Recommendations for Successful Implementation of Evidence-Based Practices in Community Corrections

Approved: Mike Klemp-North    Date December 16, 2015
Recommendations for Successful Implementation of Evidence-Based Practices in Community Corrections

A Seminar Paper
Presented to the Graduate Facility
University of Wisconsin-Platteville
In Partial Fulfillment of the Requirements for the Degree
Masters of Science in Criminal Justice

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December 2015
Acknowledgements

The journey toward my master’s degree does not hold sole credit within myself. Many have helped me on this journey the last two years and without them, I may not have made it to this conclusion today. I feel great pride and accomplishment receiving my Master’s Degree in Criminal Justice from UW-Platteville and owe many thanks to all those who have helped me along the way.

First, to my professors, classmates, and advisors for providing continual knowledge and feedback throughout my entire program. Without your input and support, I would not have grown to learn from the many different experiences and walks of life shared in each classroom forum. I hope to take all of the knowledge and use it toward my future career.

Second, to my husband Bryan for supporting me mentally, emotionally, and financially over the years while I embarked on this educational journey. The never ending love and support truly helped me through this program. Thank you for always offering positive encouragement and being there for me during overwhelming times. Without your constant support, I may not be where I am today.

Third, to my family for always supporting my next endeavor. To my mother Charlotte for being my cheerleader through everything as well as being the voice of reason when I lost my way. Thank you for your continuous support and encouragement.
Abstract

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Statement of the Problem

In the past, there has been a lack of research identifying proven methods of reducing offender recidivism in community corrections. However, recent research using meta-analysis, cost-benefit analysis, and specific clinical trials have broken the barrier and are better providing the field with suggestions of how to better reduce recidivism (Bogue et al.). Evidence-based practices are significant trends in all human services that emphasize outcomes (Bogue et al.). Even though evidence based practices originated in the medical field, research has shown that when used in corrections, EBP can improve correctional outcomes such as reducing recidivism by using tools and best practices to focus on decision making and implementation (NIC, 2015).

There is a great deal of research in support of evidence based practices. The problem appears to lie in the implementation of the evidence based practices. Edward Latessa’s article, “The Challenge of Change: Correctional Programs and Evidence-Based Practices (2004)”, discusses many of the challenges faced by agencies attempting to implement change through evidence based practices. The first and most prominent problem discussed is that change is difficult. The organization must first be ready for change, and must address political context as well as emphasizing the importance of leadership (Latessa, 2004).
The U.S. Department of Justice published a second edition article, “Implementing Evidence-Based Policy and Practice in Community Corrections” in 2009. The paper discussed the importance of implementing Evidence based practices in corrections due especially to shrinking budgets and overcrowding in prisons and jails. The research presented recommends using an integrated model consisting of evidence based practices, organizational development, and collaboration with other agencies (CJICR, 2009).

Methods of Approach

A majority of the methodology of this paper will be from secondary research and statistics related to implementation of evidence based practices in community corrections. The secondary research will be critically analyzed to determine the key components necessary to effectively implement evidence based practices in community corrections agencies. The sources collected will be from accredited journals, agency websites, and government reports.

This study will be built upon social learning theory. While theorizing that a crime has been committed due to social learning, I also believe that the behavior of the offender can be changed by social learning theory as well. Evidence-based practices find the best way to rehabilitate and reduce recidivism. Through this process, researchers and organizations are able to see that individuals learn by example. By showing and teaching an individual how to function successfully in society, the risk of the offender re-committing crimes reduces.

Anticipated Outcomes

It is anticipated that organizations will be hesitant and defiant to implement the changes necessary for successful implementation of evidence-based practices. Change is difficult, especially when working with large organizations that employ large numbers of people. To get
all the employees on the same page, the organization will need a strong foundation of leaders and supervisors to help other employees in the right direction. It is expected that this study will outline a method for organizations to use and follow when making the transition to fully implementing evidence-based practices.
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I. INTRODUCTION

The number of people confined in state prisons has increased more than 700 percent over the last 40 years. More than 1.4 million people were incarcerated in 2010 across the United States (Vera Institute of Justice, 2013). With the ever growing criminal population, the need for effective and successful community corrections programs is evident. By using previous research that is evidence-based, agencies should be able to use methods that have been proven to work to reduce recidivism rates and increase public safety. From the early 1980’s through 2005, there was a decline in the percentage of adult probationers and parolees who successfully completed supervision. More recent years have had a period of stabilization, but community corrections agencies continue to seek out alternative strategies for community supervision (Lowe et al., 2012). High revocation rates have led to extensive prison growth as well as significant increases in costs for both corrections and the judiciary. Community corrections is a field with responsibility to implement more effective supervision processes to improve public safety and lower recidivism in a cost effective manner (Lowe et al., 2012).

This research paper seeks to find recommendations for the implementation of Evidence-Based practice in community corrections in an attempt to reduce the population of individuals incarcerated by reducing recidivism rates for offenders. The purpose of the following paper will also be to build a base of knowledge and methods to assist correctional organizations in the implementation of evidence based practices. Implementing evidence based practices would increase the likelihood of reducing recidivism, increasing employment, and increasing public safety. Each state should seriously consider developing a method of corrections consistent with using evidence based practices to reduce recidivism consistently across the country. The
following research presented can be a guideline or knowledge base for correctional organizations to use when preparing for organizational change in order to implement evidence based practices.

Some correctional agencies and organizations or some select staff may still believe in the “nothing works” philosophy of corrections. Research on evidence based practices in the correctional field has proven that “nothing works” is not the case anymore. Evidence based practices have been studied and implemented in corrections agencies and the results have shown reductions in recidivism for offenders. However, evidence based practices have been found to be more effective when the entire organization is on the same page and believe in the change movement. To effectively implement evidence based practices and organizational change, organizations must have strong leaders at the forefront of the movement to motivate all employees to “buy in” to the changes that the organization will undergo.

Many areas in the field of corrections are in need of improvements across the country. However, with the intense overcrowding in prisons and jails across the country, community corrections has the potential to lower those numbers as well as increasing the safety of our communities. Previous research was analyzed in order to create an outline modeling how to effectively implement evidence based practices in a community corrections organization. This research could be used to assist organizations in eliciting funding and grants from stakeholders and government agencies needed for the successful implementation and changes necessary for that organization.
I. LITERATURE REVIEW

a. Evidence-Based Practice and Cost Benefit Analysis

In 2009, the Crime and Justice Institute at Community Resources for Justice established a project evaluating the principles of effective intervention in community corrections organizations through use of evidence-based practice. Evidence-based practice is a significant trend throughout human services and it emphasizes outcomes. Models or frameworks have been developed to provide set principles for effective offender interventions within state, local, or private community corrections systems (Bogue et al., 2009). As part of a recent strategy for creating effective interventions, the National Institute of Corrections, Community Corrections division, and the Crime and Justice Institute collaborated to develop conceptual and operational models for evidence-based practice in state corrections systems (Bogue et al., 2009).

Best practices, what works, and evidence-based practices are terms that are frequently used interchangeably. However, evidence-based practices have a distinct difference. Best practices do not imply attention to outcomes, evidence, or measurable standards. What works implies links to general outcomes, but does not specify what kind of outcome is desired. Specificity for the desired outcome is necessary to achieve system improvement (Bogue et al., 2009). Evidence-based practices imply that one outcome is desired over others, the outcome is measurable, and the outcome is defined according to practical realities. Evidence-based practices are more appropriate for scientific explorations in human service disciplines such as finding outcomes to improve reductions in recidivism (Bogue et al., 2009).

Grant Duwe (2014) published an article comparing the Oakland A’s analytical and empirically based approach to making personnel decisions to that of underfunded correctional
agencies experiencing massive increases in state and federal prison populations. The Minnesota Department of Corrections agreed with the “Moneyball” approach to using program evaluation research and cost benefit analysis to improve policy, practice, and the cost effectiveness of the state’s correctional system (Duwe, 2014). Duwe argues that programs should not only be evaluated based on whether they reduce recidivism, but they must also be evaluated based on whether they reduce cost. Cost benefit analysis would be beneficial for correctional systems because it is based on empirical evidence and can give information that is critical to figuring out the degree to which and intervention is effective, it can help agencies to improve planning, operations, and resource allocation decisions, Correctional agencies rely on public funding and it would ensure the taxpayer’s funding would be used efficiently (Duwe, 2014).

The Minnesota Department of Corrections (MnDOC) has completed over twenty research studies and program evaluations. Of those studies, thirteen have evaluated programs that operated in the Minnesota Department of Corrections facilities (Duwe, 2014). Duwe describes each of the programs that were evaluated, the characteristics of the program evaluations, and summarizes the results of the evaluations. The summary of evaluations looked at the programs’ effects on recidivism, post-release employment, and cost avoidance (Duwe, 2014).

MnDOC’s programs evaluated included five programs that focused on prisoner re-entry, five programs provide participants with educational/employment programming, two programs offering cognitive behavioral programming such as chemical dependency and sex offender treatment, and two early release programs (work release and the challenge incarceration program (Duwe, 2014). The length of the programs ranged from two months up to thirty months. Seven of the programs offered services in prison as well as the community while the other five only offered programming in prison. One program was strictly for the community (Duwe, 2014).
programs were designed to focus on one or more criminogenic need with the most commonly addressed needs areas being antisocial cognition and education/employment (Duwe, 2014).

Three of the thirteen evaluations used a randomized controlled trial, while the remaining ten evaluations used a retrospective quasi-experimental design. The sample sizes in the evaluations ranged from sixty-two to three thousand five hundred seventy offenders depending on the program being evaluated (Duwe, 2014). The thirteen programs used more than one measure of recidivism including; re-arrest, re-conviction, re-incarceration for a new sentence, and re-incarceration for a technical violation. Nine of the thirteen programs were found to have significantly decreased at least one measure of recidivism (Duwe, 2014).

Correctional programs have the ability to lower costs in many different ways. First, programs that reduce recidivism can generate costs avoided by decreasing victim’s costs, criminal justice costs, and lost productivity of incarcerated offenders (Duwe, 2014). Programs that improve employment incomes may create a benefit by increasing income taxes that employed offenders pay to the state. Programs also decrease costs by providing graduates with early release from prison to correctional supervision (Duwe, 2014). A cost benefit analysis was conducted and ten of the thirteen programs evaluated produced cost avoidance to the state.

Duwe (2014) concluded that the “what works” literature has proven to generate public safety benefits, has shown improvement of employment outcomes, and has reduced costs to taxpayers. Program evaluation research is significant to the continued use of evidence based practices.

b. Using an integrated Model to Implement Evidence-based Practices in Corrections
In the last twenty years, costs in the criminal justice system have grown exponentially. The increase in costs can be due in part to the growth in prison and jail capacity. Institutions continue to operate at or over capacity. Budget cuts have enforced the need for states to focus on community corrections as well as searching for effective and efficient methods to managing offenders in the community (Joplin et. al., 2004). Recent research has provided concrete indications of how to better reduce offender recidivism by implementing a series of evidence-based practices (Joplin et al., 2004).

To effectively implement the evidence-based practices, corrections agencies must change how they operate as well as rethinking how they do business. The changes can be dynamic and require leadership to be committed and able to put equal focus on evidence-based practices, organization development, and collaboration (Joplin et al., 2004). The three components of evidence-based practices, organizational development, and collaboration create an integrated model of system reform with each component being essential to the reform. Evidence-based practices provide the content for effective service provision. Organizational development is essential to successfully implement systemic change. Collaboration enhances internal and external buy-ins in the change process which supports successful implementation for public safety agencies, service providers, and stakeholders (Joplin et al., 2004).

In 2002, The National Institute of Correction (NIC) and the Crime and Justice Institute (CJI) began a cooperative agreement to develop a model for implementing evidence-based practices in criminal justice systems and developed the Integrated Model (Joplin et al. 2004). NIC and CJI found that organizations have been able to implement components of evidence-based principles, but very few organizations have successfully implemented or been able to sustain evidence-based principles throughout their operations. Many organizations do not
manage to achieve the depth necessary to change organization culture and achieve the desired outcome (Joplin et al., 2004). Many organizations want to use evidence based principles in their supervisions practices and program designs to reduce recidivism, but few organizations focus on all three areas for full integration. In September of 2004, NICE and CJI started to work with two pilot sits in Illinois and Maine to implement the Integrated Model (Joplin et al., 2004).

Research based on meta-analysis indicates that certain programs and intervention strategies can reliably produce sustained reductions in recidivism when applied to a variety of offender populations. However, few criminal justice agencies are using the effective interventions. Supporting the new innovations by identifying interventions with good research support as well as realigning the necessary organizational infrastructure is fundamental to implementation of evidence-base practice (Joplin et al., 2004). Interventions within the field of corrections can be considered effective when they reduce offender risk and recidivism making for positive long term contribution to public safety. Evidence-based principles highlight eight principles for effective offender interventions. These principles include; assess actuarial risk/needs, enhance intrinsic motivation, target interventions of risk, need, responsivity, dosage, and treatment, skill train with directed practice using cognitive behavioral treatment methods, increase positive reinforcement, engage ongoing support in natural communities, measure relevant processes/practice, and provide measurement feedback (Joplin et al, 2004).

The second aspect of the integrated model consists of organizational development. The organizational development concepts and strategies mirror the evidence-based principles of effective offender supervision. Focusing on assessment, intervention, and monitoring/measurement can be used to manage organizations and change organizational behavior (Joplin et al., 2004). Organizational development strategies may include assessing and
developing leadership capacity, creating and communicating vision, managing change, and developing infrastructure. To effectively lead organization change, leaders must evaluate their own strengths and weaknesses as well as the organizations (Joplin et al., 2004).

The third aspect of the integrated model is collaboration. The collaboration process as the intention of moving participants away from the traditional definition of power as control and towards a definition that allows for shared authority. The collaboration must create a shared vision that supports the systemic change efforts for all organizations involved (Joplin et al., 2004). Collaboration strategies are including the right people or agencies, developing sufficient structure, and investing the right amount of resources and effort to sustain collaboration (Joplin et al., 2004).

The integrated model has a unique feature of requiring systemic change to implement evidence-based principles, organizational development, and collaboration. The model builds on work already being done by correctional systems, but requires change in the way existing resources are allocated, and strong leaders who are willing to challenge the status quo, advocate for better service provision, and strive for better outcomes (Joplin et al., 2004).

c. **Quality Assurance Manual**

The quality assurance manual was published in 2005 by Howe and Joplin as a way to ensure accurate replication and implementation of the Integrated Model implementation. The quality assurance manual provides an approach to implementing a quality assurance plan that is simple and straightforward as well as flexible for each organization to tailor its own plan to meet its own unique needs (Howe and Joplin, 2005). Quality assurance plans are invaluable tools in implementing evidence-based practice. The plan can provide a clear map of the organization’s
goals and how to achieve those goals. Quality assurance is a necessity when implementing evidence-based practice (Howe and Joplin, 2005).

Quality assurance plan development incorporates four principles including: All key stakeholders must be committed to ongoing quality assurance with the goal of creating a culture of quality, specific measurable outcomes and their indicators must be precisely defined, appropriate information management systems must be in place, and data should be incorporated into ongoing practice (Howe and Joplin, 2005).

Ongoing quality assurance requires random review of the supervision practices and services being provided to offenders. Peer reviews incorporated principles including: An internal review process must be peer driven, the process must be support and coaching oriented, the process should create a culture of learning, and the process should include a feedback loop (Howe and Joplin, 2005).

Another crucial part of quality assurance includes measuring customer satisfaction. Research shows that offenders are more likely to change their behaviors and less likely to recidivate if they receive positive reinforcement. In this case, did the offender feel that they were treated with fairness and respect and receive positive reinforcement when the offender maintained compliance with conditions (Howe and Joplin, 2005). Customer satisfaction incorporated the following principles: The sample of offenders surveyed must be representative, Questions should be consistent with quality assurance indicators, Offenders must be able to respond honesty without fear of retribution, Results should be used to improve program quality and efficacy (Howe and Joplin, 2005).
Program evaluation is beneficial because it allows a program to be followed and ensure that it has been implemented faithfully, it requires stakeholders to carefully define success and decide how to measure it, it measures a program’s progress towards its goals and objectives, and it allows new best practices to be created by allowing organizations to cite evidence of their success (Howe and Joplin, 2005). The principles included in program evaluation are: Evaluation planning should begin when program planning begins, All key stakeholders should be involved in the development of the evaluation plan, A knowledgeable evaluator should guide the process, and the more rigorous the evaluation methodology, the more reliable the results (Howe and Joplin, 2005).

The final step to fully measure if evidence-based practices have been incorporated into the culture of an agency is individual performance measurement. An effective performance appraisal should measure what the organization values and how aligned management and line practices are with evidence-based practices and principles (Howe and Joplin, 2005). There is high importance that individual performance reviews are designed to support managers and officers to meet organizational expectations and goals. It is also crucial that management and line staff are supported and held accountable to meet new expectations of using evidence-based practice in daily routines (Howe and Joplin, 2005). The principles of individual performance measurement include: Performance reviews should be ongoing, performance criteria should be explicit and measurable, performance criteria should align with desired outcomes, reviews should focus on positive behavior and provide opportunities for improvement of skill deficiencies, and Distinguish between performance review and coaching (Howe and Joplin, 2005).

d. Framework for Implementing Evidence-Based Practice in Probation and Parole
The integrated model of implementation, if implemented properly, is effective in reducing recidivism in offenders and increasing public safety. However, some of the most difficult questions plaguing administrators wanting to implement effective methods of evidence-based practices are asking, “How do we translate these models operationally in our agencies?”; “What do we and our staff need to do within our specific agency roles and responsibilities to implement and sustain these strategies?” White (2004) developed an effective framework for agencies and organizations to use in order to effectively implement evidence-based practices into their parole and probation supervision. The importance lies in focusing on the responsibilities and activities of field officers, supervisors, administrators, and program providers (White, 2004).

White discusses what we currently know about recidivism based on the research that has been conducted up to this point. Recidivism can be predicted, risk factors for re-offending can be determined, recidivism can be reduced, and appropriate and effective treatment services can be identified. With an overall goal of reducing recidivism, program providers should be implementing program models and strategies that are evidence-based and have been proven to be effective in changing offender behavior (White, 2004).

White’s framework goes into depth as to what each involved party needs to do in order to effectively implement the evidence-based practices as well as the knowledge and skills necessary for all involved in the process. Once the duties and skills are discussed, White lays out the recommended implementation steps some of which including: Select risk assessment instruments, Pilot test selected risk assessment instruments and norm to offender population, developing a strategy to increase staff resources if needed, develop a risk assessment quality assurance process, and develop and offender case planning process, and train field officers and supervisors (White, 2004).
White created two separate lists. One list included treatment models and approaches that are not research supported and the other including treatment models and approaches that are research supported. Among the list of treatment models that are supported by past research were to name a few; treatment targeting criminogenic needs, targeting high risk offenders, cognitive behavioral therapies, thinking for a change program, and cognitive shelf change program (White, 2004). White also discussed eight principles for reducing offender recidivism. The eight principles included; measure outcomes, provide ongoing support, provide positive reinforcement, address cognitive behavioral functioning, target interventions, enhance offender motivation, and assess offender risk and needs (White, 2004).

White affirmed that when the framework he presented is implemented with fidelity and integrity, the evidence suggests that offender recidivism can be reduced by thirty percent or more for high-risk offenders. As part of this framework, some agencies may require organizational change in order to successfully implement the strategies. Organizations change requires persistence, patience, and leadership and does not happen overnight (White, 2004).
II. THEORETICAL FRAMEWORK

Evidence-Based practices are the solution to finding methods of rehabilitation and supervision that are effective in reducing recidivism and increasing public safety. But what is the foundation of evidence-based practices and how do we determine they are effective? Theoretical framework for implementing evidence based practices begins with the history of effective rehabilitation practices. However, before treatment programs were proven to be effective, they were proven to be ineffective. In 1974, Robert Martinson published “The Public Interest” which concluded that most offender programs had no appreciable effect on recidivism, and effective treatment strategies are unsuccessful (Gendreau, Smith, & French, 2006). In order to verify the effectiveness of programs, empirical evidence had to be collected. Researchers conducted narrative literature reviews and gathered insights from the clinical experience of colleagues who conducted successful programs (Gendreau, Smith, & French, 2006). This empirical evidence developed by Gendreau and Ross in 1979 was titled, “Bibliotherapy for Cynics.” With more meta-analysis at a later date, a more precise assessment of empirical support for the principles was published.

The question to be answered by Gendreau, Smith, and French was, “What are the principles that distinguish between effective and ineffective programs?” Gendreau, Smith, and French first outlined the theories involved, then addressed the empirical status of the principles by examining the treatment outcome research that supported effective correctional interventions, and then the results were summarized to discuss the directions theory and research may go in the future (Gendreau, Smith, and French, 2006).

The principles of effective correctional intervention include: organizational culture, program implementation/maintenance, management/staff characteristics, client risk/need practices,
program characteristics, core correctional practice, and inter-agency communication (Gendreau, Smith, and French, 2006). Meta-analysis or “what works” methods became the gold standard in the argument of “what works.” Up to 2006, 34 meta-analyses show effectiveness in correctional treatment (Gendreau, Smith, and French, 2006). The first meta-analysis produced by Garrett and Davidson in 1985 still have currency thirty years later. The summary of this meta-analysis concluded that the most effective treatment programs were cognitive behavioral in nature, had a high degree of structure, were demonstration programs, and were delivered in the community rather than in an institution (Gendreau, Smith, and French, 2006).

The client risk/need principle can be broken down into two categories. The categories are static (criminal history) and dynamic (anti-social attitudes). Any other risk factors for crime are called criminogenic factors. A meta-analysis showed that dynamic criminogenic needs are high predictors of recidivism (Gendreau, Smith, and French, 2006). Meta-analyses of measures of risk have identified the Level of Supervision Inventory-Revised (LSI-R) as the most appropriate measure for risk assessment (Gendreau, Smith, and French, 2006). A meta-analysis done in 2003 found that treatment programs assessing for a client’s risk/need reduced recidivism by 20% (Gendreau, Smith, and French, 2006).

Meta-analysis is a perfect example of an evidence-based practice. Meta-analyses were conducted to show evidence of reduction in recidivism if certain principles of correctional intervention were used. By using treatment programs and methods that have been proven to work, workers in the field can hope to continue to reduce recidivism in our offender population.
III. PROPOSED METHODS OF IMPLEMENTATION

Implementing evidence based practice in community corrections is a crucial and necessary movement to reduce recidivism and increase public safety. However, there are many factors that must be considered prior to implementing the new practices. An organization must ensure they are ready for the changes to come and if they are not, they must start to prepare the organization for those changes. Following the integrated model of implementation as well as properly training all staff are major components to successful implementation.

a. An Integrated Model of Implementation

First and foremost, organizations undergoing change need to have dynamic and committed leadership with the ability and willingness to place focus on evidence based practices, organizational development, and collaboration. These three components create an integrated approach for system reform (Joplin et al., 2004). Evidence based practices provide for effective service provision, organizational development is needed to successfully implement systemic change, and collaboration enhances internal and external buy-in which supports successful implementation in public safety agencies, service providers, and other stakeholders (Joplin et al., 2004).

The National Institute of Corrections (NIC), the Community Corrections Division, and the Crime and Justice Institute (CJI) joined together in 2002 to create a model for implementing evidence based practices in criminal justice systems (Joplin et al., 2004). The model is broad enough to apply across all components of the criminal justice system.

The framework of principles for effective interventions according to Joplin et al. (2004) is as follows: assess actuarial risk and/or needs, enhance intrinsic motivation, target
interventions, skill train with directed practice using cognitive behavioral treatment, increase positive reinforcement, engage ongoing support in natural communities, measure relevant processes and practices, and provide measurement feedback. When targeting interventions, five principles must be considered. The risk principle mandates supervision and treatment resources for higher risk offenders are a priority, the need principle targets interventions to criminogenic needs, the responsivity principle mandates officers to be responsive to the offender’s learning style, motivation, culture, gender, and temperament when programs are assigned. The dosage of the interventions should be structured to target 40-70% of high risk offenders’ time for between 3-9 months and the treatment should be integrated during offenders’ full sentence (Joplin et al., 2003).

Altering organizational development may require significant changes in the way the organization conducts their business. Joplin et al. (2004) proposed the following strategies that may help leaders to implement evidence based practices in offender supervision as well as organizational management: access and develop leadership capacity, create and communicate vision, manage changes, and develop infrastructure. The organization must first create and communication the vision, identify internal and external stakeholders, develop strategies for achieving the vision, and overcome resistance (Joplin et al., 2004). Change can then be managed by recognizing the organization’s history, assessing the current conditions, describe the desired future, develop strategies to achieve the desired future, and implement, monitor, and provide feedback to staff (Joplin et al., 2004).

The third and final part of the integrated model is that of collaboration. Collaboration is equally important to implementation of systemic change. When all agencies in the criminal justice system work together, the results can create a more coherent continuum of care and can
provide a comprehensive and integrated array of services (Joplin et al., 2004). Joplin et al. (2004) recommended the following strategies for implementing collaboration during organizational restructuring: include the right people and agencies, develop sufficient structure, and invest the right amount of resources and efforts to sustain collaboration.

The integrated model for implementing evidence based practice is unique due to the insistence that systemic change is required, but cannot be accomplished or implemented without equal and integrated focus on evidence based principles, organizational development, and collaboration (Joplin et al., 2004).

b. Training Officers in Evidence-Based Supervision

Bonta et al. (2011) conducted a study focusing on the probation and parole officer relationship with the offender. Specifically, Bonta et al. (2011) wanted to know if one-on-one risk, need, responsivity principles (RNR) used by probation officers lead to lower incidences of re-offense and re-incarceration. The research began with little evidence to support that RNR principles were being applied widely or correctly and if RNR was lacking, it was unclear as to whether community supervision was effective at all in reducing recidivism (Bonta et al., 2011).

Previous research conducted by Bonta found that probation officer-probationer contact was only marginally related to offender risk levels. Findings strongly suggest using RNR principles to increase productivity. Bonta et al. (2011) focused on supervision-focused concerns such as targeting offender attitudes and cognitions by using cognitive behavioral interventions and providing clinical support to trained officers during those interventions.

The initial training for officers consisted of three days explaining RNR principles like criminogenic needs, pro-criminal attitudes, officer relationships, and reinforcement and problem
solving techniques. To ensure proper clinical support was provided a refresher course was provided one year after the initial training, monthly half-day meetings were held, and trainer-provided feedback to probation officers was offered (Bonta et al., 2011). The study examined eighty officers from three different provinces in Canada. Bonta et al. found evidence that training significantly affected the behavior of officers increasing their adherence to RNR. Specifically, the research found that training enhanced officers attention to offenders’ pro-criminal attitudes and criminogenic needs (Bonta et al., 2011).

c. Organizational Readiness

With 7.3 million adults either incarcerated or on some type of community supervision in the United States in 2009, the need for different methods of rehabilitation and recidivism reduction is prevalent. Correctional agencies have begun pursuing evidence-based practices to increase public safety and increase opportunities for offenders to succeed upon re-entry (Lerch et al., 2011). However, agencies have found that the implementation process is often met with resistance and challenge. Implementing change is a difficult process, but the readiness of an organization can impact the ability for change to take hold (Lerch et al., 2011). The readiness of an organization can be reflected in the organization’s member’s beliefs, attitudes, and intentions toward the need for change and the capability of the organization to make those changes (Lerch et al., 2011).

It is quite important that an organization measure their readiness prior to beginning implementation. Some of the factors to consider may include organizational climate, commitment to the organization, and resource availability (Lerch et al., 2011). The pre-measurements can be helpful for administrators or researchers to adapt the change strategies to address challenges like staff resistance. Failure often occurs because of insufficient
understanding of the organization’s readiness for change and preparing the organization’s staff members for the change process (Lerch et al., 2011).

With the field of corrections being a punishment-oriented culture, the implementation of evidence based practices that support pro-social, rehabilitative environments is anticipated to be challenging (Lerch et al., 2011). Resistance can be passive or displayed in active behaviors that sabotage implementation. Staff may claim a lack of knowledge of new practices or may actively acknowledge the implementation of a new program, but state that the old way is better and refuse to use new skills (Lerch et al., 2011).

Lerch et al. (2011) set out to answer two questions; “Does implementing a continuous training model on communication between staff and offenders improve communication strategies used within the reentry facility?” and “Does the change process improve organizational readiness for change within a reentry facility?” An organizational survey was administered at a Prison Based Work Release Center at three different time points during the study (Lerch et al., 2011). The organizational change measures on the survey were organizational commitment, organizational staffing and funding needs, the organizational climate, the level of cynicism about organizational change, and the support for case planning. Measures were also taken on the communication strategies used by staff (Lerch et al., 2011).

The use of positive and confrontational communication strategies did not significantly change across the different survey time points. The survey found that there was a strong reliance on confrontational communication strategies despite the continuous training targeting communication strategies. Over the three year study, no significant changes were found regarding the commitment individuals felt toward the organization. There were significant
changes for organizational climate, cynicism, and case management measurements (Lerch et al., 2011).

The change process in the facility relied on a training approach that was continuous and aimed at communication strategies used by staff. The training approach was designed to help the staff use the tools in everyday practice (Lerch et al., 2011). The findings revealed areas where continuous communication training had the greatest impact as well as where improvement was needed. The results show that efforts to shift organizations need to be persistent and consistent over time in order to be successful (Lerch et al., 2011).
IV. SUMMARY AND CONCLUSIONS

Recommendations for effective implementation of evidenced based practices should made based on the previous research conducted. Using evidence based practice ensures the methods of rehabilitation to reduce recidivism are effective with the offender population being treated. Cost-benefit analysis should be implemented to ensure each agency and state entity wanting to reduce recidivism is doing so by making the most of their funding. Each agency should develop a quality assurance manual for their own use to ensure proper implementation of the methods and programs decided upon to reduce recidivism and public safety for each community. Aspects of the White’s framework for implementing evidence-based practices in Parole and Probation should be utilized in a collaborative method to create a new system of successful implementation.

The use of evidence based practices is effective in reducing recidivism and increasing public safety. However, the implementation of methods may be ineffective if the organization is not ready for change or does not properly prepare their members for the changes. It is crucial that organizations take the necessary steps to prepare for organizational change as well as knowing it will take time, commitment, and consistency to successfully implement evidence based practices through organizational change. Another implication of the following research would be low staff to offender ratios during the initial implementation. An organization may take the steps necessary to implement evidence based practices and start the change process, but a shortage of community supervision staff may result in the efforts to be less effective. When soliciting funding, organizations may want to consider the staff needed to implement the changes.

The next step for this research should include collecting data from those agencies committed to implementing evidence based practices in community corrections organizations.
The collection period would be longitudinal and should have a research sample large enough to produce conclusive results. The research sample of organizations should also be randomly selected as well as considering the cultural attitudes of the organizations.

The key to reducing recidivism lies in the implementation of the evidence-based practices in each and every community corrections organization. Implementation requires a full commitment to changing the attitudes and beliefs of the organization as well as the commitment from each employee to following the new policies and beliefs of the changing organization. Any criminal justice organization looking to make changes to their current methods and change the beliefs and attitudes of their employees could use this research as a guideline to begin the implementation of change as well as evidence based practices.

By using the integrated model of implementation for evidence based practices, properly training staff in effective treatment and rehabilitation strategies, and effectively implementing organizational change strategies, criminal justice agencies will be able to effectively reduce recidivism among its offender population and increase public safety in its communities.
V. REFERENCES


*International Community Corrections Association and American Correctional Association.*
