

*What Works and What Doesn't in
Reducing Recidivism: The Principles of
Effective Intervention*

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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?**

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.

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

Most researchers who study correctional interventions have concluded:

- Without some form of human intervention or services there is unlikely to be much effect on recidivism from punishment alone
- The evidence also indicates that while treatment is more effective in reducing recidivism than punishment – Not all treatment programs are equally effective

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**

Cognitive Emotional States

- Rage
- Anger
- Defiance
- Criminal Identity

Identifying Procriminal Attitudes, Values & Beliefs

Procriminal sentiments are what people think, not how people think; they comprise the content of thought, not the skills of thinking.

What to listen for:

- **Negative expression about the law**
- **Negative expression about conventional institutions, values, rules, & procedures; including authority**
- **Negative expressions about self-management of behavior; including problem solving ability**
- **Negative attitudes toward self and one's ability to achieve through conventional means**
- **Lack of empathy and sensitivity toward others**

Neutralization & Minimizations

Offenders often neutralize their behavior. Neutralizations are a set of verbalizations which function to say that in particular situations, it is “OK” to violate the law

Neutralization Techniques include:

- **Denial of Responsibility:** Criminal acts are due to factors beyond the control of the individual, thus, the individual is guilt free to act.
- **Denial of Injury:** Admits responsibility for the act, but minimizes the extent of harm or denies any harm
- **Denial of the Victim:** Reverses the role of offender & victim & blames the victim
- **“System Bashing”:** Those who disapprove of the offender’s acts are defined as immoral, hypocritical, or criminal themselves.
- **Appeal to Higher Loyalties:** “Live by a different code” – the demands of larger society are sacrificed for the demands of more immediate loyalties.

Major set Risk/needs continued:

**2. Procriminal associates and isolation
from prosocial others**

Major set Risk/Needs continued:

3. Temperamental & anti social personality pattern conducive to criminal activity including:

- Weak Socialization
- Impulsivity
- Adventurous
- Pleasure seeking
- Restless Aggressive
- Egocentrism
- Below Average Verbal intelligence
- A Taste For Risk
- Weak Problem-Solving/lack of Coping & Self-Regulation Skills

Major set of Risk/Need factors continued:

4. A history of antisocial behavior:

- Evident from a young age
- In a variety of settings
- Involving a number and variety of different acts

Major set of Risk/Needs Continued:

5. Family 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 practices
- Out right neglect and abuse

Major set of Risk/Needs continued:

6. Low levels of personal educational, vocational or financial achievement

Leisure and/or recreation

- 7. Low levels of involvement in prosocial leisure activities**
 - Allows for interaction with antisocial peers
 - Allows for offenders to have idle time
 - Offenders replace prosocial behavior with antisocial behavior

Substance Abuse

8. Abuse of alcohol and/or drugs

- It is illegal itself (drugs)
- Engages with antisocial others
- Impacts social skills

Criminal Thinking and Mental Illness*

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

- 6% had belief systems supportive of criminal lifestyle (based on Psychological Inventory of Criminal Thinking Scale (PICTS))
- When compared to other offender samples, male offenders with MI scored similar or higher than non-mentally disordered offenders.
- In Criminal Sentiments Scale-Revised, 85 % of men and 72 % of women with MI had antisocial attitudes, values and beliefs

Conclusion

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

Recent study 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:

- 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 unrealistic expectations about what life would be like outside of prison
- 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

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

Major Risk and/or Need Factor and Promising Intermediate Targets for Reduced Recidivism

| Factor | Risk | Dynamic Need |
|--------------------------------|--|--|
| History of Antisocial Behavior | Early & continued involvement in a number antisocial acts | Build noncriminal alternative behaviors in risky situations |
| Antisocial personality | Adventurous, pleasure seeking, weak self control, restlessly aggressive | Build problem-solving, self-management, anger mgt & coping skills |
| Antisocial cognition | Attitudes, values, beliefs & rationalizations supportive of crime, cognitive emotional states of anger, resentment, & defiance | Reduce antisocial cognition, recognize risky thinking & feelings, build up alternative less risky thinking & feelings Adopt a reform and/or anticriminal identity |
| Antisocial associates | Close association with criminals & relative isolation from prosocial people | Reduce association w/ criminals, enhance association w/ prosocial people |

Major Risk and/or Need Factor and Promising Intermediate Targets for Reduced Recidivism

| Factor | Risk | Dynamic Need |
|---------------------------|--|---|
| Family and/or marital | Two key elements are nurturance and/or caring better monitoring and/or supervision | Reduce conflict, build positive relationships, communication, enhance monitoring & supervision |
| School and/or work | Low levels of performance & satisfaction | Enhance performance, rewards, & satisfaction |
| Leisure and/or recreation | Low levels of involvement & satisfaction in anti-criminal leisure activities | Enhancement involvement & satisfaction in prosocial activities |
| Substance Abuse | Abuse of alcohol and/or drugs | Reduce SA, reduce the personal & interpersonal supports for SA behavior, enhance alternatives to SA |

This research has led to the
identification of some principles

Principles of Effective Intervention

- Risk Principle – target higher risk offenders (WHO)
- Need Principle – target criminogenic risk/need factors (WHAT)
- Treatment Principle – use behavioral approaches (HOW)
- Fidelity Principle – implement program as designed (HOW WELL)

Let's Start with the Risk Principle

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

You can be a low risk felon or a high risk felon, a low risk misdemeanor or a high risk misdemeanor.

There are Three Elements to the Risk Principle

1. Target those offenders with higher probability of recidivism
2. Provide most intensive treatment to higher risk offenders
3. Intensive treatment for lower risk offender can increase recidivism

#1: Targeting Higher Risk Offenders

- It is important to understand that even with EBP there will be failures.
- Even if you reduce recidivism rates you will still have high percentage of failures

Example of Targeting Higher Risk Offenders

- If you have 100 High risk offenders about 60% will fail
- If you put them in well designed EBP for sufficient duration you may reduce failure rate to 40%
- If you have 100 low risk offenders about 10% will fail
- If you put them in same program failure rate will be 20%

Targeting Higher Risk Offenders continued:

- In the end, who had the lower recidivism rate?
- Mistake we make is comparing high risk to low risk rather than look for treatment effects

#2: 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
- Prison diversion program
- Average length of stay = 4 months
- 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

Findings

- 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

Conclusions

- Supports previous research including the risk principle
- Indicates that we cannot have “one size” fits all programs

#3: Intensive Treatment for Low Risk Offenders will Often Increase Failure Rates

- Low risk offenders will learn anti social behavior from higher risk
- Disrupts prosocial networks

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**
- **We also examined program characteristics**

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**

Average Difference in Recidivism by Risk for Halfway House Offenders

Low risk ↑ recidivism by 3%

Moderate risk ↓ recidivism by 6%

High risk ↓ recidivism by 14%

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

Some so called “theories” we have come across

- “Been there done that theory”
- “Offenders lack creativity theory”
- “Offenders need to get back to nature theory”
- “Offenders lack discipline theory”
- “Offenders lack organizational skills theory”
- “Offenders have low self-esteem 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”
- “Offenders (females) need to learn to put on makeup & dress better theory”
- “Male offenders need to get in touch with their feminine side theory”

Assessment is the engine that drives effective correctional programs

- Need to meet the risk and need principle
- Reduces bias
- Aids decision making
- Allows you to target dynamic risk factors and measure change

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

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.

Dynamic Risk Factors and Their Importance

- Also called *criminogenic needs*
- Changing these factors changes the probability of recidivism
- Provide the basis for developing a treatment plan
- Address factors that will reduce risk
- Lead to public safety

There are two types of dynamic risk factors

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

Some Examples of Offender Risk Assessment Tools

- Level of Service Inventory (LSI)
- COMPAS
- PCL
- Wisconsin Risk Needs
- Ohio Risk Assessment System

Treatment Principle

The most effective interventions are behavioral:

- Focus on current factors that influence behavior
- Action oriented
- Offender behavior is appropriately reinforced

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
 - 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

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**

Reasons that CBT is Popular in Corrections

- Can be done in any setting
- Existing staff can be trained on CBT
- Relatively cheap to deliver
- Wide range of curriculums are available

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

Factors Not significant:

- Setting - prison (generally closer to end of sentence) versus community
- Juvenile versus adult
- Minorities or females
- Brand name of the curriculum

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**

Evaluation of Thinking for a Change

Lowenkamp and Latessa (2006)

- Probation +T4C vs. Probation
- 136 Treatment cases
- 97 Comparison cases
- Variable follow up (range 6 to 64 months; average 26)
- Outcome—arrest for new criminal behavior

Multivariate Model

- Controlled for
 - Risk (prior arrests, prior prison, prior community supervision violations, history of drug use, history of alcohol problems, highest grade completed, employment status at arrest)
 - Age
 - Sex
 - Race
 - Time at risk or length of follow up time

List of Rewards and Sanctions

Sanctions

- Verbal reprimand
- Written assignment
- Modify curfew hours
- Community service hours
- Restrict visitation
- Program extension or regression
- Electronic Monitoring
- Inpatient or outpatient treatment
- Detention time

Rewards

- Verbal praise and reinforcement
- Remove from EM
- Level advancement
- Increased personal time
- Approved special activity
- Fees reduced
- Approve or extend special visitation

Reducing Prison & Jail Misconducts

- Findings from a 2006 meta analysis of 68 studies involving 21,467 offenders
- Outcomes included violent misconduct, nonviolent misconduct, and institutional adjustment
- Sample included 73% male, 8% female & 19% coed.
- Included both adult and juvenile samples

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

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

Fidelity Principle

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

- Insure 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

Program Integrity and Recidivism

- Several major study we have done has found a strong relationship between program integrity and recidivism
- Higher the program's integrity score – greater the reductions in recidivism

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

Important Considerations

- ▶ Offender assessment is the engine that drives effective programs

 - helps you know who & what to target

- ▶ Design programs around empirical research

 - helps you know how to target offenders

- ▶ Program Integrity make a difference

 - Service delivery, disruption of criminal networks, training/supervision of staff, support for program, QA, evaluation