

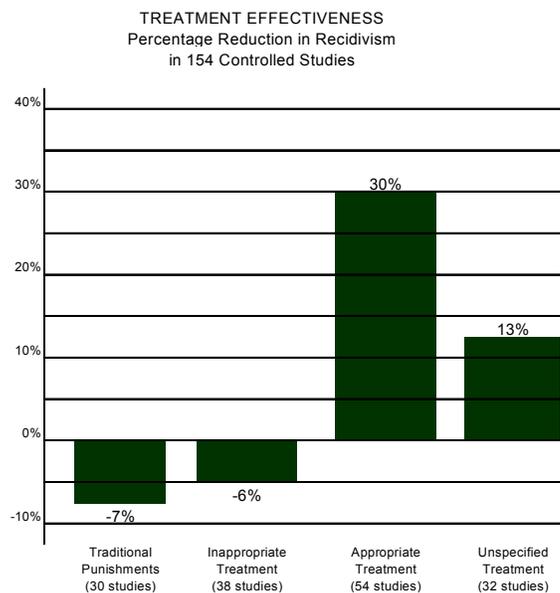
Moving from Correctional Program to Correctional Strategy: Using Proven Practices to Change Criminal Behavior

By Mark Gornik

Criminal justice treatment and appropriate sanctions are both essential components of the criminal justice mission. Partners in the criminal justice system, judges, treatment providers, probation/parole officers, case managers, and others often have limited time, excessive caseloads, and competing agendas. Responsible and informed program practices for offender treatment and management are desirable but because of the many factors can be confounding. Success of the criminal justice mission involves an understanding of the program options and their proper application; however, if criminal justice is to maximize its effect there is a need to understand offender change in the broader organization context.

Although most of the anecdotal information from criminal justice practitioners suggests there are a variety of program approaches working to change offender behavior including the twelve step programs, there is often a fair amount of debate as to what the research is reflecting. With closer inspection disagreement about the efficacy of programs appears to be more about miss use and/or miss application of the program than the utility and effectiveness of the program itself. The challenge it seems is to look for principles and practices identified by research and working toward appropriate application. Wholesale elimination of programs that show promise, or continued misapplication, are both unacceptable alternatives in a system already strained by limited resources.

A number of comprehensive reviews of the offender treatment literature have been conducted in recent years. While treatment in general has been shown to modestly reduce recidivism, programs that incorporate the principles of effective treatment described in this report do far better. For example, in an analysis of 154 controlled outcome studies of treatment effectiveness, Donald Andrews and others at Carleton University divided programs into four groups: traditional punishments, inappropriate treatment, appropriate treatment, and unspecified treatment. (“Appropriate” and “inappropriate” refer to conformity with the principles of effective treatment.) The graph to the right shows the relative effect on recidivism of each of these categories compared to control groups of offenders who did not receive treatment. Negative numbers mean that recidivism rates were higher for the treatment group than for the control group.



Source: An Overview of Treatment Effectiveness. D.A. Andrews, 1994

Further review of correctional research demonstrates that cognitive behavioral and social learning approaches have answered the question “What Works?” to change offender behavior. “What Works” is a term used nationally by correctional agencies in reference to researched principles and practices common to effective public safety and offender programming. “What Works” research has also identified the offender attributes “Criminogenic Risks and Needs” that successful correctional programs must target. (Gendreau, P. & Andrews, D. A. 1990)

Although the principles and practices discussed in this article are approached as general strategies to offender change, they have been found to be especially effective in the area of substance abuse.

Attributes Associated with Criminal Behaviors and Recidivism

1. Anti-social attitudes, values, and beliefs (criminal thinking);
2. Pro-criminal associates and isolation from pro-social associates;
3. Particular temperament and behavioral characteristics (e.g., egocentrism);
4. Weak problem-solving and social skills;
5. Criminal history;
6. Negative family factors (i.e., abuse, unstructured or undisciplined environment, criminality in the family, substance abuse in the family);
7. Low levels of vocational and educational skills;
8. Substance abuse.

(Gendreau, P. & Andrews, D. A. 1990)

Proven Practices

“What Works” research literature has identified common characteristics that must exist in programs if they are to be successful:

1. Supported by community and policymaker partnerships;
2. Supported by qualified and involved leadership who understands program objectives;
3. Designed and implemented around proven theoretical models beginning with assessment and continuing through aftercare;
4. Include use of standardized and objective assessments of risk and need factors to make appropriate program assignment for offenders;
5. Target crime-producing attributes and uses proven treatment models to prepare offenders for return into the community;
6. Are delivered in a manner consistent with the ability and learning style of the individuals being treated;
7. Implemented by well-trained staff who deliver proven programs as designed;
8. Evaluated to ensure quality.

Most correctional agencies have come to accept and are attempting to implement these practices. However, many jurisdictions are frustrated in their ability to combine these “best practices” in a complementary continuum of services. Understanding and integrating the various elements of effective offender intervention is the challenge before us.

Practices Associated with Effective Intervention

The design of interventions should be guided by the principles that are known to maximize their effectiveness. Features of effective interventions include the following:

- They target the criminogenic risk and need emphasizing a clear understanding of criminal logic;
- They are cognitive/behavioral in nature and incorporate social-learning practices;
- They incorporate the principle of responsivity;
- They incorporate a balanced integrated approach to sanctions and interventions and (when appropriate) relapse prevention;
- They have therapeutic integrity.

The Risk Principle

The risk principle embodies the assumption that criminal behavior can be predicted for individual offenders on the basis of certain factors. Some factors, such as criminal history, are static and unchangeable. Others, such as substance abuse, antisocial attitudes and antisocial associates, are dynamic and changeable. With proper assessment of these factors, researchers and practitioners have demonstrated that it is possible to classify offenders according to their relative likelihood of committing new offenses with as much as 80 percent accuracy

Application of the risk principle requires matching levels or intensity of treatment with the risk levels of offenders. High-risk offenders require intensive interventions to reduce recidivism, while low-risk offenders benefit most from low intensity interventions or no intervention at all. (Gendreau, P. & Andrews, D. A. 1990)

The Criminogenic Need Principle

Most offenders have many needs. However, certain needs are directly linked to crime. Criminogenic needs constitute dynamic risk factors or attributes of offenders that, when changed, influence the probability of recidivism. Non-criminogenic needs may also be dynamic and changeable, but they are not directly associated with new offense behavior. (Gendreau, P. & Andrews, D. A. 1990)

The Responsivity Principle

The responsivity principle refers to the delivery of treatment programs in a manner that is consistent with the ability and learning style of an offender. Treatment effectiveness (as measured by recidivism) is influenced by the interaction between offender characteristics (relative empathy, cognitive ability, maturity, etc.) and service characteristics (location, structure, skill and interest of providers, etc.) Characteristics such as the gender and ethnicity of an offender also influence responsivity to treatment.

Application of the risk principle helps identify *who should receive treatment*, the criminogenic need principle focuses on *what should be treated*, and the responsivity principle underscores the importance of *how treatment should be delivered*. . (Gendreau, P. & Andrews, D. A. 1990)

Criminal Thinking: Understanding the Logic and Rewards

When surveyed, most correctional practitioners admit that dealing effectively with anti-social logic is the single most important part of public safety and offender change. While they admit it is important, staff also reports lacking the necessary understanding and skill to deal with criminal thinking. (Gornik, M., Bush, D. and M. Labarbera. 1999)

Antisocial thinking is very seldom simply a matter of imagining crimes or plotting assaults. With most offenders, there is almost always a subtler network of attitudes, beliefs and thinking patterns that create an entitlement and righteousness about selfish and harmful acts. Antisocial thinking provides a self validating and rewarding escape from responsibility and social norms. Many offenders are accustomed to feeling unfairly treated and have learned a defiant, hostile attitude as part of their basic orientation toward life and other people. Hostile responses and victim-stance thinking are learned cognitive behaviors. For the offender, feeling like a victim creates a sense of outrage, power, and self-gratification. These powerful emotional experiences create cognitive reinforcement. Conversely, to admit a mistake would be a sign of weakness and vulnerability.

Relationships with other people are adversarial and dominated by a struggle for power. Cooperation is seldom more than a passing convenience. A win-lose (us/them) orientation dominates personal relationships. Winning is defined as forcing someone else to lose. The gratification that comes with this kind of winning is, for some offenders, the only real satisfaction and gratification they ever learned. This need to win is exaggerated in the offenders' interactions with security staff. Whether they win or lose, the underlying cognitive structure is reinforced. This self-serving logic creates a vicious cycle. (Bush, J. & Bilodeau, B., 1994) As offenders progress through treatment, respect for custody staff is an important measure of change.

Cognitive Behavioral Intervention: Targeting Offender Behavior

Social Learning and Behavioral Intervention

Offender change and re-socialization require direct instructional methods, modeling and observation of the individuals in the environment. Behavioral psychologists such as Albert Bandura have shown us the benefit that social learning plays in teaching and modeling socially acceptable behavior.

Many, if not most, offenders have significant deficits in what to do and how to act in a socially responsible manner. In fact, most offenders see little value in socially responsible behavior, either because it is not supported within their peer culture or it doesn't provide the immediate gratification and excitement of crime. Often, offender thinking patterns are so entrenched that they cannot break free without a considerable period of de-conditioning followed by re-conditioning. Old patterns of behavior are extinguished and new behaviors reinforced by the process of appropriate application of punishment and rewards. Ultimately, offenders learn to practice self-regulation and self-management skills.

The elements that support the environment in which social learning can take place are *structure* and *accountability*. Structure organizes the behavior of members toward a common goal of "right living." Staff, operating as a rational authority, provides an organized structure of values, rules, roles, and responsibilities. The necessary information is provided to increase awareness and knowledge of behavioral, attitudinal and/or emotional consequences. Accountability teaches respect for structure and moves the offender from an observer stance (strong denial and resistance), to a participant stance (willing to comply, but attitudinally still in criminal thinking mode), to a member stance (a willing participant who shares the new values of right living). The environment provides the opportunity for practice and success. This process continually reinforces gains and builds self-efficacy.

Models of Social Learning

Community Model of Re-socialization for offenders

In the community model, an environment is established within a correctional institution that both supports and provides offenders with the experience of living a pro-social lifestyle. It is a strategy to combat the traditional "convict code" and lifestyle found in traditional prison populations. Community models incorporate evidence-based principles and practices of social learning and behavioral programs such as: social learning principles and practices that include: empathy, encouragement of self-efficacy, non-authoritarian, non-blaming, effective modeling, effective reinforcement, effective disapproval, self-regulation and self-management skills, relapse-prevention strategies, advocacy, brokerage, planned practice, extinction, concrete verbal suggestions, token economy, resource provision, and effective use of punishers. (Bush, D. & Labarbera, M. 1995)

Types of Community Models

Community models can take many shapes and designs. The most familiar interpretation of the community model is the Therapeutic Community (TC). The TC has shown success with the most severely drug-abusing and criminogenic offender. TC has also been used in modified forms to help develop pro-social behavior among other special needs populations, such as sex offenders, mentally ill offenders, and dually diagnosed offenders and has shown success with these populations. There is some evidence that offenders who are more pro-socially oriented (low risk offenders) do not require the highly structured, long term, and expensive therapeutic community modality. Although modified therapeutic community models are sometimes employed with low-risk offender populations, successful correctional programs treat low and high-risk offenders separately.

Cognitive Programs

Cognitive programs operate with the following assumptions:

- Cognitive behavior is the key to social behavior. Problem behavior is almost always rooted in modes of thinking that promote and support that behavior. Permanent change in problem behavior demands change at a cognitive level, i.e., change in the underlying beliefs, attitudes, and ways of thinking;
- Authority and control that increases resentment and antisocial attitudes is counterproductive. Punitive methods of controlling behavior all too often reinforce modes of thinking that were responsible for the initial anti-social behavior. The alternative to punitive measures is not permissiveness. The alternative is a rational strategy of authority and control combined with programs of cognitive change;
- Authority and control can achieve both compliance and cooperation. Authority can define rules and enforce consequences while reminding and encouraging offenders to make their own decisions. As offenders learn to make conscious and deliberate decisions they accept responsibility for their behavior;
- Programs of cognitive change can teach pro-social ways of thinking, even to severely criminogenic and violent offenders. The effectiveness of cognitive programs in changing antisocial behavior has been demonstrated in numerous scientific studies;
- The values of cognitive strategies extend well beyond the correctional environment. Cognitive principles can be applied to victim restitution, educational settings, personal development, and as an overall approach to public safety and offender change.

Types of cognitive approaches

There are two main types of cognitive programs: cognitive skills, and cognitive restructuring.

Cognitive skills training is based on the premise that offenders have never learned the “thinking skills” required to function productively and responsibly in society. This skill deficit is remedied by systematic training in skills, such as problem solving, negotiation, assertiveness, anger control, and social skills focused on specific social situations, like making a complaint or asking for help.

Cognitive restructuring is based on the premise that offenders have learned destructive attitudes and thinking habits that point them to criminal behavior. Cognitive restructuring consists of identifying the specific attitudes and ways of thinking that point to criminality and systematically replacing them with new attitudes and ways of thinking.

Cognitive restructuring and cognitive skills approaches are complementary and can be combined in a single program. When practiced in a community model, resocialization can be enhanced and accelerated. Both cognitive strategies take an objective and systematic approach to change. Change is not coerced; offenders are taught how to think for themselves and to make their own decisions.

Cognitive corrections programs regard offenders as fully responsible for their behavior. Thinking is viewed as a type of learned behavior. Dishonesty and irresponsibility are the primary targets for change. Limit setting and accountability for behavior do not conflict with the cognitive approach to offender change - they support it.

Programs that Incorporate the Principle of Responsivity

Responsivity addresses the importance of delivering treatment services in a manner that facilitates the learning of new pro-social skills by the offender and creates appropriate competencies in staff. Thus, successful programs (1) match the treatment approach with the learning style and personality of the offender; (2) match the characteristics of the offender with those of the treatment provider; and (3) match the skills of the treatment provider with the type of program.

One aspect of responsivity often overlooked in correctional programs is appropriate communication. Communication is the primary means of getting and using information needed to treat and manage offenders effectively. Cognitive/behavioral communication strategies provide both custody and treatment staff with the competencies necessary to make use of what we know about antisocial logic. In order for staff to communicate in a manner that has an effect on the offender’s view of the world, the communication must *intrude* on, disrupt, or confront the offender’s normal thought process. A critical correctional communication competency is knowing when to use behavioral

confrontation and when to use cognitive confrontation. Behavioral confrontation describes the behavior and is followed by appropriate disapproval and approval. On the other hand, cognitive confrontation must come through personal self-disclosure, awareness, and the connection between thoughts, behavior, and consequences. Competent communication also requires combining confrontation with the appropriate application of positive and negative reinforcers. Understanding antisocial logic and the effective use of these techniques can mean the difference between failure and success in offender programs.

Effective communication defines the interpersonal relationship between staff and offenders as one of accountability and support. For maximum treatment outcome, custody, treatment, and administration must all become competent in the use of the various correctional communication skills. Some of the more promising techniques include: cognitive reflective communication, motivational interviewing, and a social learning application of behavioral confrontation.

Programs that Incorporate Relapse Prevention Strategies

Relapse prevention strategies typically incorporate the following elements:

- Development of an individualized plan and rehearsal of alternative pro-social responses that are specific to the behaviors or circumstances that increase the risk of re-offending for offender in question;
- Development of self-monitoring skills and the ability to anticipate problem situations; and
- Training of significant others, such as family, friends, and employers, to reinforce pro-social behavior and to recognize triggers and risk situations.

In addition, it is often important to provide booster sessions to offenders after they leave formal treatment or are released into the community.

Sanctions and Treatment: Accountability and Change

Currently, sanctions are seldom used intentionally as companions to offender treatment or strategies to modify behavior. Such sanctions include intensive supervision, home confinement, frequent drug testing, restitution, shock incarceration, electronic monitoring, and mandated twelve-step programs.

The primary intent of most sanctions is for purposes other than their impact on re-offense behavior. For example, drug testing and intensive supervision are often employed to monitor compliance (or detect noncompliance) with conditions of probation or parole. Restitution is a component of restorative justice rather than an attempt at crime control. Similarly, interventions such as home confinement, electronic monitoring, and short periods of shock incarceration are sometimes imposed because

they are less expensive forms of punishment. None of these strategies have shown any significant results. Further, sanctions, *if not accompanied by appropriate treatment*, have shown little or no evidence of reducing recidivism.

The key idea is simply this: effective correctional intervention must produce a change in the offender's fundamental worldview, especially their perception of authority, rules, and accountability. This marks an essential difference between pro-social and anti-social attitudes and behaviors. Addressing this aspect of anti-social logic is a vital part of effective program strategy. Sanctions alone fail to effect the desired outcomes.

This part of a correctional strategy should be conceived as:

- Our society's determination to enforce social limits and the law;
- Extension of a genuine opportunity to change;
- Respect for an offender's capacity to make his or her own choice.

In this message, security (in the broad sense of the term, including law enforcement and accountability) and treatment are complementary. Neither is an isolated component, able to stand alone. Each derives its meaning by its relation to the other. The same applies to the condition of respect. Society must not impose an insurmountable barrier between itself and the guilty offender. This is not a matter of altruism, but rather a matter of effective strategy and social learning theory applied. Three messages. One Voice. Each message qualifies and defines the others. Consequently, the message provides closer monitoring, better supervision, and has positive effects on recidivism. With a clear understanding of these principles, even punishment and retribution can be combined appropriately with interventions to produce enhanced outcomes. (Bush, J. & Bilodeau, B., 1994)

Evidence Based Program Structure "The Cognitive Community"

Treatment models that maximize outcomes as part of correctional strategy incorporate an in-depth understanding of antisocial logic, social learning, cognitive/behavioral programs, and appropriate communication. Such a program could be referred to as a "cognitive community". Programs producing maximum results have developed competence in the concept skills and attitudes of these program elements. Competence includes appropriate situational and interchangeable application of these methods. One example of application is knowing when and how to confront crime producing attitudes and beliefs thinking (cognitive restructuring and cognitive skill building) and when to use the behavioral confrontation tools of the therapeutic community. In a cognitive community, cognitive behavioral programs are far more than simply a type of group to be placed into a therapeutic environment as a learning experience or a group activity. In

effective application, social learning must never become rote compliance or peer coercion. The treatment model employed must be flexible enough to encompass self-actualization, but structured enough to create a climate for peer accountability and consequences. (Gornik, M., Bush, D. and Labarbera, M. 1999)

In the cognitive community, thinking and behavior are both exposed to the larger community. The community then becomes the baseline and milieu in which new learning and change can take place. Once implemented, the cognitive community is as much like real life as possible. All staff, including custody, participates in the cognitive community practices. Thoughts and behaviors that typically lead to relapse are discovered more quickly. Staff's ability to recognize the internalization of offender change is more efficient. The cognitive community operates 24 hours a day, 7 days a week, and 365 days a year. Social learning and cognitive change operates as the oxygen and lifeblood of the community and fosters a "no place to hide" philosophy. Cognitive/behavioral practices form the lifestyle in which all other operations and activities exist including: work, both on-and-off the living unit, educational programming, drug treatment and counseling, specialized programs and groups, visitation, family re-unification, and transition planning.

Twelve-Step Programs and Criminal Justice Treatment

With most high-risk offenders, many of the components of the 12-step program are problematic, such as: limited structure, no formal or recognized leadership, free choice, self-help, admission of powerlessness, spirituality, helping others, disclosure of shortcomings and handicaps to peers, and making direct amends. In fact, if criminal thinking, criminal behavior, and other criminal attributes are left untreated by structured directive programming, almost every suggestion in the 12-step program can be manipulated or misused toward self serving and counter-productive ends. Conversely, when criminal conduct is addressed through proven criminal justice treatment, 12-step programs can become an effective companion to treatment. Proper use of 12-step programs is especially important in rural communities where there are minimal aftercare services other than self-help groups.

Anecdotal data suggests that a combination of criminal justice treatment and 12-step programs enhance pro-social self-efficacy. Taken in tandem with cognitive/behavioral approaches the 12-step programs, cross train offenders in the efficacious principles and practices inherent in all three approaches. This blend provides the clinical structure of the cognitive/behavioral and therapeutic community modalities needed during incarceration and intense supervision, while enabling offenders to understand and use these principles appropriately in less structured community-based programs upon release. The TC structure provides a controlled application of the social learning principles found in 12-step programs. Cognitive programs address criminal thinking, which typically prevents effective use of 12-step programs, and 12-step programs then allow offenders the opportunity to practice these principles by choice in a self-help context. Consistent volitional pro-social behavior should be seen as the highest measure of program success. (Gornik and Bush 2000)

Correctional treatment programs that utilize the 12-step programs must address the unique characteristics of the offender population; those identified by research as predictors of recidivism. Especially those characteristics associated with extreme anti-social and criminal conduct.

Staff as Community Members and Agents of Change

In healthy communities, the involvement and support of every member is important. Within correctional treatment communities it is essential. Correctional officers, probation and parole officers, teachers, counselors, and volunteers all make excellent members of the treatment team and are considered part of the community. The authority represented by correctional staff, including uniformed officers, is a positive enhancement - not a detriment - to the credibility and effectiveness of cognitive/behavioral social-learning programs. People with good interpersonal skills, but no clinical training, can be trained to deliver and benefit by cognitive social learning programs. The crucial element is consistent modeling by staff that practices and believes in the principles they are espousing. As staff participates in the principles and practices of the correctional programs, they are less likely to burnout, lose job satisfaction, or use authority inappropriately. Multi-disciplinary involvement creates a "One Voice-One Message" philosophy and is one more critical element of integrated correctional strategy.

Staff and offender growth is measured in stages, and competency is measured in three domains (knowledge, skills, and attitude). Competency measured in this way insures the full range of abilities necessary for internalized and lasting change. This type of competency measurement can track offender progress more effectively through the process from compliance to endorsement. Initially, staff will be primarily responsible for modeling and enforcing pro-social values and behaviors. However, as the community matures, the community itself becomes the primary agent of change. This is the core of social learning.

Organizational and Community Issues

Optimum results for offender change require an infrastructure whose leadership are informed, supportive and who model the principles and practices of the research based, data driven service approaches. In this context, leadership evaluates and measures the organization's decision making, personnel practices, problem solving, etc. by the "What Works" principles and practices. Administration understands, serves, and supports the vision, principles, and practices of evidence-based programming and correspondingly holds supervisors accountable at all levels. Members of the criminal justice partnership entrusted with autonomous authority, such as use of deadly force, sentencing powers, and paroling authority, must understand the responsibilities and boundaries appropriate to evidence-based best practice.

Also necessary for successful outcomes is a balanced inclusion of community partners in decision making and service delivery. External stakeholders are heard and understood and appropriate needs are acted upon. The full range of external stakeholders, from victim advocates to policy makers, must also understand, model, support and be supported in the delivery of programs based in offender risk, need, and responsibility. Offender living environments (whether in prison or in the community), the program theory, staff/offender/community communications, and program structure must all be consistent, one with the others.

Therapeutic Integrity – Maximizing Results

After many decades of experience, including trial and error, the criminal justice system can finally draw some conclusions about offender treatment. Over time, these conclusions, once opinion, have been validated by research. There has emerged a common thread of best correctional practice across justice disciplines: counselors, program managers, administrators, and justice-treatment consultants.

We know effective programs require an understanding of self-centeredness and oppositional behavior, not only in offenders, but also in staff and the organization, as a whole. Successful programs utilize competent, well-trained, and well-supervised staffs who possess good communication skills. However, program failure is more often an attitudinal problem than a lack of skill or knowledge. Everyone in the organization and its community partners must believe in and practice the values given to offenders in the change process. Social learning principles practiced at the organizational level provide a safe atmosphere for staff to disclose, seek help, and correct personal and program problems. Staff health goes hand-in-hand with good offender treatment

A balanced, integrated approach to security and treatment must go beyond practices targeted at offender change and management. Accountability and change must become a system norm supported and practiced by leadership. Implementing a seamless continuum of service between prison programs and the community means participation by leadership and involvement by the community. Proper assessment of need and appropriate ongoing care should be seen as a universal practice, good for all people in the system

Practices used to promote public safety and offender change should be understood and continuously evaluated by all stakeholders, from policy makers to offenders. Informed decision making demands responsible examination of one's own attitudes and beliefs, prior to evaluating others. The challenge before us is to translate the various roles of an integrated system, built on evidence based best practice, into role specific language. Wherein working toward a common goal, each role is understood, valued, and easily passed on.

End notes

1. Consultation on criminal justice research and What Works practices: Ed Latessa Ph.D., College of Education, Center for Criminal Justice Research, University of Cincinnati, Ohio
2. Consultation on Therapeutic Community and Substance Abuse Treatment: Kevin Knight, Ph.D., Institute of Behavioral Research, Texas Christian University, Fort Worth, Texas
3. Consultation on Organizational Culture, Leadership and Restorative Justice: Ellie Jennings, MPA, Creative Pathways Consulting, Castle Rock, Colorado
4. Consultation on Criminal Justice Research and What Works practices: Alexander M. Holsinger, Ph.D., University of Missouri, Kansas City, Missouri

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Next Steps

Considerations for the “What Works” project continuation

- Create a list of available resources related to the “What Works” agenda; assessments, training, curriculum, etc.
- Produce and interactive “What Works” videoconference using the "What Works" seminar curriculum.
- Enhance the criminal logic component of the "What Works" curriculum.
- Develop a "What Works" communication strategies component of the “What Works” curriculum that explains how the various communication techniques are applied such as; Cognitive Reflective Communication, Motivational Interviewing, Cognitive Behavioral Interviewing, etc.
- Address gender, culture and age at greater depth regarding the “What Works” literature.
- Develop a “What Works” organizational needs assessment to assist agencies in program development, technical assistance request, and program implementation.
- Sponsor a Cognitive Behavioral/social learning program conference to discuss current and future curriculum development.
- Pursue the appropriate application of 12 Step and Faith based programs as they apply to the “What Works” programming.
- Encourage and sponsor the continued development of program evaluation tools, such as the Correctional Program Assessment Inventory (CPAI).
- Begin to develop the infrastructure and community based applications of the "What Works" agenda, such as leadership development and restorative justice.
- Gather, disseminate and continually update bibliographies associated with "What Works" research and practice.
- Begin to develop role specific applications of the "What Works" technical assistance and support, i.e. custody, administration, clinical staff, private providers, mental health staff, etc.
- Begin to develop “What Works” applications for paroling authorities, the judicial system,(especially drug court), policy makers and inter-governmental partnerships
- Develop structure and guidelines for long term systems approaches to “What Works” design, implementation and evaluation technical assistance.
- Develop a “What Works” component for Human Service Mental Health Agencies that serve large numbers of forensic clients.
- Develop university delivery systems
Address union issues related to full implementation of the “What Works” practices.