

## Summary

Many (former) prisoners have problems in the area of cognitive skills. Because no programmes exist in the Netherlands which are aimed at improving cognitive skills and could therefore lead to a reduction in recidivism, the Interventions Study Group of the Recidivism Reduction programme decided to translate the Enhanced Thinking Skills (ETS) programme (Cova in Dutch), which has proved effective in England, and introduce it in the Netherlands.

To find out whether the programme would be feasible in the Dutch situation as well, the programme was tested in the spring of 2004 on five groups of prisoners (intramurally) and three groups of probation service clients (extramurally). It emerged from the process evaluation of this test phase that several major problems had occurred during the preparation and implementation. These related mainly to the selection of the participants, lack of sufficient support within the pilot institutions, number of trainers, programme contents, registration of participants and trainers and the measurements before and after.

On this basis, it was decided not to proceed with widespread implementation of the Cova programme, but first to determine by way of a new process evaluation whether the programme, with a number of adjustments, could be implemented in the same pilots without too serious problems. These adjustments were focused mainly on making better assessments, an improved exchange of information on the objective and implementation of the Cova training among the actors involved, and reducing the drop-out rate in the extramural groups. In addition, adjustment was proposed of the manual, number of hours spent and the financing of the trainers.

### *The implementation phase*

Most pilot coordinators were much less actively involved in the preparation than was the case in Cova-1. Moreover, because the implementation coordinator had dropped out, the intervention coordinators had to consult with the pilots regarding the organisation of the training courses. Intervention coordinators, however, do not have the mandate to impose mandatory measures.

Because the intervention coordinators were primarily supposed to be occupied with supervision and coaching, six new trainers were engaged, two of whom were employed within the prison system. This made a total of thirteen trainers available. Most of the trainers were trained internally.

To increase support, an information meeting and trial session were to be held at each location.

Ultimately, an information meeting was held at only six locations. Two locations indicated that they had no need for this. The trial session was given at only four locations.

The same criteria were used to recruit participants as in Cova-1 (over 18, a valid residence status, reasonable knowledge of the Dutch language, the ability to function in a group and not too long a remaining term of imprisonment after the end of the programme). In all pilots, explicit attention was now given to mastery of the Dutch language. On the other hand, hardly any attention was paid to the social functioning and intellectual capacity of the candidates. In half of the pilots, it was also examined whether candidates were motivated to take the Cova training.

Particularly in the extramural pilots, it was again difficult to recruit participants, because it proved impossible to find enough candidates whose participation was imposed by judgment.

Despite the fact that the RISC had not been validated, and there were doubts as to its usefulness for certain groups of participants, this diagnostic tool was then used as well to assess candidates' suitability for participation. In principle, persons with an average risk of recidivism and a lack of cognitive skills could participate in the training. These selection criteria were not always followed

strictly because not enough participants could be found at some locations. The differences in interpretation of the selection criteria led to a lack of clarity in the field. Despite the recruitment problems, 80 participants were ultimately selected.

### *Implementation of the interventions*

Because three trainers had dropped out shortly after the start - two because of illness and one because of cooperation problems - the intervention coordinators again had to give many training sessions, and they had too little opportunity to supervise and coach the trainers.

In half of the pilots, the implementation phase ran without too serious problems. At several locations, the video equipment became defective during the training, so that not all sessions could be recorded. As in Cova-1, particularly the motivation of the participants, the involvement of the supervisors and the degree to which the programme was supported in the organisation greatly influenced the successful implementation of the programme. The pilots in which explicit attention was paid to motivation, and participants knew what the consequences would be of dropping out prematurely, had more results than the other pilots.

Trainers and participants were mostly positive about the way in which the Cova training ran. The trainers were less positive only about the lack of coaching and supervision and the organisation of the training courses at some locations.

Ultimately, approximately two thirds of the participants completed the programme successfully. In Cova -1, the success rate was clearly higher. The dropout rate was clearly higher in the extramural than in the intramural groups. The most common reason for dropping out was being absent three times.

The costs involved in implementing the programme were considerably higher for Cova-2 than for the first Cova-1 training course because of the increase in the number of trainers, the increase in the number of hours for preparation, implementation and evaluation of the training and a higher hourly rate. Cova-1 required a personal investment for each participant of 1,147 euros, and Cova-2 of 2,270 euros.

### *The Cova programme*

Participants, trainers and intervention coordinators were satisfied with the Cova programme. Although the manual had been adjusted after Cova-1, most trainers and intervention coordinators nevertheless thought that parts of it should be re-adjusted. In addition, the scoring in the session evaluation form was considered unclear. The evaluations of the sessions showed that the trainers, except for the use of motivational interview techniques, possessed the required skills to a (more than) adequate extent. Although real effects of taking the Cova programme could not be identified, some of the participants stated that the programme did have some effect on their way of thinking. The trainers also shared this opinion.

Halving the questionnaires to be filled in for the before and after measurement had an effect on the quality of the answers. Only a limited number of participants filled in the questionnaires 'blindly'. The collection of the RISc results, the evaluation forms of participants and trainers and the questionnaires of the before and after measurements took considerably more time and effort in Cova-2 than in the first test phase.

## **Recommendations**

The process evaluation has shown that the Cova programme is feasible in the Dutch situation, but that it is advisable to make more adjustments before the programme is implemented in the prison system and the probation service.

In selecting the institutions which will offer Cova, it should be examined in particular whether there is broad support for the implementation of the programme. In order to involve the staff in the programme, it is very important to provide clear information about the purpose and set-up of the programme.

In the context of nationwide implementation of the Cova programme, it is important to ensure that the programme is organised and implemented in a uniform manner everywhere. For this purpose, the existing Plan of Action should be adjusted on several points. A nationally operating implementation coordinator should see to it that the Plan of Action is indeed followed.

In the recruitment and selection of participants, more attention should be paid to the motivation, intellectual capacity and social functioning of potential participants. Participants should preferably be selected according to who can be included in the reintegration plan after taking the Cova training. It is also advisable for the regular supervisors of the candidates to be actively involved in the preselection. To keep candidates who do not meet the selection criteria from participating in the training nevertheless, the results of the RISC's should be presented to the intervention coordinators for final evaluation. One could also consider having the trainers hold a sort of intake interview with the candidates through which they gain an initial impression of the participants.

In putting together the training groups, care should be taken that they are balanced with respect to age, remaining term of imprisonment, type of offence and risk of recidivism. In the light of the findings, it is advisable as well to recruit new trainers, preferably within the pilot institutions themselves. At least two trainers should always be available for each training group. Intervention coordinators should be used to give training only in very exceptional cases, but they should primarily be engaged in the coaching and supervision of the trainers.

To determine the long-term effects of Cova and monitor the quality of the programme as well as possible, it is very important for the trainers and intervention coordinators to be well aware of the importance of registrations and evaluations.