

Transition from Jail to Community ONLINE LEARNING TOOLKIT



Module 5: Targeted Intervention Strategies

Welcome to *Targeted Intervention Strategies*. This document is the PDF version of the online TJC Implementation Toolkit, and will not necessarily reflect the changes and updates made to the toolkit. To view the latest and most complete version of this module, visit www.jailtransition.com/Toolkit. This module provides an overview of targeted intervention strategies that are designed to improve the outcomes of people transitioning from jail to the community. This module also will explain how to use the Triage Matrix Implementation Tool to match offenders to the appropriate intervention and how to use the risk-need-responsivity model to increase the likelihood of success for those transitioning from jail to the community.

"Reentry of citizens to our communities is an issue that can and should be addressed within our facilities, from admission all the way through release and assimilation back into our communities. What better time could there be to begin to identify and address inmates' risks and needs than while they are within our care and custody? It is imperative that all of our treatment strategies, both in custody and post release, target and address individual needs consistently to utilize our resources wisely and insure the best possible long-term public safety outcomes."

Katherine Tilley Burns,
Re-entry Coordinator, Jacksonville Sheriff's Office
Jacksonville, Florida

This module has three sections and should take 10 to 15 minutes to complete.

The recommended audience for this module includes:

- Sheriffs
- Jail administrators
- Correction officers
- Jail treatment staff
- Community corrections staff
- Reentry coordinators
- Judges and Officers of the Court
- Pretrial Services Staff
- Community providers
- Probation officers
- County commissioners
- County board members
- Criminal justice council members

This module also includes resource lists for additional reading.

Module Objectives

This module provides information that will help you to understand why and how targeted intervention strategies form the core of the Transition from Jail to Community (TJC) model at the individual level and comprise the basic building blocks for effective jail-to-community transition.

Improving transition at the individual level involves the introduction of specific interventions targeted by need at critical points along the jail-to-community continuum. The underlying premise, based on research, is that interventions addressing high risk needs at these key points can facilitate reintegration and reduce reoffending, thereby increasing long-term public safety.

Critical to this approach are the principles that:

- Interventions should begin in jail with the booking process and continue, as needed, throughout incarceration and upon release into the community.
- Targeted and more intensive interventions should be used for medium- to high-risk offenders identified through the assessment process, as they are most likely to recidivate.
- Interventions should be tailored to the specific needs, risks, and strengths of each individual.
- In-jail intervention should be applied to both sentenced and pre-trial inmates.

This module discusses the:

- Primary elements of targeted intervention strategies.
- Benefits of using targeted intervention strategies to help people transitioning from jail to the community.
- Research that supports the principles underlying targeted intervention strategies.

This module contains the following three sections:

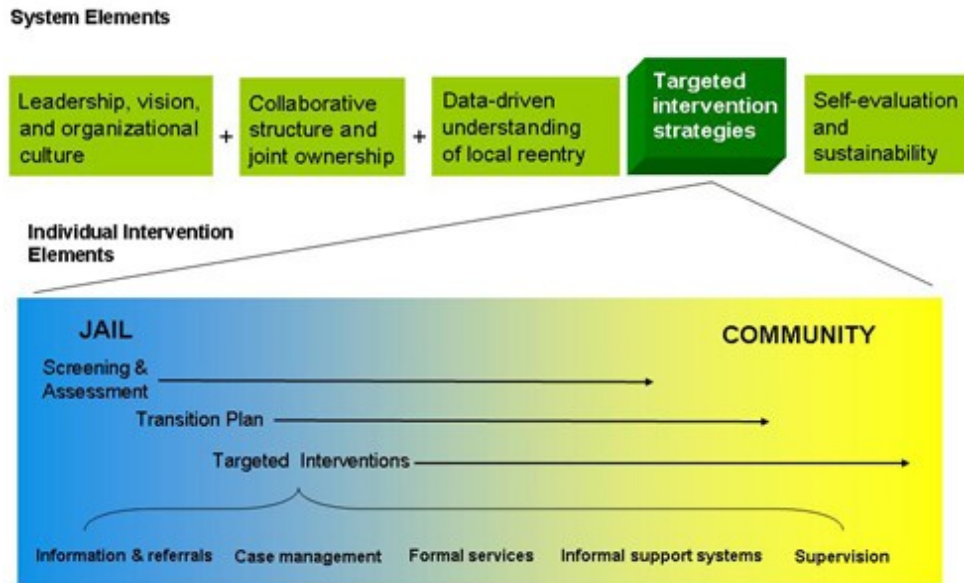
1. A Triage Approach to Targeted Interventions
2. The Risk-Need-Responsivity Model for Assessment and Rehabilitation
3. Terms Used in the Field

By the end of this module, you should be able to:

- Explain why targeted intervention strategies are needed.
- Complete the Triage Matrix Implementation Tool.
- Identify the key transition intervention strategies of the TJC's Implementation Roadmap.
- Discuss the research that supports targeted intervention strategies.
- Understand the risk-need-responsivity model for assessment and rehabilitation.

The Transition from Jail to Community Model

The visual below indicates how *Targeted Intervention Strategies* are included in the *Transition from Jail to Community* model. They comprise one of five key system elements that must be in place for the TJC model to work.



Section 1. A Triage Approach to Targeted Interventions

In this section, you will learn the importance of prioritizing resources and targeting intervention strategies based on system and individual factors. Clearly, given the diversity of the jail population, unpredictable lengths of stay, limited resources, and principles of evidence-based practice, it is not possible or desirable to provide the same level of intervention to everyone who enters the jail setting.

In fact, to obtain an optimum level of efficiency and effectiveness, quick screening tools should be used to separate low-risk offenders from their medium- and high- risk counterparts. The key is to match the right person to the right resources so that higher risk individuals receive more intensive interventions in the jail and the community.

This research-driven practice of targeting the needs of higher risk offenders is often controversial. Many jails and communities tend to “over-program” lower risk offenders and use valuable resources to change their behavior despite the fact that intensive programming of lower risk offenders is likely to make them worse rather than better. As a part of such a practice, not only does it make lower risk offenders worse, but valuable treatment opportunities are missed for higher risk offenders who are far more likely to reoffend at a much higher rate and frequency than their lower risk counterparts. Therefore, the TJC project recommends a triage system to help a system determine “who gets what.”

Terms to Know

Triage: The process by which a person is screened and assessed immediately on arrival at the jail or community service to determine the urgency of the person’s risk and needs in order to designate appropriate resources to care for the identified problems

Triage Planning

The word *triage* comes from the French term “trier,” to sort. We often think of triage scenarios when natural and human disasters occur and decisions have to be made quickly to identify and treat the most seriously injured.

Triage protocols are effective because they:¹

- Bring order to a chaotic situation.
- Quickly sort a large number of people on the basis of a serious condition;
- Set the path for individualized treatment.
- Facilitate a coordinated effort between jail- and community-based supervision agencies and providers.
- Are fluid enough to accommodate changes in the number of people involved in the process, the availability of resources, and the extent of need.

¹ United States Army, Office of the Division Surgeon, 10th Mountain Division. Presentation delivered as part of a Trauma Focused Training. Fort Drum, NY.

A jail setting is a busy and sometimes chaotic environment, but decisions still have to be made at reception to determine each individual's risk and needs. This is a particularly acute problem within a jail facility because of the rapid rate of turnover and short length of stay of most inmates. A triage matrix, tailored to the needs, resources, and timelines of your jurisdiction, will help determine the appropriate allocation of services by categorizing individuals and identifying the appropriate mix of targeted interventions.

The following case studies will help you to begin thinking about the unique risk and needs of your population.

Case study 1. Mrs. Thomas is a 42-year old, married mom of two children awaiting trial and charged with driving under the influence. She is a recovering addict, has one prior felony for drug possession for which she served 180 days in jail, and has been drug free for two years before her most recent relapse. Mrs. Thomas has also worked part-time at a convenience store for the last two years. She does not have a history of failure to appear. **Case study 2.** Mr. Banks is a 33-year-old, single male serving a nine-month sentence in the county jail for possession of a half of gram of methamphetamine. Mr. Banks started using drugs when he was 12, dropped out of school in the 11th grade, and served his first prison term at 19 for robbery. He has spent 8 years in prison, the last time before his recent jail stay was for stealing a car while under the influence. At the time of his current arrest, Mr. Banks was unemployed and living in a shelter after losing his construction job for not showing up to work on time.

Case study 3. Mr. Jones is a 19-year-old, single man serving a 15-day sentence for possession of marijuana and medication (i.e., Concerta, a stimulant used to treat ADHD) for which he didn't have a prescription. Prior to his arrest, Mr. Jones had no prior criminal record, attended community college, was employed part-time as a waiter at a local eatery and lived with his mother.

Using these three case studies, ask yourself the following questions about these individuals:

- Which screenings and assessment instruments are needed to identify their risk and needs as they enter your facility?
- What are their unique risks?
- What is the likelihood of Mrs. Thomas in case study 1 appearing in court when required?
- How *pressing* is the need for intervention?
- How *extensive* is the need for intervention?
- What is the likelihood of reoffending and how severe might the crime be?
- What are their unique needs?
- Do you know their length of stay?
- What factors would you use to sort them by risk and needs?
- What type of jail and community intervention is required?
- What type of transition planning and which specific targeted interventions, if any, are needed?

Don't worry if you don't have all the answers. In this module and the next three modules, you will learn how to perform the following 11 tasks (outlined in the Targeted Intervention Strategies section of the TJC Implementation Roadmap and designed to address these and related topics):

1. Complete the Triage Matrix Implementation Tool.
2. Apply screening instruments to all jail entrants.
3. Apply risk/needs assessment instrument(s) to selected jail entrants.
4. Produce transition case plans for selected jail entrants.
5. Develop pretrial practices to support jail transition
6. Define scope and content of jail transition interventions currently in place.
7. Provide resource packets to all jail inmates upon release.
8. Deliver in-jail interventions to selected inmates.
9. Deliver community interventions to selected released inmates.
10. Provide case management to selected jail entrants.
11. Provide mentors to selected jail entrants.

To begin, review The Triage Matrix Implementation Tool referenced in Task 1 and developed by the TJC project team to help your jurisdiction prioritize goals, identify target populations, and allocate limited resources to your jurisdiction's intervention strategies. An example of this document is available in Appendix A, and a full version is available at http://www.urban.org/projects/tjc/toolkit/module1/Triage_Matrix.xls.

The underlying concept is that everyone in the jail population should get some intervention, which may be as minimal as receiving basic information on community resources, but the most intensive interventions are reserved for inmates with higher risk and needs. The triage matrix includes the following four sections:

1. Screening and Assessment
2. Transition Case Plan
3. Pre-Release Interventions
4. Post-Release Interventions

The triage matrix includes a worksheet for each section and a sample matrix with all sections completed. All content in the sample triage matrix is approximate and should be adapted to fit your community. We recommend that you fill in the triage matrix as soon as possible to better understand the strengths and gaps in your present transition system.

Resources

1. Bogue, Brad, Nancy Campbell, Mark Carey, Elyse Clawson, Dot Faust, Kate Florio, Lore Joplin, George Keiser, Billy Wasson, and William Woodward. 2004. *Implementing Evidence-Based Practice in Community Corrections: The Principles of Effective Intervention*. Washington, DC: National Institute of Corrections. Available: <http://www.nicic.org/pubs/2004/019342.pdf>
2. Christensen, Gary. January 2008. *Our System of Corrections: Do Jails Play a Role in*

Improving Offender Outcomes? Washington, DC: Crime and Justice Institute and the National Institute of Corrections. Available: <http://nicic.org/Downloads/PDF/Library/022971.pdf>.

3. Dunworth, Terry, Jane Hannaway, John Holahan, and Margery Austin Turner. 2008. *Beyond Ideology, Politics, and Guesswork: The Case for Evidence-Based Policy*. Washington, D.C.: The Urban Institute. Available: http://www.urban.org/UploadedPDF/901189_evidencebased.pdf.

4. Urban Institute. *Case planning worksheet*: Available: <http://www.urban.org/projects/tjc/toolkit/module5/Case-Planning-WKST.pdf>

5. U.S. Department of Health and Human Services, Substance Abuse & Mental Health Services Administration. October 2007. *A Guide to Evidence-Based Practices on the Web*. Available: <http://www.samhsa.gov/ebpWebguide/index.asp>.

Reentry Revisited

Let's revisit what we have learned so far in the Targeted Intervention Strategies module. Please answer the following question.

The TJC Triage Matrix helps you to:

- Prioritize goals, identify target populations, and allocate resources.
- Identify staff members whose attitude needs correcting.
- Identify potential stakeholders.
- Turn the jail into a hospital.

Summary

Now that you have completed this section, you should understand that incarcerated people have varying needs. Some require intensive interventions, while others require little or no intervention. The Triage Matrix Implementation Tool and the TJC Implementation Roadmap can help you prioritize goals, identify task and target populations, and allocate resources efficiently and effectively

Section 2. The Risk-Need-Responsivity Model for Assessment and Rehabilitation

In the last section, we frequently used the terms *risk* and *needs*. In this section, you will learn the research behind the risk-need-responsivity (RNR) model and why this model is an important concept to understand when carrying out the 10 tasks outlined in the Targeted Intervention Strategies section of the TJC Implementation Roadmap.

Risk-Need-Responsivity Model

Researchers have spent years formulating the principles of effective intervention strategies for correctional populations. Many researchers support the risk-need-responsivity (RNR) model, which states that the risk and needs of the incarcerated individual should determine the strategies appropriate for addressing the individual's criminogenic factors before and after release.

According to Don Andrews and James Bonta, leading criminal justice scholars, the RNR model is based on the following three principles:³

1. Risk principle. Match the level of service to the offender's risk of reoffending, based on static factors (e.g., age at first arrest, history of arrest, current age) and dynamic factors (e.g., substance abuse, antisocial attitudes). Higher-risk offenders should receive more intensive intervention.

2. Need principle. Assess **criminogenic needs** and target them in treatment. High-risk offenders should receive intensive treatment, while low-risk offenders should receive minimal or no treatment.

3. Responsivity principle. Maximize the offender's ability to learn from a rehabilitative intervention by providing cognitive behavioral treatment and tailoring the intervention to the learning style, motivation, abilities,

Principles of Effective Correctional Intervention²

Latessa and his colleagues identify eight principles of effective correctional intervention. They are included here so you can better understand how to increase the chance of successful intervention. Tools such as the Correctional Program Assessment Inventory (CPAI) are available to determine the extent to which your strategy meets these principles.

Principle 1. Organizational Culture

Principle 2. Program Implementation/Maintenance

Principle 3. Management/Staff Characteristics

Principle 4. Client Risk/Need Practices

Principle 5. Program Characteristics

Principle 6. Core Correctional Practice

Principle 7. Inter-Agency Communication

Principle 8. Evaluation

²

From Latessa, Edward J., Cullen, Francis T., and Gendreau, Paul. 2002. "Beyond Correctional Quackery—Professionalism and the Possibility of Effective Treatment." *Federal Probation*. 66(2):43-49.

³ Bonta, James and D. A. Andrews. 2007. *Risk-Need-Responsivity Model for Offender Assessment and Rehabilitation*. Ottawa: Public Safety Canada, June. Available at: https://cpoc.memberclicks.net/assets/Realignment/risk_need_2007-06_e.pdf.

TJC Leadership Profile



Correctional Officer **Gevonnia M. Thurman** joined the Jacksonville Sheriff's Office in 2004. In 2013, she became a Certified Instructor for General Instructions. She is currently assigned to the Programs Unit where she handles inmate program schedules, is a "Thinking for a Change" instructor at the Montgomery Correctional Center, and Pre-Trial Detention Facility. Officer Thurman earned an Associate of Specialized Technology Degree from National School of Technology in Miami Fla in 1997. She received the Corrections Officer of the Month award in August 2014.

My approach to motivating inmates enrolled in Thinking for a Change (T4C) is to engage in active listening, where I focus and listen to each of their goals. Throughout the program I continue to remind them of their goals and provide feedback on how the inmates can achieve them by using the T4C tools. I have found that a combination of active listening, encouragement, and support increases inmates' utilization of services provided through our reentry program.

What is your approach to motivating inmates and your fellow officers to support T4C? As a fellow officer, I understand the feelings my coworkers experience daily in our work environment. My approach to introducing T4C and motivating my coworkers is showing them how the T4C lessons can apply to our work and personal lives. My belief is that we must accept change within ourselves before we can help others change; this can be achieved by officers and inmates learning and speaking the same language of TJC.

⁴ Latessa, Edward J., Cullen, Francis T., and Gendreau, Paul. 2002. "Beyond Correctional Quackery: Professionalism and the Possibility of Effective Treatment." *Federal Probation* 66(2): 43-49.

⁵ Chapman, Tim, and Hough, M. 1998. *Evidence-based Practice: A Guide to Effective Practice*. London: Home Office Publications Unit.

⁶ Ohio Department of Rehabilitation and Correction, Intensive Program Prisons webpage.
http://www.drc.state.oh.us/web/ipp_criminogenic.htm.

Risk and Public Safety

Risk relates to the actual and perceived threats that offenders released from jail pose to the safety and property of potential victims in the community.⁵ Imagine such risks as being on a continuum: At one end are offenders who are too dangerous to be safely managed in the community and at the other end are offenders who pose no real risk to public safety.

When determining where a person falls on the continuum (risk assessment), you need to consider a number of factors (criminogenic needs) that research has shown are associated with recidivism. These criminogenic needs are dynamic, in that they can change over time.⁶ Ensuring that the returning inmate has accessed and will continue to access partnership services that address criminogenic needs is critical for managing and reducing any potential risks he or she may pose to the community.

Resources

1. Fretz, Ralph. 2006. *What Makes A Correctional Treatment Program Effective: Do the Risk, Need, and Responsivity Principles (RNR) Make a Difference in Reducing Recidivism?* This article describes the risk-needs-responsivity model, and the importance of generating a treatment environment. Available: <http://www.cecintl.com/pdf/research/Outcome%20Research-What%20Makes%20A%20Correctional%20Treatment.pdf>
2. Grattet, Ryken, Jesse Jannetta, and Jeff Lin. 2006. *Evidence-based Practice in Corrections: A Training Manual for the California Program Assessment Process (CPAP)*. University of California, Irvine: Center for Evidence Based Corrections. Available: <http://ucicorrections.seweb.uci.edu/pdf/CPAPTrainingManual.pdf>
3. National Resource Center on Justice Involved Women. An online resource for professionals, policymakers, and practitioners who work with adult women involved in the criminal justice system. Available: <http://www.cjinvolvedwomen.org/>
4. Scott, Wayne. 2008. *Effective Clinical Practices in Treating Clients in the Criminal Justice System*. Boston, Mass.: Crime and Justice Institute. Available: <http://static.nicic.gov/Library/023362.pdf>

Reentry Revisited

Let's revisit what we have learned so far in the Targeted Interventions Strategies module. Please answer the following question.

Criminogenic needs refer to:

- Only static risk factors (such as gender and criminal history).
- Only dynamic risk factors (such as alcohol and drug misuse and impulsivity).
- Environmental risk factors (such as poor lighting and absence of security cameras).
- Both dynamic and static factors.

Summary

Now that you have completed this section, you should understand the basis for effective practices central to the TJC model. By accurately assessing risk, you can determine the most appropriate treatment interventions. You should understand that only needs that are directly related to offending should be the subject of interventions. Interventions should be responsive to the offender's individual learning style, motivation, abilities, and strengths.

Section 3. Pretrial Interventions

In many jurisdictions the concept of Targeted Intervention Strategies is synonymous with working with the sentenced population. When asked why this is the case, the two most reoccurring jurisdictional responses are:

- Not enough time and resources to work with pretrial detainees before they are released.
- Community safety issues with pretrial release.

In this section, we will highlight the importance of incorporating the pretrial population into your TJC work. First, we will outline some important pretrial population facts, then identify the benefits of targeting pretrial detention for TJC practices and finally, demonstrate that community safety is not put at risk when pretrial detention alternatives are implemented properly.

The Facts

1. Pretrial inmates make up 61 percent of the jail population around the country.
2. Pretrial population continues to rise at a higher rate than the sentenced population.
3. 88 percent of detainees are in jail for a period of time during pretrial because they cannot afford bail.
4. 53 percent (of the 88 percent) stay in jail the entire pretrial period because they can never raise enough bail money to be released.
5. Pretrial inmates who cannot post bond stay in jail for an average of 121 days compared to an average of 12 days for those who meet the financial conditions of their release.
6. The use of money bail in felony cases has increased from 53 percent in 1990 to 70 percent in 2006.

The facts speak for themselves. A majority of defendants are spending a lot of time in jail throughout the pretrial period. Often times by the time they have plead guilty they have either sat in jail for so long they have served their time and are released, or have only a few weeks left on their sentence to serve.

In many jails comprehensive treatment interventions are reserved for the sentenced population, so the opportunity for many defendants to receive in-jail services is lost because the entire or majority of their sentence is served during the pretrial period.

The Solution

The laws in most jurisdictions require courts to release defendants on the least restrictive

conditions necessary to reasonably assure public safety and court appearance. Validated pretrial risk assessment tools are in use in many jurisdictions that successfully sort defendants into categories showing their risks to public safety and of failure to appear in court. By using these tools, jurisdictions can match appropriate pretrial release conditions to the identified risk levels of each defendant, and help judges to assure that only those with unmanageable risks remain in jail pending trial.

Jails benefit from this practice since it relieves overcrowding, saves them money and can free up additional space for pretrial and sentenced inmates who present a higher public safety risk to the community.

Lower risk defendants benefit by returning to their jobs, families, and communities where they can receive the support and treatment services they often need.

Is Pretrial Release Safe for the Community?

Empirical research continues to demonstrate that most defendants appear in court as required and are not rearrested on new charges while on pretrial release. Even those defendants who score in the highest risk level in validated pretrial risk assessments appear in court and remain arrest-free while their cases are pending in a large majority of the cases. For example, research in Virginia shows that over 90 percent of defendants in the highest risk category make all their court appearances, and 70 percent have no rearrests. Kentucky, which mandates a validated pretrial risk assessment done on every defendant coming before every judge has a re-arrest rate of 8 percent and a failure to appear rate of 10 percent. Though higher than in Virginia, both states have found that using an evidence-based risk assessment instrument increases the success rates beyond those realized using clinical or professional judgment alone to determine release decisions. It is because of these and similar findings that the Conference of Chief Justices, the International Association of Chiefs of Police, the Association of Prosecuting Attorneys, the National Sheriffs' Association, and the American Jail Association, among others, have all called for the use of evidence-based pretrial risk assessment tools to help judges identify the small minority of defendants who pose too great a risk to be released.

Resources

Pretrial Justice Institute (2010) *Pretrial Services Program Implementation: A Starter Kit*. Washington, DC: Pretrial Justice Institute. Available:

[http://www.cejamericas.org/manualsaj/\[PJI\]PretrialServicesProgramImplementationKit_%20AStarterKit.pdf](http://www.cejamericas.org/manualsaj/[PJI]PretrialServicesProgramImplementationKit_%20AStarterKit.pdf)

Vetter, Stephanie J. and John Clark (2012). *The Delivery of Pretrial Justice in Rural Areas: A Guide for Rural County Officials*. Washington, DC: National Association of Counties. Available: <http://www.naco.org/newsroom/pubs/Documents/Health,%20Human%20Services%20and%20Justice/The%20Delivery%20of%20Pretrial%20Justice%20in%20Rural%20Areas%20-%20A%20Guide%20for%20Rural%20County%20Officials.pdf>

Reentry Revisited

Let's revisit what we have learned so far in the Targeted Intervention Strategies module. Please answer the following question.

Which of the following statements are false?

- Pretrial inmates make up 61 percent of the jail population around the country.
- Research finds serious community safety issues with pretrial release.
- The pretrial population continues to rise at a higher rate than the sentenced population.
- Low-risk defendants on validated pretrial release risk instruments have high court appearance rates while awaiting trial.

Summary

Now that you have completed this section, you should understand the pretrial defendants make up the majority of the jail population. Many of them are incarcerated because they can't post money-bond that have been set by the court, and not because of their risk to the community or their failure to appear in court if released. Using evidence-based pretrial risk release instruments will help jurisdictions determine which detainees are good candidates to return to their community pending their court date.

Section 4. Terms Used in the Field

This section defined a number of basic terms used in this module. These terms have been highlighted throughout the module, allowing you to rollover the term to see the definition.

Assessment. The systematic collection, analysis, and utilization of objective information about an offender's level of risk and need.⁷

Cognitive behavioral process. The complex relationship among thoughts, feelings, and behavior. People learn to manage this relationship from personal experience and from interaction with significant others. Deficits in the cognitive behavioral process may reinforce antisocial behavior, and these deficits often can be corrected through cognitive behavioral therapy.⁸

Criminogenic factors. Recognized factors that have been proven to correlate highly with future criminal behavior.

Criminogenic needs. Factors that research has shown have a direct link to offending and can be changed.

Effective practice. Modes of operation that produce intended results,⁹ and, in relation to the TJC model, that enable the successful community reintegration of offenders so they end up leading productive and crime-free lives.

Evidence based practice: the conscientious, explicit, and judicious use of current best evidence in making decisions about the care of individual offenders by integrating individual clinical expertise with the best available external clinical evidence from systematic research.¹⁰

Modeling. Within a social-learning environment, the demonstration of prosocial skills by correctional officers, staff, and counselors to reinforce positive changes exhibited by transitioning offenders. An all-important aspect of any transition effort because successful transition efforts have been proven to take place within social-learning environments.

Responsivity. Matching an offender's personality and learning style with appropriate program settings and approaches.¹¹

Risk. The probability that an offender will commit additional offenses.¹²

⁷ Zajac, Gary. 2007. *Principles of Effective Offender Intervention*. Pennsylvania Department of Corrections, Office of Planning, Research, Statistics & Grants, Camp Hill, PA

⁸ Chapman, Tim and Michael Hough. 1998. *Evidence-based Practice: A Guide to Effective Practice*. London: Home Office Publications Unit.

⁹ Ibid.

¹⁰ Adapted from David L Sackett, William M.C. Rosenberg, J.A. Muir Gray, R. Brian Haynes and W. Scott Richardson. 1996 (January). "Evidence based Medicine: What It Is and What It Isn't." *British Medical Journal* 312, 71-72.

¹¹ Zajac, Gary. 2007. *Principles of Effective Offender Intervention*. Pennsylvania Department of Corrections, Office of Planning, Research, Statistics & Grants, Camp Hill, PA.

¹² Ibid.

Triage. The process by which a person is screened and assessed immediately on arrival at the jail or community service to determine the urgency of the person's risk and needs in order to designate appropriate resources to care for the identified problems.¹³

Reentry Revisited

Let's revisit what we have learned so far in the Targeted Interventions Strategies module. Please answer the following question.

Within an effective transition system, appropriate staff modeling is best shown by:

- Insisting that an offender exhibit polite and courteous behavior at all times.
- Ensuring that punishment is swift and certain.
- Demonstrating through daily professional practice the prosocial behaviors and skills that are essential for offender behavioral change.
- Colluding with offenders' inappropriate behavior and attitudes.

Summary

Now that you have completed this section, you should understand the basis for effective practices central to the TJC model. By accurately assessing risk, you can determine the most appropriate treatment interventions. You should understand that only needs that are directly related to offending should be the subject of interventions. Interventions should be responsive to the offender's individual learning style, motivation, abilities, and strengths

¹³ Cook, S. and D. Sinclair. 1997. "Emergency Department Triage: A Program Assessment Using the Tools of Continuous Quality Improvement." *Journal of Emergency Medicine* 15: 889-894.