

# What works and What Doesn't in Reducing Recidivism: Some Lessons I have Learned from Evaluating Correctional Programs

By:

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# Lesson 1

- Some things don't work

# Some so called “theories” we have come across

- “Offenders lack creativity theory”
- “Offenders need discipline and physical conditioning theory”
- “Offenders need to change their diet theory”
- “Treat them as babies & dress them in diapers theory”
- “We just want them to be happy theory”
- “Male offenders need to get in touch with their feminine side theory”

Other things that don't work

# Ineffective Approaches

- Programs that cannot maintain fidelity
- Drug prevention classes focused on fear and other emotional appeals
- Shaming offenders
- Drug education programs
- Non-directive, client centered approaches
- Talking cures
- Self-Help programs
- Vague unstructured rehabilitation programs
- “Punishing smarter”

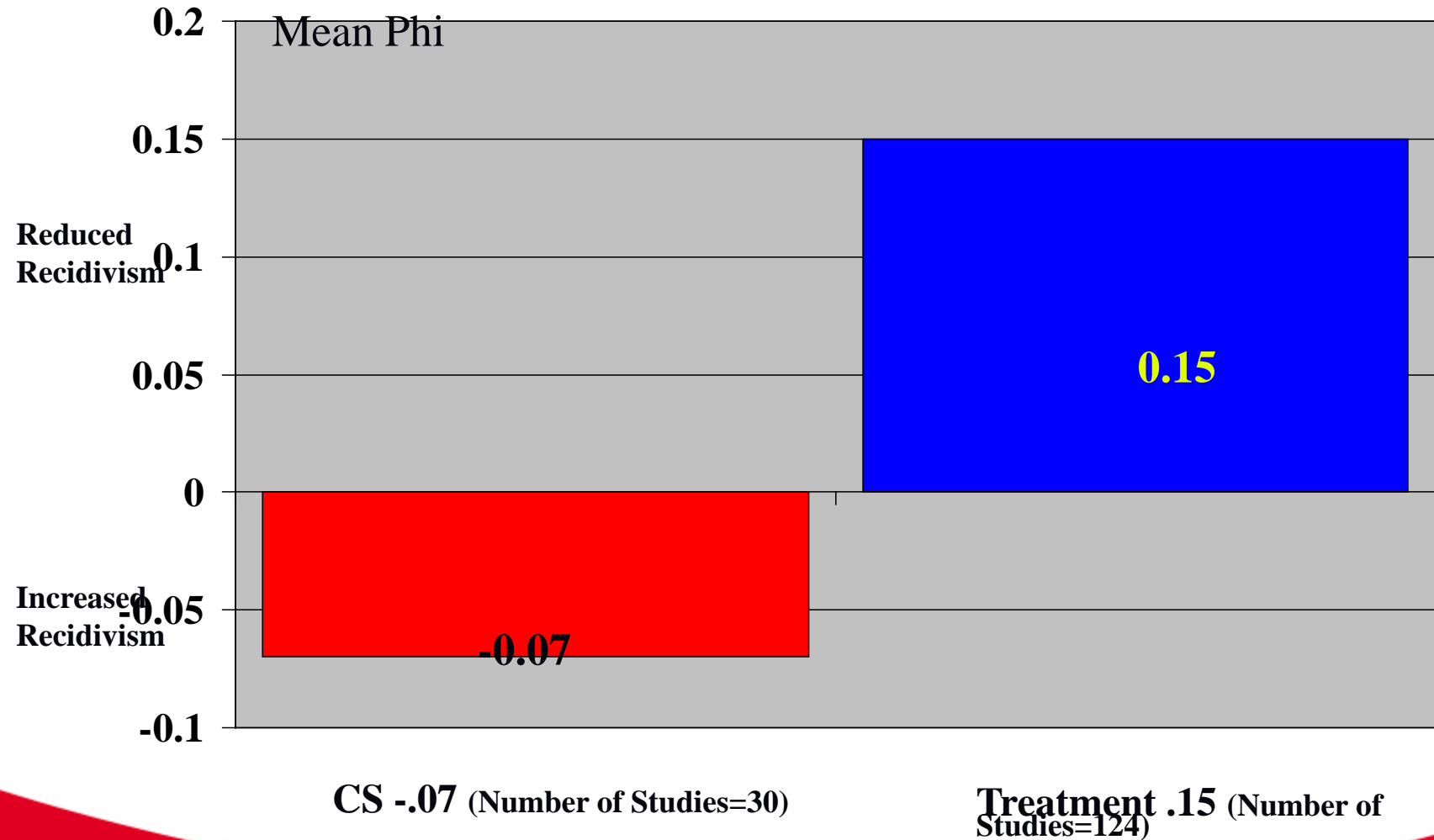
# Lesson 2

- Punishment alone is not very effective in reducing recidivism

# FROM THE EARLIEST REVIEWS:

- Not a single reviewer of studies of the effects of official punishment alone (custody, mandatory arrests, increased surveillance, etc.) has found consistent evidence of reduced recidivism.
- At least 40% and up to 60% of the studies of correctional treatment services reported reduced recidivism rates relative to various comparison conditions, in every published review.

# Results from Meta Analysis: Criminal Sanctions versus Treatment





# People Who Appear to be Resistant to Punishment

- Psychopathic risk takers
- Those under the influence of a substance
- Those with a history of being punished

# Lesson 3

- Almost anything you want to fix starts with assessment

# Assessment helps us...

- Meet the risk and need principles – “who” to target and “what” to target
- Reduces bias
- Helps us know if interventions have worked
- Avoid watermelon thumping

To understand assessment  
one needs to consider types of risk factors

# Dynamic and Static Factors

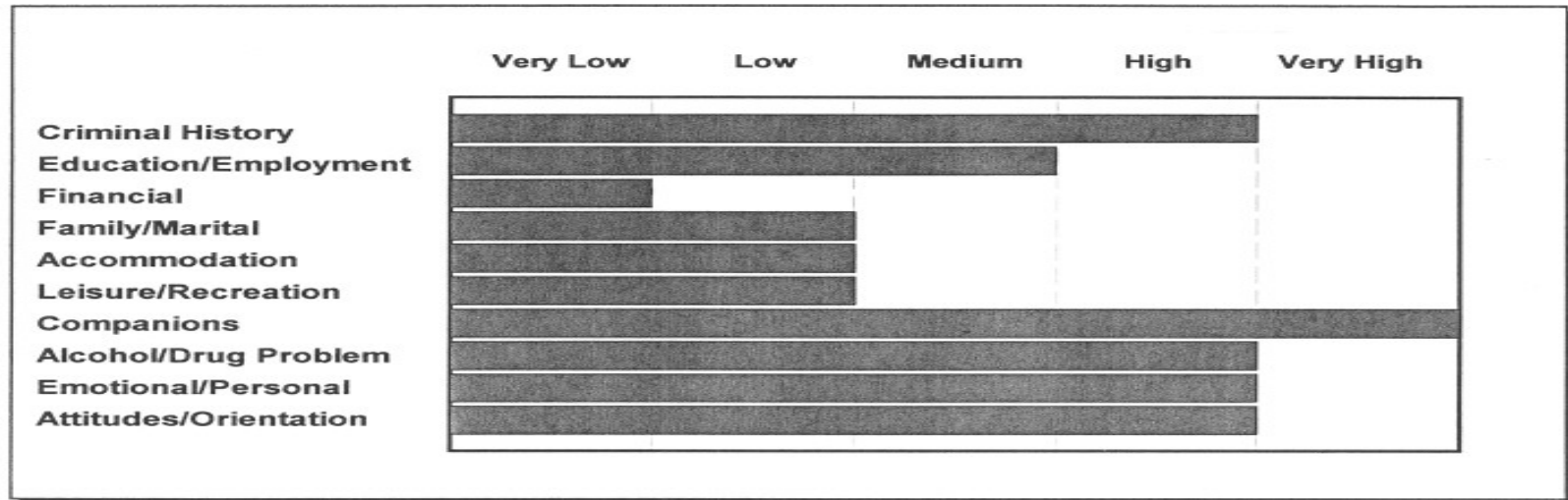
- Static Factors are those factors that are related to risk and do not change. Some examples might be number of prior offenses, whether an offender has ever had a drug/alcohol problem.
- Dynamic factors relate to risk and *can change*. Some examples are whether an offender is currently unemployed or currently has a drug/alcohol problem.

## According to the American Heart Association, there are a number of risk factors that increase your chances of a first heart attack

- ✓ Family history of heart attacks
- ✓ Gender (males)
- ✓ Age (over 50)
- ✓ Inactive lifestyle
- ✓ Over weight
- ✓ High blood pressure
- ✓ Smoking
- ✓ High Cholesterol level

# There are two types of dynamic risk factors

- Acute – Can change quickly
- Stable – Take longer to change

**Assessment of Risk/Needs based on LSI-R Subcomponents****Details Regarding Subcomponent Risks / Needs****Criminal History:**

1. Any prior adult convictions: Yes, Number: 3
2. Two or more prior convictions: Yes
3. Three or more prior convictions: Yes
4. Three or more present offenses: Yes, Number: 3
6. Ever incarcerated upon conviction: Yes
8. Ever punished for institutional misconduct: Yes, Number: 1
9. Charge laid or probation/parole suspended during prior community supervision: Yes

**Education/Employment:**

11. Currently unemployed: Yes
13. Never employed for a full year: Yes
14. Ever fired: Yes
16. Less than regular grade 12: Yes

**Family/Marital:**

23. Dissatisfaction with marital or equivalent situation: A relatively unsatisfactory situation with a need for improvement

**Accommodation:**

29. High crime neighbourhood: Yes

**Leisure/Recreation:**

31. Could make better use of time: A relatively unsatisfactory situation with a need for improvement

**Companions:**



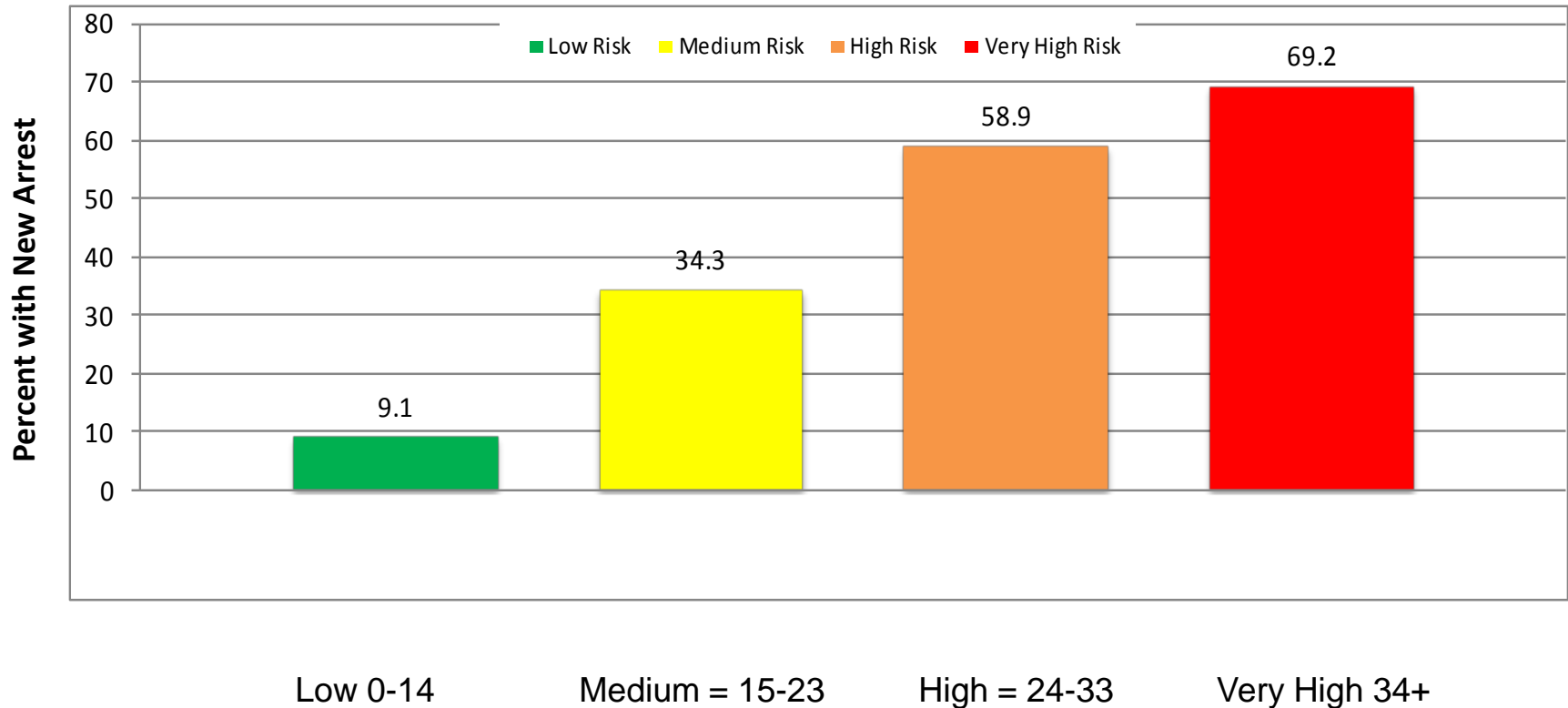
# Psychopathy Checklist (Hare Psychopathy)

- **Glib/superficial charm**
- **Grandiose sense of self**
- **Stimulation seeking**
- **Pathological lying**
- **Conning/manipulation**
- **Lack of remorse/guilt**
- **Shallow affect**
- **Callousness/lack empathy**
- **Parasitic lifestyle**
- **Poor behavioral control**
- **Promiscuous sexual behavior**
- **Early behavioral problems**
- **Lack of realistic goals**
- **Impulsivity**
- **Irresponsibility**
- **Not accepting responsibility**
- **Many marital relationships**
- **Juvenile delinquency**
- **Conditional release revoked**
- **Criminal versatility**

# Lesson 4

- If you want to reduce recidivism focus on the offenders most likely to recidivate

# Example of Risk Level by Recidivism for a Community Supervision Sample (males)



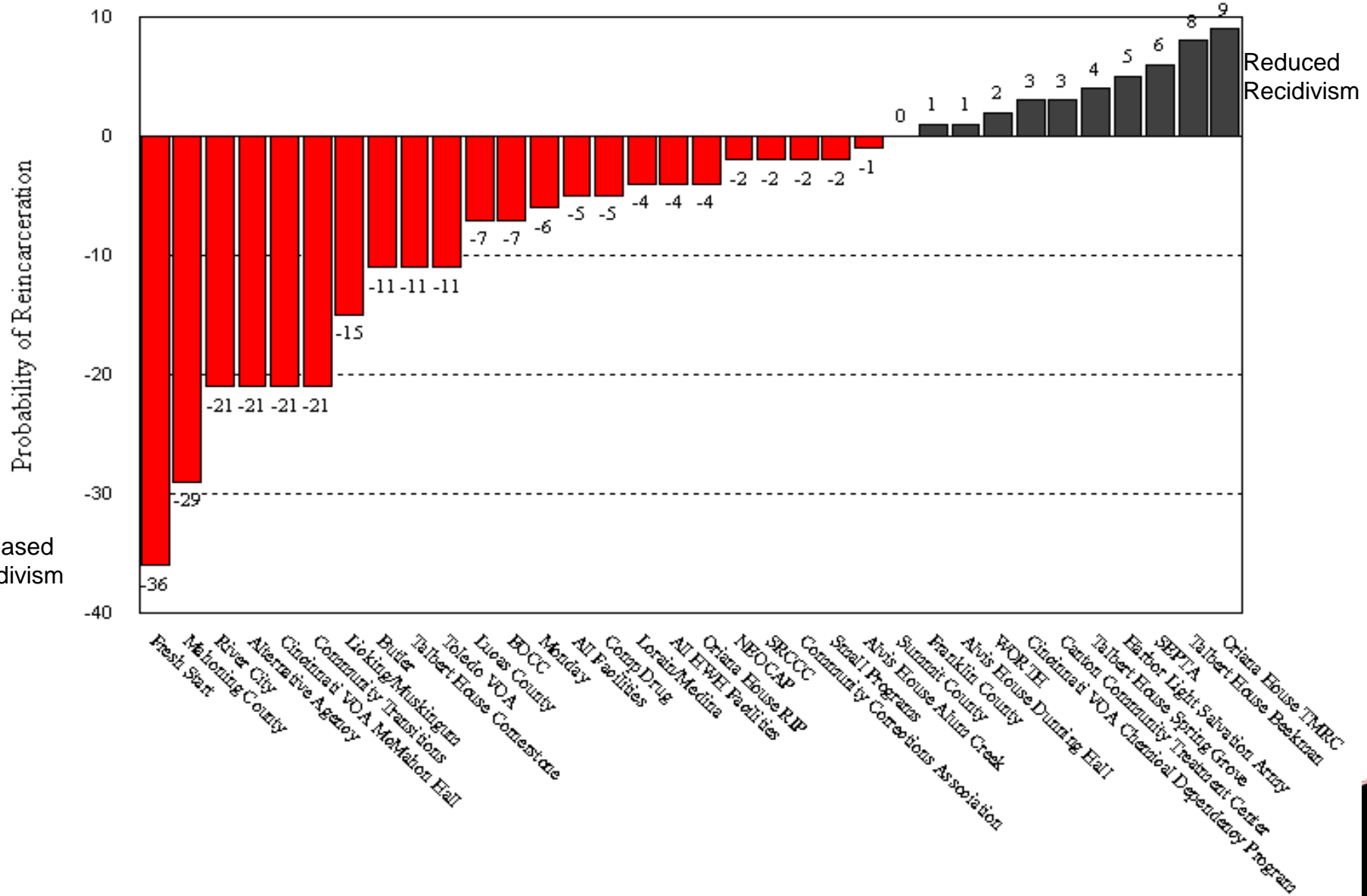
# Lesson 5

- Some times we fail because we provide intensive programs to the wrong offenders

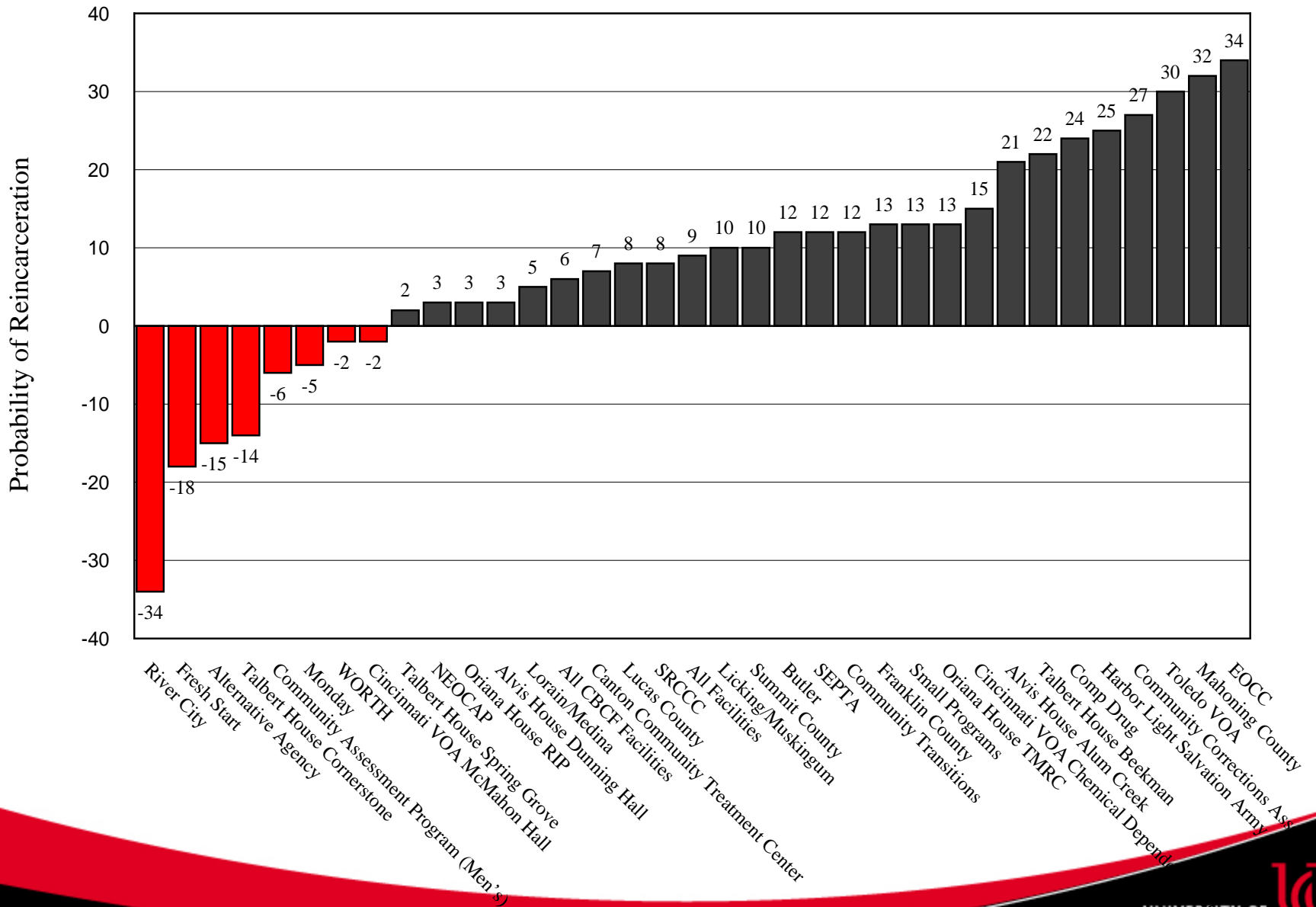
# **2002 STUDY OF COMMUNITY CORRECTIONAL PROGRAMS IN OHIO**

- **Largest study of community based correctional treatment facilities ever done up to that time**
- **Total of 13,221 offenders – 37 Halfway Houses and 15 Community Based Correctional Facilities (CBCFs) were included in the study.**
- **Two-year follow-up conducted on all offenders**
- **Recidivism measures included new arrests & incarceration in a state penal institution**

# Treatment Effects for Low Risk Offenders



# Treatment Effects For High Risk Offenders

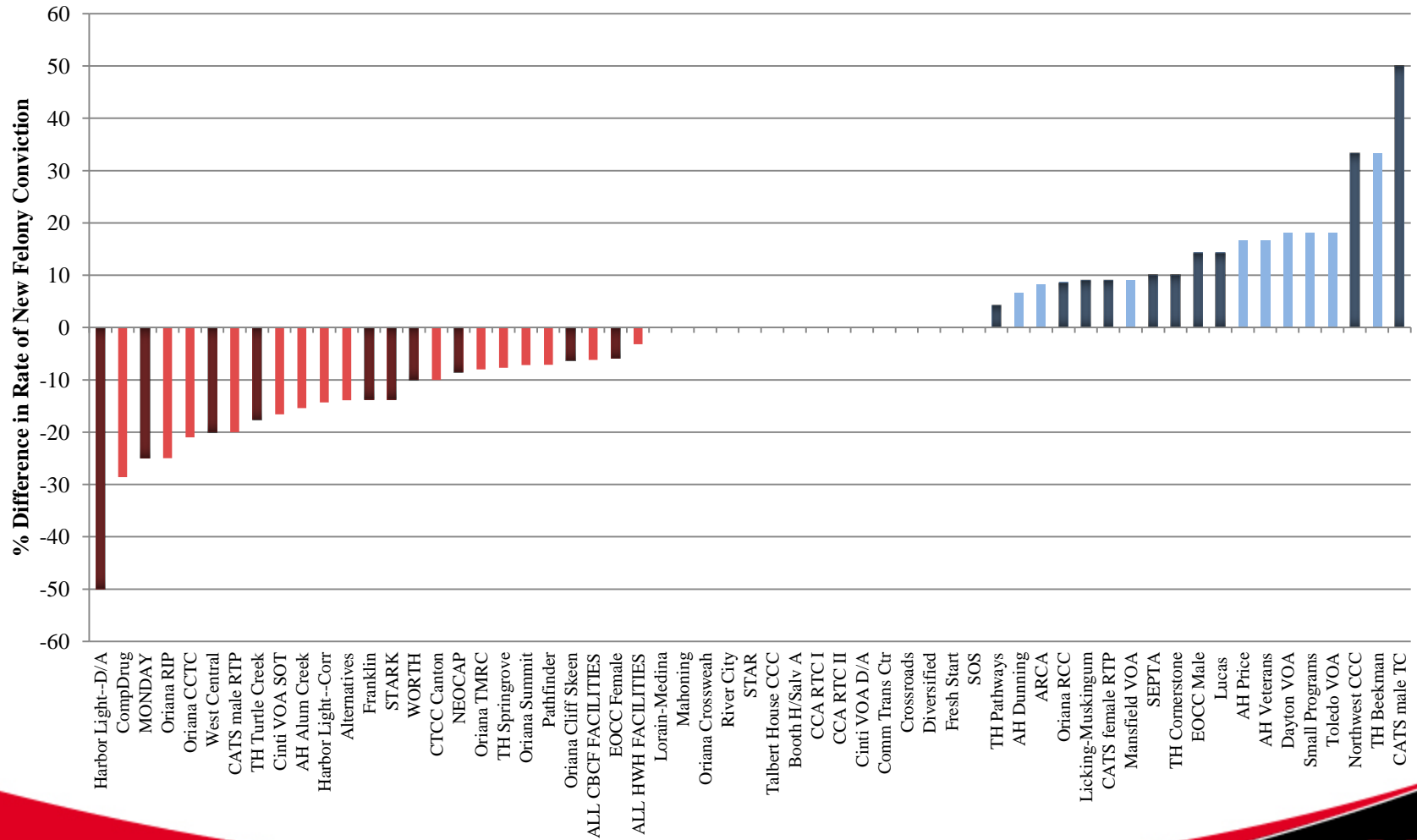


# 2010 STUDY OF COMMUNITY CORRECTIONAL PROGRAMS IN OHIO

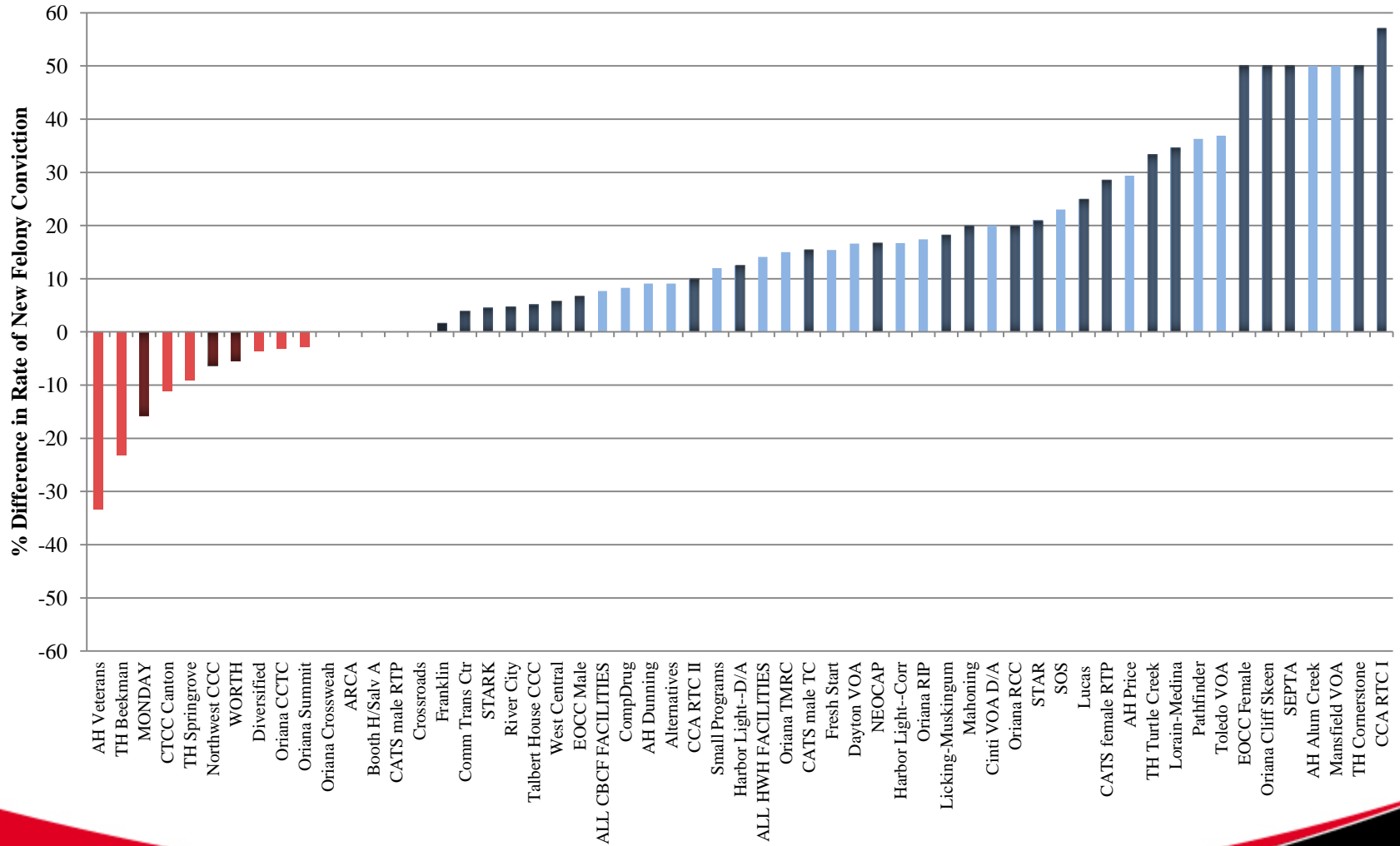
- **Over 20,000 offenders – 44 Halfway Houses and 20 Community Based Correctional Facilities (CBCFs) were included in the study.**
- **Two-year follow-up conducted on all offenders**



# Treatment Effects for Low Risk



# Treatment Effects for High Risk



# Lesson 6

- Sometimes we fail because we do not provide enough treatment

# The question is: What does more “intensive” treatment mean in practice?

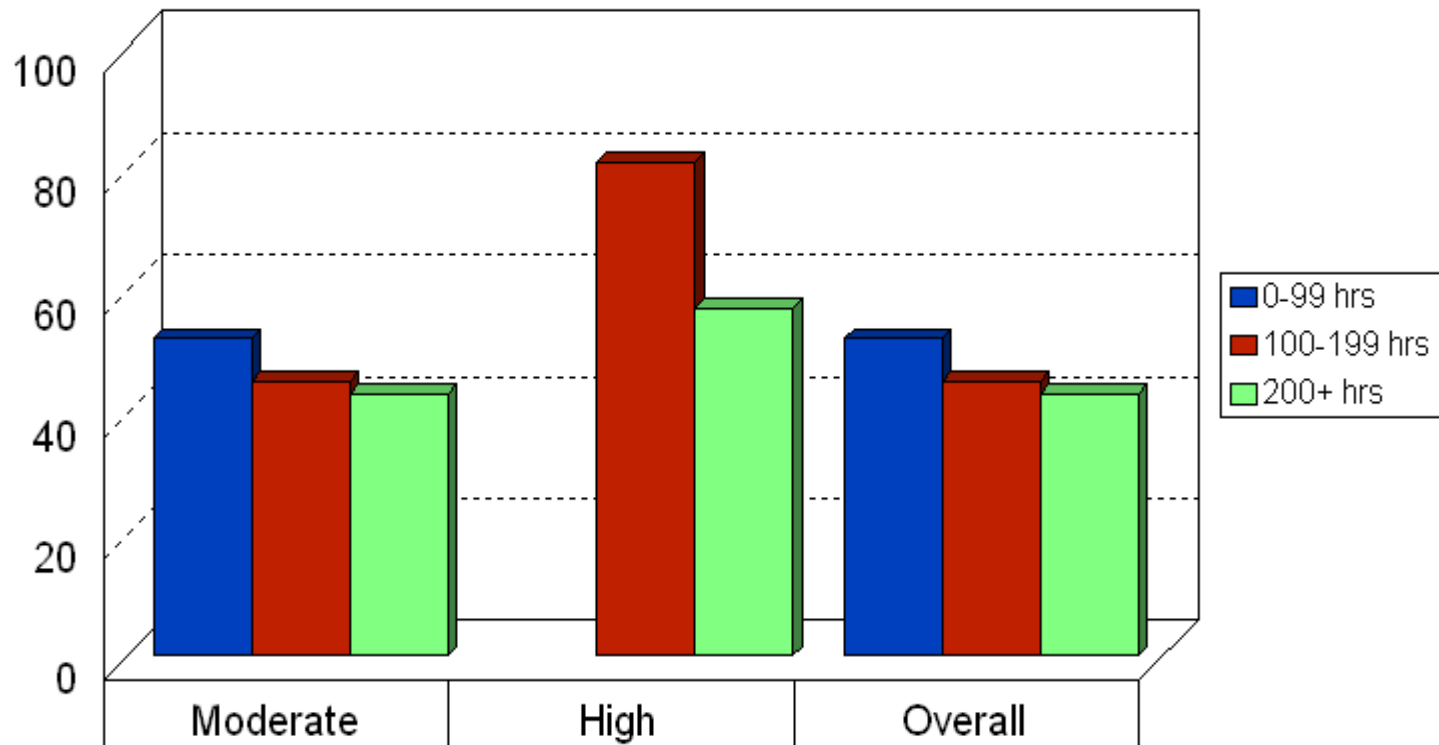
- Most studies show that the longer someone is in treatment the greater the effects, however:
- Effects tend to diminish if treatment goes too long

Just starting to see research  
in corrections examining the  
dosage of treatment needed  
to achieve effect

# Provide Most Intensive Interventions to Higher Risk Offenders

- Higher risk offenders will require much higher dosage of treatment
  - Rule of thumb: 100 hours for moderate risk
  - 200+ hours for higher risk
  - 100 hours for high risk will have little if any effect
  - Does not include work/school and other activities that are not directly addressing criminogenic risk factors

## Recidivism Rates by Intensity and Risk Level



0-99 hrs	52	52	52
100-199 hrs	45	81	45
200+ hrs	43	57	43

# Lesson 7

- Everyone thinks they are an expert in criminal behavior



# Major Set of Risk/Need Factors

1. Antisocial/procriminal attitudes, values, beliefs & cognitive emotional states
2. Procriminal associates & isolation from anticriminal others
3. Temperamental and anti social personality patterns conducive to criminal activity including:
  - Weak socialization
  - Impulsivity
  - Adventurous
  - Restless/aggressive
  - Egocentrism
  - A taste for risk
  - Weak problem-solving/self-regulation & coping skills
4. A history of antisocial behavior

# Major Set of Risk/Need Factors

5. Familial factors that include criminality and a variety of psychological problems in the family of origin including low levels of affection, caring, and cohesiveness, poor parental supervision and discipline and outright neglect and abuse
6. Low levels of personal, educational, vocational, or financial achievement
7. Low levels of involvement in prosocial leisure activities
8. Substance Abuse

Recent study by Bucklen and Zajac  
of parole violators in Pennsylvania  
found a number of criminogenic  
factors related to failure\*

\*Conducted by Pennsylvania Dept. of Corrections

# Pennsylvania Parole Study

## Social Network and Living Arrangements

### Violators Were:

- More likely to hang around with individuals with criminal backgrounds
- Less likely to live with a spouse
- Less likely to be in a stable supportive relationship
- Less likely to identify someone in their life who served in a mentoring capacity

# Pennsylvania Parole Study Employment & Financial Situation Violators were:

- Less likely to have job stability
- Less likely to be satisfied with employment
- Less likely to take low end jobs and work up
- More likely to have negative attitudes toward employment & unrealistic job expectations
- Less likely to have a bank account
- More likely to report that they were “barely making it” (yet success group reported over double median debt)

# Pennsylvania Parole Study

## Alcohol or Drug Use

### Violators were:

- More likely to report use of alcohol or drugs while on parole (but no difference in prior assessment of dependency problem)
- Poor management of stress was a primary contributing factor to relapse

# Pennsylvania Parole Study

## Life on Parole - Violators:

- Had poor problem solving or coping skills
- Did not anticipate long term consequences of behavior
- Acted impulsively to immediate situations
- More likely to maintain anti-social attitudes
- Viewed violations as an acceptable option to situation
- Maintained general lack of empathy
- Shifted blame or denied responsibility

# Pennsylvania Parole Violator Study:

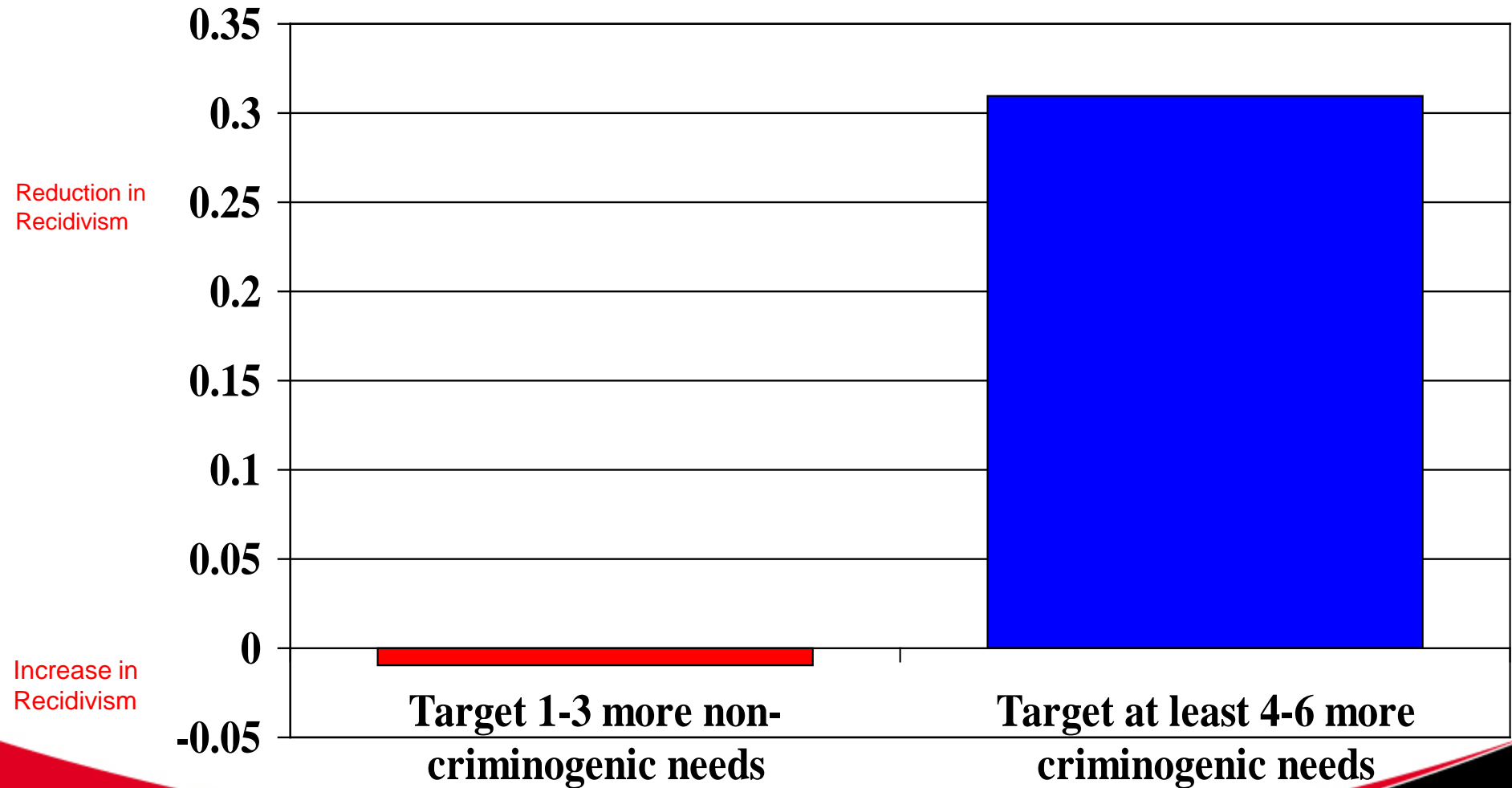
- Successes and failures did not differ in difficulty in finding a place to live after release
- Successes & failures equally likely to report eventually obtaining a job



# Lesson 8

Offenders are not usually higher risk because they have a risk factor... they have multiple risk factors

# Targeting Criminogenic Need: Results from Meta-Analyses



# Criminal Thinking and Mental Illness\*

Morgan, Fisher and Wolff (2010) studied 414 adult offenders with mental illness (265 males, 149 females) and found:

- 66% had belief systems supportive of criminal life style (based on Psychological Inventory of Criminal Thinking Scale (PICTS))
- When compare to other offender samples, male offenders with MI scored similar or higher than non-mentally disordered offenders.
- On Criminal Sentiments Scale-Revised, 85% of men and 72% of women with MI had antisocial attitudes, values and beliefs – which was higher than incarcerated sample without MI.

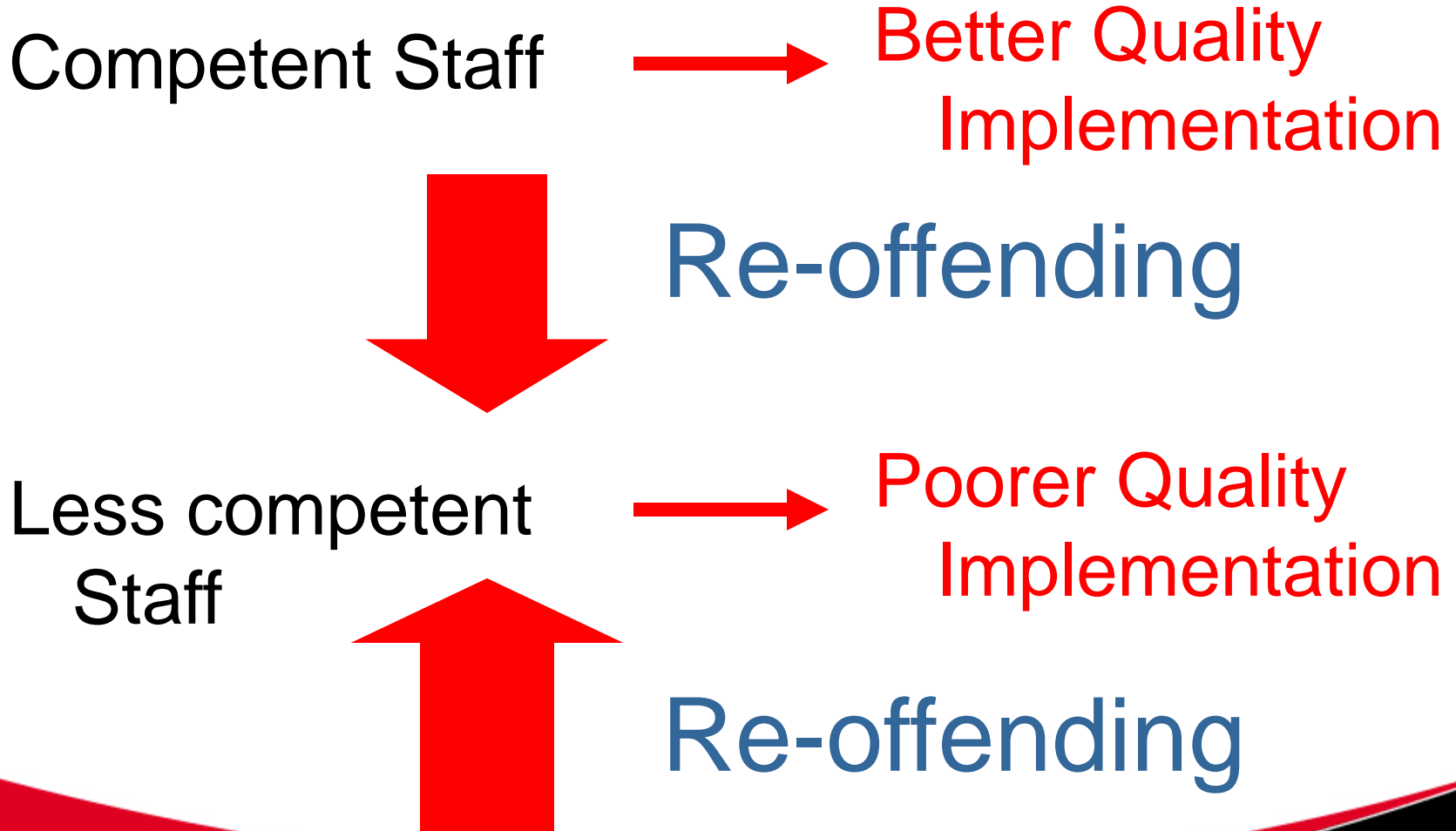
# Conclusion

- Criminal Thinking styles differentiate people who commit crimes from those who do not independent of mental illness
- Incarcerated persons with mental illness are often mentally ill *and* criminal
- Needs to be treated as co-occurring problems

# Lesson 9

- Doing things well makes a difference

# Studies Show...



# Lesson 10

- We can change offender behavior – we just need to go about it the right way

- List three speeches that have changed your life



- List three people who have changed your life

# Effective Correctional Interventions

- Use behavioral approaches: Structured social learning model with cognitive behavioral treatment
- Focus on current risk factors
- Action oriented



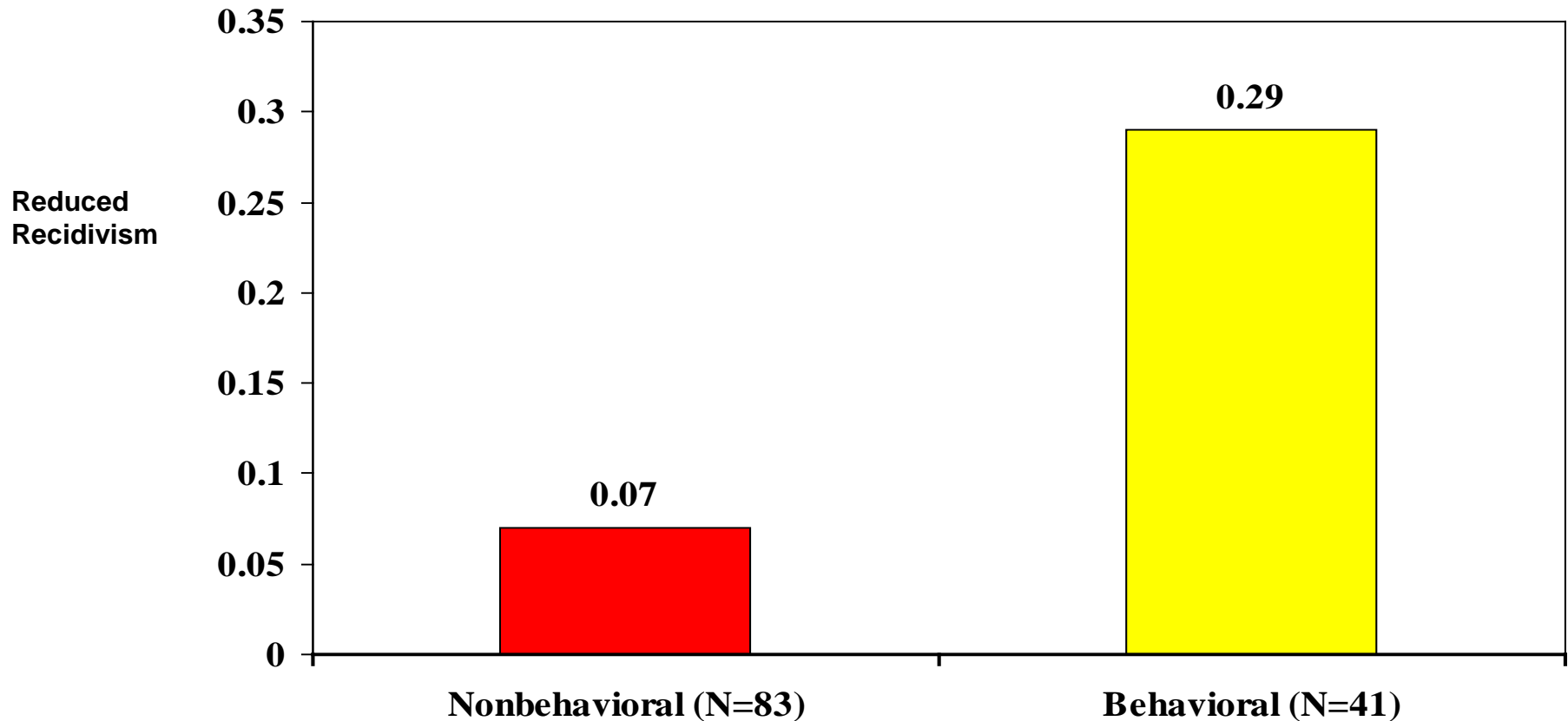
## Social Learning

**Refers to several processes through which individuals acquire attitudes, behavior, or knowledge from the persons around them. Both modeling and instrumental conditioning appear to play a role in such learning**

# The Four Principles of Cognitive Intervention

1. **Thinking affects behavior**
2. **Antisocial, distorted, unproductive irrational thinking can lead to antisocial and unproductive behavior**
3. **Thinking can be influenced**
4. **We can change how we feel and behave by changing what we think**

# Results from Meta Analysis: Behavioral vs. NonBehavioral



Andrews, D.A. 1994. An Overview of Treatment Effectiveness. Research and Clinical Principles, Department of Psychology, Carleton University. The N refers to the number of studies.

We are currently testing and training on a new model of Probation and Parole Officer interaction to teach them how to use these approaches

**Effective Practices in  
Correctional Supervision  
(EPICS)**

# Traditional Officer-Offender Interactions are often not Effective because:

- ❑ They are too brief to have an impact
- ❑ Conversations focus almost exclusively on monitoring compliance conditions (and therefore emphasize external controls on behavior rather than developing an internal rationale for pro-social behavior)
- ❑ Relationship is often more confrontational and authoritarian in nature than helpful
- ❑ More areas discussed=less effective

# Structure of EPICS Meeting

## SESSION OVERVIEW

- Each session should be structured in the following way:
  1. Check-In
  2. Review
  3. Intervention
  4. Homework

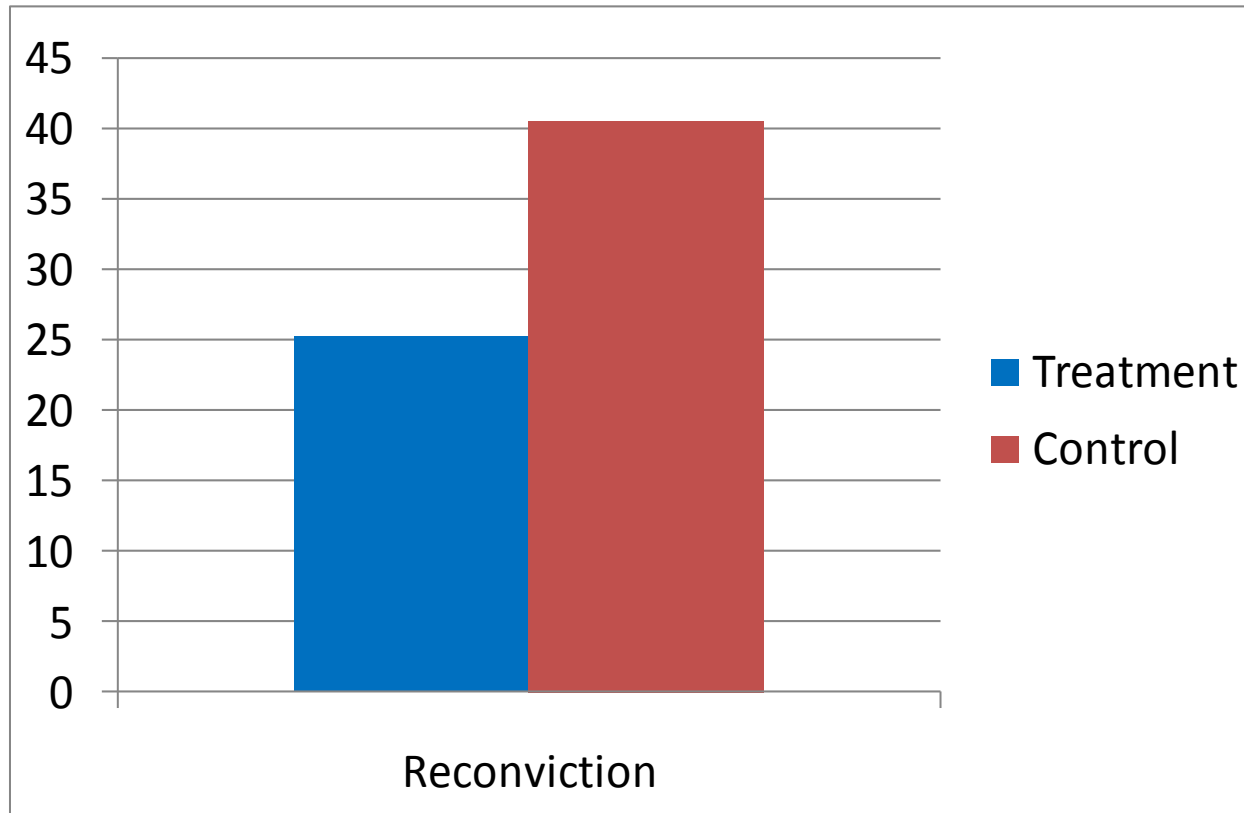


# Rationale for EPICS

Preliminary Data from Canada:

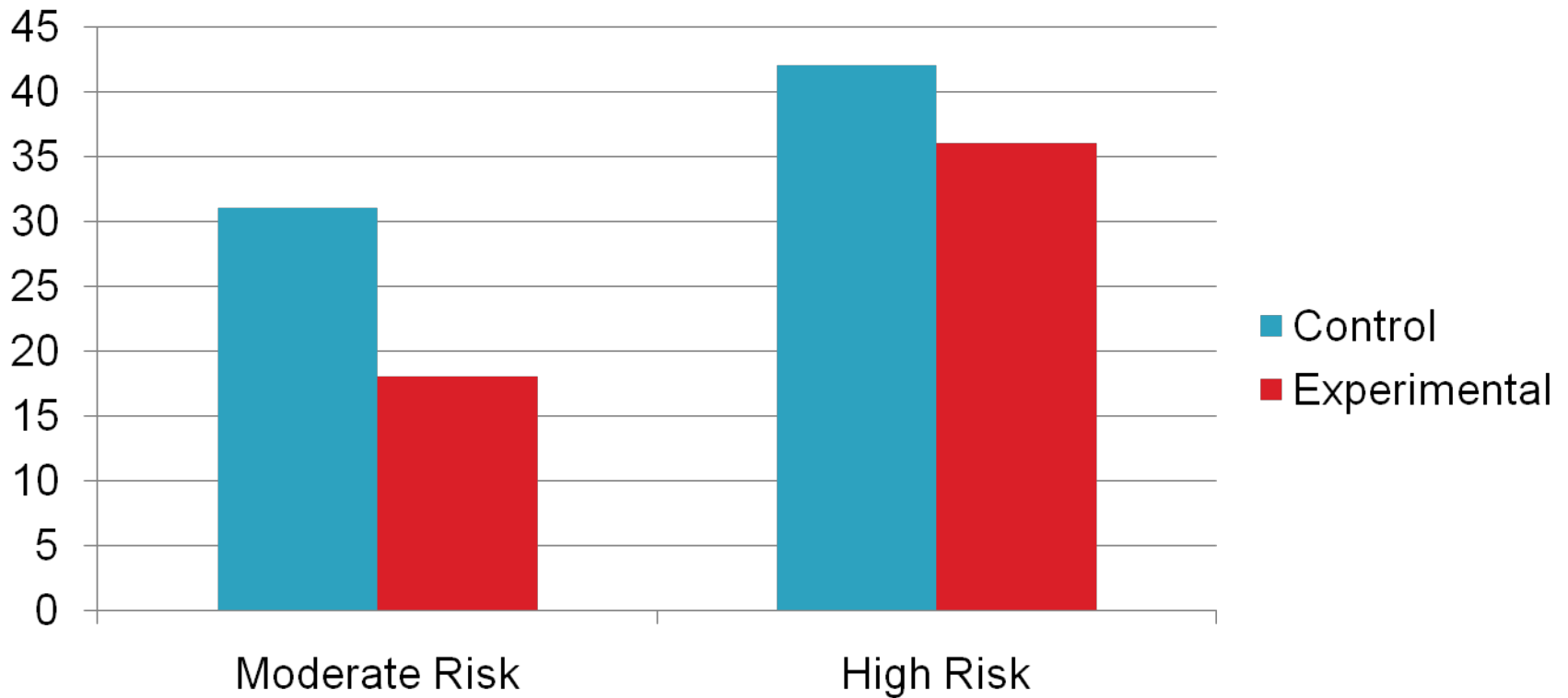
- Trained officers had 12% higher retention rates in comparison with untrained officers at six months.
- Also found reductions in recidivism

# Two year Recidivism Results from Canadian Study



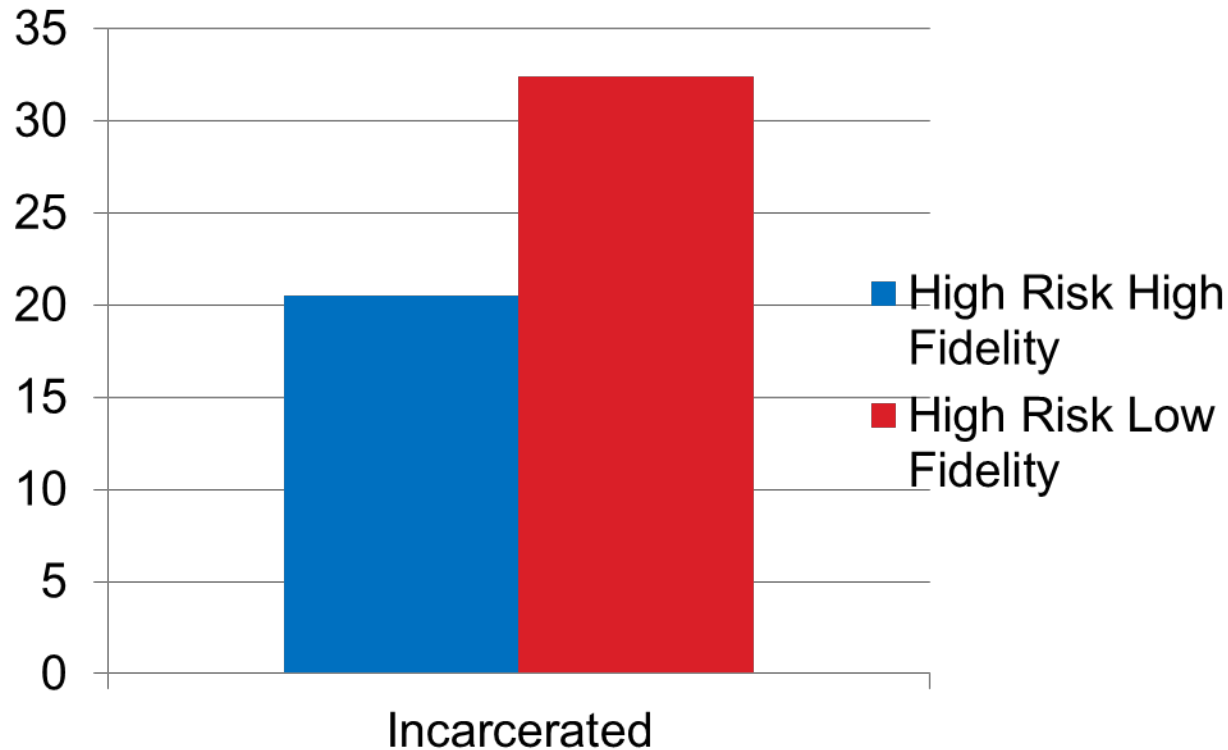
Bont, et al, (2010) The Strategic Training Initiative in Community Suopervision: Risk-Need-Responsivity in the Real World. Public Safety Canada.

# Findings from Federal Probation Sample



Robinson, Vanbenschoten, Alexander, and Lowenkamp, Forthcoming, Federal Probation, Sept. 2011.

# Recidivism Results from Ohio Study looking at Fidelity and High Risk Offenders



Latessa, E., Smith, P., Schweitzer, m., and Labrecque, R. (2013). Evaluation of the Effective Practices in Community Supervision Model (EPICS) in Ohio. School of Criminal Justice, University of Cincinnati.

# These approaches help us....

- Structure our interventions
- Teach and model new skills
- Allow offender to practice with graduated difficulty
- Reinforce the behavior

# If we put them together we have the Principles of Effective Intervention

- Risk (who)
- Need (what)
- Treatment (how)
- Fidelity (how well)

Thank you