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EVIDENCE BASED PRINCIPLES SIMPLIFIED

Contents

Introduction to Evidence Based Principles (EBP).

With all of the emphasis on Evidence Based Principles (EBP), it seems worthwhile to actually define the various elements involved. In other words, what exactly is EBP?

Evidence: that which tends to prove or disprove something; ground for belief, proof.

In other words, it is no longer acceptable to just "wing it" and base offender interventions on "my own personal experience" or "what seems to make the most sense." Fortunately, there is a growing group of EBP experts who publish findings and explanations on a regular basis. The amount of **proof** is growing!

Based: a fundamental principle or groundwork; foundation; basis.

When proven interventions (i.e., evidence) are part of the foundation of a treatment program, it is impossible to identify where treatment begins and ends. Treatment is not an event, or even a series of events. Treatment is **fundamental.** Every activity, every decision and every moment is part of the treatment process.

Principle: a basis of conduct or management.

Large segments of community corrections have long endorsed the ideas of EBP. It all makes sense, and as it gains political momentum, it is making more and more sense. Learning the language of EBP is important, but unfortunately, that is where many agencies stop. They have maintained their current practices but now use EBP language to refer to various components.
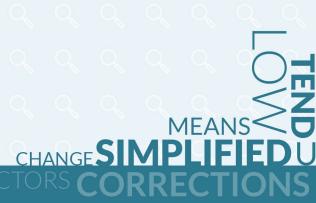
It does not work that way! Ultimately, EBP is not just about believing, using lingo, or preaching. The idea is one of a guiding principle of **conduct**, not belief.
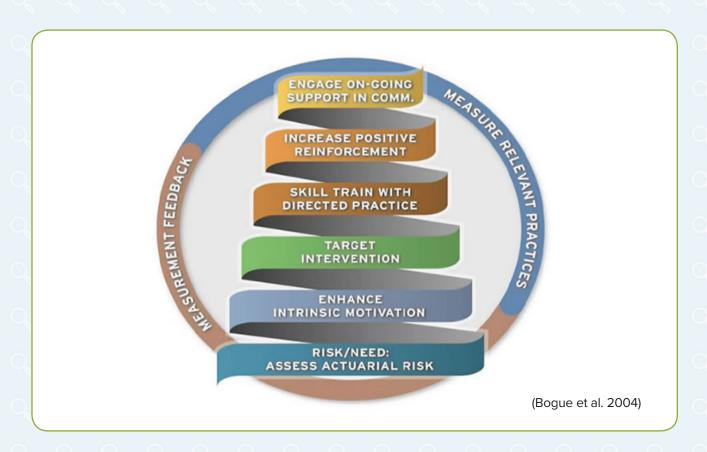
Inherent in the idea of EBP, but not necessarily embodied in its initials, is the concept that the goal of community corrections is to reduce recidivism among offenders. This is not a small issue as presumably there could be evidence based principles that are based solely on the idea that all corrections is about incapacitation or retribution. The author accepts the idea that the goal of community corrections is to reduce future criminal behavior and writes about EBP with that purpose in mind.

In "**Implementing Evidence-Based Principles in Community Corrections: The Principles of Effective Intervention**," the primary author, Brad Bogue, and his co-authors have done an outstanding job of defining the necessary principles for an effective treatment program. In the author's view, it is the most influential correctional article since Robert Martinson's infamous 1974 "Nothing Works" article. Actually entitled, "What works? Questions and answers about prison reform," the novice interpretations of varied data trends ushered in decades of correctional policy that explicitly denied the value of any efforts to rehabilitate. While many authors published questions and research counter to the "Nothing Works" concept, Mr. Bogue and colleagues provided a summary of the offender rehabilitation research in a manner to allowed practitioners, policy makers and other researchers to embrace its conclusions and move forward together. In fact, unless you have been living under a rock, you have no doubt seen the related graphic below.

(Bogue et al. 2004)

A Simplified and Applied Approach.

Below we have attempted to provide a "simplified" and "applied" view of the original eight principles, plus three additional concepts that we added for emphasis, of effective intervention. To be clear, we do not disagree with anything in the original article. Our take is completely congruent with the original eight principles, but adds emphasis in places where clinical or training experience suggests that the original work left questions or silently assumed concepts that we believe need to be explicitly addressed. In other words, we attempt to simplify the concepts for front line staff and provide an applied perspective for daily operations on the ground.

Principle 1a: Build the Therapeutic Relationship.

The change process is a journey. It has ups and downs and often feels scary and out of control. It is always easier to approach the unknown with a partner, particularly a partner who has been there before. Most offenders have a long history of failure and are well acquainted with betrayal. Their first question is, "Can I trust this person?" Answering this question can, for some, be a time consuming process. When you have a long history of hurt, it is wise to be hesitant to trust again.

"Is this person going to listen to me or just tell me what to do?" "Do they really care about me or are they just going through the motions?" "If I decide to take this leap and start this journey with them, will they be a reliable and supportive partner along the way?" While there is likely to be some testing of the relationship and commitment, no real progress starts until these questions have been answered. One of the reasons that Motivational Interviewing (MI) is so popular with this population is that, done well, MI quickly creates an environment and relationship that allows the client to answer these questions quickly and affirmatively.

This "subprinciple" was added due to our belief in its importance. We assume that the original text did not explicitly address the concept of the therapeutic relationship (aka "working
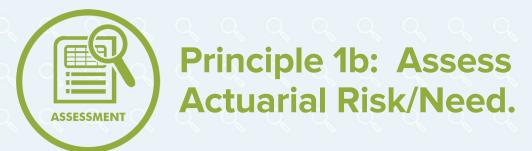
relationship", "therapeutic alliance" and others) either because it is difficult to quantify or because it was assumed. Our motivation to add emphasis here was two-fold: 1) A concept so critical must be addressed directly and 2) Given corrections philosophical history, it is not reasonable to assume that providers understand and buy into the idea that any change process begins with relationship(s).

While the relationship will always be a central focus in the change process, early on, it is the primary focus. If you think about following the client on the journey rather than leading, you will know when the client feels comfortable and ready to begin the uphill climb together. When trust, respect, and collaboration exist, Principle 2, Enhance Intrinsic Motivation, becomes much easier.

- **Listening:** When you are talking, you are not listening. Ask smart questions and listen.
- **Empathy:** Behavioral change is hard. Show that you understand that. Be patient.
- **Support:** Change is not an event. It is a process. A great deal of support is required to maintain motivation.

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ASSESSMENT

Principle 1b: Assess Actuarial Risk/Need.

What exactly is "actuarial" anyway? "Actuarial" refers to a set of statistics that calculate probabilities of a specific event. The reason probability statistics are emphasized is because human judgment regarding the risk of future crime is typically quite bad, in part because emotions and other biases get in the way (see our **Risk Principle-Simplified** for a more detailed discussion). Many authors have done an admirable job of describing the Risk, Need, and Responsivity (RNR) principles. Perhaps it is due to our industry's creative words (e.g., "criminogenic" means crime-creating), but our experience is that trainees struggle to truly understand the concepts and have an even tougher time applying it to their daily operations and worldview.

Some of this difficulty may be that some of the principles seem counterintuitive. For example, many community corrections professionals cannot wrap their brain around the concept that providing too much treatment can be a bad thing. Even seasoned therapists sometimes feel uncomfortable discussing the RNR concepts. Seen as something foreign (it was developed in Canada after all) and unsophisticated, clinicians can fail to see it as a case formulation approach to offenders. They are often adept at discussing an "underlying mechanism" or "core issue" but when RNR enters the conversation, they feel out of their comfort zone quickly.

Actually, the RNR concepts are very much developed out of common sense and congruent with any case formulation approach. When you think about the risk, need, and responsivity concepts in terms of visiting a medical doctor, it makes perfect sense.

What does the client <u>need</u>?

- What is the presenting symptom?
- What is causing the symptom?
- Target the underlying cause or the symptom or both?

What is the <u>risk</u> involved?

- What is the severity of the condition?
- Is an intervention actually needed?
- What is the risk if no intervention is provided?
- How big of an intervention is needed?
- What are the potential side effects of the intervention(s)?
- How to maximize the treatment effect and minimize the side effect(s)?

How do I maximize the <u>responsiveness</u> to the intervention?

- What interventions are most likely to provide the desired outcome?
- What factors may impact the intervention's success?
- What is the best intervention for this particular person at this time?

Far from a foreign concept, the RNR principles mirror the assessment process of any other human services field. Identify the symptom, identify the pros and cons of intervention, and identify the personal or situational characteristics that will likely have an impact on the intervention's success. One of the most important responsivity factors to consider is motivation **(See Principle 2: Enhance Intrinsic Motivation)**.

Enhance Intrinsic Motivation.

MOTIVATION

Which of the two statements feels more inspiring to you?

- I have a good relationship with my son again.
- I haven't been incarcerated for six months.

It is critical to understand that there are two different types of motivation. Most offenders come to us motivated to "stay out of prison" or "not use drugs." While both are admirable goals, it is vital to help the client tap into what they are motivated FOR. There is a significant difference between being motivated to say "no" to something and being motivated to say "yes" to something. In general, motivation to achieve something (e.g., be a better parent) is stronger than motivation to avoid something (e.g., stop using drugs). After all, getting up everyday to work toward something is much more inspiring than getting up with the hope of avoiding something. Help the client define WHO THEY ARE vs. WHO THEY ARE NOT.

This principle is often misunderstood and read as "increase motivation." The "intrinsic" part is vital. An offender's environment rarely cooperates with interventions and therefore strong internal motivation is necessary. This principle assumes (rightfully, in most cases) that offenders have good reasons to change but need help tipping the scales in favor of change. This is another place where Motivational Interviewing (MI) shines. Not because there is something magical about the MI techniques or style, but because it is client-centered focusing

on "pulling" the reasons for change from within the client, rather than "pushing" conventional motives. Nobody likes to be pushed. In the context of a <u>therapeutic relationship</u>, listening to the clients actual words and clarifying their meaning, has a tendency to <u>expose</u> their reasons for change rather than <u>impose</u> ours.

- **Avoidance:** Fear is an effective short-term strategy for behavioral change but a poor long-term strategy.
- **Approach:** Long-term, behavioral change requires moving toward something (e.g., being a better father), not just moving away from something (e.g., "I don't want to be incarcerated again").
- **Values:** Eliciting the offenders' personal values is the most effective way to help them help themselves.

Principle 3a: Target Interventions.

INTERVENTION

In the progression of "ready", "aim", "fire", the relationship, assessment, and motivation collectively provide the "ready". Focusing the "aim" is the next step. The assessment results, formal and informal, provide the foundation, but putting all the ingredients together can be a challenge. With a collaborative relationship and sufficient motivation, deciding what to target may involve some negotiation, but that is a logical and reasonable part of the process. While public safety must come first, even the most resistant clients goals and values should be reflected in the game plan to some extent.

The most important concept is that the assessment is not just a set of documents to check off and file away (see my embarrassing admission here). Developing the plan is part art and part science. Who and what to target is a matter of science (see below). How and when to target the various concerns involves science, relationship and creativity. Do you target the most important area first even if it is the area that creates the least motivation for the client? How do you prioritize the top needs since working on everything at once would be overwhelming and possibly counterproductive?

- **Who:** Prioritize higher risk clients for intense interventions but don't ignore lower risk clients. Low risk does not mean "no risk".
- **What:** While some research results prioritize the list slightly differently, the list below is generally accepted as:

Top Tier Targets

- Antisocial Attitudes
- Antisocial Associates
- Antisocial Personality
  (see the discussion here)
- Family/Marital Relationships

Second tier targets

- Substance Abuse
- Employment
- Education
- Leisure/Recreation

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- **Focus:** The goal is to decrease public safety risk. Focus on decreasing the behaviors that lead to crime.
- **Symptoms:** Sometimes a symptom (e.g., substance abuse) must be addressed before a top priority target can be the focus.
- **Measure Behavior:** Many offenders are expert at "doing time." Prescribed dosage must be based on measurement of specific effort or behavioral progress, not simply measurement of time.

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Principle 3b: Collaborative on a Treatment Plan.

Consider what it is like to be an offender who has been in multiple incarceration and treatment environments. In most cases, the intake process starts with a barrage of questions and then someone tells you what your problems are, what treatment is required and the total of the monthly fees required to keep you out of jail. The entire first few days is largely out of your control and your opinion is rarely asked, much less actually valued. Worse, it feels like your identity is summarized as a set of problems. That is the way you've felt for a long time, but it is disconcerting for a professional to reinforce the idea.

Conversely, imagine expecting the above experience and instead being pleasantly surprised when the treatment plan process begins with, "Let's begin with what you value most; what is most important to you." This process changes the entire interaction, the attitude and even the environment immediately, doesn't it? Instead of beginning a "treatment plan" that is based on a history of failure and critically poor choices, you get defined by what is important to you and who you want to become. You get defined by potential rather than problems. Feeling more motivated already? That is the idea.

By starting the treatment plan process by identifying the client's personal values, you touch on the following principles:

- **Principle 1a:** <u>Build the therapeutic relationship</u> – When the treatment process begins by looking at the future rather than the past and investigating values rather than failures, the sense of partnership and collaboration is ignited out of the gate.

- **Principle 2:** <u>Enhance Intrinsic Motivation</u> – Remember the idea that intrinsic motivation is "pulled" from a person rather than "pushed" upon them? By exposing the client's personal values rather than imposing ours, change talk begins. Also, tapping into motivation FOR something rather than AGAINST something is more energizing.

- **Principle 6:** <u>Engage Ongoing Support In Natural Communities</u> – If you listen closely, you will hear the client identifying what community relationships/resources he or she wants to improve. Personal values will almost always include some type of community relationship (e.g., be a better father, start my own business, help others). Even when a stated personal value is not explicitly related to the community, there is the implication of the need for some type of community support (e.g., sobriety, religion, stability).

The key to creating a value-based treatment plan is to help the client understand that values are not simply a cognitive construct but rather actions and behaviors. True values always manifest in behavior. Thinking about being a better father does not really make it a value. Talking about being a better father doesn't either. Taking action to spend more time with your child, including remaining in the community to ensure that as an option, is reflective of a true value.

Lastly, we are not suggesting that criminogenic needs do not need to be addressed. Quite the opposite. Once personal values are defined, identifying what is currently "getting in the way" of living those values is a natural next step.

- "What has been your primary obstacle to being a better parent?"

- "What needs to change in order for you to be able to truly pursue a life reflective of that value?"

- "How can I help you move closer to being a person that demonstrates that being a better parent is your top priority?"

It is not magic, but if you typically start with problems and experience lots of resistance, it may feel that way.
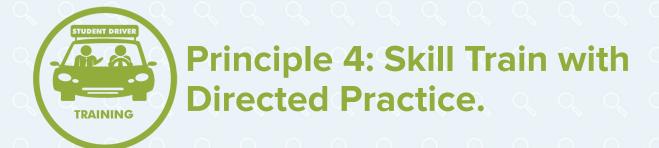
- **Start with Values:** Identifying what you do want is more motivating than identifying what you do not want.

- **Focus on Actions:** Every step in the treatment plan needs to be translated to action. We actually call refer to them as "action plans" for that reason.

- **Easy Does It:** Offenders have felt like a failure for a long time and often do not believe that they can change. Make the first action steps so easy that they cannot fail. Success breeds success.

Principle 4: Skill Train with Directed Practice.

Ever wondered why you continue with bad habits even when they serve no purpose other than to create pain? Human nature is frustrating. Sometimes it seems like we just one big compilation of habits, good and bad. That is partly true.

Most correctional professionals agree that behavioral change starts with acquiring new skills, however we often do a particularly poor job implementing this principle. It is not for a lack of trying. Without a solid foundation in the neuropsychology of habits and behavior change, we typically start with a false assumption. That assumption is that a lack of information is central to the behavior problem. When your assumption of the problem misses the mark, your intervention will too.

There are two primary types of learning. Declarative learning involves information that can be verbalized (i.e., declared). For example, WWII ended in what year? Who was the 16th President of the United States? What does a red stoplight mean? In each case, you can access your memory and respond with the answer. Declarative learning is vital to a variety of tasks, but behavioral change isn't one of them.

There is a big difference between learning facts, figures, and declarative information and learning processes. The process of learning processes is called procedural learning. While there is certainly information involved, it can rarely be verbalized. It must be demonstrated

or experienced. For example, you can read a book about learning to play golf. It will discuss hip action, hand-eye coordination, swing trajectory and many other important ideas. Once you've completed the book, head directly to the golf course. What are the chances you will injure a person nearby?

For some processes, declarative information is not helpful. In fact, sometimes it can actually get in the way. Processes can only be learned through experience. Procedurally learned behavior that get practiced often become "overlearned." When that happens, the brain switches on the autopilot. Our autopilot does not think and it hardly aware of what it is doing. It performs automatically, without the value or burden of declarative information.   While the automatic nature of the autopilot may seem dangerous, consider the value of it. Olympic and professional athletes only perform at their highest level when their autopilot takes over.

Extraordinary musicians do not think while performing. They let their autopilot take over. Complex processes that have been "overlearned" trigger the autopilot to take over.
Driving a golf ball is a process. Driving a car is a process. So is driving a nail. Guess what else is a process?? Coping skills. Problem solving. Social skills. Emotion management. In other words, personality.

There is a down side to the autopilot. A behavior learned in one situation may be completely inappropriate for another situation. The autopilot is not sensitive to environmental or situational differences. What happens when the autopilot takes over and performs a process that is not

a good match for the current situation? Starting to sound familiar?

Overlearned behaviors become habits. While those habits may be life-saving in one situation, in another they can be life threatening. We all have bad habits that we tolerate. However, when those habits result in criminal activity, it is not a nuisance but a recipe for personal and societal destruction. While a comprehensive discussion of procedural learning would

- Feedback tends to take control away from the autopilot and return it to the thinking part of the brain, and
- Learning competing behaviors require experience and practice.

- **Information:** Information does not necessarily translate to new behavioral learning.
- **Role Playing:** When real life experience is not an option, role playing is the next best thing.
- **Feedback:** Observe, practice, feedback. Repeat.

Principle 5a: Establish Structure and Behavioral Accountability.

"I am so relieved to be in jail." I've heard hundreds of offenders start an evaluation with this statement. They desperately wanted to get clean. They were motivated and ready to take change seriously. They just could not stop using long enough to create and execute a plan. Unfortunately, with greater emphasis on offender treatment, some tend to believe that structure and behavioral accountability is at best unnecessary and at worst, punitive.

Structure includes rules, roles, and expectations. Civilized societies are civil and a society due to structure. Many offenders perform perfectly with structure. There are flawless inmates and likeable community corrections clients. While it may be related to neuropsychological deficits, one thing is clear, most offenders need structure. They crave structure but hate it. They know they need it, but resent it. (This is true for me too).

When EBP experts advocate for adopting a "treatment" mentality rather than a "law enforcement" mentality, they are not espousing that rules and consequences are unimportant. Clearly, there needs to be balance and a treatment emphasis is needed. Still, let's not forget that our first priority is immediate community safety. This subprinciple, which is not in contradiction with any of the original principles of effective intervention, was added here for two reasons: 1) When it is absent from writings, the audience infers that it is no longer important, and, in fact, may hinder rehabilitation efforts and 2) We believe treatment begins with structure and accountability. The external control is necessary to the treatment process, not opposed to it.

By definition, structure limits one's freedom. Some individuals are able to provide their own structure. Many are not. For individuals who fail to plan, rarely schedule anything, and generally just let the

day unfold, the lack of structure can be a real problem. Such individuals need external structure in order to color inside the lines. Perhaps most importantly, it is impossible to focus on changing a given behavior if you continue to engage in the behavior. Far from being punitive, providing behavioral accountability is part of the treatment process.

Does that mean that electronic monitoring is an evidence based practice? Is frequent monitoring treatment? Does the structure of a work release program, in the absence of formal treatment lead to long term behavior change? Not unlike the therapeutic relationship, structure and behavioral accountability are necessary but not sufficient. Alone, they are unlikely to create change. Still, offender treatment programs that do not include behavioral consequences are equally unlikely to create change. The concept of accountability and treatment do not work against each other. Far from it, each needs the other.

- **Monitoring Matters:** Failing to provide structure and accountability is not an act of kindness.

- **Swift and Certain:** The severity of the punishment is largely irrelevant.   The key is that the consequence always occurs and occurs as close in time to the behavior as possible.

- **Predictable:** When behavioral consequences are written down and provided ahead of time to an offender, it increases personal responsibility. Common practice suggests that the element of surprise in the punishment is key to its effectiveness. Actually, when the consequences are disclosed ahead of time, it increases personal responsibility. Unknown consequences result in greater risk taking and the formation of lots of excuses. When the client knows what the consequence of given action will be, they "earn" it rather than staff "issuing" it.

REINFORCEMENT

Principle 5b: Increase Positive Reinforcement.

Think about the last dog you trained. Opting for praise and treats was not a challenge. Everyone knows that positive reinforcement should outweigh punishment when attempting to train a new behavior. Somehow, it seems we forget this lesson when it comes to people.

Perhaps we expect more out of people than dogs. Maybe it is the years of "tough on crime" mentality. Is it possible that we are hard wired to think of punishment before praise? While diligence is required, it is certainly possible to transform an environment focused on punishment to one centered on "catching them being good."

Offender treatment research indicates that at a minimum, clients should receive at least four positive reinforcements for each punishment. Some family and marital research indicates that this ratio holds true for parenting and spousal relationships.

Why does the behavioral change process require so many more positive interactions to every negative? It is not so much that positive feedback matters more. It appears to be that negative feedback just weighs more. We remember failure more accurately. We obsess about tasks that we failed to complete. Something about our nature or nurture makes remembering negative events easier than remembering positive events. Therefore, if we want clients to remember their successful experiences we'd better overload them with praise.

Another reason for the importance of positive reinforcement is similar to the above noted concept of intrinsic motivation. Punishment provides information about what not to do. Positive reinforcement provides information about what is desired. While both concepts are important during the change process, informing clients what they should be saying "no" to can sometimes lead to anger and confusion. When a person is praised or rewarded for a given behavior, there is no confusion. It is clear that the rewarded behavior is what should be repeated. In essence, punishment announces, "Don't do that." Positive reinforcement announces "Do that again." The difference in the amount of information communicated is vast.

- **Punishment:** Many offenders are essentially immune to punishment.
- **Focus:** Positive reinforcement should be specific, behavior-focused and swift, but unpredictable.
- **"Yes" vs. "No":** Traditionally, most offender feedback has been about which behaviors are not desired. Positive reinforcement provides information about what behaviors are desired.

Principle 6: Engage On-Going Support in Natural Communities.

WELCOME COMMUNITY

To paraphrase a proverb, "It takes a community to transition an offender." As a community corrections agent, you will work diligently to replace the antisocial influences with a more prosocial network of friends, colleagues and associates. You discuss at length the importance of the environment and having good role models. While the client is in your care, you will support, provide empathy, give advice, inspire and prepare the client for their new lifestyle after supervision. It will take an army of people to replace the roles that you play. Literally. The army is the community. It is pastors and employers, mothers and coaches, colleagues and therapists. The work you do cannot be replaced by one or even two people.

In the corporate world, succession planning is a big deal. Who will take over as the CEO when this one retires? Who will be the next Director of Sales? Who is being groomed to run the show? You cannot wait until the death or the retirement of a vital person to begin thinking about replacing that person or at least the roles that he or she played. Similarly, who are you grooming to take over the roles you are playing in the client's life? Who will ask the hard questions? Who will celebrate their successes? Who will provide timely advice? Who will be there for the "high five" for that promotion at work? What will replace the therapeutic environment that has enveloped the client? Sadly, if there is not a solid plan in place, the old playground and playmates will certainly welcome the return of a long lost friend.

Psychologists are an interesting bunch. Many approach their theory as religion and defend it from any foreign attack. They debate theoretical concepts and seek to persuade others to join their

camp. Thus, there are few concepts that do not trigger instant disagreement among the experts. These "happy-path" concepts include:

- Relationships make the world go round.
- Environment is the single greatest influence on behavior.
- Role Modeling is a close second.

The beauty of engaging the community in your efforts to help the client is that it provides all three, relationship, environment, and role modeling. Grooming others to play your roles begins at the beginning of treatment, not towards the end. The community will need your assistance too. Welcoming back offenders with open arms is not the community's default position.
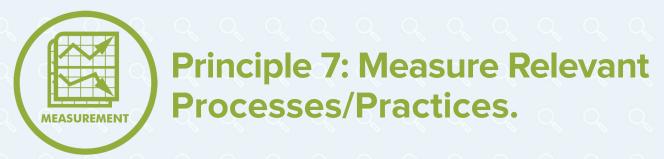
- **Environment:** Environment is the single greatest influencer of behavior.
- **Role Modeling:** Role modeling is the second greatest influencer of behavior.
- **Group Norms:** When people feel connected to a given group of people, they adhere to the group norms of that group.

Principle 7: Measure Relevant Processes/Practices.

Last year in a Wall Street Journal article, Microsoft co-founder Bill Gates discussed some of the most important lessons learned in his work with the Bill and Melinda Gates Foundation in developing countries. He explained, "In the past year, I have been struck by how important measurement is to improving the human condition. You can achieve incredible progress if you set a clear goal and find a measure that will drive progress toward that goal."

I know of no industry with such hard working, patient people as community corrections. This relatively small, but growing, community is full of people that still believe they can save the word like Mr. Gates. Work ethic and heart keep offenders on the right track, bring families back together, assist mentally ill offenders with the management of their medications and enhance public safety daily. That is the good news. The bad news is that we do not do an adequate job of measuring. The worse news: In some cases, the measurements actually exist, but it is nobody's job to compile and interpret the data.

We can continue to explain that it is difficult to measure the processes in the human service field or we can just start using the mountains of data that we have to improve individual programs and community corrections as a whole. Can't get everyone on the same page to define "recidivism"? OK, measure something else. Find out what correlates with success. What is the profile of your typical successful client? What makes them different than the unsuccessful client?

As community corrections moves away from a "compliance" mentality in which checking boxes and meeting paperwork deadlines is the primary measurement to a "performance" worldview,

measurement will become vital. Policy makers will no longer support the positive emotion of helping people without evidence that it is actually helping. This will not be an easy transition for community corrections agent, but, while some interventions will be justifiably tossed, the data will validate much of the work hard and passion of its workers.

Ideally, every process in a community corrections program directly or indirectly leads to greater offender success. Is that criminal thinking awareness treatment producing the desired results? Is there a particular criminogenic need that predicts significantly greater success than others? Measuring results in a program is more than just measuring success rates. Knowledge of the interventions and characteristics that produce that success is the most important information available to you.

If you are still using pencil and paper, or even a master of spreadsheets, you are wasting time and information. It is impossible to do any process research without organized, codified data. If your case management system was initially designed and adopted in a year that begins with a "19", it is time to improve it or lose it. While this principle is not about "technology" per se, attempting to measure anything without it is a fool's game. Technology prices are a fraction of what they were ten years ago. Use it to capture, organize, and analyze your data. Not only do your staff and clients need a continuous culture of measurements, the community corrections field needs your insights!

- **Data:** Evidence Based Principles begin with measurement and analysis of data. Your data can be turned into evidence too.
- **Staff:** Measuring staff performance is just as important as measuring offender performance.
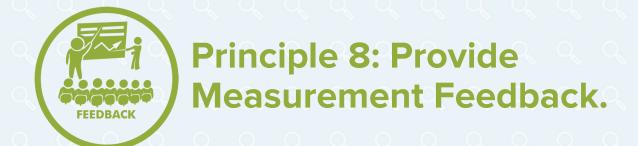- **Technology:** Computers organize and analyze data much better than humans do.

Principle 8: Provide Measurement Feedback.

The needle on my gas gauge provides feedback. So does my bank account statement. My teenage daughters' eye rolls are feedback. When my mother states, "I miss your phone calls," she is providing feedback. The scoreboard provides a variety of valuable feedback, as does the speeding ticket for driving 84 in a 45. The reminder on my iPhone is designed solely for the purpose of feedback. Feedback surrounds us, but sometimes when we need feedback the most, we cannot find it.

My community corrections contract requires me to provide an annual report to my oversight agency. Every year I create beautiful color charts and sophisticated graphs, print them on card stock paper and include a lovely cover page and wire coil binder. I work hard to make it easy to understand complex data. I present the results and trends to the oversight board, take a few insightful questions and breathe a sigh of relief that the task is completed for another year.

I am embarrassed to admit that some (which sounds better than "many") years I do not go over the annual report with the employees who arrive at work every day giving 100% to help the offenders we serve. We talk all year about the importance of our mission and the goals we as a team want to attain. Then I create a feedback document about our successes (and failures) and fail to give it to the very people that crave it the most. (Writing this is not my proudest moment).

When I visit a web site (**www.correcttech.com** is one I would recommend), there is usually a Facebook icon with a simple message, "Like us on Facebook." They want my feedback. When I try

to purchase a used set of golf clubs on EBay, I see the percentage of positive ratings of the seller. They are proud of their feedback. We periodically conduct a customer satisfaction survey for our CorrectTech customers. How did we do? Are you happy? Would you recommend us? How can we help? We cannot get better without feedback. Where there is a goal, there had better be feedback.

Data analysis is not just for PowerPoint presentations and annual reports. Ultimately, predictive statistics (i.e., what correlates with success), should inform training, policies, and employee feedback. Knowledge should be used to effect change, not only for knowledge in and of itself.

- **Make it Clear:** People (offenders, employees, organizations) thrive on feedback.
- **Make it Matter:** Feedback, accompanied by a specific goal, leads to increased motivation
- **Make it Change:** Organizational feedback should be reflected in the revision of policies and procedures.

We think EBP matters. We hope you do too (if you got this far, you do!). In fact, CorrectTech grew out of the need to advance Time to Change Community Corrections Programs in Denver, CO. We needed to automate and implement EBP. CorrectTech is the result. We invite you to learn more about our first hand experiences with our staff, our community corrections clients, our programs, and our experience in using technology to help enable our EBP journey. We can also introduce you to other agencies who have likewise adopted CorrectTech to streamline their operation and place more focus on what matters most. People!