

How EBDM research can help our clients

Important information
for reports and
monitoring



What does Evidence-based mean?

- To know and apply research findings to the work that we do
- Your field is leading the way on this concept.
- You need to be the most knowledgeable about EBP and you must help the lawyers understand that they have a strong argument to make which is based in research

Criminogenic factors?

- What are the four most influential risk factors?
- Can you put them in order?
- What are non-criminogenic factors?
- Does anything surprise you?

criminogenic factors?

- Family/martial issues (lack of support)
- Self esteem
- Substance abuse
- Personal distress (anxiety)
- Antisocial personality (coping, self-control, problem solving)
- Leisure (lack of appropriate recreational outlets)
- Intelligence (low IQ)
- Employment
- Education
- Health issues (poor physical health)
- Mental Health (anxiety/depression)
- Antisocial associates (hanging around peers who get in trouble)
- Antisocial cognition (pattern of antisocial thinking/beliefs/attitudes)

#1 Criminogenic risk factor is?

- Antisocial cognition
- What does this mean?
- What would be a good way to say this in a CSS court report without it sounding bad?
- Is this different than the Mental health diagnosis?

What are the next 3

- 2. Antisocial personality =
 - 3. Antisocial Associates=
 - 4. Family/marital =
-
- These are your 4 top criminogenic risk factors? Does this surprise anyone?

Next 4 criminogenic risk factors

- 5. Substance abuse
- 6/7. Employment
- 6/7. Education
- 8. Leisure

Non-Criminogenic risk factors

- Self esteem
- Personal Distress
- Mental health
- Health issues (poor physical health)
- Intelligence (low IQ)

- Do we include these issues in court reports or address these issues when meeting with clients? What will the court know? What does the research say? We need to know it better than anyone else in the room.

Risk Principal

Question: Risk of What? What risk are we talking about when dealing with Compas or LSIR?

- Low Risk
- Moderate
- High
- Very High

Low Risk

- Low risk = least restrictive
- Get out of the way. Intensive Treatment for low risk offenders can increase recidivism
- How could you use this in a court report?

Moderate to High Risk

- You must address criminogenic needs
- Target the top criminogenic needs to what the client needs.
- Dosage matters. How much treatment should they get?

Very High Risk

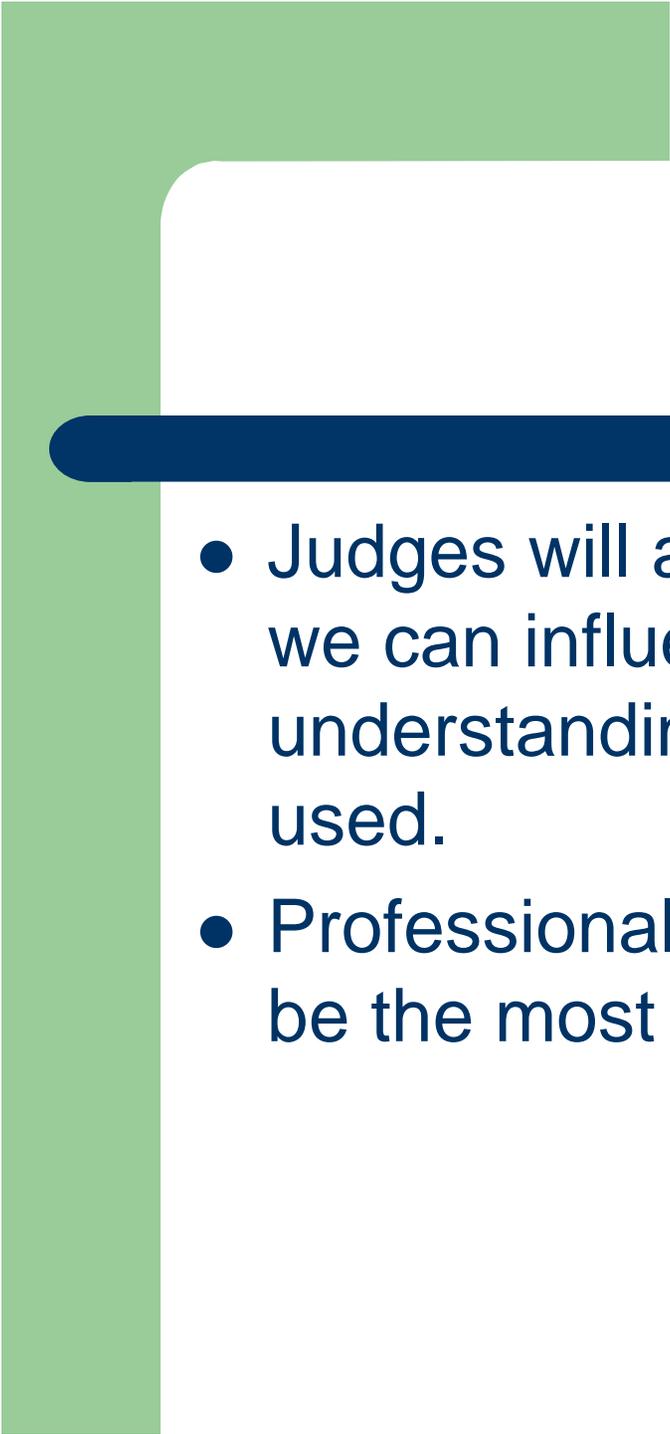
- Reserve the most intensive services for the very high group.
- GPS/frequent contacts etc..)

Who should be on probation?

- Should we place low risk, moderate-high, very high individuals on probation?
- If we say “no” to any of these risk groups why?

What works

- Pay attention to risk—don't mix risk groups. What will happen if you do?
- Need: Pay attention to the criminogenic needs of the clients. Can't solve all, but if we concentrate on the top two there is good research that our clients are less likely to reoffend.
- Responsivity: Recommend services that match the clients' unique characteristics. Do you know what you have in your community? Do you know if the services are evidence-based?
- Interventions: We can't always way in, but a plan can be set out in the court report to address behavioral issues

- 
- 
- Judges will always use their experience, but we can influence that decision by understanding the risk tools that are being used.
 - Professional judgment plus actuarial tool will be the most predictive of future risk.

What does not work

- Punishment, sanctions, incarceration
- Fear based programs
- Physical challenge programs
- Boot camps
- Shaming programs
- Intensive supervision without treatment
- Drug education programs

What works

- Focus on the top 4 criminogenic needs
- Match the client to the right program
- Use a cognitive behavioral approach
- Use positive reinforcement
- Match dosage to risk level

Dosage

Low N/A--dosage Minimal--duration Minimal--intensity	Moderate 100 hours--dosage 3-6 months--duration Once a week--intensity
Moderate/High 200 hours--dosage 6-9 months--duration Twice a week--intensity	High 300 hours--dosage 9-18 months--duration 3 times a week/resident

Some areas to focus on

- Must read the EBDM Framework on the NIC Website
- Must read the Dosage based probation which you can get on NIC Website and link to CCEP. Authors Judge Sankovitz and Mimi Carter
- All these slides are the work of Mimi Carter

EBDM

- The research does not hurt us— I believe we can use it to make sound arguments that help our clients.
- Make sure you...
 - Send clients to programming based on risk
 - Focus on criminogenic needs
 - Keep in mind Cognitive behavioral intervention work best
 - Avoid one size fits all programs—take into account the offender's traits

EBDM

- Use the risk tools in your community to inform the decision maker
- Use the risk tools to shape the interventions you are proposing (dosage and intensity)

Questions

- Contact me at stylerp@opd.wi.gov
- Milwaukee Trial office (414) 227-3990