

Implementing Evidence-based Practices in Corrections

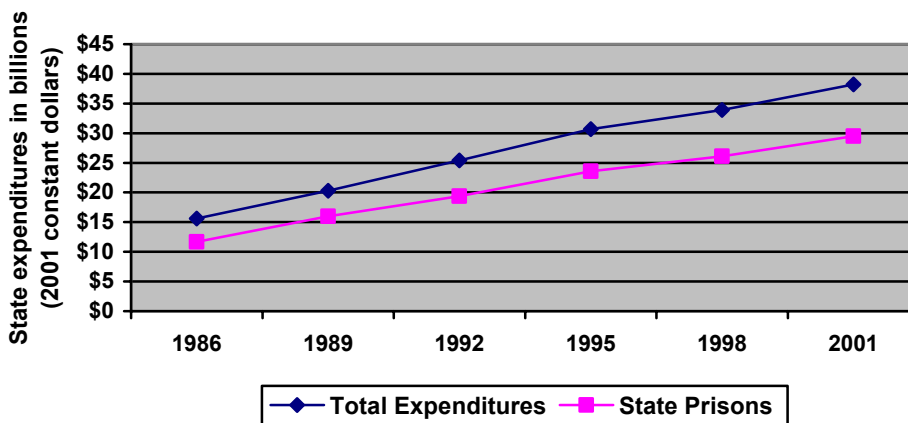
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Overview

United States criminal justice system costs have grown exponentially during the last twenty years. The *get tough* policies of the 1980's and 1990's led most states to substantially increase their investment in institutional capacity by building new prisons and jails. State correctional expenditures increased 145% from \$15.6 billion in fiscal year 1986 to \$38.2 billion in fiscal year 2001 (Figure 1). "At an average annual increase of 6.2% for total State correctional spending and 6.4% specifically for prisons, increases in the cost of adult incarceration outpaced those of health care (5.8%), education (4.2%) and natural resources (3.3%)"¹. During that same time period, harsher drug laws and mandatory minimum sentences began to fill those newly built institutions beyond even their increased capacity. These overcrowding issues, combined with the financial crises of the early 2000's, have forced policy makers to look for alternatives to building more institutions. Many states are focusing on community-based corrections as they search for more effective and efficient methods of managing offenders without compromising public safety.

**1986-2001 Expenditures for
Total State Corrections and State Prisons**

Figure 1



As state policy makers shift their focus to community-based corrections as a means to alleviate institutional capacity and budget pressures, the leaders of community corrections agencies have moved into the spotlight. Agency directors are being called on to assuage these systemic pressures by managing the growing number of offenders in the community as an alternative to prison, while still maintaining public safety and managing within their own shrinking resources. Meeting this challenge requires corrections leaders to ensure the most effective use of resources and focus on providing services that are scientifically proven to reduce offender recidivism. Corrections research completed during the last decade provides a set of principles that can assist leaders in accomplishing this undertaking.

During the last decade corrections researchers have made substantial strides toward identifying proven methods of reducing offender recidivism. Recent research efforts based on meta-analysis (the syntheses of data from many research studies) have broken through this barrier and provided the field with concrete and scientifically proven indications of how to better reduce offender recidivism². This research indicates that criminal justice agencies can significantly reduce offender recidivism by implementing a series of evidence-based practices.

An Integrated Model of Implementation

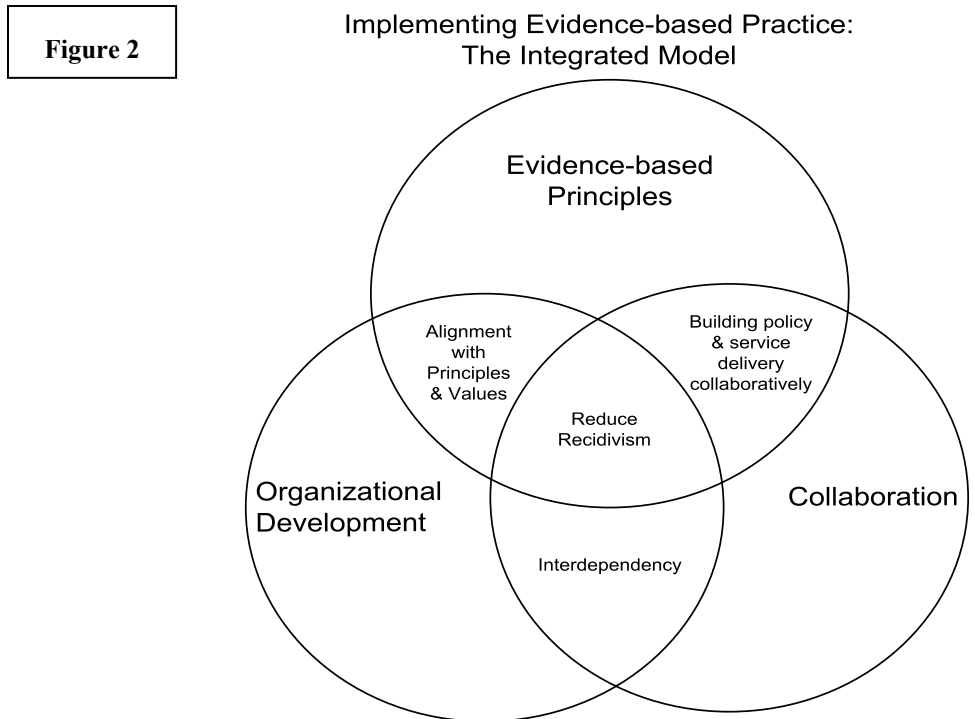
Implementation of these evidence-based practices requires corrections agencies to change the way they operate and rethink the way they do business, which is no easy task. This level of change requires dynamic and committed leadership with the ability and willingness to place equal focus on evidence-based practices, organizational development, and collaboration. These three components, when implemented together, form an integrated model for system reform. Each component of this integrated model is essential:

- Evidence-based principles provide a scientific basis for developing more effective services.
- Organizational development is required to successfully implement and maintain systemic change. To implement evidence-based practices organizations must: rethink their missions and values; gain new knowledge and skills; adjust their infrastructure to support this new way of doing business; and transform their organizational culture.
- Collaboration enhances internal and external buy-in in the change process, supporting successful implementation in the complex web of public safety agencies, service providers, and other stakeholders.

As a part of their strategy for facilitating the implementation of effective interventions, the National Institute of Correction (NIC), Community Corrections Division entered into a cooperative agreement with the Crime and Justice Institute (CJI) in 2002 to develop a model for implementing evidence-based practices in criminal justice systems. This *Integrated Model* emphasizes the importance of focusing equally on evidence-based practices, organizational development, and collaboration to achieve successful and lasting change. The scope of the model is broad enough that it can be applied to all components of the criminal justice system and across varying jurisdictions.

NIC and CJI have worked for decades to further the implementation of effective interventions in criminal justice. Their experience in the field of community corrections indicates that many organizations are able to successfully implement components of evidence-based principles, such as assessment tools or cognitive-behavioral programming. Unfortunately, very few organizations have successfully implemented or been able to sustain implementation of evidence-based principles throughout their operations. While some organizations may have developed a certain breadth of implementation, many have not managed to achieve the depth

necessary to change the organizational culture and attain desired outcomes. As a result, change efforts often lose focus, stagnate, and are not institutionalized. An integrated approach to implementation provides the depth and breadth necessary to ensure lasting change (Figure2).



Many organizations are beginning to use or want to use evidence-based principles in their supervision practices and program design to better achieve reductions in recidivism. Most organizations have spent time on organizational development initiatives and collaborations. Few organizations though, have focused their attention simultaneously on all three areas, to achieve full integration. It is only at this point of full integration, when all three components intersect, that corrections agencies can hope to achieve their goal of reduced recidivism.

Evidence-based Practice

As stated earlier, recent research efforts based on meta-analysis have provided the criminal justice field with much needed information about how to better reduce offender recidivism. This research indicates that certain programs and intervention strategies, when applied to a variety of offender populations, reliably produce sustained reductions in recidivism. Unfortunately, few criminal justice agencies are using these effective interventions and their related concepts/principles.

The conventional approach to supervision in this country emphasizes individual accountability from offenders and their supervising officers without consistently providing either with the skills, tools, or resources that science indicates are necessary for risk and recidivism reduction. Despite the evidence that indicates otherwise, officers continue to be trained and expected to meet minimal contact standards which emphasize rates of contacts. These standards largely ignore the opportunities these contacts provide for reinforcing behavioral change.

The biggest challenge in adopting these evidence-based practices is to change our existing systems to appropriately support the new innovations. Identifying interventions with good research support and realigning the necessary organizational infrastructure are both fundamental to evidence-based practice.

Evidence-based practice is a significant trend throughout all human service fields that emphasize outcomes. Interventions within corrections are considered effective when they reduce offender risk and subsequent recidivism and therefore make a positive long-term contribution to public safety.

The evidence-based principles component of the integrated model highlights eight principles for effective offender interventions. The organization or system that is most successful in initiating and maintaining offender interventions and supervision practices consistent with these principles will achieve the greatest recidivism reductions.

The following framework of principles is listed in developmental sequence and they are all highly interdependent. For example, offender assessments must consider both risk to re-offend and criminogenic needs, in that order. Research indicates that resources are used more effectively when they are focused on higher-risk rather than lower-risk offenders, therefore considering offenders' risk to re-offend prior to addressing criminogenic needs allows agencies to target resources on higher-risk offenders.

Eight Evidence-Based Principles for Effective Interventions

Principle 1) Assess Actuarial Risk/Needs.

Principle 2) Enhance Intrinsic Motivation.

Principle 3) Target Interventions.

3a) *Risk Principle*: Prioritize supervision and treatment resources for higher risk offenders.

3b) *Need Principle*: Target interventions to criminogenic needs.

3c) *Responsivity Principle*: Be responsive to temperament, learning style, motivation, culture, and gender when assigning programs.

3d) *Dosage*: Structure 40-70% of high-risk offenders' time for 3-9 months.

3e) *Treatment Principle*: Integrate treatment into the full sentence / sanction requirements.

Principle 4) Skill Train with Directed Practice (use Cognitive Behavioral treatment methods).

Principle 5. Increase Positive Reinforcement.

Principle 6. Engage Ongoing Support in Natural Communities.

Principle 7. Measure Relevant Processes/Practices.

Principle 8. Provide Measurement Feedback.

Principle 1) Assess Actuarial Risk/Needs.

Develop and maintain a complete system of ongoing offender risk screening / triage and needs assessments. Assessing offenders in a reliable and valid manner is a prerequisite for the effective management (i.e., supervision and treatment) of offenders. Timely, relevant measures of offender risk and need at the individual and aggregate levels are essential for the implementation of numerous principles of best practice in corrections, (e.g., risk, need, and responsivity). Offender assessments are most reliable and valid when staff are formally trained to administer tools. Screening and assessment tools that focus on dynamic and static risk factors, profile criminogenic needs, and have been validated on similar populations are preferred. They should also be supported by sufficiently detailed and accurately written procedures.

Offender assessment is as much an ongoing function as it is a formal event. Case information that is gathered informally through routine interactions and observations with offenders is just as important as formal assessment guided by instruments. Formal and informal offender assessments should reinforce one another. They should combine to enhance formal reassessments, case decisions, and working relations between practitioners and offenders throughout the jurisdiction of supervision³.

Principle 2) Enhance Intrinsic Motivation.

Staff should relate to offenders in interpersonally sensitive and constructive ways to enhance intrinsic motivation in offenders. Behavioral change is an *inside job*; for lasting change to occur, a level of intrinsic motivation is needed. Motivation to change is dynamic and the probability that change may occur is strongly influenced by interpersonal interactions, such as those with probation officers, treatment providers, and institution staff. Feelings of ambivalence that usually accompany change can be explored through motivational interviewing, a style and method of communication used to help people overcome their ambivalence regarding behavior changes. Research strongly suggests that motivational interviewing techniques, rather than persuasion tactics, effectively enhance motivation for initiating and maintaining behavior changes⁴.

Principle 3) Target Interventions.

3a) Risk Principle

Prioritize primary supervision and treatment resources for offenders who are at higher risk to re-offend. Research indicates that supervision and treatment resources that are focused on lower-risk offenders tend to produce little if any net positive effect on recidivism rates. Shifting these resources to higher risk offenders promotes harm-reduction and public safety because these offenders have greater need for pro-social skills and thinking, and are more likely to be frequent offenders. Reducing the recidivism rates of these higher risk offenders reaps a much larger *bang-for-the-buck*.

Successfully addressing this population requires smaller caseloads, the application of well developed case plans, and the placement of offenders into sufficiently intense cognitive-behavioral interventions that target their specific criminogenic needs⁵.

3b) Criminogenic Need Principle

Address offenders' greatest criminogenic needs. Offenders have a variety of needs, some of which are directly linked to criminal behavior. These criminogenic needs are dynamic risk factors that, when addressed or changed, affect the offender's risk for recidivism. Examples of criminogenic needs are: criminal personality; antisocial attitudes, values, and beliefs; low self control; criminal peers; substance abuse; and dysfunctional family. Based on an assessment of the offender, these criminogenic needs can be prioritized so that services are focused on the greatest criminogenic needs⁶.

3c) Responsivity Principle

Responsivity requires that we consider individual characteristics when matching offenders to services. These characteristics include, but are not limited to: culture, gender, motivational stages, developmental stages, and learning styles. These factors influence an offender's responsiveness to different types of treatment.

The principle of responsivity also requires that offenders be provided with treatment that is proven effective with the offender population. Certain treatment strategies, such as cognitive-behavioral methodologies, have consistently produced reductions in recidivism with offenders under rigorous research conditions.

Providing appropriate responsivity to offenders involves selecting services in accordance with these factors, including:

a) Matching treatment type to offender; and

b) Matching style and methods of communication with offender's stage of change readiness⁷.

3d) Dosage

Providing appropriate doses of services, pro-social structure, and supervision is a strategic application of resources. Higher risk offenders require significantly more initial structure and services than lower risk offenders. Services and supervision should be more intensive during the first three to nine months post-release. During that critical time period, 40-70% of an offender's free time should be clearly occupied with delineated routine and appropriate services, (e.g., outpatient treatment, employment assistance, education, etc.). Certain offender subpopulations (e.g., severely mentally ill, chronic dual diagnosed, etc.) commonly require strategic, extensive, and extended services. However, too often individuals within these sub-populations are neither explicitly identified nor provided a coordinated package of supervision/services. The evidence indicates that incomplete or uncoordinated approaches can have negative effects, often wasting resources⁸.

3e) Treatment Principle

Treatment, particularly cognitive-behavioral types, should be applied as an integral part of the sentence/sanction process. A proactive and strategic approach to supervision and case planning that delivers targeted and timely treatment interventions and ensures that appropriate dosage is delivered will provide the greatest long-term benefit to the community, the victim, and the offender. This does not necessarily apply to lower risk offenders, who should be diverted from the criminal justice and corrections systems whenever possible⁹.

Principle 4) Provide skills training using cognitive-behavioral treatment methods.

Provide evidence-based programming that emphasizes cognitive-behavioral strategies and is delivered by well trained staff. To successfully deliver this treatment to offenders, staff must understand antisocial thinking, social learning, and appropriate communication techniques. Skills are not just taught to the offender, but are practiced or role-played and the resulting pro-social attitudes and behaviors are positively reinforced by staff. Correctional agencies should prioritize, plan, and budget to predominantly implement programs that have been scientifically proven to reduce recidivism¹⁰.

Principle 5) Increase Positive Reinforcement.

When learning new skills and making behavioral changes, individuals respond better and maintain learned behaviors for longer periods of time when approached with *carrots* rather than *sticks*. Sustained behavioral change is better achieved when an individual receives a higher ratio of positive to negative reinforcements. Research indicates that a ratio of *four positive to every one negative* reinforcement is optimal for promoting behavior changes. These rewards do not have to be applied consistently to be effective (as negative reinforcement does) but can be applied randomly.

Increasing positive reinforcement should not be done at the expense of or interfere with the administration of swift, certain, and real responses for negative and unacceptable behavior. Offenders having problems with responsible self-regulation generally respond positively to reasonable and reliable additional structure and boundaries. Offenders may initially overreact to new demands for accountability, seek to evade detection or consequences, and fail to recognize any personal responsibility. However, with exposure to

clear rules that are consistently (and swiftly) enforced with appropriate and graduated consequences, offenders will tend to comply in the direction of the most rewards and least punishments. This type of extrinsic motivation can often be useful for beginning the process of behavior change¹¹.

Principle 6) Engage On-going Support in Natural Communities.

Realign and actively engage pro-social supports for offenders in their communities. Offender relapse issues (e.g., high risk situations, triggers, etc.) potentially *come to life* when offenders return to their natural communities and neighborhoods. It is therefore incumbent on supervising officers to have a good understanding of the general and particular assets and liabilities of various communities. Research indicates that many successful interventions with high risk populations (e.g., inner city substance abusers, homeless, dual diagnosed) actively recruit and use family members, spouses, and supportive others in the offender's immediate environment to positively reinforce desired new behaviors. This Community Reinforcement Approach (CRA) has been found effective for a variety of behaviors (e.g., unemployment, alcoholism, substance abuse, and marital conflicts); and research also indicates the efficacy of twelve step programs, religious activities, and restorative justice initiatives geared towards improving bonds and ties to pro-social community members¹².

Principle 7) Measure Relevant Processes/Practices.

Accurate and detailed documentation of case information, along with a formal and valid mechanism for measuring outcomes, is the foundation of evidence-based practice. Agencies must routinely assess changes in offenders' cognitive and skill development, and recidivism, if services are to remain effective.

In addition to routinely measuring and documenting offender changes, staff performance should also be regularly assessed. Staff that are periodically evaluated for performance achieve greater fidelity to program design, service delivery principles, and outcomes. Staff whose performance is not consistently monitored, measured, and subsequently reinforced work less cohesively, more frequently at cross-purposes and provide less support to the agency mission¹³.

Principle 8) Provide Measurement Feedback.

Once a method for measuring relevant processes / practices is in place (principle seven), this information must be used to monitor process and change. Providing feedback to offenders regarding their progress builds accountability, and is associated with enhanced motivation for change, lower treatment attrition, and improved outcomes (e.g., reduced drink/drug days, treatment engagement, goal achievement).

The same is true within an organization. Monitoring delivery of services and fidelity to procedures helps build accountability and maintain integrity to the agency's mission.

Regular performance audits and case reviews with an eye toward improved outcomes, keep staff focused on the ultimate goal of reduced recidivism through the use of evidence-based principles¹⁴.

Implementing the Principles of Evidence-based Practice

As stated previously, these principles are listed in developmental order. This order coincides with three basic processes of community corrections: 1) the order in which most individual cases are processed; 2) an application sequence for progressively higher risk offenders; and 3) the recommended order for system implementation. Implementing these principles and aligning

them with the operations of an agency is not easy, but an agency's ability to do so will largely determine the impact it has on sustained reductions in recidivism.

In order to successfully accomplish this shift to evidence-based practices and an outcome orientation, practitioners must be prepared to dedicate themselves to a mission that focuses on achieving sustained reductions in recidivism. The scientific principles presented in this document are unlikely to produce a mandate for redirecting and rebuilding an agency's mission by themselves. Leadership in organizational change and collaboration for systemic change are also necessary.

Conclusion

The research on evidence-based practices continues to emerge, and organizations around the world continue to work to translate this research into practice. The unique feature of this integrated model is its insistence that the systemic change required to do this cannot be fully implemented or sustained without equal and integrated focus on evidence-based principles, organizational development, and collaboration. The model builds heavily on work already being done by corrections systems. While it may not require heavy investment of new resources, it may require a change in the way existing resources are allocated, which can be just as challenging. Implementing this model requires strong leaders who are willing to challenge the status quo, advocate for better service provision, and strive for better outcomes.

The financial crisis facing criminal justice systems is forcing policy makers and administrators to rethink the old way of doing business and re-examine policies that favor institutional growth. The research is clear about which interventions result in reduced recidivism. Criminal justice leaders must be clear about whether or not they are willing to accept the status quo or take the steps necessary to make more effective use of the public resources

allocated to corrections. If they opt for more effective use of resources and increased public safety, this model will guide corrections systems through the three components of successful implementation: evidence-based practices, organizational development, and collaboration.

¹ James J. Stephan, "State Prison Expenditures, 2001," *Bureau of Justice Statistics Special Report* (June 2004).

² J. McGuire, "Evidence-based programming today," Paper presented International Community Corrections Association conference, Boston, MA, November, 2002; L.W. Sherman, D.C. Gottfredson, D.L. Mackenzie, J. Eck, P. Reuter, and S.D. Bushway, *Preventing Crime: What works, what doesn't, what's promising* (National Institute of Justice, 1998); S. W. Henggeler, G.B. Melton, M.J. Brondino, D.G. Scherer, and J.H. Hanley, "Multi-systemic therapy with violent and chronic juvenile offenders and their families: The role of treatment fidelity in successful dissemination," *Journal of Consulting and Clinical Psychology* 65 (1997): 000-0013; R.J. Meyers, W.R. Miller, J.E. Smith, and S. Tonnigan, "A randomized trial of two methods for engaging treatment-refusing drug users through concerned significant others," *Journal of Consulting and Clinical Psychology*, Vol. 70,5 (2002): 1182-1185.

³ D.A. Andrews, J. Bonta, and R. Hoge, "Classification for effective rehabilitation: Rediscovering psychology," *Criminal Justice and Behavior* 17 (1990):19-52; D.A. Andrews and J. Bonta, *The psychology of criminal conduct* (Cincinnati: Anderson Publishing Co., 1998); P. Gendreau, T. Little, et al., *A meta-analysis of the predictors of adult offender* (1996); P. Kropp, S. Hart, C. Webster, D. Eaves, *Manual for the Spousal Assault Risk Assessment Guide* (1995); C.B. Clements, "Offender Classification, Two Decades of Progress," *Criminal Justice and Behavior* 23 (1996): 121-143.

⁴ W. Miller and S. Rollnick, *Motivational interviewing: Preparing people for change* (New York, NY: Guilford Press, 2002); W.R. Miller and K. A. Mount, "A small study of training in Motivational Interviewing: Does one workshop change clinician and client behavior?" (Albuquerque, NM: 2001); R. Harper and S. Hardy, "An evaluation of motivational interviewing as a method of intervention with clients in a probation setting," *British Journal of Social Work* 30 (2000): 393-400; R.M. Ryan and E.L. Deci, "Self-determination theory and the facilitation of intrinsic motivation, social development, and well-being," *American Psychologist* 55 (2000): 68-78.

⁵ D.A. Andrews and J. Bonta, *The psychology of criminal conduct* (Cincinnati: Anderson Publishing Co., 1998); P. Gendreau and C. Goggin, "Correctional Treatment: Accomplishments and Realities," *Correctional Counseling and Rehabilitation* (1997); A. T. Harland, *Choosing Correctional Options that Work: Defining the Demand and Evaluating the Supply* (Thousand Oaks, CA: Sage, 1996); J. McGuire, "What works in correctional intervention? Evidence and practical implications," *Offender rehabilitation in practice: Implementing and evaluating effective programs* (2001): 25-43; J. McGuire, "Evidence-based programming today," Paper presented at International Community Corrections Association conference, Boston, MA, November, 2002; L.W. Sherman, D.C. Gottfredson, D.L. Mackenzie, J. Eck, P. Reuter, and S.D. Bushway, *Preventing Crime: What works, what doesn't, what's promising* (Washington, D.C.: National Institute of Justice, 1998).

⁶ D.A. Andrews and J. Bonta, *The psychology of criminal conduct* (Cincinnati: Anderson Publishing Co., 1998); D.S. Lipton, D. Thornton, et al., "Program accreditation and correctional

treatment,” *Substance Use & Misuse* 35,12-14 (2000): 1705-1734; D. Elliott, N. J. Hatot, et al., “Youth violence: A report of the Surgeon General,” (2001); A.T. Harland, *Choosing Correctional Options that Work: Defining the Demand and Evaluating the Supply* (Thousand Oaks, CA: Sage, 1996).

⁷ T. Gordon, *Parent Effectiveness Training* (NY: NY, Wyden, 1970).

⁸ P. Gendreau and C. Goggin, “Principles of effective correctional programming with offenders,” Center for Criminal Justice Studies and Department of Psychology, University of New Brunswick, New Brunswick, 1995; T. Palmer, “Programmatic and non-programmatic aspects of successful intervention: New directions for research,” *Crime & Delinquency*, 41 (1995): 100-131; H. Steadman, S. Morris, et al., “The Diversion of Mentally Ill Persons from Jails to Community-Based Services: A Profile of Programs,” *American Journal of Public Health* 85 (1995): 1630-1635; S.T. Higgins and K. Silverman, *Motivating Behavior Change Among Illicit-Drug Abusers: Research on Contingency Management Interventions*, (American Psychological Association, 1999).

⁹ D.A. Andrews and J. Bonta, *The psychology of criminal conduct* (Cincinnati: Anderson Publishing Co., 1998); T.R. Clear, “Objectives-Based Case Planning,” *NIC, Monograph 1981*; E. Currie, *Crime and punishment in America*. (New York, NY: Metropolitan Books, 1998); T. Palmer, “Programmatic and non-programmatic aspects of successful intervention: New directions for research,” *Crime & Delinquency*, 41(1995): 100-131; J. Petersilia, “Probation in the United States: Practices and Challenges,” *National Institute of Justice Journal* (1997): 2-8; F. Taxman and J. Byrne, “Fixing broken windows probation together,” *Perspectives* (Spring 2001): 23-29.

¹⁰ S. Mihalic, K. Irwin, D. Elliott, A. Fagan, and D. Hansen, *Blueprints for Violence Prevention* (Washington, DC: U.S. Department of Justice, 2001); W. Miller and S. Rollnick, *Motivational interviewing: Preparing people for change* (New York, NY: Guilford Press, 2002); M.W. Lipsey and D. B. Wilson, “The Efficacy of Psychological, Educational, and Behavioral Treatment,” *American Psychologist* 48 (1993): 1181-1209; D.S. Lipton, D. Thornton, et al., “Program accreditation and correctional treatment,” *Substance Use & Misuse* 35 (2000): 1705-1734; J. McGuire, “What works in correctional intervention? Evidence and practical implications,” *Offender rehabilitation in practice: Implementing and evaluating effective program* (2001): 25-43; J. McGuire, “Evidence-based programming today,” Paper presented International Community Corrections Association conference, Boston, MA, November, 2002.

¹¹ P. Gendreau and C. Goggin, *Principles of effective correctional programming with offenders* (New Brunswick: Center for Criminal Justice Studies and Department of Psychology, University of New Brunswick, 1995); R.J. Meyers and J.E. Smith, *Clinical Guide to Alcohol Treatment: The Community Reinforcement Approach*, (NY, NY: Guilford Press, 1995); S.T. Higgins and K. Silverman, *Motivating Behavior Change Among Illicit-Drug Abusers: Research on Contingency Management Interventions*, (American Psychological Association, 1999); N.H. Azrin and V. A. Besalel, *Job club counselor's manual* (Austin, TX: Pro-Ed, 1980); A. Bandura, D. Ross, et al “Vicarious Reinforcement and Imitative Learning,” *Journal of Abnormal and Social Psychology* 67 (1963): 601-607; A. Bandura, “Mechanisms of Moral Disengagement in the Exercise of Moral Agency,” *Journal of Personality and Social Psychology* 71 (1996): 364-374.

¹² C.D. Emrick, J.S. Tonigang, H. Montgomery, and L. Little, *Alcoholics Anonymous: Opportunities and Alternatives* (New Brunswick, NJ: Alcohol Research Documentation, Inc., Rutgers Center of Alcohol Studies, 1993); S.T. Higgins and K. Silverman, *Motivating Behavior Change Among*

Illicit-Drug Abusers: Research on Contingency Management Interventions, (American Psychological Association, 1999); N.H. Azrin and V. A. Besalel, *Job club counselor's manual* (Austin, TX: Pro-Ed, 1980); R.J. Meyers and J.E. Smith, "Getting off the fence: Procedures to engage treatment-resistant drinkers," *Journal of Substance Abuse Treatment* 14 (1997): 467-472; J. Bonta, S. Wallace-Capretta, J. Rooney and K. McAnoy, "An outcome evaluation of a restorative justice alternative to incarceration," *Justice Review* 5 (2002): 319-338; T. O'Connor and M. Perryclear, *Prison religion in action and its influence on offender rehabilitation*, (2002); R.J. Meyers, W.R. Miller, J.E. Smith, and S. Tonnigan, "A randomized trial of two methods for engaging treatment-refusing drug users through concerned significant others," *Journal of Consulting and Clinical Psychology*, Vol. 70,5 (2002): 1182-1185.

¹³ S.W. Henggeler et al., "Multi-systemic therapy with violent and chronic juvenile offenders and their families: The role of treatment fidelity in successful dissemination," *Journal of Consulting and Clinical Psychology* 65 (1997): 000-0013; S. Mihalic and K. Irwin, "Blueprints for violence prevention: From research to real world settings - factors influencing the successful replication of model programs," Boulder, CO: Center for the Study & Prevention of Violence, 2003); W.R. Miller, G.R. Sovereign and B. Krege, "Motivational interviewing with problem drinkers: II. The drinker's check up as a preventive intervention," *Behavioral Psychotherapy* 16 (1988): 251-268; N.H. Azrin, R.W. Sisson, R. Meyers, and M. Godley, "Alcoholism treatment by disulfiram and community reinforcement therapy," *Journal of Behavioral Therapy and Psychiatry* 13 (1982): 105-112; R.J. Meyers, W.R. Miller, J.E. Smith, and S. Tonnigan., "A randomized trial of two methods for engaging treatment-refusing drug users through concerned significant others," *Journal of Consulting and Clinical Psychology*, 70 (2002):5, 1182-1185; W.R. Miller and K. A. Mount, *A small study of training in Motivational Interviewing: Does one workshop change clinician and client behavior?* (Albuquerque, NM: 2001); R.K. Hanson and A. Harris, "Triggers of sexual offense recidivism," *Research Summary: Corrections Research and Development* 3 (1998): 1-2; J. Waltz, M.E. Addis, K. Koerner and N.S. Jacobson, "Testing the integrity of a psychotherapy protocol: Adherence and competence ratings," *Journal of Consulting and Clinical Psychology* 61 (1993): 620-630; A. Hogue, H.A. Liddle, C. Rowe, R.M. Turner, G.A. Dakof and K. Lapann, "Treatment adherence and differentiation in individual versus family therapy for adolescent substance abuse," *Journal of Counseling Psychology* 45 (1998): 104-114; J.J. Dilulio, *Performance Measures for the Criminal Justice System*, (Washington, DC: U.S. Bureau of Justice Statistics, 1993); P. Gendreau, T. Little, et al, *A meta-analysis of the predictors of adult offender* (1996); R.J. Meyers and J.E. Smith, *Clinical Guide to Alcohol Treatment: The Community Reinforcement Approach*, (NY, NY: Guilford Press, 1995).

¹⁴ W.R. Miller, G.R. Sovereign and B. Krege, "Motivational interviewing with problem drinkers: II. The drinker's check up as a preventive intervention," *Behavioral Psychotherapy* 16 (1988): 251-268; G. Agostinelli, J.M. Brown and W.R. Miller, "Effects of normative feedback on Consumption among heavy drinking college students," *Journal of Drug Education* 25 (1995): 31-40; A.M. Alvero, B.R. Bucklin, and J. Austin, "An objective review of the effectiveness and essential characteristics of performance feedback in organizational settings," *Journal of Organizational Behavior Management* 21(2001): 3-29; J.S. Baer et al., "An experimental test of three methods of alcohol risk reduction with young adults," *Journal of Consulting and Clinical Psychology* 60 (1992): 974-979; P.J. Decker, "The effects of rehearsal group size and video feedback in behavior modeling training," *Personnel Training* 36 (1983): 763-773; D. Elliott, "A Repertoire of Impact Measures," *Handbook of Criminal Justice Evaluation* (1980): 507-515; K. Ludeman, "Measuring skills and behavior," *Training & Development* (November 1991): 61-66; R. Zemke, "Systems Thinking," *Training* (February 2001): 39-46.

Implementing evidence-based practices in routine treatment settings is a crucial part of this. 5. The key question is: how do we implement evidence-based practices? Routine mental health settings are generally deficient in evidence-based practices. 5 To redress this, we must understand broad-scale implementation in diverse treatment systems. In summary, there are various strategies for implementing complex, evidence-based mental health practices in routine treatment settings. Findings from the multi-state evaluation of evidence-based practice implementation will inform our approach to new practices in mental health settings. References. What Are Evidenced Based Practices? In corrections: Practices in which an agency systematically finds, appraises, and applies the most current and valid research findings as the basis for developing and implementing targeted interventions and programming proven to reduce recidivism. 4 Historical Perspective Rehabilitation 1960s What Works 2000 Politicization: Three Strikes 1990s Just Desserts Sentencing Guidelines 1970s Utilitarian: Mandatory Minimums 1980s 5 Research Foundation for Evidenced Based Practices In the 1980s research began to appear supporting the notion that treatment works to