

EFFECTIVE APPROACHES FOR CRIMINAL CONDUCT AND SUBSTANCE ABUSE TREATMENT

CONTRIBUTIONS OF THE SCIENCE OF WHAT WORKS IN CORRECTIONS

Kenneth W. Wanberg, Ph.D.

Center for Addictions Research and Evaluation
and

Harvey B. Milkman, Ph.D.
Metropolitan State College

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THE POWER OF THOUGHT

“The Greatest discovery of my generation is that human beings can alter their lives by altering their attitudes of mind”

William James

SCIENCE OF WHAT WORKS IN CORRECTIONS

- Beginning in the 1970s, has contributed a large body of research that explores and assesses the efficacy of correctional treatment
- The purpose of this paper is to summarize some of the most salient findings emerging out of the “What Works” in corrections research

THREE PARTS TO THIS PAPER

- Part I: Summarizes the scope of the problem of criminal conduct (CC) and substance abuse
- Part II: Summarizes the efforts of non-treatment approaches to address the problem of crime
- Part III: Explores outcomes of the various dimensions of correctional treatment

PART I: PROBLEM OF CRIME AND SUBSTANCE USE AND ABUSE

Understanding the Complexity of
the Study of What Works

TRENDS IN INCARCERTION

- Since the 1980s, a steady decline in crime
- Yet, a steady increase in convictions and persons placed in judicial supervision and jails
- 7.2 million under judicial supervision end of 2006 and of these, over 2.3 million in prison and jails with annual growth of 2.3%
- U.S. has 4.6% of world population but holds 25% of world's 9.25 million held in prisons

TRENDS IN INCARCERTION

- Prison expansion all-time high in the 1990s and though has slowed, continues to grow.
- Each year, 600,000 are released from prison, most of whom are placed under supervision
- We have built the largest prison system in the world, yet relative to violent crimes, we remain the most violent advanced industrial society on earth
- Lifetime chance of a male American going to prison is 11.3% and for women, 1.8%

TRENDS

- Steady decrease in violent crimes since 1973, although slight increase in 2005
- Steady decrease in property crimes since 1973
- Yet from 1980 to 1994, 179% increase in correctional population, 213% increase in parole population, and 1,565% increase in probation population
- All in light of largest expansion of prison system from 1970-2000, unmatched by any other 30 year period.

COST OF CRIME

- \$200 billion spent annually by Federal, state, local governments for police protection, corrections, judicial and legal activities
- Plus 105 billion in costs to victims
- 59 billion annually to house all prisoners in Federal, state, local jails
- States alone spend 43 billion on corrections

POPULATION DISCREPANCIES

- Based on the population of these groups, the prevalence of imprisonment of African American males, Hispanic males and White-Anglo males in 2001 was: 16.6%, 7.7% and 2.6% respectively
- Based on past trends, estimates of those born in 1997, 29% of African American males, 16% of Hispanic males and 4% of White-Anglo males can be expected to go to prison at sometime in their lives.
- Government surveys showed that African Americans represent around 13% of the population, but constitute 58% of all drug offenders in state prisons.

CRIMINAL CONDUCT AND SUBSTANCE ABUSE

- Drug involved offenders the majority of the incarcerated
- Rates of substance abuse and dependence among offenders are four to five times higher than general pop
- Between 60% and 80% have substance abuse problems and around 70% of those incarcerated have significant AOD problems that impact on or interacts with their CC
- Around 75% of all incarcerated offenders were AOD involved in the period just prior to their arrest

PATTERNS OF CC AND SA

- Three different patterns:
 - AOD use primary and CC secondary
 - CC primary and AOD secondary
 - Both primary and independent of the other, having lives of their own, but still interact
- These patterns define trajectories into CC. Life-course sustained (LCS) CC patterns are primary and typically occur early and before AOD use. Time-limited CC is often secondary to AOD use and abuse

DIFFERENCES BETWEEN CC AND AOD ABUSE

- Each have their own pathways for development
- Each have separate pathways to Relapse and Recidivism (R&R) but they interact
- Some AOD abuse types have minimal antisocial features

DIFFERENCES BETWEEN CC AND AOD ABUSE

- The majority of AOD abusers are not offenders
- Most offenders are AOD abusers
- In treatment we have tolerance for relapse
- There is zero-tolerance for recidivism: Thus, focus on changing cognitive structures and social relationships that lead to recidivism

SIMILARITIES BETWEEN CC AND AOD ABUSE

- Both inflict serious damage to individuals and society
- Begin in childhood and early adolescence
- All offenders are antisocial
- Many with AOD abuse problems are not antisocial, however, AOD addictions often result in harm to others and society (antisocial)

SIMILARITIES BETWEEN CC AND AOD ABUSE

- Relapse and recidivism (R&F) occur through process of erosion and R&R rates similar: around 66% within one year without treatment
- Similar high-risk situations that lead to R & R
- Both have multiple types
- Both respond to similar treatment approaches
- There is a distinct dually affected group

THE COMPLEXITIES OF THE STUDY OF WHAT WORKS

- There is vast variations across types of offenders, incarceration, prevalence, costs, trends in crime, re-entry, recidivism, relapse, disparities across demographic groups, gender, comorbidities, and the interaction of CC and AO abuse
- Add to this, types of treatment theory, techniques, approaches
- These variations create a complex matrix of predictor and outcome variables difficult for the Science of What Works to manage and control

PART II: NON-TREATMENT APPROACHES TO CORRECTIONAL INTERVENTION

A Shift in Focus and The
Groundwork for the Science of
What Works

RETRIBUTION AND DETERRENCE

- Historically, judicial system founded on idea of “just deserts” – retribution: When perpetrator does harm to society, harm must be done to the perpetrator
- Retribution premised on idea that examples of punishment will prevent crime – and recidivism
- Retribution is necessary – people must be held responsible for their crimes and doing harm to others and society

RETRIBUTION AND DETERRENCE

- Deterrence is based on sanctioning-punishment and intervention and methods to prevent recidivism
- Rehabilitation – includes deterrence, but includes counseling and other treatment services and other services that meet need of the offender – with goals of punishment, being humane, and preventing recidivism

EFFORTS TO PREVENT CRIME AND RECIDIVISM

- Deterrence and rehabilitation had some foothold in the judicial system in the 1950s - but, the increase in crime in the 1960s and 1970s caused a backlash against rehabilitation
- The backlash – enhancing retribution and movement towards more punishment, more “just deserts” and sanctioning
- Thus four movements took hold in the effort to stop crime, and attack the problem of crime and drugs

EFFORTS TO PREVENT CRIME AND RECIDIVISM

- Mass incarceration
- Mandatory sentencing
- “Three strikes” laws
- “War” on drugs

MASS INCARCERATION

- Beginning in the 1960s and “70s, U.S. locked up citizens at a rate 6 to 10 times any other nation
- Created great problems – prison overcrowding, skyrocketing costs, serious increase in mental and physical health of prisoners who then took these into the community when release – causing risks and expense to communities
- Even though all agree that the purpose of correctional programs is to hold those offenders accountable and safety and welfare of society

MASS INCARCERATION

- Experts and even politicians are beginning to question the wisdom of this approach
- Craig Haney in his book – *Reforming Punishment: Psychological Limits to the Pains of Imprisonment*. “It is the amount of prison pain that has been inflicted in the United States over the last three decades – the distress, anguish, and hurt that policies of mass incarceration have brought about – that has pushed our criminal justice system to the brink of a genuine crisis, one with social, legal, and even moral dimensions”

MASS INCARCERATION

- Nils Christie, Norwegian criminologist:
 - “There is no inevitable connection between the levels of crime and punishment”
- Andrews and Bonta: There is clear evidence that that not only do punishment and sanctioning in and of themselves fail to prevent recidivism, but they actually contribute to a slight increase in the probability of recidivism.

MASS INCARCERATION

- Mauer et al.: The U.S. has one of the highest rates of incarceration among industrialized nations, property crime is no different, rates of violent crime are substantially greater, and rates of homicide are almost five times those of European nations. Some contend: the increase in prison populations are partly due to increase in violent crimes
- Increasing of length of sentencing has little or no effect on recidivism (Zinberg)

MASS INCARCERATION

- U.S. Department of Justice: Time inmates serve in prison does not increase or decrease the likelihood of recidivism, regardless of how it is measured, e.g., parole revocation, rearrest, reconviction, or reincarceration
- Some point to 1991-1998: incarceration rose 47% and crime declined 24% proof it works; But, 1984-1991: incarceration rose 65% and crime rate rose 17%
- Neither periods prove that incarceration causes crime or that it reduces crime

MASS INCARCERATION

- Apparent impact of mass incarceration:
 - Discrepant and uneven impact on minorities
 - Increase in incarceration of youth
 - May result in class disparity
 - Privatization of prison systems that has become a lucrative business
 - Greater difficulty at reentry for normative living

MANDATORY MINIMUM (MM) SENTENCING

- Started in the 1970s when crime index rate increased over 48%
- Goals: retribution, public safety by locking up drug dealers and violent offenders, eliminate sentencing disparity by eliminating judicial discretion
- Some argue for its efficacy and believe it has a strong deterrent effect
- However, most agree that it has failed to meet its policy goals

MM SENTENCING RESULTS

- Long sentences given to low-level offenders who could be given shorter sentences and longer community supervision
- Drug arrests went from 581,000 in 1980 to 1,584,000 in 1997 causing large increase in proportion of inmates who were users – 79% arrested were for possession and 21% for sales
- Shifted discretion and power from judges to prosecutors which resulted in large scale drug dealers given shorter sentences, putting them on the streets sooner

MM SENTENCING RESULTS

- Incarceration of males rose 48%; incarceration of females rose 100%
- Discrepancy of sentencing: Five to 40 years for possession of five grams of crack cocaine and five to 40 years for possession of 500 grams of powder cocaine
- 1986 Anti-drug act made crack cocaine the only controlled substance for which a MM sentence exists for 1st offense of simple possession for personal use

MM SENTENCING RESULTS

- From 1990-1997, African American inmates serving time for drug violations increased more than 60% versus 46% and 32% for White-Anglos and Hispanics respectively
- Note: U.S. Sentencing Commission: Reduced MM for powder Cocaine and increased MM for crack to between 25 and 75 grams

THREE-STRIKES LAWS

- Implemented in 1990, touted to be successful by some
- However, also resulted in uneven sentencing
- Significant increases in judicial budgets because of increased lengths of sentencing
- Experts point out that there is little evidence that it reduces crime and may contribute to slight increase in recidivism

WAR ON DRUGS

- Started in the 1970s: Result was a ten-fold increase of incarceration of drug offenders from 1980 to 2004
- Led to more aggressive law enforcement, more arrests, tougher mandatory sentencing, longer sentences
- Resulted in 80% of those convicted were users and not in the dealership loop
- Annual cause of \$20,000 for each incarcerated user, many of which were low-level

WAR ON DRUGS

- Little evidence it resulted in overall reduction in crime
- No disagreement that both low-level and high-level dealers should be aggressively pursued
- But efforts needed to go beyond prohibition to establishing policies of prevention and intervention – establishing policies of managing and controlling the drug problem

EFFICACY OF INCARCERATION IN REDUCING RECIDIVISM

- Up to the 1990s, not a single review of controlled studies on effects of criminal punishment found consistent evidence of reduction of recidivism (Andrews & Bonta, 1990)
- 1997 Study: Incarceration failed to impact on substance-abusing offenders: 60% reincarcerated within six months
- 2003 Study: Incarceration is at best an ineffective deterrent in reducing criminal behavior among drug offenders – particularly non-violent offenders

EFFICACY OF INTERMEDIATE SANCTIONS AND INTENSIVE SUPERVISION (IS)

- Parole and probation, in-and-of-themselves, do not show promising outcomes
- Early studies (1980s) indicated intensive supervision (IS) was effective – showed lower reconviction rates
- MacKenzie (2006) summarized significant criticism of these studies

EFFICACY OF INTERMEDIATE SANCTIONS AND IS

- Turner et al. (1992) Large random assignment to probation and IS: 39% of IS vs 28% controls were jailed and 13% IS and 10% probation returned to prison – noteworthy – IS more apt to detect technical violations because of close supervision
- MacKenzie's large meta-analysis (2006) Reports not in favor of IS, but no overall sign. Difference
- Most important: When IS is combined with treatment and other Services, IS did reduce rearrests – supported by several studies

EFFICACY OF INTERMEDIATE SANCTIONS AND IS

- IS alone as an intermediate sanctioning process may not be effective
- Efficacy is enhanced when effective aftercare programs are developed around needs of offender, including psychological, medical, and community resource-support, e.g., housing, employment, etc.

THE SHIFTING FOCUS – TO TREATMENT AND THE SCIENCE OF WHAT WORKS

- Positive outcome of the failures of mass incarceration, MM, 3-strikes, “war on drugs” to meet policy expectations – movement in the 1990s and early 2000s to implement meaningful intervention and treatment approaches
- Movement towards integrating the correctional and treatment systems
- Enhanced the focus and value of the Science of What Works

AREAS SOLIDIFIED IN THIS SHIFTING FOCUS

- More humane management of prisoners
- Intermediate sanctions – given their limitations
- Intensive supervision – given its limitations
- Reentry and aftercare services
- Innovations in offender management and supervision
- Case management

AREAS SOLIDIFIED IN THIS SHIFTING FOCUS

- Risk assessment
- Therapeutic Community
- Employment rehabilitation
- Health services in corrections
- Restorative justice programs and systems
- Enhanced and broadened offender drug treatment
- Effective treatment strategies - CBT

AREAS SOLIDIFIED IN THIS SHIFTING FOCUS

- Today, these focuses are an integral part of our judicial system and correctional systems
- More important, most are only 30 years old – their efficacy and value are still being tested

A MATURING OF OUR GOALS IN CORRECTIONS

- Moving from retribution to deterrence that includes effective interventions and treatment
- From managing prisoner and supervisee behavior to rehabilitation
- Moving beyond just focusing on recidivism and desistance to – as Frank Porponno stressed – helping offenders re-define and consolidate a new self-identity that is meaningful and prosocial

MATURING OF THE SCIENCE OF WHAT WORKS IN CORRECTIONS

- Since the 1970s, the science of what works has evolved into one of the most effective tools in corrections – integrating efforts from the studies of psychotherapy
- Established validity criteria or correctness of inferences about cause and effect
 - Statistical
 - Internal
 - External
 - Construct

MATURING OF THE SCIENCE OF WHAT WORKS IN CORRECTIONS

- Sound study and review methods
 - Single study approaches
 - Narrative review
 - Systematic review
 - Meta-analyses

MATURING OF THE SCIENCE OF WHAT WORKS IN CORRECTIONS

- Studies are evaluated and rated as to their level of methodological quality – scientific methods scale
- Organizations established to prepare, maintain, and disseminate high-level evidence-based research e.g., the Crime and Justice Group within the Campbell Collaboration organization
- Maintaining fidelity to a treatment protocol

PART III: CRIMINAL CONDUCT AND SUBSTANCE ABUSE TREATMENT

Findings from the Science of
What Works

OVERVIEW OF THIS SUMMARY

- This summary is organized around five treatment dimensions or focuses:
 - Treatment structures, e.g., incarcerated tx, TC
 - Treatment modalities, e.g., family, vocational rehab
 - Treatment approaches, e.g., cognitive-behavioral
 - Manual or Curriculum-Guided Programs “brand name”
 - Offender-specific groups, e.g., sex-offender, violent

EARLY STUDIES OF CORRECTIONAL TREATMENT

- Famous (or infamous) Martinson (1974) study: concluded that rehabilitation programs within prisons had no appreciative effect on recidivism
- Andrews & Bonta's (2003) critical review of this study and the "nothing works" era concluded that this was an era of "knowledge destruction" and "treatment destruction" (Gottfredson, 1979)
- However, the positive result of the "nothing works" era: Beginning of the Science of What Works in Corrections

DEFINING OUTCOME VARIABLES

- Two broad variables: relapse and recidivism
- Relapse: Two approaches: returning to any use; or returning level of problem use prior to Tx
- Recidivism:
 - Violation of terms of parole or probation
 - Re-arrest
 - Reconviction
 - Reincarceration

ESTABLISHING BASELINE RECIDIVISM RATES

- Recidivism rates vary relative to:
 - Type of offender and offender risk
 - Type of judicial setting in which offender placed, prison, probation
 - Whether or not treatment provided
 - Type of treatment
 - Degree of treatment exposure
 - How recidivism is defined, rearrest, reincarceration
 - How determine follow-up time (from end of incarceration, supervision, treatment)? And length of follow-up time (six months, one year, five years, etc.)

ESTABLISHING BASELINE RECIDIVISM RATES

- Crude estimate of recidivism rates for those supposedly not treated:
 - Rearrest rates: 30% to about 70%, depending on follow-up time, judicial status, level of risk, etc. and higher for those in high-risk groups
 - Reconviction: 40% to 66%
 - Reincarceration rates: 25% to 60% depending on follow-up time and level of risk, and higher for those with higher risk group
 - Higher risk level, higher rate of recidivism

ESTABLISHING BASELINE RECIDIVISM RATES

- Crude estimate of recidivism rates for those placed in control/comparison groups for rearrest (based on limited samples of studies):
 - Twelve months – 50 to 59%
 - 18 to 24 months – 50 to 67%
 - Within 36 months - 37% to 75%
 - 36 months or more – 41-75%

ESTABLISHING BASELINE RECIDIVISM RATES

- Crude estimate of average recidivism rates for those receiving treatment (based on limited sampling):
 - Rates vary from 3% to 44% depending on the length of time between release from supervision or prison, the kind of intervention received and offender risk level
 - On average, significantly lower

ESTABLISHING BASELINE RELAPSE RATES

- More difficult because of way relapse defined and that relapse is often seen as part of change and recovery – and difficult to find studies of non-treated groups that did not substance abuse treatment
- One study: 20.5%% parolees completing treatment relapse versus 36.7% non-treated within six months
- General relapse rates are around 66% within the first year for those treated

GENERAL EFFICACY OF CORRECTIONAL TREATMENT

- Robust support for the efficacy of treatment for offenders in general in reducing recidivism rates and treatment for substance abusing offenders in reducing recidivism and relapse rates
- Regardless of treatment setting, modalities and approaches, offenders who complete treatment do better than those who do not complete treatment
- Cost-benefit studies favored treatment with some studies showing very significant cost-benefit to society

OUTCOMES BY DIFFERENT TREATMENT STRUCTURES

- Incarcerated Settings:
 - AOD clients in Federal Bureau of Prisons:
73% less likely to be rearrested and 44% less likely to engage in AOD use during 6 months post incarceration
 - Jails: five to 25% reduction in rearrest rates compared to untreated inmates

OUTCOMES BY DIFFERENT TREATMENT STRUCTURES

- Incarcerated Settings:
 - AOD treatment in incarcerated settings:
 - 75% of the studies had significant effect sizes
 - 11% overall reduction in recidivism rates and 16% reduction in relapse rates compared with 50% failure rate of controls
 - Age, gender, ethnicity, violent, non-violent no effect on outcome
 - Programs less than 3 months not associated with positive outcomes – longer treatment was associated with more positive outcomes – indicating protracted treatment programming is essential

OUTCOMES BY DIFFERENT TREATMENT STRUCTURES

- Therapeutic communities as a Treatment Structure
 - Although attributed to developing out of the 1960s Synanon model for substance abuse patients, it was introduced in the early 1960s to Community mental health centers by Maxwell Jones of England
 - Expanded from substance abusing offenders to other offense-specific clients
 - Used in incarcerated settings and community based residential programs

OUTCOMES BY DIFFERENT TREATMENT STRUCTURES

- Therapeutic Communities
 - Almost all studies reviewed showed that TC completers had significantly lower recidivism rates than controls or TC dropouts
 - Most effective with substance abusing offenders
 - Studies vary as to recidivism reduction compared to controls and dropouts – 15% to 30% depending on follow-up period, type of offender

OUTCOMES BY DIFFERENT TREATMENT STRUCTURES

- Therapeutic Communities
 - One study, at variance to the findings of almost all of the other studies, involved felony probationers compared with comparable sample using modified TC: No stat-difference (SD) at first year follow-up in arrest rates however was SD difference at end of the 2nd year. Thus, for modified TC, may be sleeper effect for the treatment group

OUTCOMES BY DIFFERENT TREATMENT STRUCTURES

- Therapeutic Communities
 - As to relapse: at three and five year release evaluation, significantly higher percent of TC clients remained drug free than TC controls
 - With women offenders, findings mixed with one review of eight studies showing six had positive outcomes of varying types, e.g., higher percent with positive response to parole; reduction of drug use, rearrest and reincarcerations at six months, etc.

OUTCOMES BY DIFFERENT TREATMENT STRUCTURES

- Therapeutic Communities
 - Almost across all studies, those completing TC did much better than those not, e.g., one study showed that dropouts were 160% more likely to be rearrested within two years of DC than graduates who were 10% less likely to be rearrested
 - Aftercare makes a difference – those completing aftercare were more likely to remain arrest and drug free

OUTCOMES BY DIFFERENT TREATMENT STRUCTURES

- Drug Courts
 - Conclusion from large meta-analysis: There is strong evidence that drug courts reduce the future criminal activities of offenders and that almost all studies showed drug court participants to have lower recidivism rates than non-participants
 - Why? Three factors: treatment, sanctioning and attending court sessions

OUTCOMES BY DIFFERENT TREATMENT STRUCTURES

- Reentry and aftercare programs
 - Aftercare in reentry is seen as one of the most crucial elements in correctional treatment
 - Need to see reentry as applicable to parole and probation as to incarcerated offenders
 - Significant difference between those completing and not completing aftercare

OUTCOMES BY DIFFERENT TREATMENT STRUCTURES

- Reentry and aftercare (AC) programs
 - There is a significant difference between those completing treatment and aftercare and comparisons
 - As move from comparisons to dropouts to completed treatment to completed treatment and aftercare: monotonic increase: Examples - 25% of those in comparisons versus 57% of those completing treatment and AC were arrest free
 - TC completers and aftercare did better than TC completers

OUTCOMES BY DIFFERENT TREATMENT STRUCTURES

- Boot camps
 - Odds of boot camp client recidivating is about equal to odds of a comparison group client recidivating
 - Justifying boot camps can not be based on their potential to reduce recidivism

OUTCOMES BY DIFFERENT TREATMENT STRUCTURES

- Boot camps (BCs)
 - Some studies indicate BCs may have a negative effect as to recidivism
 - Their positive value – may reduce prison beds
 - BCs with therapeutic programming were more apt to reduce recidivism

OUTCOMES BY INTERVENTION MODALITIES OR TECHNIQUES

- Overview:
 - Includes individual, family, group, vocational education, work programs etc.
 - Little research has been done on individual, group, family since these are an integral part of most treatment efforts and hard to isolate from overall programming
 - Many studies did not covary out their effects

OUTCOMES BY TREATMENT MODALITIES OR TECHNIQUES

- Family programs
 - Minimal research, however, multisystemic approach for juvenile offenders discussed under offender-specific groups
 - Family-based crime prevention can be effective

OUTCOMES BY TREATMENT MODALITIES OR TECHNIQUES

- Education programs in correctional settings
 - Have long history in corrections, and broad span of such programs found in corrections; Literacy programs are mandated in Federal prisons
 - Include: adult basic education, secondary or general equivalence, and post-secondary education
 - Martinson's conclusions that "nothing works" included educational programs

OUTCOMES BY TREATMENT MODALITIES OR TECHNIQUES

- Education programs in correctional settings
 - Since then, many studies support the efficacy of these programs
 - Large meta-analysis concluded: Preponderance of evidence supports efficacy of educational programs in reducing recidivism, however, insufficient evidence to support life skills training

OUTCOMES BY TREATMENT MODALITIES OR TECHNIQUES

- Vocational education (VE), work programs (WP) and prison industries
 - These programs found in 95% of prisons
 - Overall, VE and WP programs result in 11% reduction in recidivism, and is statistically significant and most promising of all correctional work program
 - Inconclusive evidence that prison industries contribute to reduction in recidivism

OUTCOMES BY TREATMENT MODALITIES OR TECHNIQUES

- Restorative justice (RJ)
 - Must be used in discretionary manner, e.g., meeting with victim could precipitate traumatic reactions; sometime difficult to identify a victim; some victims will not want to participate
 - Found to reduce recidivism from around 10% to 30%, depending on type of RJ, length of follow-up time, and whether juvenile or adult, former tends to indicate higher recidivism rates

OUTCOMES BY TREATMENT APPROACHES OR STRATEGIES

- Overview
 - Based on theory and research
 - Those approaches that are clinically relevant and psychologically based are most effective in offender treatment

OUTCOMES BY TREATMENT APPROACHES OR STRATEGIES

- Overview
 - They have the highest probability of reducing recidivism if they:
 - Target high-risk offenders (risk principle)
 - Target dynamic risk factors (criminogenic needs principle)
 - Use social learning and cognitive-behavioral strategies

OUTCOMES BY TREATMENT APPROACHES OR STRATEGIES

- Cognitive-behavioral Therapy (CBT)
 - Based on two traditional approaches:
 - Cognitive restructuring: Identify thoughts, attitudes and beliefs that lead to CC and SA and change these cognitive structures to those that lead to self-control, prosocial thinking and positive outcomes
 - Social skills training: Identify relationship and interactions with others that have that lead to CC and SA and learn social skills that lead to positive, prosocial and adaptive outcomes

OUTCOMES BY TREATMENT APPROACHES OR STRATEGIES

- Cognitive-behavioral (CB) approaches
 - Have added a third approach to the treatment of offenders:
 - Focus on the development of social, moral and community responsibility skills that helps offender live in harmony with others and their community
 - Will focus on this as a separate approach later

OUTCOMES BY TREATMENT APPROACHES OR STRATEGIES

- Cognitive-behavioral (CB) approaches
 - Systematic reviews and meta-analyses overwhelmingly point to the efficacy of CB approaches and are the most promising and effective in offender rehabilitation and in reducing the probability of recidivism
 - One of the largest systematic reviews and meta-analysis concluded that CB approaches reduced recidivism on the average of 27%

OUTCOMES BY TREATMENT APPROACHES OR STRATEGIES

- Cognitive-behavioral (CB) higher effect sizes related to:
 - Longer treatment in months
 - Delivered to high-risk offenders
 - Treatment delivered in community
 - Higher level of provider training with mental health backgrounds

OUTCOMES BY TREATMENT APPROACHES OR STRATEGIES

- Cognitive-behavioral (CB) higher effect sizes related to:
 - Higher levels of monitoring of offender attendance and keeping to the intervention plan
 - Fidelity to the program and principles of CB approaches
 - Types or “brand name” programs have equal effect

OUTCOMES BY TREATMENT APPROACHES OR STRATEGIES

- Relapse Preventing Therapy (RPT)
 - Based on social learning theory and considered to be a CBT approach
 - Integrated in most if not all CBT programming
 - Yet, can be a stand-alone program
 - Most commonly based on the Marlatt RP model

OUTCOMES BY TREATMENT APPROACHES OR STRATEGIES

- Relapse Preventing Therapy (RPT)
 - Systematic reviews and other studies provide strong and extensive support for the efficacy of RP and RPT to reduce relapse in substance abuse and other behavioral disorders
 - Found to be effective across treatment modality, setting, type of client in reducing recidivism

OUTCOMES BY TREATMENT APPROACHES OR STRATEGIES

- Therapeutic Relationship
 - Although not a stand-alone strategy, it is an approach that is integral and basic to all effective intervention and treatment approaches
 - The literature (particularly psychotherapy research) is sound with respect to its efficacy in effecting change and invariably identifies it as one of the most important components in treatment in general and of the substance abusing offender

OUTCOMES BY TREATMENT APPROACHES OR STRATEGIES

- Motivational Interviewing (MI)
 - Also an approach that is integral and basic to effective intervention/treatment approaches
 - Also, can be a stand-alone program (Project Match, 1997) – equally effective to other txs.
 - The problem with MI research in corrections is that because it is so much a part of correctional treatment, hard to sort out and evaluate as a separate treatment approach

OUTCOMES BY TREATMENT APPROACHES OR STRATEGIES

- Motivational Interviewing (MI)
 - Most MI research has been done with AOD clients using an adaptation of MI or AMI which involves feedback to clients on results of psychometric testing and preparing clients for tx
 - Systematic reviews and MA of these studies indicated that AMIs of one to four sessions were effective in reducing alcohol consumption, significantly increased the rate of entry into and retention in treatment

OUTCOMES BY TREATMENT APPROACHES OR STRATEGIES

- Stages of Change
 - Not a stand-alone approach, but a conceptual approach that is an integral part of most treatment approaches with respect to assessment, treatment matching and implementing effective approaches relative the client's assessed stage of change
 - Evidence indicates that treatment that doesn't match the client's stage of change may be counter-productive: Example: High resistive offenders are best matched with motivational enhancement therapy and not placed in action-oriented treatment

OUTCOMES BY TREATMENT APPROACHES OR STRATEGIES

- Social and Community Responsibility Therapy (SCRT)
 - Social, community and moral responsibility approaches have come to the foreground in offender treatment: a third approach of CBT.
 - An essential component of offender treatment
 - Studies by Yokley (2008) provide support for the efficacy of social responsibility therapy in enhancing prosociality and reduction of harmful behaviors in adolescence and young adults

OUTCOMES BY CURRICULUM GUIDED PROGRAMS (CGP)

- Overview
 - Emerged in the mid-1980s and 1990s
 - Have a set curriculum and treatment protocol with a provider's guide and either a workbook or worksheets for participants
 - They are based on social learning theory and use CBT as the foundational approach

OUTCOMES BY CURRICULUM GUIDED PROGRAMS (CGP)

- Overview
 - Some are directed at criminal conduct in general, others at specific offender behavior (aggression), and and others at the substance abusing offender
 - Lipsey and Landenberger's (2007) meta-analysis of CB oriented treatments, concluded: no difference across "brand named" programs and they had about the same effectiveness as generic CBT programs, although they concede that the samples were small. Their study did not represent all of the commonly know curriculum guide programs

OUTCOMES BY CURRICULUM GUIDED PROGRAMS (CGP)

- Overview
 - They can be nested in larger offender intervention programming, or as stand-alone programs
 - Because of their different focus, offenders can conceivably receive two or more of the programs.
 - The advantage of CGPs is that they provided standardized presentations that can be replicated and have consistency across counselor, providers and agencies.

OUTCOMES BY CURRICULUM GUIDED PROGRAMS (CGP)

- Summary of CGPs
 - *Aggression Replacement Training (ART)*: One study of ART indicated a reduction of offense involvement and in anger, aggression, and conflicts with others.

OUTCOMES BY CURRICULUM GUIDED PROGRAMS (CGP)

- Summary of CGPs
 - *Criminal Conduct and Substance Abuse Treatment: Strategies for Self-Improvement and Change (SSC)*: One study was obtained and indicated favorable provider ratings with respect to feasibility of program delivery, positive impact on clients, and implementing client change. Clients report being satisfied to very satisfied with SSC, rated themselves with increased self-control over AOD use and criminal conduct with high AOD abstinence and crime-free rates during the period of treatment.

OUTCOMES BY CURRICULUM GUIDED PROGRAMS (CGP)

- Summary of CGPs
 - *Moral Reconciliation Therapy* - MRT: Individual studies, and meta-analyses indicate significant reductions in recidivism (compared with controls) and changes in moral reasoning, improvement in self-esteem, reducing levels of problem behavior and misconduct in prison facilities and recidivism incidents within the community. Although one or two reviewers indicated caution in interpreting the findings since most studies done by its founder and co-founder. Yet, the research that has been reported provide support for the efficacy of MRT.

OUTCOMES BY CURRICULUM GUIDED PROGRAMS (CGP)

- Summary of CGPs
 - *Reasoning and Rehabilitation* (R&R): Individual and meta-analysis studies indicate favorable effect sizes and narrative reviews and meta-analysis found R&R to be effective in reducing the recidivism of delinquents and adult offenders. The reviewer cautioned that the studies were completed by the developers of the program, and as with MRT, concluded that it is unclear whether the program will continue to have positive effects in other contexts. To date, the findings do support the efficacy of R&R.

OUTCOMES BY CURRICULUM GUIDED PROGRAMS (CGP)

- Summary of CGPs
 - *Thinking for a Change (T4C)*: Two studies on the efficacy of T4C that were found indicated a significant reduction in recidivism over varying follow-up time frames. New criminal offense rates for completers were significantly lower than the comparison group at one year follow-up although no difference was found between the two groups for technical violations or as to procriminal sentiments. Findings suggest that T4C had an overall positive effect in bringing about change and reducing recidivism.

OUTCOMES BY CURRICULUM GUIDED PROGRAMS (CGP)

- Summary of CGPs
 - *Relapse Prevention Therapy (RPT)*: We see RP as an approach, but also it can be a stand-alone program. Numerous studies on the effects of RPT stand-alone programs have been effective in reducing involvement in disruptive effects of alcohol and other drug use and overall reductions in relapse.

OUTCOMES BY CURRICULUM GUIDED PROGRAMS (CGP)

- Summary of CGPs
 - *Social Responsibility Therapy* (SRT): An approach that is integrated in a variety of the above programs: Moral Reconciliation, Strategies for Self-Improvement and Change, and Reasoning and Rehabilitation. Yokley has provided a treatment manual for Social Responsibility Therapy for Adolescents and Young Adults that provides guidelines for implementing this kind of approach. Across a variety of outcome variables, SRT indicates efficacy in reducing harmful behavior, behavioral incident reports and rule violations among juveniles within various intervention settings.

OUTCOMES BY OFFENDER TYPES

- Juvenile Offender Treatment
 - Systematic reviews and meta-analyses of treatment in general, and with adjudicated or serious juvenile offenders showed an overall significant reduction of recidivism for both noninstitutional and institutional programs. Effects larger for the more serious of the serious offenders. Most effective programs were: interpersonal skills training, cognitive-behavioral oriented approaches and individual counseling.

OUTCOMES BY OFFENDER TYPES

- Juvenile Offender Treatment
 - **Wilderness and challenge** programs are not effective for juveniles at-risk for antisocial behavior and for serious juvenile offenders.. Some studies indicated a reduction in recidivism; others the opposite. Those that had an integrated therapeutic component with intense physical behavior showed some effect in reducing recidivism

OUTCOMES BY OFFENDER TYPES

- Juvenile Offender Treatment
 - **Scared straight** programs across the board were found to be not effective in reducing recidivism and some results showed they were likely to increase the odds that participants will commit another delinquent offense. Studies selected did not address whether they included a therapeutic component. Could this have made a difference, as in the case of wilderness programs?

OUTCOMES BY OFFENDER TYPES

- Juvenile Offender Treatment
 - **Juvenile boot camps** show that effect sizes were not significant and did not reduce recidivism. Those that included a therapeutic emphasis did show lower recidivism rates than comparison groups or participants in other boot camps that did not include therapeutic programming.

OUTCOMES BY OFFENDER TYPES

- Juvenile Offender Treatment
 - **Multisystemic Therapy (MST)** MST targets youth with serious behavior problems and who are at-risk for out-of-home placement. Studies were mixed and conclusions were that the effectiveness of MST was not clearly established.

OUTCOMES BY OFFENDER TYPES

- Violent Offender
 - Treatment of violent offenders not in the category of sex-offender and domestic violence was effective both at reducing general and violent re-offending.

OUTCOMES BY OFFENDER TYPES

- Violent Offender
 - Domestic Violent (DV) Offender: A systematic review of the three intervention approaches of *Feminist-based, cognitive-behavioral and legal Interventions*, indicated they were promising but not conclusive in being effective in reducing DV recidivism. Those with the most to lose (employed and married), arrest was a deterrent whereas for those who had the least to lose (not married and unemployed), arrest tends to lead to an escalation of violence.

OUTCOMES BY OFFENDER TYPES

- Sex-Offender
 - Early efficacy research conducted during the 1970s and 1980s that concluded that sex-offender treatment was not effective was challenged by subsequent studies that have overwhelmingly shown SO treatment significantly reduces the probability of further sex crimes and recidivism and invariably, recidivism for the treated SOs were significantly less than for no-treatment or control groups.

CHALLENGES AND FUTURE DIRECTIONS FOR THE SCIENCE OF WHAT WORKS

- **Broaden outcome assessment beyond "sudden death" measures to a multivariate outcome measurement model.**
 - Go beyond single measures of recidivism and include reliable and valid outcome scales
 - Treatment must take a zero-tolerance stance on recidivism. But for some offenders reconviction could be a bridge to recovery and treatment sleeper effects may take hold after reconviction. When appropriate, reinstitute ASAP after reconviction. We have little research on reconviction follow-up

CHALLENGES AND FUTURE DIRECTIONS FOR THE SCIENCE OF WHAT WORKS

- **Establishing Baseline Rates of Relapse and Recidivism.**
 - As more and more offenders are exposed to treatments that work, it will be more difficult to generate control groups, using a clinical trials design, that are non-treatment pure.
 - Suggest that baseline recidivism and relapse rates are generated that can be used to evaluate treatment outcomes.

CHALLENGES AND FUTURE DIRECTIONS FOR THE SCIENCE OF WHAT WORKS

- **Change Sensitivity as a Basis for Measuring Progress and Change.**
 - Progress and change should be measured and monitored as client proceeds through treatment and judicial supervision, and not just at follow-up
 - Focuses on assessing positive movement towards stable cognitive and behavioral adjustment or detecting those attitudes and behaviors that portend both relapse and recidivism

CHALLENGES AND FUTURE DIRECTIONS FOR THE SCIENCE OF WHAT WORKS

- **Testing Treatment Synergism Models.**
 - Given what we know that works, evaluate the effectiveness of combining several treatment approaches that do work, either in a concomitant or sequential model
 - This report, this has been found to be effective with various medical problems, e.g., AIDS, treatment of cancer - has been used on a limited basis in corrections, e.g., integrating CBT and TC

PROMISING TRENDS IN ENHANCING CORRECTIONAL TREATMENT EFFICACY

- Capitalize on and enhancing the use of treatment structures that are promising.
 - Aftercare programming which counters fading effects of tx
 - Broader use of therapeutic community structures
 - Enhancing treatment in incarcerated settings

PROMISING TRENDS IN ENHANCING CORRECTIONAL TREATMENT EFFICACY

- **Enhancing and integrating strategies and approaches that are promising.**
 - Building a positive and working relationship with client using **motivational interviewing** methods.
 - Use the **stage of change model** to prepare offenders for and match them with appropriate treatments.
 - Make the **CBT approach as one of the core platforms** of treatment integrating **relapse and recidivism prevention** approaches.

PROMISING TRENDS IN ENHANCING CORRECTIONAL TREATMENT EFFICACY

- When appropriate, utilize the **restorative justice** approach.
- Use **social and community responsibility therapies** and programs that develop moral reasoning, empathy-building, character development, responsibility towards others and the community, with the primary target of enhancing prosocial attitudes and behaviors.

PROMISING TRENDS IN ENHANCING CORRECTIONAL TREATMENT EFFICACY

- **AOD treatment as essential and necessary.** The strong evidence of AOD treatment in corrections almost mandates its use at all levels of the judicial system.
- **Facilitating treatment completion:** Treatment completers have lower rates of recidivism and overall do much better. All the effective skills, e.g., motivational interviewing, should be applied to enhance the probability of completion – **this may be the crucial variable regardless of approach**

PROMISING TRENDS IN ENHANCING CORRECTIONAL TREATMENT EFFICACY

- **Integrating the therapeutic and Correctional:**
When therapeutic and treatment approaches are connected with sanctioning, the combination of the two increases the potential for positive outcomes.
- **Capitalize on the effects and value of packaged or curriculum-guided programs:**
Research indicates that these programs are effective. They provide a standardized presentation that can have consistency across counselors, providers and agencies.

PROMISING TRENDS IN ENHANCING CORRECTIONAL TREATMENT EFFICACY

- **Capitalize on the potential for treatment synergism**
 - Synergistic and sequential approaches should be strongly considered as we advance in state-of-art treatment.
 - Hypothesis: outcomes of correctional treatment will be enhanced due to the synergetic effect of combining treatments.
 - Example: give offenders two or more curriculum-guided programs. The synergistic effects may be very promising.

THE SCIENCE OF WHAT WORKS IN CORRECTIONS IS PROMISING

The Science of What Works in Corrections has made an enormous contribution to enhancing the efficacy of correctional treatment.

We conclude that the surface has only been scratched and that there are rich and rewarding elements yet to be discovered as we move ahead in addressing two of the most costly and devastating social problems in society today - criminal conduct and substance abuse, particularly as these are found co-occurring.

Achievement Leads to Greater Expectations

"And when you have reached the
mountain top, then you shall begin to
climb"

Kahlil Gibran, From *The Prophet*