What Works and What Doesn’t in Reducing Recidivism with Offenders: Understanding 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?
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.
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
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

Percent with New Arrest

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

Low 0-14  Medium = 15-23  High = 24-33  Very High 34+
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: 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
Some Guidelines for Dosage

• 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

<table>
<thead>
<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>
</tr>
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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
#3 As a general rule treatment effects are stronger if we target higher risk offenders, and harm can be done to low risk offenders:

- Low risk offenders will learn anti social behavior from higher risk
- Disrupts pro-social networks
The Risk Principle & Correctional Intervention Results from Meta Analysis

Dowden & Andrews, 1999

Reduced Recidivism

Increased Recidivism
Study of Intensive Rehabilitation Supervision in Canada

<table>
<thead>
<tr>
<th></th>
<th>Treatment</th>
<th>Non-Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>High Risk</strong></td>
<td>31.6</td>
<td>51.1</td>
</tr>
<tr>
<td><strong>Low Risk</strong></td>
<td>32.3</td>
<td>14.5</td>
</tr>
</tbody>
</table>

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
Increased Recidivism

Reduced Recidivism

Treatment Effects for Low Risk Offenders

Probability of Recarceration

-36
-29
-11
-15
-21
-11
-7
-4
-2
0
1
2
3
4
5
6
8
9

Increased Recidivism

Reduced Recidivism
Treatment Effects For High Risk Offenders

-34
-18
-15
-14
-6
-5
-2
2
3
3
3
5
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34

Probability 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 High Risk

% Difference in Rate of New Felony Conviction
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 & cognitive emotional states

2. Procriminal associates & isolation from anti-criminal others

3. Temperamental & anti-social personality patterns conducive to criminal activity:
   - 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

4. A history of antisocial behavior
Major Set of Risk/Need Factors Cont.

5. Familial factors that include criminality and a variety of psychological problems in the family of origin

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

7. Low levels of involvement in prosocial leisure activities

8. Substance Abuse
So what about Mental Health?
Mentally Disordered Offenders (MDOs)

Conventional Clinical Wisdom:

- Criminal activities of MDOs best explained by psychopathological models
- Assessments typically focus on psychiatric diagnoses, psychiatric symptomatology, and personal distress (i.e. anxiety, depression)
- Assessments are often costly and time consuming
MDOs Continued

Review of the Empirical Research:

- The Psychopathological model has little relevance regarding the prediction of MDO criminal behavior.

- Gendreau conducted meta-analysis on studies of psychiatric symptomatology and general recidivism: Correlation=ZERO.

- Bonta’s meta analysis found correlation between having a diagnosed mental disorder, mood disorder, or psychosis and general/violent recidivism ranged from $r = .01$ to -.17.

- Criminogenic risk factors were the strongest predictors ($r=.23$).
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:

- 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.

<table>
<thead>
<tr>
<th>Criminogenic</th>
<th>Non-Criminogenic</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Anti social attitudes</td>
<td>• Anxiety</td>
</tr>
<tr>
<td>• Anti social friends</td>
<td>• Low self esteem</td>
</tr>
<tr>
<td>• Substance abuse</td>
<td>• Creative abilities</td>
</tr>
<tr>
<td>• Lack of empathy</td>
<td>• Medical needs</td>
</tr>
<tr>
<td>• Impulsive behavior</td>
<td>• Physical conditioning</td>
</tr>
</tbody>
</table>
• Many correctional intervention programs are based on tradition, custom, & imitation rather than scientific evidence of effectiveness
Targeting Criminogenic Need: Results from Meta-Analyses

Reduction in Recidivism

Increase in Recidivism

Target 1-3 more non-criminogenic needs
Target at least 4-6 more criminogenic needs

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
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
To understand assessment one needs to consider types of risk factors
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.
There are two types of dynamic risk factors

• Acute – Can change quickly

• Stable – Take longer to change
Prioritizing Interventions: What to Change and Why

• Criminogenic targets – reduce risk for recidivism

• Non-criminogenic targets – may reduce barriers but NOT risk
Treatment Principle

The most effective interventions are behavioral:

• Focus on current factors that influence behavior

• Action oriented

• Staff follow “core correctional practices”
Results from Meta Analysis: Behavioral vs. NonBehavioral

Most Effective Behavioral Models

• Structured social learning where new skills and behaviors are modeled

• 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.
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
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
Average Effect Size for Misconducts by Treatment Type

Average Effect Size for Misconducts by Number of Criminogenic Needs Targeted

Average Effect Size for Misconducts by Program Quality

Average Effect Size for Misconduct Reductions and Recidivism

Cognitive-Behavioral

Cognitive Theories

WHAT to change

What offenders think

Social Learning Theory

HOW to change it

Model

Practice

Reward

How offenders think
**List of Rewards and Sanctions**

<table>
<thead>
<tr>
<th>Sanctions</th>
<th>Rewards</th>
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<tbody>
<tr>
<td>• Verbal reprimand</td>
<td>• Verbal praise and reinforcement</td>
</tr>
<tr>
<td>• Written assignment</td>
<td>• Remove from EM</td>
</tr>
<tr>
<td>• Modify curfew hours</td>
<td>• Level advancement</td>
</tr>
<tr>
<td>• Community service hours</td>
<td>• Increased personal time</td>
</tr>
<tr>
<td>• Restrict visitation</td>
<td>• Approved special activity</td>
</tr>
<tr>
<td>• Program extension or regression</td>
<td>• Fees reduced</td>
</tr>
<tr>
<td>• Electronic Monitoring</td>
<td>• Approve of extend special</td>
</tr>
<tr>
<td>• Inpatient or outpatient txt</td>
<td>visitation</td>
</tr>
<tr>
<td>• Detention time</td>
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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
- 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:

• 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.