

# EBP

**What is it  
and  
what does it mean  
for Colorado probation?**

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# Evidence-Based Practices

## What is it?

Buzz words come and go but the desire to make a difference, to improve the outcome of offenders, reduce recidivism and mitigate victimization are long-standing efforts of probation and other correctional agencies. Evidence-based practices (EBP) refers to the important evolution of “best practices” and “what works.” Best practices identified those efforts that were thought to be sound, an understanding based mainly on professional and more subjective judgment. The “what works era” took a critical step farther by beginning to link practices to positive outcomes. EBP embodies more sophisticated efforts to identify specific outcomes with identified populations and those practices and/or programs that likely produce them. Those relatively small number of practices that have acquired the exceptional status of EBP have done so because rigorous research has demonstrated the effectiveness of the practice. The specific criteria used to designate an EPB varies somewhat depending on the entity conducting the research.

Perhaps two of the most recent and notable works identifying evidence-based practices include the Blueprints (model and promising programs) identified by the University of Colorado Center for the Prevention and Study of Violence (CPSV) and the meta-analysis conducted by the Washington State Institute for Public Policy. Both efforts have applied rigorous research standards, with somewhat different criteria, for deeming programs evidence-based. More information follows later in this report under the header “What Makes a Practice Evidence Based?”

*“Evidence-based practice is a significant trend throughout all human service fields that emphasizes outcomes.”*

*Implementing Evidence-Based Practice in Community Corrections:*

*The Principles of Effective Intervention*

National Institute of Corrections

Crime and Justice Institute

# Evidence-Based Practices

## It's not Just About Programs

While most of the work conducted by the University of Colorado and the Washington State Institute for Public Policy has focused on effective *programs*, there is also strong evidence for practices that can be employed by both service providers and probation officers. Probation officers are not therapists but they can and should be change agents. They can do their work and interact with probationers in a way that increases the likelihood of positive behavioral change.

Michael D. Clark, M.S.W. (experienced juvenile probation officer and clinical social worker) gathered extensive therapeutic outcome data through a meta-analysis (i.e. a study of studies). It is a powerful tool because it consists of a quantitative statistical analysis of many separate but similar studies to test the pooled data for statistical significance. Because it combines the results of many studies it is a stronger indicator of effectiveness than individual studies.

Clark's work, and others, strongly support the conclusion that *therapy is effective* but no particular method or approach is exclusively better than another with all populations. Research suggests four common factors among effective therapies that impact change. They are strength-

based in nature and described as "common-sensical and usable for educators, community youth staff, and juvenile court personnel." (Clark, 2001).

The four common factors that contribute to positive behavior change are:

- 1) **Client factors**
- 2) **Relationship factors**
- 3) **Hope and expectancy;** and
- 4) **Model/technique**

Conclusively, all staff can become change-focused. They should share the "expert" role with the probationer and family. Treatment should not simply fix what is broken— it should nurture what is best. A greater concentration on building a therapeutic alliance between probation officer and probationer should be emphasized.

**Client factors** are the largest contributor to behavioral change (40%). It's not what staff, programs and therapist do to clients, it's what the client and family possess when they walk in the door.

***All staff can become change-focused.***

# Evidence-Based Practices

## It's not Just About Programs

Client factors can be *internal* (optimism, skills, interests, social tendencies, aspirations, past success) or *external* (a helpful family member, employment, membership in a group or faith-based community) and may change quickly with influence from life experiences or people and or situations that impact the juvenile.

Utilizing a strength-based model to capitalize on the client factors should be highly effective. Focusing on what the probationer has, rather than what he does not have, promotes solution-focused plans and nurtures the positive.

**Relationship factors** supply 30% of the overall contribution to change. Relationship factors include: perceived empathy, acceptance, warmth, trust and self-expression. The strength of the partnership between probation officers and probationers is crucial to success.

All clients want to be listened to and understood. Treatment programs and plans should be congruent with the probationers' general belief system. It needs to *make*

sense to them and their family.

Attentive listening is curative. Allowing probationers to express themselves will create an atmosphere of interest and concern.

**Hope and Expectancy factors** contribute to 15% of the overall goal of positive change. Staff can have an impact on probationers' hope and expectancy in three ways: 1) express an attitude of hope without minimizing the current problems/feelings of the probationer; 2) focus the treatment goals and plans towards the future, not the past and 3) inspire empowerment and possibility.

**Model and Technique factors** account for 15% of the total contribution for positive change. Procedures, techniques and beliefs fit in this category. The basic strategies and methods employed in groups and treatment provide a venue for the other factors to be utilized and demonstrated. Mainstream treatment models and content will be beneficial if the other factors are used in the process.

***The strength of the partnership between probation officers and probationers is crucial to success.***

# Evidence-Based Practices

## Why is EBP Important?

Priorities of Colorado probation include public safety and reparation of harm. These are accomplished through offender accountability and skill and competency development. Promoting these values, building a culture around them and actively pursuing them is not the same as knowing with confidence that they have been accomplished. With only 56% of regular adult probationers terminating successfully in FY06 and the frequency with which offenders return to the criminal justice system, we must ask ourselves whether we can do better.

In addition to offenders being accountable, the system and community-based service providers must also be able to demonstrate responsibility to our mission and to the community. That may be achieved by actively pursuing and implementing EBP. No longer is it sufficient to do what we *think* is best or to ignore research that tells us our favorite programs are not reaching their intended goals. Instead we are obligated to do what we *know* is effective.

Others have emphasized the danger in thinking that criminal justice does not demand the same empirically sound research as other disciplines. Imagine your doctor relying on treatments for which there is no solid evidence. "...what is done in corrections would be grounds for

malpractice in medicine" (Latessa, Cullen, and Gendreau, 2002). When the effectiveness is questionable, the medical field is quick to identify the treatment as experimental. Corrections has not been historically qualified the effectiveness of practices.

The medical field has some research advantages. While tightly controlled laboratory experiments can lead medical researchers to sound conclusions, behavioral disciplines face greater challenges establishing such controls and isolating those factors influencing outcomes.

Similarly, corrections and medicine both work to "save" lives. The treatment individuals receive in these systems will likely alter them. It is our duty as a system and individuals, who comprise that system, to facilitate positive change. While it is ultimately the probationer's responsibility to make the change, probation staff must rely on sound evidence that what we do will likely produce our intended outcomes (e.g. reduced recidivism, sobriety).

As state agencies contend for and receive resources for implementing correctional programs, they must be able to demonstrate the effective use of scarce resources. The legislature and citizens rightfully demand results for the dollars expended.

No longer is it sufficient to do what we *think* is best...instead we are obligated to do what we *know* is effective.

# Evidence-Based Practices

## Must everything be evidence-based?!

Many probation practices are unrelated to EBP. Nonetheless, they are necessary to conduct business (e.g. establishing case files, acquiring DNA samples, documenting casework). Many other practices can only be described as “good” to the “best of our knowledge” or worse, as simply the “best available.” Particularly in rural districts, some services simply do not exist and offenders must be referred to the next best thing.

Sound research has not been conducted on many probation practices, and it is not feasible to evaluate the hundreds of service providers that are used by probationers.

Although probation only uses those programs authorized to provide offender substance abuse treatment services and these programs are subject to oversight and review by their administrative agencies, the research necessary to assess whether they are “evidence-based” does not exist in many cases.

EBP creates quite a conundrum as suggested by Nicholas Taylor and Herbert Covey. “For a particular model to be validated it must be very specific in terms of its description and implementation so that it can be determined that the model itself was responsible for a particular outcome as opposed to some other variable. However, the more specific...the model, the less flexible it is to be

implemented in communities with different needs, staff or resource limitations, clinical preferences or other unique circumstances.”

Probation can not control all the factors that impact the implementation of programs or the fidelity of local programs to proven program models. Nor can probation wait for research to be conducted. With thousands of probationers being supervised every day, we must acquire what resources we can to address offenders’ presenting risks and needs. It would be unethical to observe significant problems in probationers and not try to address them with whatever is available, proven effective or not.

Probation has and will continue to utilize a mixture of business applications, available services, promising and evidence-based practices. Practicality, limitations on our resources, and the variations among districts mandate it. Yet, we and others in the criminal justice system have a responsibility to commit to identifying and pursuing EBP, eliminating those practices proven *ineffective*, reading the literature, and fighting for resources for the research to be conducted and the practices implemented.

*Not all probation work  
is or can be  
evidence-based.*

# Evidence-Based Practices

## What Makes a Practice Evidence Based?

As noted previously, two of the most recent and notable works conducted to identify evidence-based practices include the Blueprints (model and promising programs) identified by the University of Colorado Center for the Prevention and Study of Violence (CPSV) and the meta-analysis conducted by the Washington State Institute for Public Policy. Both efforts have applied rigorous research standards, using somewhat different criteria, for deeming programs effective.

In designating programs as “Blueprint model programs,” the following three criteria had to be met:

1. demonstrated evidence of a deterrent effect (against violence, delinquency and/or drug use) with a strong research design,
2. sustained effect, and
3. multiple site replication. If only the first criterion is met they are deemed promising programs.

The main criteria used by the Washington State Institute for Public Policy included:

1. Inclusion of all available studies rather than selectively including only some on a given topic;
2. Well defined and accepted meta-analytic methods; and
3. Well matched control or comparison groups in the original research design.

Additionally, the findings of research are empirically minimized by the Washington group under certain circumstances that would likely reduce the strength of the findings. As an example, this would apply in those studies in which the researcher of the program is also the program developer.

# Evidence-Based Practices

## What are the Evidence Based Practices?

Many of the practices (or programs) recognized by CPSV are prevention efforts and focus on juveniles. The programs that have acquired the highest standards for effectiveness include:

- Midwestern Prevention Project (MPP)
- Big Brothers Big Sisters of America (BBBS)
- Functional Family Therapy (FFT)
- Life Skills Training (LST)
- Multi-Systemic Therapy (MST)
- Nurse Family Partnership (NFP)
- Multi-Dimensional Treatment Foster Care (MTFC)
- Olweus Bullying Prevention Program (BBP)
- Promoting Alternative Thinking Strategies (PATHS)
- The Incredible Years: Parent, Teacher, and Child Training Series (IYS)
- Project Towards No Drug Abuse (Project TND)

An additional eighteen programs have been labeled “promising,” meeting strict research criteria but less stringent than the model programs listed above. (See page seven of this report for the specific criteria.)

A description of all of the programs, both model and promising, and a description of the Blueprint project can be found on the CPSV’s website: <http://www.colorado.edu/cspv/blueprints/index.html>.



# Evidence-Based Practices

## What are the Evidence Based Practices? (Continued)

In contrast to CPSV, the Washington State Institute for Public Policy focused on identifying those programs that reduced criminal recidivism rates of adult offenders. In January 2006 they published a report with the results of their review of the evidence of 291 rigorous evaluations conducted in the United States and other English speaking countries over the last 35 years. Later in that same year, they published a report that expanded the number of evaluations to 571, including juvenile and prevention programs this time, and estimated an often neglected concern, the benefits and cost, of some of the programs included in their review. The benefits were calculated for both crime victims and taxpayers. The Institute discovered varying reductions in recidivism rates as well as different rates of return (cost-benefit analysis) among programs.

The results of their meta-analysis were categorized into three program areas: the adult offender system, the juvenile offender system, and prevention programs. They reviewed eighteen adult programs. They discovered twelve of these programs reduced recidivism with nine (of the twelve) demonstrating more benefit than cost. Two of the eighteen programs cost more than they were worth, and the remaining programs did not undergo a cost-benefit analysis and/or did not demonstrate a reduction in recidivism.

Twenty-nine juvenile programs were reviewed. Eleven of the nineteen juvenile programs that had reduced recidivism rates, also had positive cost-benefit analysis results. Five programs cost more than they were worth, and the remaining programs did not undergo a cost-benefit analysis and/or did not demonstrate a reduction in recidivism.

Seven prevention programs were reviewed. Every one of these programs demonstrated reduced recidivism rates and the benefits out performed the costs on all three of the programs that were subjected to a cost-benefit analysis.

The next page summarizes those programs that demonstrated both a reduction in recidivism and a positive result from the cost-benefit analysis. It is important to remember that other programs may have evidence of reducing recidivism but the cost-benefit of the outcome is unknown at this time.

# Evidence-Based Practices

## What are the Evidence Based Practices? (Continued)

### Programs Demonstrating Both a Reduction in Recidivism and More Benefit than Cost

#### Adult Programs

- Vocational education in prison
- Intensive supervision: treatment-oriented programs
- General education in prisons (basic education and post-secondary)
- Cognitive behavioral therapy in prison or community
- Drug treatment in prison or community
- Correctional industries in prison
- Drug treatment in prison (therapeutic community or outpatient)
- Adult drug courts
- Employment and job training in the community

#### Juvenile Programs

- Multi-Dimensional Treatment Foster Care
- Adolescent Diversion Project
- Family Integrated Transitions
- Functional Family Therapy (on probation)
- Multi-Systemic Therapy
- Aggression Replacement Training
- Teen Courts
- Juvenile Sex Offender Treatment
- Restorative Justice for Low Risk Offenders
- Interagency Coordination Programs
- Juvenile Drug Courts

#### Prevention Programs

- Nurse-Family Partnership-Mothers
- Nurse-Family Partnership-Children
- Pre-K Education for Low Income 3 and 4 Year Olds

**Source:** Washington State Institute for Public Policy. Evidence-Based Public Policy Options to Reduce Future Prison Construction, Criminal Justice Costs, and Crime Rates (<http://www.wsipp.wa.gov/pub.asp?docid=06-01-1201>)

# Evidence-Based Practices

## What has Colorado Probation Implemented?

Colorado probation has made great strides towards the implementation of EBP. These practices occur to varying degrees throughout the state and include:

- Offender assessment utilizing risk, need, and responsivity principles
  - ◆ Risk principle: Criminal behavior can be predicted, and treatment services should be matched to the level of risk of the offender.
  - ◆ Needs principle: Treatment should target needs that have direct relevance to reducing re-offending, i.e. criminogenic needs. Criminogenic needs are dynamic risk factors that, when changed, are associated with changes in the probability of recidivism.
  - ◆ Responsivity principle: This refers to delivering programs in a style and mode that is consistent with the ability and learning style of the offender. (Definitions of principles from the New Zealand Department of Corrections: Risk, Need and Responsivity and Andrews & Bonta, 2003.)
- Cognitive-behavioral therapy
  - ◆ The term "cognitive-behavioral therapy (CBT)" is a very general term for a classification of therapies with similarities. There are several approaches to cognitive-behavioral therapy however some of the common characteristics of most cognitive-behavioral therapies are: a belief that thoughts cause feelings and behaviors; treatment is briefer and time-limited treatment; a sound therapeutic relationship is necessary for effective therapy, but not the focus; CBT is a collaborative effort between the therapist and the client; CBT is structured and directive; and is based on an educational model with homework a central feature. (National Association of Cognitive-Behavioral Therapists)
- Motivational Interviewing
  - ◆ Motivational interviewing is a directive, client-centered counseling style for eliciting behavior change by helping clients to explore and resolve ambivalence. Compared with nondirective counseling, it is more focused and goal-directed. The examination and resolution of ambivalence is its central purpose, and the counselor is intentionally directive in pursuing this goal. (Rollnick S. & Miller, W.R. 1995)

# Evidence-Based Practices

## What has Colorado Probation Implemented? (Continued)

- Intensive supervision probation (ISP) with therapeutic components
  - ◆ ISP is a community sentencing alternative to incarceration for selected high risk offenders. This probation program is designed to deliver intensive case management that includes daily contact with the offender, increased levels of drug testing, curfews, electronic monitoring, home visits and required employment or educational/vocational efforts and attendance in treatment, as deemed necessary. (It should be noted that ISP without a therapeutic component is not considered effective.) (Colorado Judicial Annual Report)
  
- Multi-Systemic Therapy (MST)
  - ◆ MST is an intensive family- and community-based treatment that addresses the multiple determinants of serious antisocial behavior in juvenile offenders. The multi-systemic approach views individuals as being nested within a complex network of interconnected systems that encompass individual, family, and extrafamilial (peer, school, neighborhood) factors. Intervention may be necessary in any one or a combination of these systems. (Center for the Study and Prevention of Violence, University of Colorado, Blueprints for Violence Prevention)
  
- Functional Family Therapy (FFT)
  - ◆ FFT is an outcome-driven prevention/intervention program for youth, who have demonstrated the entire range of maladaptive, acting out behaviors and related syndromes. FFT requires as few as 8-15 sessions of direct service time for commonly referred youth and their families, and generally no more than 26 total sessions of direct service for the most severe problem situations. (Center for the Study and Prevention of Violence, University of Colorado, Blueprints for Violence Prevention)

# Evidence-Based Practices

## What has Colorado Probation Implemented? (Continued)

Many other practices, though not as strongly supported by the research, also exist in Colorado probation and include:

- Gender-specific programming such as the Female Offender Program (FOP);
- Intermediate sanctions and incentives;
- Specialty courts (e.g. drug courts, DUI courts, mental health courts);
- Differentiated treatment for domestic violence offenders;
- Mentoring programs;
- Employment programs;
- Restorative justice initiatives such as victim-offender mediation and community accountability boards;
- Sex offender management (e.g. containment model); and
- Juvenile sex offender typologies.

# Evidence-Based Practices

## Where do we go from here?

Research has been conducted and continues, training and programs are updated, and our learning evolves. On the other hand, some existing factors impede our ability to fully implement EBP. Furthermore, systematic evaluation of our progress towards a more comprehensive implementation of EBP, though critical, often eludes us.

The National Institute of Corrections (NIC) provides a framework for the successful implementation of effective interventions utilizing the following eight guiding principles.

### Principles for Effective Interventions

1. Assess Actuarial Risk/Needs
2. Enhance Intrinsic Motivation
3. Target Interventions (risk principle, need principle, responsivity principle, dosage, treatment)
4. Skill Train and Directed Practice
5. Increase Positive Reinforcement
6. Engage Ongoing Support in Natural Communities
7. Measure Relevant Processes/Practices
8. Provide Measurement Feedback

While these principles are familiar to most probation officers in Colorado, we do not know how well or consistently these principles are applied in the day-to-day practices of probation officers across the state. It is a good time for Colorado probation to step back and examine exactly where we are in our efforts to promote EBP. Such an assessment can make us more efficient, achieve better results, and enable us to document that success.

# Evidence-Based Practices

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