



# PHILOSOPHY OF EFFECTIVE PROGRAMMING

style to the learning style of the youth, varying treatment according to the relevant characteristics of youth such as gender, culture, developmental stages, IQ, motivation, mental disorders, history of physical or sexual abuse, and psychopathy (Gordon, 1970; Miller & Rollnick, 2002).

**Fidelity Principle.** Monitor the implementation quality and treatment fidelity to ensure programs are delivered the way in which they were designed and intended to maximize program success and recidivism reduction (Lipsey, 1993; McGuire, 2002; Miller & Rollnick, 2002).

These principles are derived from the results of a statistical technique, meta-analysis, which allows the results of many individual studies to be integrated to gain a clear indication of the empirical evidence on an issue. Meta-analyses have been used both to identify individual risk factors associated with recidivism, as well as to determine the characteristics of the most effective delinquency treatment programs (Andrews & Bonta, 2003; Andrews et al, 1990; Lipsey, 1989, 1992). Research on offender rehabilitation and behavioral change has evolved to the point of providing guiding principles to enable corrections to make meaningful decisions with regard to what works to reduce juvenile recidivism and improve public safety (Bogue, et al., 2004; Burrell, 2000; Carey, 2002; Corbett et al., 1999; Currie, 1998; Elliot et al., 2001; Latessa et al., 2002; McGuire, 2002; Sherman et al., 1998; Taxman & Byrne, 2001). Following these principles will ensure decision-makers that they are purchasing and providing what is needed to reduce juvenile crime and rehabilitate the juvenile offender population.

The first step to ensuring proper delivery of services is implementation of a valid evidence-based risk/need assessment, such as the Department's Positive Achievement Change Tool (PACT). Currently, there exists an extensive history of risk prediction of offending behavior in the criminal and juvenile justice fields (Gottfredson, 1967; Gottfredson & Tonry, 1987; Mannheim & Wilkins, 1955; Simon, 1971). Prediction has evolved both in methodology as well as accuracy. Historically, risk to re-offend was "predicted" using clinical judgment, the "intuitive" approach. Prediction progressed into utilizing statistical techniques correlating static characteristics of the individual (such as age, prior criminal history, and prior substance abuse) with the dependent behavior (such as offending behavior) (Shichor, 1997). The third generation of prediction examined both static factors and dynamic factors (such as attitudes and beliefs). Finally, the fourth generation of risk assessment has attempted to assess static and dynamic risk factors as well protective factors.

Adding an evaluation of protective factors that may reduce the risk to re-offend has created a more advanced, and potentially more accurate, predictive model. Risk and protective factors are not, however, mutually exclusive categories, meaning the same issues may be risk or protective factors. For example, family issues may be a risk factor for one juvenile with abusive parents who engage in criminality themselves, and protective for another youth who has a supportive, consistent parenting style. Research has shown that informal, subjective, clinical judgments are far less accurate than actuarial/statistical methods in the prediction of risk to re-offend (Andrews & Bonta, 2003; Bonta et al., 1998; Grove et al., 2000; Hanson & Bussiere, 1998; Meehl & Grove, 1996; Mossman, 1994). The PACT assessment allows for the classification of youth into four risk to re-offend categories (low, moderate, moderate-high, and high) and identifies the criminogenic needs and protective factors of each youth to guide placement decisions, case management and treatment plans. Through a doctoral dissertation out of the Department of Criminology, Law, and Society, University of Florida, the PACT assessment has been formally validated. The validation study illustrates the ability of the PACT assessment to significantly predict recidivism of the juveniles served by the Department. The PACT was shown to be a valid prediction instrument for both male and female youth, and across race.

An integrated and strategic model for evidence-based practice is necessary to adequately bridge the gap between current practice and research-supported practice (Brogue, 2004). Research has indicated that evidence-based practice in corrections should, at the very least:

- Develop staff knowledge, skills, and attitudes congruent with research-supported practice;
- Implement programming consistent with research recommendations;

- Monitor implementation of programming to identify fidelity issues;
- Routinely measure recidivism outcomes (Brogue et al., 2004).

## ***Evidence-Based Practices Initiative: A Strategic Plan***

The Florida Department of Juvenile Justice has embarked on a systematic program of disseminating and implementing evidence-based treatment and practices to reduce juvenile crime. The Department's Evidence-based Strategic Plan provides the basic framework necessary to assess departmental progress toward the goal of implementing evidence-based practices (EBP), determine and prioritize needs, and to evaluate the quality of implementation. The Department consulted with national experts and released an official definition of evidence-based practices. Evidence-based practices are “Treatment and practices which have been independently evaluated and found to reduce the likelihood of recidivism or at least two criminogenic needs, with a juvenile offending population. The evaluation must have used sound methodology, including, but not limited to, random assignment, use of control groups, valid and reliable measures, low attrition, and appropriate analysis. Such studies shall provide evidence of statistically significant positive effects of adequate size and duration. In addition, there must be evidence that replication by different implementation teams at different sites is possible with similar positive outcomes”. As discussed above, the strategy the Department has developed to implement evidence-based practices builds on the Five Principles of Effective Intervention (Risk, Need, Treatment, Responsivity, and Fidelity). Each core principle of this approach suggests strategies that the program areas should consider with regard to their respective role in supporting the Department’s adoption of EBP. These strategies, as described below, will help programs to satisfy the intent of each principle.

### **Strategic Plan for Adoption of Evidence-Based Practices**

#### **The Risk Principle**

- Strategy 1 Implement a valid and reliable risk/need assessment that can differentiate among youth with regard to their risk to re-offend and classify them accordingly (This process has been achieved by statewide implementation of the PACT).
- Strategy 2 Utilize the risk each offender presents to guide decisions about placement, intensity, and duration of treatment/services within the continuum of restrictiveness provided by each branch.
- Strategy 3 Ensure that available resources are matched with projected number of youth at each level of risk, from minimal to maximum. Distributing resources according to risk projections helps to ensure that youth may be held accountable, make restitution, and receive appropriate treatment, including Prevention/Intervention.
- Strategy 4 Increase the awareness of juvenile justice stakeholders, if necessary, to ensure their support for the implementation of the Risk Principle throughout all Departmental components.
- Strategy 5 Develop monitoring and evaluation systems to ensure that the principle is implemented appropriately and to assess for any detrimental impact to public safety

#### **The Need Principle**

- Strategy 1 Educate all staff and stakeholders in the risk/resilience model.
- Strategy 2 Assess dynamic risk factors, criminogenic needs, and resilience/protective factors for each youth.
- Strategy 3 Develop case plans with goals that focus on reducing the level of risk due to dynamic risk factors while leveraging resilience/protective factors.
- Strategy 4 Avoid treating non-criminogenic factors whenever possible.
- Strategy 5 Base completion of program/services on success in reducing risk/strengthening resilience.

## Strategic Plan for Adoption of Evidence-Based Practices (continued)

### The Treatment Principle

- Strategy 1 Avoid implementing or contracting for services that have not been empirically proven to reduce recidivism or criminogenic risk.
- Strategy 2 Favor implementing or contracting for evidence-based practices and model/promising programs and treatment over untested programs and treatment.
- Strategy 3 Educate staff/stakeholders about the evidence-based approach.
- Strategy 4 Develop departmental training capacity on core Evidence-Based Practices.
- Strategy 5 Base Quality Assurance in part on the extent to which programs and services employ Evidence-Based Practices (QA Tier II Standards).
- Strategy 6 Develop Request For Proposals (RFP's) and Contracts that effectively specify the provider's duty to employ Evidence-Based Practices.
- Strategy 7 Motivate and provide Technical Assistance to existing program/service providers to embrace and adopt an evidence-based approach.

### The Responsivity Principle

- Strategy 1 Match teaching style to learning style of youth.
- Strategy 2 Vary treatment according to the relevant characteristics of youth:
  - A. Gender
  - B. Developmental Stage
  - C. IQ/Cognitive Ability
  - D. Motivation
  - E. Mental Health Disorders (Psychopathy)
  - F. Cultural Factors

### The Fidelity Principle

- Strategy 1 Educate staff and stakeholders regarding the impact of implementation quality on outcomes and cost.
- Strategy 2 Develop and disseminate implementation guidelines and standards designed to ensure high quality treatment and services.
- Strategy 3 Provide advanced training for supervisory personnel, including the use of monitoring tools.
- Strategy 4 Provide Technical Assistance and Coaching services to programs that choose to implement Evidence-Based Practices.
- Strategy 5 Provide a departmental Quality Assurance process that assesses implementation quality and treatment fidelity.
- Strategy 6 Target poorly performing programs for Technical Assistance, Coaching or contract sanctions.

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Development of strategies should be considered a senior management function to ensure coordination among the program areas. The list of strategies under each principle allows each Office to develop area-specific goals and objectives toward operationalizing each principle, as appropriate. This basic process serves as a template for the Department in developing a comprehensive plan to disseminate and implement evidence-based programming.

In August 2006, the Department created the Office of Program Accountability. Under the Office of Program Accountability are housed Quality Assurance, Research and Planning, and the then newly created Programming and Technical Assistance Unit. Historically, Quality Assurance has focused on process issues and Research and Planning on outcomes. There had been a lack of focus in the area of quality improvement. Programming and Technical Assistance was designed to fill that gap. The main goal of the Programming and Technical Assistance Unit (PTA) is to strengthen the Department's prevention, intervention, and treatment services so that youth are served in environments that employ evidence-based practices. The PTA process is founded upon the concept of continuous improvement while focusing on processes and outcomes directed toward achieving treatment goals and objectives. The Department's programming and technical assistance process is designed to be a departure from compliance monitoring and quality assurance reviews by:

- Accurately and efficiently coordinating and monitoring the implementation and delivery of evidence-based practices and effective behavior management strategies;
- Focusing on treatment integrity and fidelity rather than simply inclusion of treatment;
- Focusing on improving the present condition (continuous improvement) through training of program staff;
- Emphasizing the doctrine of continuous improvement at all levels of performance;
- Focusing on delivery of treatment and performance rather than accepting minimum levels of compliance.

Additionally, The Programming and Technical Assistance Unit provides referred programs with a variety of services including:

- Providing program staff training on:
  - ⇒ Delivery of evidence-based practices
  - ⇒ Effective behavior management strategies
  - ⇒ Effective group facilitation
  - ⇒ Tier II Quality Assurance Evidence-based Standards;
- Providing program administrative staff training on:
  - ⇒ Tier II Quality Assurance Evidence-based Standards
  - ⇒ Implementation of evidence-based practices
  - ⇒ Training on effective communication strategies with youth
  - ⇒ The Principles of Effective Intervention
- Technical Assistance Specialists provide the following additional services within referred programs:
  - ⇒ Facilitate evidence-based groups
  - ⇒ Develop facility action plans to implement evidence-based practices
  - ⇒ Assist with a re-design of the program's behavior management system
  - ⇒ Provide fidelity monitoring of evidence-based curricula
  - ⇒ Training on effective communication strategies with youth

There exist four main reasons supporting the widespread implementation of evidence-based practices:

- Demonstrate improved recidivism rates and increase public safety;
- Reduce staff turnover;
- Reduce the number of youth-on-youth, youth-on-staff, and staff-on-youth incidents; and
- Funding agencies are requiring the use of evidence-based practices

