What Works and What Doesn’t in Reducing Recidivism

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Evidence Based – What does it mean?

There are different forms of evidence:

– The lowest form is anecdotal evidence; stories, opinions, testimonials, case studies, etc. - but it often makes us feel good

– The highest form is empirical evidence – research, data, results from controlled studies, etc. - but sometimes it doesn’t make us feel good
Evidence Based Practice is:

1. Easier to think of as Evidence Based Decision Making

2. Involves several steps and encourages the use of validated tools and treatments.

3. Not just about the tools you have but also how you use them
Evidence Based Decision Making Requires

1. Assessment information
2. Relevant research
3. Available programming
4. Evaluation
5. Professionalism and knowledge from staff
What does the Research tell us?

There is often a Misapplication of Research: “XXX Study Says”

- the problem is if you believe every study we wouldn’t eat anything (but we would drink a lot of red wine!)

• Looking at one study can be a mistake

• Need to examine a body of research

• So, what does the body of knowledge about correctional interventions tell us?
A Large Body of Research Has Indicated….

….that correctional services and interventions can be effective in reducing recidivism for offenders, however, not all programs are equally effective

- The most effective programs are based on some principles of effective interventions

  - Risk (Who)
  
  - Need (What)
  
  - Treatment (How)
  
  - Program Integrity (How Well)
Let’s Start with the Risk Principle

Risk refers to risk of reoffending and not the seriousness of the offense.
Risk Principle

As a general rule treatment effects are stronger if we target higher risk offenders, and harm can be done to low risk offenders.
Risk Level by Recidivism for the Community Supervision Sample

- Low Risk: 9.1%
- Medium Risk: 34.3%
- High Risk: 58.9%
- Very High Risk: 69.2%

Percent with New Arrest:
- Low: 0-14
- Medium: 15-23
- High: 24-33
- Very High: 34+
Recent Study of Intensive Rehabilitation Supervision in Canada

<table>
<thead>
<tr>
<th></th>
<th>Treatment</th>
<th>Non-Treatment</th>
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<tbody>
<tr>
<td>High Risk</td>
<td>31.6</td>
<td>51.1</td>
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<tr>
<td>Low Risk</td>
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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

Increased Recidivism

Reduced Recidivism

Probability of Recarceration

-36

-29

-15

-11

-9

-7

-6

-5

-4

-2

-1

0

1

2

3

4

5

6

8

9

Reduced Recidivism

Increased Recidivism
Treatment Effects For High Risk Offenders

Probabilty of Reincarceration
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

% Difference in Rate of New Felony Conviction
Treatment Effects for High Risk

% Difference in Rate of New Felony Conviction
However, there are Three Elements to the Risk Principle

1. Target those offenders with higher probability of recidivism

2. Intensive treatment for lower risk offender can increase recidivism

3. Provide most intensive treatment to higher risk offenders
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
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 high risk
  – 100 hours for high risk will have little effect
  – Does not include work/school and other activities that are not directly addressing criminogenic risk factors
Results from a 2010 Study (Latessa, Sperber, and Makarios) of 689 offenders

- 100-bed secure residential facility for adult male felons
- Cognitive-behavioral treatment modality
- Average age 33
- 60% single, never married
- 43% less than high school education
- 80% moderate risk or higher
- 88% have probability of substance abuse per SASSI
Recidivism Rates by Intensity and Risk Level

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<tr>
<th></th>
<th>Moderate</th>
<th>High</th>
<th>Overall</th>
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<tbody>
<tr>
<td>0-99 hrs</td>
<td>52</td>
<td></td>
<td>52</td>
</tr>
<tr>
<td>100-199 hrs</td>
<td>45</td>
<td>81</td>
<td>45</td>
</tr>
<tr>
<td>200+ hrs</td>
<td>43</td>
<td>57</td>
<td>43</td>
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Findings & Conclusions

• We saw large decreases in recidivism when dosage levels go from 100 to 200 hours for high risk offenders---81% to 57%.

• The results are not as strong for moderate risk offenders

• Supports previous research including the risk principle

• Indicates that we cannot have “one size” fits all programs
Another important body of knowledge to understand is the research on risk factors.

What are the risk factors correlated with criminal conduct?
Major Set of Risk/Need Factors

1. Antisocial/procriminal attitudes, values, beliefs and cognitive emotional states

2. Procriminal associates and 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
5. Familial factors that include criminality and a variety of psychological problems in the family of origin including:

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
Employment & Financial Situation

Violators were:

- Only slightly more likely to report having difficulty getting a job
- 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 were:

- Had poor problem solving or coping skills
- Did not anticipate long term consequences of behavior
- Failed to utilize resources to help themselves
- Acted impulsively to immediate situations
- Felt they were not in control
- 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
- Had unrealistic expectations about what life would be like outside of prison
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
Need Principle
By assessing and targeting criminogenic needs for change, agencies can reduce the probability of recidivism

Criminogenic
- Anti social attitudes
- Anti social friends
- Substance abuse
- Lack of empathy
- Impulsive behavior

Non-Criminogenic
- Anxiety
- Low self esteem
- Creative abilities
- Medical needs
- Physical conditioning
Targeting Criminogenic Need: Results from Meta-Analyses

Needs Targeted & Correlation with Effect Size for Youthful Offenders

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
Treatment Principle

The most effective interventions are behavioral:

- Focus on current factors that influence behavior
- Action oriented
- Staff follow “core correctional practices”
Core Correctional Practices

• Use of authority
• Relationship skills
• Cognitive restructuring
• Structured skill building
• Problem solving
• Reinforcement
• Disapproval and punishment
• Motivational enhancement
Results from Meta Analysis: Behavioral vs. NonBehavioral

Type of Treatment and Effect Sizes for Youthful Offenders


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<tr>
<th>Type of Treatment</th>
<th>Effect Size</th>
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<tr>
<td>Non-Behavioral</td>
<td>0.04</td>
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<tr>
<td>Behavioral</td>
<td>0.24</td>
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Reductions in Recidivism
Most Effective Behavioral Models

- Structured social learning where new skills and behaviors are modeled
- Family based approaches that train family on appropriate techniques
- Cognitive behavioral approaches that target criminogenic risk factors
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.
Family Based Interventions

• Designed to train family on behavioral approaches
  – Functional Family Therapy
  – Multi-Systemic Therapy
  – Teaching Family Model
  – Common Sense Parenting
  – Strengthening Families Program (Office of Juvenile Justice and Delinquency Prevention)
Effectiveness of Family Based Intervention: Results from Meta Analysis

• 38 primary studies with 53 effect tests

• Average reduction in recidivism = 21%

However, much variability was present (-0.17 - +0.83)

Dowden & Andrews, 2003
Mean Effect Sizes: Whether or not the family intervention adheres to the principles
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
Recent Meta-Analysis of Cognitive Behavioral Treatment for Offenders by Landenberger & Lipsey (2005)*

• Reviewed 58 studies:
  19 random samples
  23 matched samples
  16 convenience samples

• Found that on average CBT reduced recidivism by 25%, but the most effective configurations found more than 50% reductions
Significant Findings (effects were stronger if):

- Sessions per week (2 or more) - RISK
- Implementation monitored - FIDELITY
- Staff trained on CBT - FIDELITY
- Higher proportion of treatment completers - RESPONSIVITY
- Higher risk offenders - RISK
- Higher if CBT is combined with other services - NEED
Cognitive-Behavioral

Cognitive Theories

WHAT to change
- What offenders think
- How offenders think

Social Learning Theory

HOW to change it
- Model
- Reward
- Practice
Summary of Findings from Substance Abuse Literature

• There is no “magic bullet”

• No evidence that residential treatment is more effective than outpatient treatment

• Drug addiction is a chronic relapsing condition. Applying short term, education-based treatment services will not effectively reduce it

• Traditional models used by substance abuse programs, such as drug/alcohol education and 12-Step models have not been found as effective as cognitive-behavioral models

• Some evidence that providing more treatment than needed may reduce treatment effectiveness

• Criminality is a significant factors that independently affects a treatment outcome
What Should You Do?

- Assess offenders on all major risk factors
- Make sure that all major risk factors are being addressed
- Require that substance abuse programs include behavioral treatment based on cognitive techniques
- Intensity of treatment should vary according to risk and should be sufficiently intensive to be effective: any program lasting less than 90 days will likely be ineffective
- Intensive treatment programs lasting over one year (excluding aftercare) might begin to see diminishing results
- Include high quality aftercare services
Core Components of Relapse Prevention

- Offense Chain – teaches offender to recognize offense cycle or cues (triggers)
- Relapse rehearsal – to develop skills
- Advanced rehearsal – increases difficulty
- Identify high risk situations & how to deal with them
- Teaches how to deal with failure situations constructively
- Self-efficacy – instills feelings of self-confidence
- Coping Skills are developed
- External support systems are trained in model so offender is properly reinforced
- Aftercare focusing on supplementing program material

Relapse Prevention with Offenders

Effect Size for Relapse Prevention with Offenders
Adherence to the Principles of Effective Intervention: Risk, Needs and Responsivity

Effect Size for Relapse Prevention with Offenders

Description of Program

These approaches help us....

• Structure our interventions

• Teach and model new skills

• Allow offender to practice with graduated difficulty

• Reinforce the behavior
What Doesn’t Work with Offenders?
Lakota tribal wisdom says that when you discover you are riding a dead horse, the best strategy is to dismount. However, in corrections, and in other affairs, we often try other strategies, including the following:

- Buy a stronger whip.
- Change riders
- Say things like “This is the way we always have ridden this horse.”
- Appoint a committee to study the horse.
- Arrange to visit other sites to see how they ride dead horses.
- Create a training session to increase our riding ability.
- Harness several dead horses together for increased speed.
- Declare that “No horse is too dead to beat.”
- Provide additional funding to increase the horse’s performance.
- Declare the horse is “better, faster, and cheaper” dead.
- Study alternative uses for dead horses.
- Promote the dead horse to a supervisory position.
Ineffective Approaches with Offenders

- Programs that cannot maintain fidelity
- Programs that target non-criminogenic needs
- Drug prevention classes focused on fear and other emotional appeals
- Shaming offenders
- Drug education programs
- Non-directive, client centered approaches
- Bibliotherapy
- Talking cures
- Self-Help programs
- Vague unstructured rehabilitation programs
- “Punishing smarter” (boot camps, scared straight, etc.)
Fidelity Principle

Making sure the program is delivered as designed and with integrity:

- Ensure staff are modeling appropriate behavior, are qualified, well trained, well supervision, etc.
- Make sure barriers are addressed but target criminogenic needs
- Make sure appropriate dosage of treatment is provided
- Monitor delivery of programs & activities, etc.
- Reassess offenders in meeting target behaviors
Some Lessons Learned from the Research

- Who you put in a program is important – pay attention to risk
- What you target is important – pay attention to criminogenic needs
- How you target offender for change is important – use behavioral approaches
- Program Integrity makes a difference - Service delivery, training/supervision of staff, support for program, QA, evaluation, etc.