“Evidence-Informed” Correctional Practice

UNAFEI
(United Nations Asia and Far East Institute for the Prevention of Crime and the Treatment of Offenders)

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Evidence-Based Practice

- Evidence-Based Practice (EBP) allows organizations to use what *really* works as demonstrated by trials.

- ‘RNR’ paradigm
  - Risk Principle: the use of a validated assessment process to effectively direct treatment resources to the highest-risk offenders.
  - Needs Principle: targets criminogenic need areas such as substance abuse, anti-social personality and anti-social beliefs.
  - Responsivity Principle: requires interventions to be responsive to temperament, learning styles, motivation, gender and culture when assigning offenders to programmes.
For example:

- Drug courts monitor drug-involved offenders’ abstinence from drug use through frequent drug testing and compliance with individualized drug treatment programmes. Offenders referred to the courts have a reoffending rate of 37% compared to 50% for comparable offenders not participating in drug courts.
- Incarceration-based drug treatment programmes have a modest effect in reducing recidivism. Therapeutic communities have the strongest effect amongst drug users.
- Cognitive-behavioural programmes for sex offenders significantly reduce reoffending. The mean effect equates to a reduction in recidivism by over a quarter: a sexual recidivism rate of 10.1% in treated sex offenders versus 13.7% in the comparison groups.
- Restorative justice conferencing (RJC) involves face-to-face meetings of offenders and victims, forcing offenders to face the consequences of their actions. RJC significantly reduces reoffending and increases victims’ satisfaction with the handling of their cases.

Campbell Collaboration (2017). The effects of sentencing policy on reoffending: A summary of evidence from 12 Campbell systematic reviews. Campbell Policy Brief No.4
Key criticism of Evidence-Based Practice

Slotting Offenders As Square Pegs Through Our Round Program Holes!

This slide is quoted from Dr. Frank Porporino’s presentation. (Porporino, F. (2018). Seven Principles for a Highly Effective Correctional Practice. Presentation at the Ministry of Justice, Japan)
Working effectively with Offenders

OPPORTUNITY
Support/Assistance to Contend with Social Factors
Obstacles, Challenges, Disadvantages

ABILITY
New Skills for Thinking/Behaving.
Change Reactions/Actions In Face Of Difficulties

MOTIVATION
Conviction & Self Efficacy for Change

DESISTANCE

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“Practitioners are encouraged to be knowledgeable about findings coming from all types of studies and to use them in their work in an integrative manner, taking into consideration clinical experience, and judgement, client’s preferences and values and context of intervention”

Evidence-Informed Practice

Interaction

- Evidence-Based Practice
- Evidence-Informed Practice
- Narrative-Based Practice
Evidence-Based Practice and Evidence-Informed Practice

Figure 1. The standard evidence-based medicine/evidence-based practice model.

Figure 2. Revised evidence-informed practice model.

Creating Rehabilitative Prisons
5 Key Dimensions

Acceptance

Respect

Support

Empathy

Belief

Key Dimensions

Orderly and safe environment where prisoners are dealt with fairly

Respectful and courteous interactions

An active regime with opportunities for personal development

Decent treatment from highly motivated staff

Proper balance

and so on

Staff Training

• Reoffending rates have been found to drop to about 25% after staff have received training compared to 46.7% before (Bonta et al., 2011¹).

• In the US, failure rates of 16% have been reported for moderate risk offenders supervised by appropriately trained staff compared to 30% for a randomly assigned comparison group (Robinson et al., 2012²).


Thank you for your attention

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