Effective Practices in Correctional Settings

Christopher T. Lowenkamp, Ph.D.
Division of Criminal Justice, University of Cincinnati
Terminology
Evidence Based – What Does It Mean?

• There are different forms of evidence:
  
  • The lowest form is anecdotal evidence, but it makes us feel good
  
  • The highest form is empirical evidence – results from controlled studies, but it doesn’t make us feel good
Evidence Based Practice Is:

- Easier to think of as Evidence Based Decision Making

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

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

- Assessment information
- Relevant research
- Available programming or EBT’s
- Evaluation
- Professionalism and knowledge from staff
Another Important Concept Is Risk:

- Risk refers to probability of re-offending.
- Doesn’t predict dangerousness or seriousness.
How Should We Review Research?

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!).

Or we’ll eat lots of donuts one day, pack on a few pounds and then cringe the next day!

• Looking at one study can be a mistake
• Need to examine a body of research
• There are several ways to summarize research

Meta-analysis is now the favored approach to conducting a systematic review of research studies. Meta-analysis provides a quantitative review of a body of literature.
Current Research in Community Supervision
What is the purpose of community supervision?

Why does parole and probation exist?

• All sorts of reasons

• What do we do well

• What don’t we do so well
What do we know about community supervision

Some current research

• Bonta et al. (forthcoming)

• Meta-analytic review of approximately 26 studies indicated that probation is no more effective than other community-based sanctions such as fines, community service, etc.
What do we know about community supervision

• Recent study of parole by the Urban Institute indicated that the “no parole” group performed about as well as the “mandatory and discretionary parole” group.
Is this really shocking?

• That 8 hours of interaction over 2 years (2 contacts a month for 10 minutes each = 20 minutes per month or 4 hours per year) fails to lead to substantial and enduring changes in high-risk offenders’ behaviors?

• I’ll spend more time with you before I leave today than the typical community supervision officer spends with the typical offender in one year

• I spent more time on the plane last night!
What do we know about community supervision

- Research is suggesting that the relationship with officer and what is discussed is important.
- PCS
- Manitoba Case Study
- DRI-R
- STICS
Why is Getting Right Important?

VERA INSTITUTE, 2005

• “If we get [community supervision] right, we could cut incarceration by 50 percent, have less crime rather than more crime, and spend the same amount of money.”
How Do We Get It Right?

By Following the Research

• Leaving ideology at the door
• Look to what we do know--principles of effective intervention
• Evidence based decision making at both the individual and policy level
Principles of Effective Interventions
Principles of Effective Interventions

- Risk Principle (Who)—Higher risk offenders
- Need Principle (What)—Criminogenic needs
- Treatment Principle (How)—Use behavioral approaches
- Specific Responsivity (How)—Matching
- Program Integrity (All of the above and then some)—Quality
Risk Principle
The Risk Principle

• Target those offenders with a higher probability of recidivism

• Provide most intensive treatment to higher risk offenders

• Intensive treatment for lower risk offenders can increase recidivism
Major Set Of Risk/Need Factors

1. Antisocial/pro-criminal attitudes, values, beliefs and cognitive-emotional states

• The “tapes” offenders play in their mind when faced with a situation or decision or after they have acted
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.

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

Neutralizations are a set of verbalizations which function to say that in particular situations, it is “OK” to violate the law

Denial of Responsibility: Criminal acts are due to factors beyond the control of the individual.

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.

Sykes and Maltz, 1957
Major Set Risk/Needs Continued:

2. Procriminal associates and isolation from prosocial others

- Peers impact what we think—our tapes
- Peers model
- Peers reward
- Peers punish
Reducing Negative Peer Associations

- Restrict associates
- Set and enforce curfews
- Ban hangouts, etc.
- Teach offender to recognize & avoid negative influences (people, places, things)
- Practice new skills (like being assertive instead of passive)
- Teach how to maintain relationships w/o getting into trouble
- Identify or develop positive associations: mentors, family, friends, teachers, employer, etc.
- Train family and friends to assist offender
- Set goal of one new friend (positive association) per month
- Develop sober/prosocial leisure activities
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
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 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
- Lack of support for change
Major Set Risk/Needs Continued:

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

- If they aren’t working or aren’t in school, what are they doing?
- Being at work/school can provide structured activity and rewards for pro-social interactions and behavior
Major Set Risk/Needs Continued:

7. Abuse of alcohol and/or drugs

- Drug use is illegal
- Puts you in contact with other offenders
- Puts you in situations that are conducive to other types of crime
The Risk Principle—All Offenders
The Risk Principle—Low Risk
The Risk Principle—High Risk
Need Principle
The Need Principle

1. Assess and identify criminogenic needs

2. Target criminogenic needs.

3. Must be focused intervention.

4. If this is followed recidivism rates can be lowered.
Recent Study Of Parole Violators In PA

- Compared parole failures to parole successes
- Found A Number Of Criminogenic Factors Related To Failure
- Great illustration of what to target
- Great illustration of what not to target
Pennsylvania Parole Study—Social Network & Living Arrangements

• 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

• 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)
Alcohol Or Drug Use

• 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
Life On Parole

- 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 them
  - 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
Factors That Didn’t Differentiate

• 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
Manitoba Study On Case Management

Analyzed the content of officers interactions with offenders

Found that:

- Length of interview not related to recidivism
- More topics covered the higher the recidivism
- More time devoted to one or two criminogenic needs the lower the recidivism
- More time devoted to conditions of probation the higher the recidivism rate
Relapse Prevention

Reduction In Recidivism Rates

- Offense Chain*
- Relapse Rehearsal*
- High-risk Situations
- Train Significant Others*
- Booster Sessions
- Failure Situations
- Coping Skills

Dowden and Andrews 2003
Inter-Heart Study

- International study that looked at the risk factors associated with heart attack

- Gathered data on all heart attacks

- Compared to case-matched controls
Risk of Heart Attack

1) Increased LDL/HDL ratios (i.e., elevated LDL and low HDL levels)
2) Smoking
3) Diabetes
4) Hypertension
5) Abdominal obesity
6) Psychosocial (i.e., stress or depression)
7) Failure to eat fruits and vegetables daily
8) Failure to exercise
9) Failure to drink any alcohol
Risk of Heart Attack

The risk of heart attack for individuals who had all 9 of these factors, amazingly, was almost 130 times higher than for somebody with none of them. The first two of these risk factors (bad lipid readings and smoking) predicted 2/3 of all heart attacks.
What Are Criminogenic Needs?
Treatment Principle
The Treatment Principle

The most researchers concur that

- You have to provide an intervention to reduce recidivism

- A behaviorally based intervention should be used with offenders
The Treatment Principle

The most effective interventions are behavioral

• Focus on current factors that influence behavior

• Action oriented

• Offender behaviors are appropriately reinforced
Cognitive Behavioral Therapy

- Scientific
- Active
- Present Focus
- Learning Focus
- Individualized
- Stepwise Progression
- Treatment Packages
Reviews of CBT

• Reviews of CBT show that it reduces recidivism by 10-35% (see Lipsey, Landenberger, & Chapman, 2001; Landenberger & Lipsey, 2005; and Wilson, Bouffard, and MacKenzie, 2005)

• Better when implemented in probation & parole compared to prison setting

• Better when administered to higher-risk offenders, 2 times per week or more, for 16 weeks or more, and in conjunction with anger management or interpersonal skills
Evaluation Of Thinking For A Change
Lowenkamp and Latessa (2006)

- Tippecanoe County Indiana
- 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
Adjusted Recidivism Rates Comparing T4C Participants to Comparison Group

<table>
<thead>
<tr>
<th>Group Membership</th>
<th>Adjusted Recidivism Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Probation + T4C Successful Participants Only (90)</td>
<td>18</td>
</tr>
<tr>
<td>Probation + T4C (121) All Participants</td>
<td>23</td>
</tr>
<tr>
<td>Probation (96)</td>
<td>35</td>
</tr>
</tbody>
</table>
Recent Study Of Proactive Community Supervision In Maryland

- Use of LSI-R to assess offenders
- Development of case plan around criminogenic factors
- Referral to appropriate array of programs
- Use of supervision to assist offender in learning triggers
- Use of incentives and sanctions
- Timely communication with offender to review progress
- Emphasis on desistence from criminal lifestyle

Recent Study Of Proactive Community Supervision In Maryland

<table>
<thead>
<tr>
<th>Category</th>
<th>PCS</th>
<th>Non-PCS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Positive Drug Screen</td>
<td>11.4</td>
<td>12.7</td>
</tr>
<tr>
<td>Arrest New Crime</td>
<td>16.05</td>
<td>20.45</td>
</tr>
<tr>
<td>TV Filed</td>
<td>10.05</td>
<td>14.6</td>
</tr>
</tbody>
</table>
Program Integrity and Implementation
The Three Faces of Evaluation

• Theory

• Who

• What
ART Program Integrity and Program Effects

Adjusted Recidivism Rates

Control 25
Not Competent 27
Competent 20
Highly Competent 13

Barnoski and Aos 2004
FFT Program Integrity and Program Effects

Adjusted Recidivism Rates

- Control: 28
- Not Competent: 34
- Borderline: 31
- Competent: 23
- Highly Competent: 18

Barnoski and Aos 2004
Program Integrity—Relationship Between Program Integrity Score And Treatment Effect

Change in Recidivism Rates

-19
-15
-10
-5
0
5
10
15
20
25

0-30(2) 31-59(25) 60-69(10) 70+(1)
Program Integrity—Relationship Between Program Integrity Score And Treatment Effect

Change in Recidivism Rates

0-19(9) 20-39(37) 40-59(17) 60+(3)

-15 2 12 16
Program Integrity

• It can be measured

• It can be changed
Program Implementation

- Clearly the biggest problem facing corrections
- How do we get staff to make changes
Implementation and Adherence to RNR

Mean Treatment Effect

- None: 0.01
- One: 0.07
- Two: 0.31
- Three: 0.34

Differences:
- Demonstration
- Real World

Hanson 2006
Keys to Effective Implementation

- Select staff for relationship skills
- Print/ tape manuals
- Train staff
- Start small
- Pay attention to innovation diffusion literature
Program Has Printed/Taped Manuals

Reduction in Recidivism Rates

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>20</td>
<td>5</td>
</tr>
</tbody>
</table>
Staff Selected for Relationship Skills

Reduction in Recidivism Rates

- Yes: 34
- No: 7

Reduction in Recidivism Rates
Innovation Diffusion

• Relative advantage
• Compatibility
• Complexity
• Triability
• Observability
What Doesn’t Work and Why
What Doesn’t Work and Why?

• Interventions aimed at low-risk offenders

• Good interventions that are poorly implemented or poorly maintained

• Interventions that are poorly defined, lack specificity, non-directive

• Interventions that fail to target the known predictors of criminal behavior
What Doesn’t Work and Why?

• Scared Straight
• Boot Camps
• Supervision
• Punishment
• Programs aimed at control and custody or closer monitoring
• Abstract or esoteric interventions & programming
• Ask yourself why should “this” work
## Risk of Heart Attack & Risk of Criminal Behavior

<table>
<thead>
<tr>
<th>Risk of Heart Attack</th>
<th>Risk of Criminal Behavior</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Increased LDL/HDL ratios</td>
<td>1. Attitudes</td>
</tr>
<tr>
<td>2. Smoking</td>
<td>2. Peers</td>
</tr>
<tr>
<td>3. Diabetes</td>
<td>3. Personality</td>
</tr>
<tr>
<td>4. Hypertension</td>
<td>4. Substance Abuse</td>
</tr>
<tr>
<td>5. Abdominal obesity</td>
<td>5. Family</td>
</tr>
<tr>
<td>6. Psychosocial (i.e., stress or depression)</td>
<td>6. Employment</td>
</tr>
<tr>
<td>7. Failure to eat fruits and vegetables daily</td>
<td>7. Recreation</td>
</tr>
<tr>
<td>8. Failure to exercise</td>
<td>8. Accommodations</td>
</tr>
</tbody>
</table>
Summary

• Leave ideology behind

• Do something—we’ve been “rethinking” community supervision since 1984

• Target the right offenders

• Target the right needs

• Use the right treatment modality

• Follow the data

• Do it right or don’t do it at all