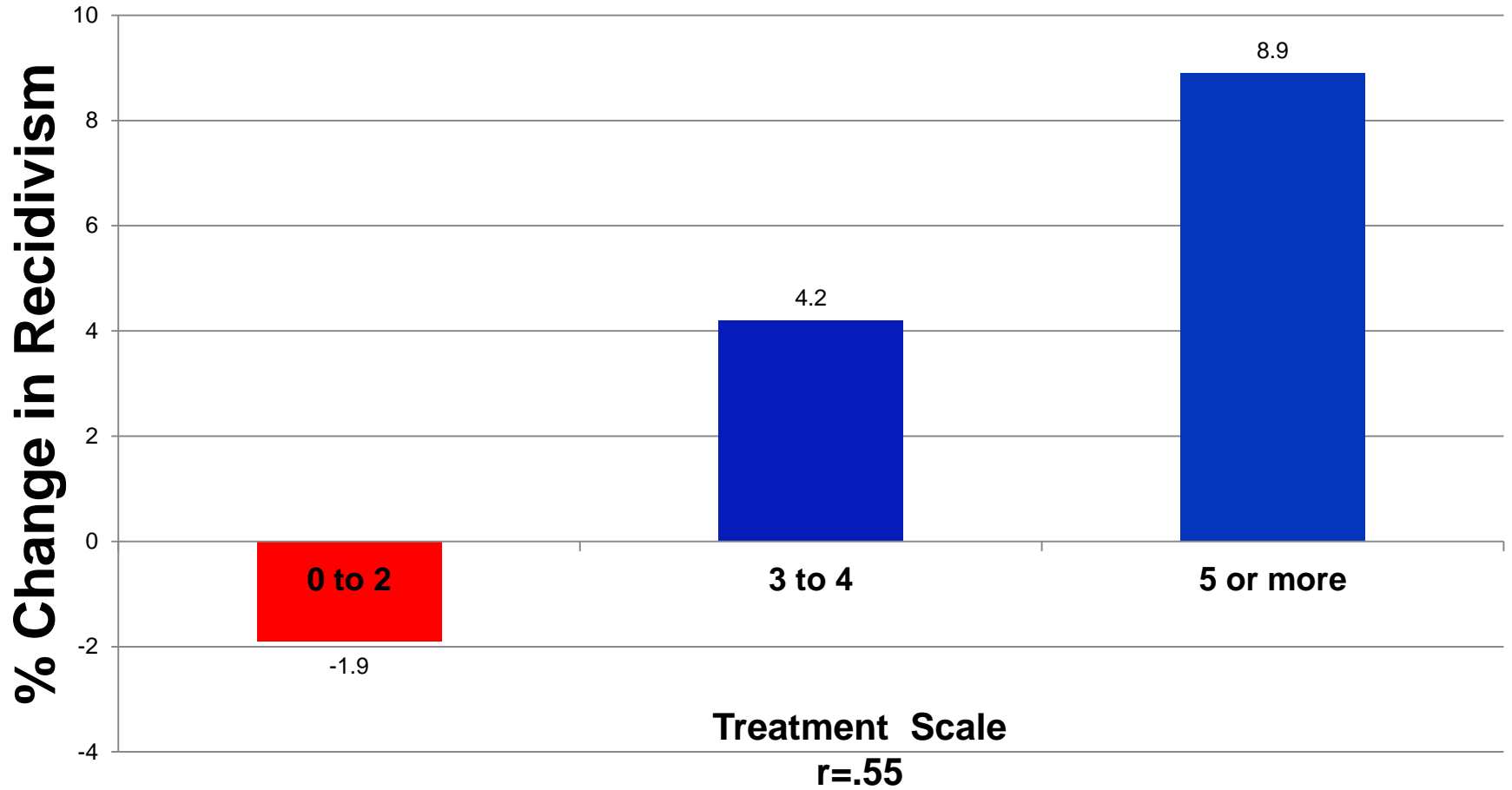
- Interventions target criminogenic needs
- Treatment 3 to 9 months in length
- Dosage sufficient and matches risk level
- Participants are matched to treatment/staff based on needs and responsivity issues
- Family training incorporated
- Quality aftercare incorporated
- Group size does not exceed 10/1 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

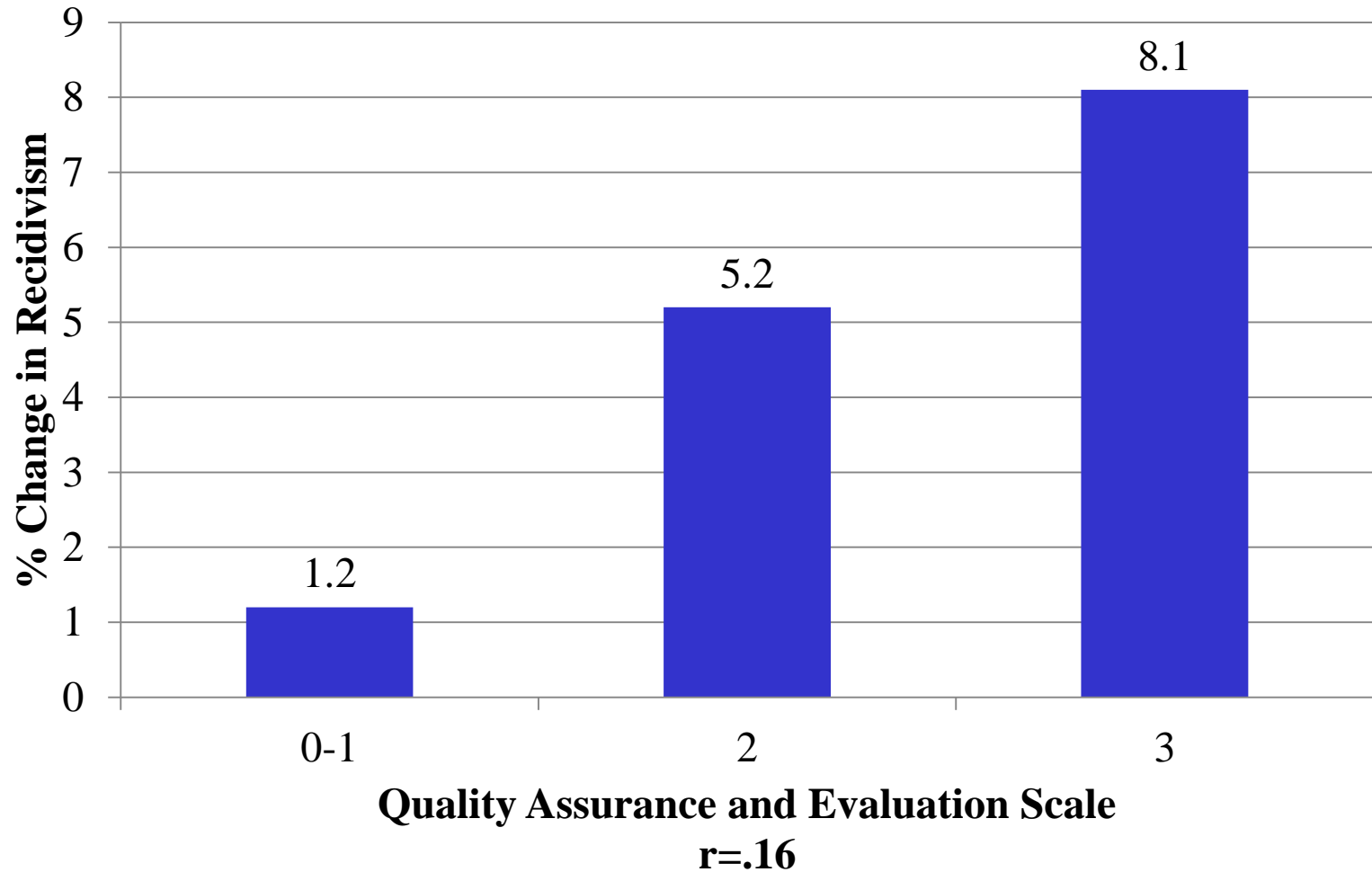


Quality Assurance Makes a Difference

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

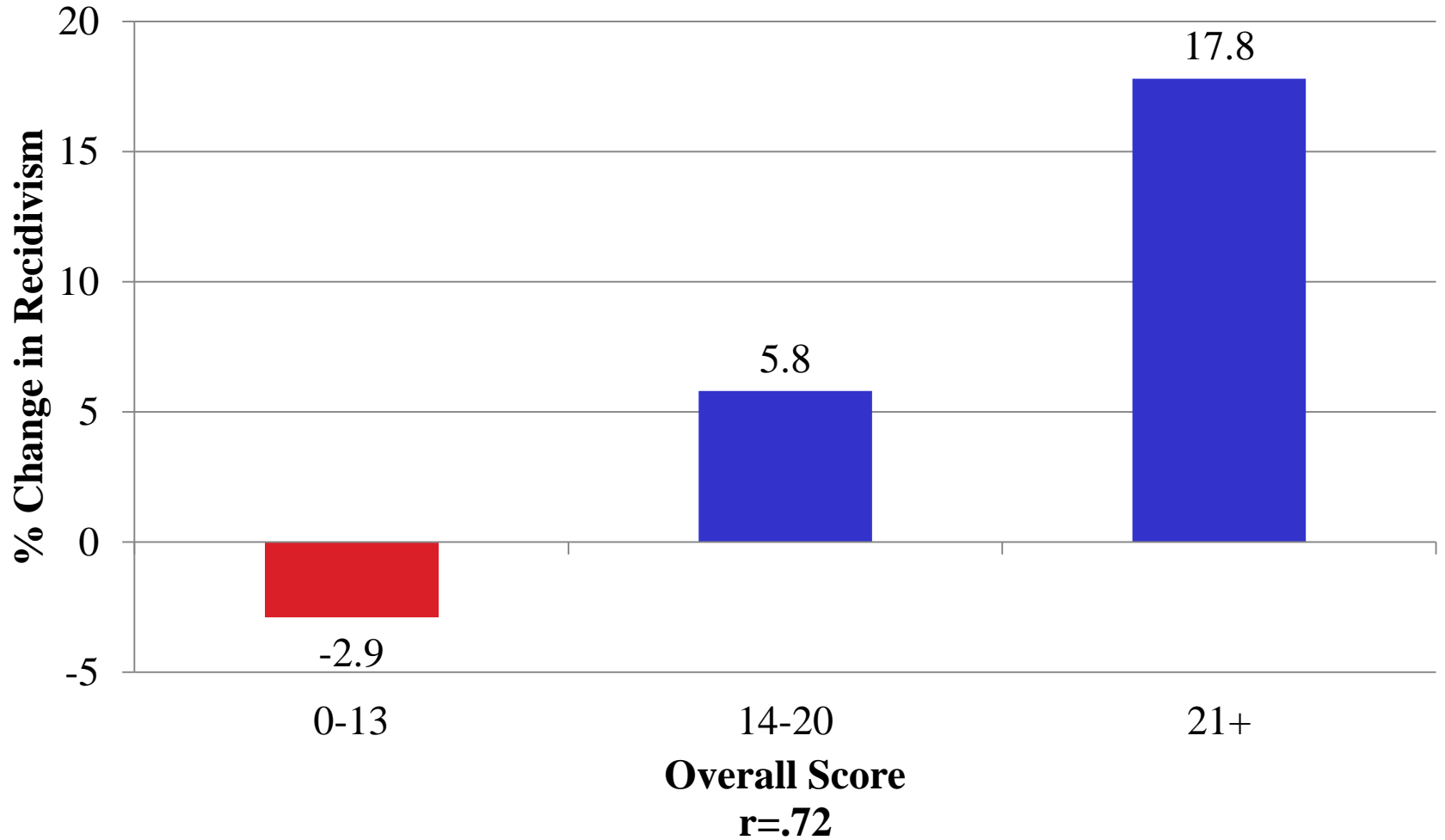
Quality Assurance/Evaluation Scale



Program Integrity and Recidivism

- The more of the attributes the program had the greater the reduction in recidivism

Overall Score Scale



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?