

# **Evidence-Based Policy and Practice and Offender Reentry**

**Reentry in the State of Connecticut:  
Partners in Progress  
William Woodward  
Tuesday, February 24, 2009**

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## **Background: William Woodward**

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**Military Police Officer**

**Civilian Police Captain**

**Director of Criminal Justice, State of Colorado  
Community Corrections**

**Faculty, University of Colorado  
Center for Study and Prevention of Violence**

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## **Objectives**

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- Understand the problems citizens face
- Understand how the research around risk reduction is key to reentry objectives
- Understand the 8 principles of recidivism reduction and identify criminogenic needs
  - Describe the risk, need, and responsivity principles and why they are important to know
- Identify the interventions that increase future crime and those that decrease crime

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## **Why Policymakers Care about EBP**

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- Improves outcomes, especially recidivism
- Reduces victimization
- Prevents harm
- Enhances collaboration
- Establishes research-driven decision making
- Targets funding toward the interventions that bring greatest returns

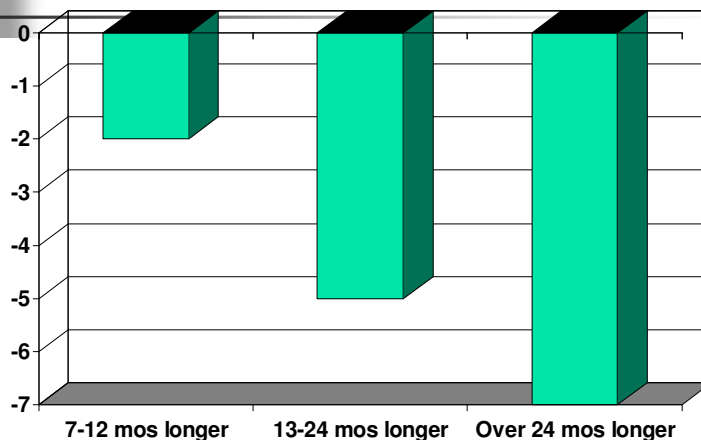
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## Recidivism Rates

- 67% rearrest rates for prison releases (BJS)
- 30% reconviction rates for probationers (national average)
- Why are these rates so high?

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## Impact of Sentence Length on Recidivism



(Source: Smith, Goggin, and Gendreau, 2002)

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## **Recidivism Impact**

- A one percent reduction in parole recidivism saves the state \$7 million in incarceration costs (Georgia)
- A one percent reduction in felony revocations and returns to incarceration saves the state \$55 million in incarceration costs alone (Texas)

(Sources: John Prevost, Georgia Parole; Rylander, Texas Comptroller of Public Accounts, 2000)

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## **Why Has Traditional Parole Been Ineffective?**

1. We are focusing on the wrong issues
2. We are giving too much attention to the low risk and too little to the high risk
3. Have not applied research knowledge to practices or applied them with fidelity
4. The system is not in alignment
5. Workloads are too high; overwhelmed with parole conditions
6. Management expectations and concerns around lawsuits and public pressure (CYA)

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# What can we do?

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## Evidence-Based Practice

- What is it?
- Why is it important?
- What are the EBP myths?
- What does the research tell us?

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## **Put Simply:**

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**Evidence from  
relevant literature  
should support  
practice decisions.**

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## **EBP Myths**

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- Drains creativity and individuality
- Stifles working relationships
- Applies only to doctoral level research
- Ignores clinical expertise
- Focuses only on randomized controlled trials
- Won't generalize to offenders
- Cannot be taught to practitioners
- Doesn't apply to prevention
- Insufficient research to guide us yet

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## **Why Evidence-Based Practice in Corrections?**

- To end the risky “trial and error” approaches
  - Building on the lessons learned from our predecessors
- To invest limited resources wisely
  - Getting the most “bang for our buck”
- To maximize the likelihood of offender success
  - Equipping them with skills/competencies needed to reintegrate
  - Moving beyond “get out and stay out” (i.e., just don’t get caught)
- To better our chances of reducing crime
  - Creating safer communities
- To ensure that internal and external stakeholders understand and support our practices and decisions
  - Increases accountability

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## **Defining “Evidence”**

- Something(s) helpful in forming a conclusion or judgment
- An outward sign
- Something clearly indicative, or that furnishes proof

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## **Evidence or Proof of WHAT?**



**That what we are doing  
relative to offender  
reentry is leading to the  
desired outcomes!**

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## **What Constitutes Good Evidence?**



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## Good Evidence?

- 1,200 offenders received prison-based substance abuse treatment
- 5 years post-release, these offenders had a recidivism rate of only 10 percent
  - Is this “evidence” to support the treatment program? Why or why not?
  - How else could the low recidivism rates be explained?

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## Good Evidence?

- 450 juveniles who completed a cognitive skills program were compared to 500 youth who did not participate in the program
- The “treated” youth had only a **12%** recidivism rate, compared to a **37%** recidivism rate for the “untreated” youth
  - Is this “evidence” to support the treatment program? Why or why not?
  - How else could the low recidivism rates be explained?

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## **Good Evidence?**

- 20 sex offenders received specialized treatment within a prison-based therapeutic community
- They were compared to a matched group of 20 sex offenders who received no treatment
- No differences in recidivism rates were found 4 years post-release
  - Does this evidence suggest that treatment is ineffective?
  - Why or why not?

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## **The Best Evidence Comes from...**

- Large sample sizes
- Random assignment
- Control over confounding variables
- Consistency of findings
- Cross-site replication

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## National Institute of Corrections Integrated Model



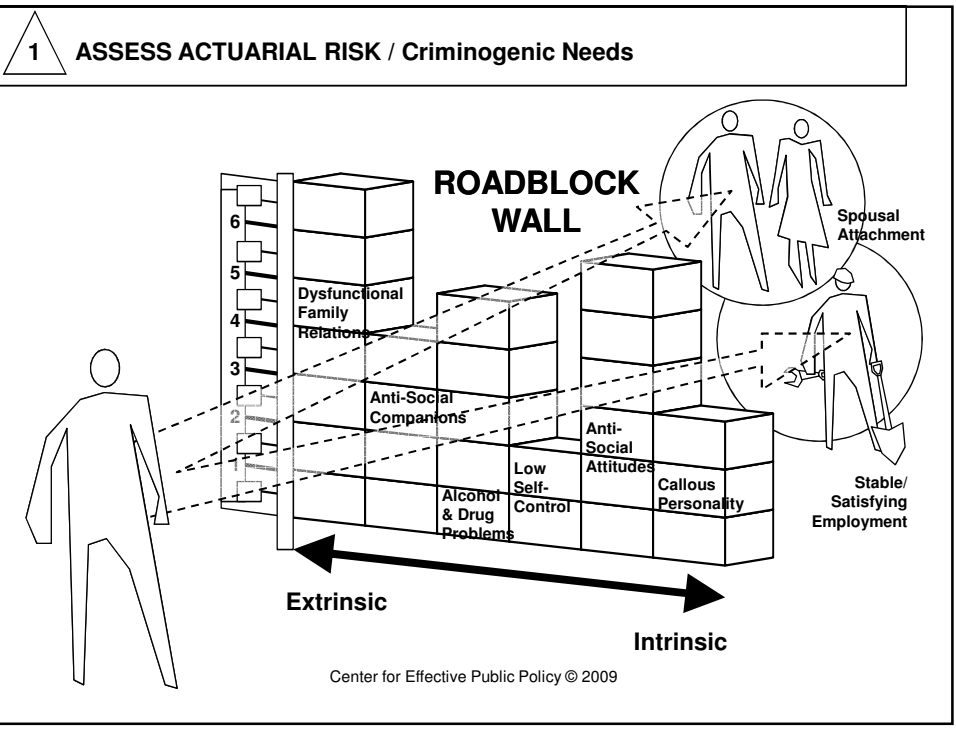
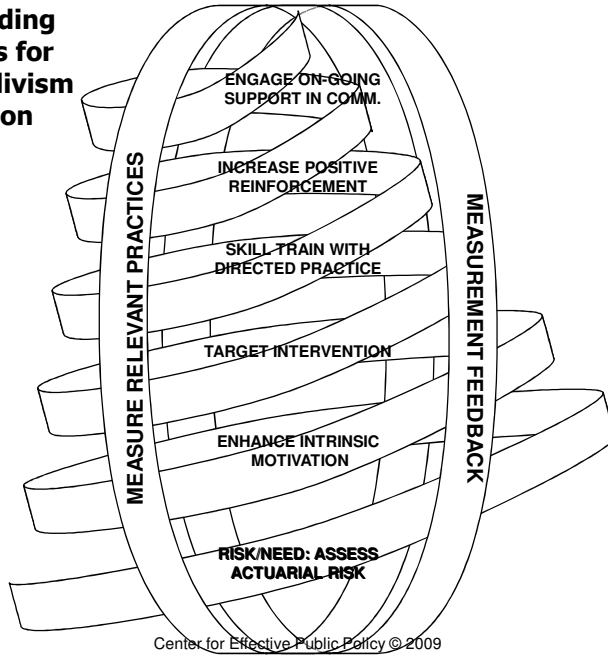
(Source: NIC Cooperative Agreement with the Crime and Justice Institute)  
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### RESEARCH SUPPORTED PRINCIPLES

- 1) **Assess Actuarial Risk / Needs**
- 2) **Enhance Intrinsic Motivation**
- 3) **Target Interventions**
- 4) **Skill Train with Directed Practice**
- 5) **Increase Positive Reinforcement**
- 6) **Engage On-going Support in Communities**
- 7) **Measure Relevant Practices**
- 8) **Provide Measurement Feedback**

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**Eight Guiding Principles for Risk/Recidivism Reduction**





## **Risk Principle**

**Risk of recidivism can  
be predicted,**

**but not by our gut!!!**

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## **Assessment Is Based on the Risk and Need Principles**

- **Risk** is based on likelihood of re-offense
  - Actuarial tools get better results
  - Best if validated on own population
  - Most tools do not distinguish on level of offense
  - Some tools target kind of offense (e.g., sex, domestic, DUI)
  - Risk tools do not serve as good institutional classification devices
  - Cost and time are major factors
  - Most need additional tools
    - e.g., PCL-R, Static2000, ODARA

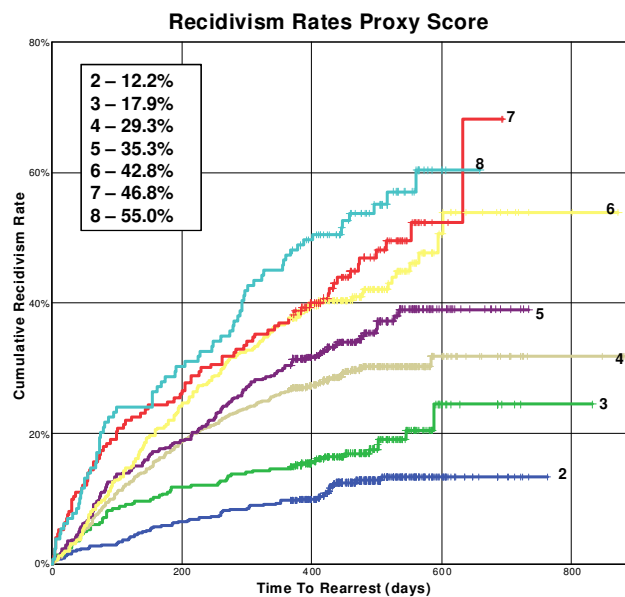
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## A Simple Risk Assessment (Proxy for LSI-R)

- Age at first arrest
- Number of prior arrests
- Current age

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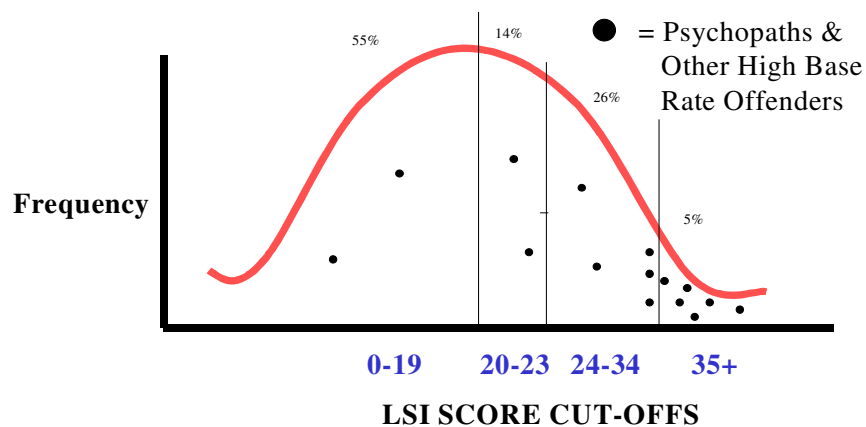
# The Risk of Violence Prediction Methods

## Third Generation

- Clinical judgment .06 (Comparison)
- Static 99 .32
- VRAG .44
- PCL-R .27
- LSI-R .26

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### RISK DISTRIBUTION



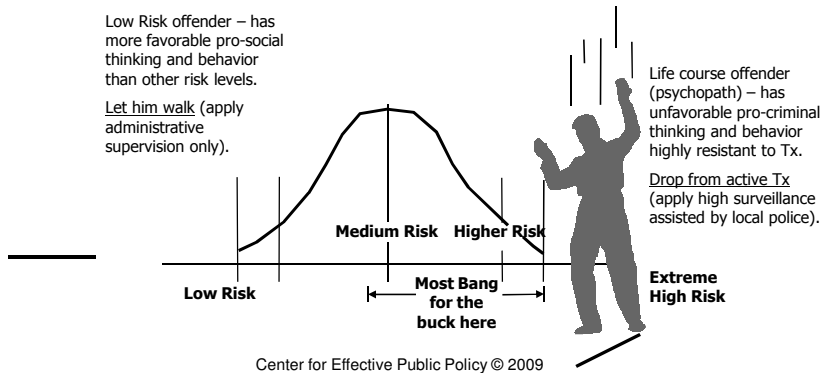
Triaging

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# Smart Management

## Triage:

### Cutting the "tails" off both ends of your caseload



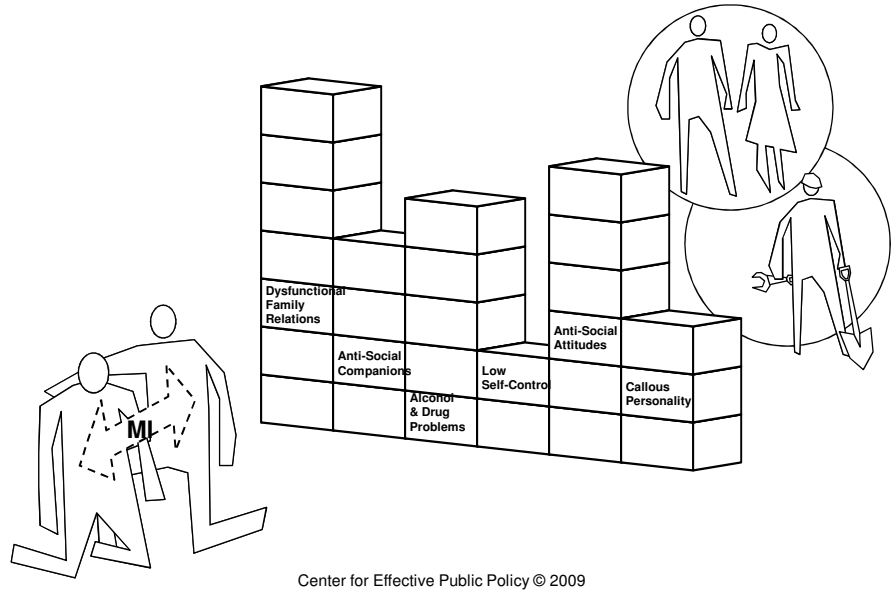
## A Balanced Approach

- **Risk Management (Low risk)**
  - **GET OUT OF THE WAY.** Intensive treatment for *lower-risk* offenders can actually *increase* recidivism
- **Risk Reduction (moderate-high risk)**
  - **ZERO IN.** Target those offenders with higher probability of recidivism
- **Risk Control (extreme high risk)**
  - **LIVE IN THEIR BACK POCKET.** Provide most intensive supervision/surveillance to higher-risk offenders

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**2** **ENHANCE INTRINSIC MOTIVATION: Communicate Interpersonally in a Constructive and Sensitive Manner to Better Engage the Person**



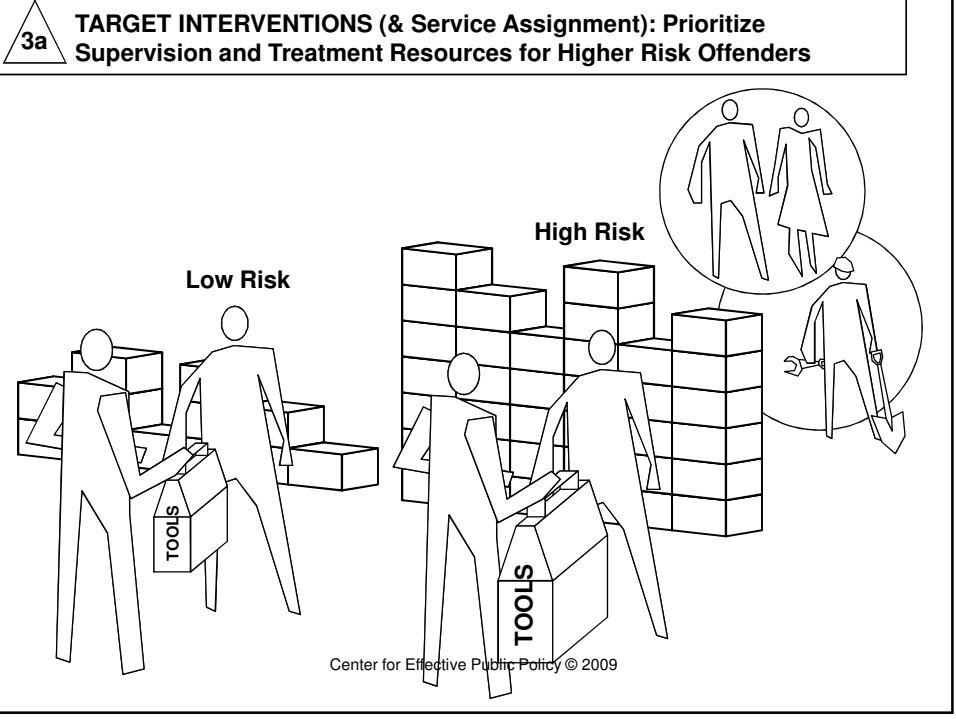
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**Risk Control:**  
**External focus**  
**Punishments**  
**Consequences**  
**Skills: Firm, Fair, Consistent**

**Behavior**

**Risk Reduction:**  
**Internal focus**  
**Dynamic Risk Factors**  
**Anti-social attitudes and beliefs**  
**Cognitive Structure**  
**Skills:**  
**Effective communication skills**  
**Reflective listening**  
**Elicit self motivating statements**  
**Roll with resistance**

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**Risk Principle and Treatment**

**Higher levels of service for higher risk; lower levels of service for lower risk.**

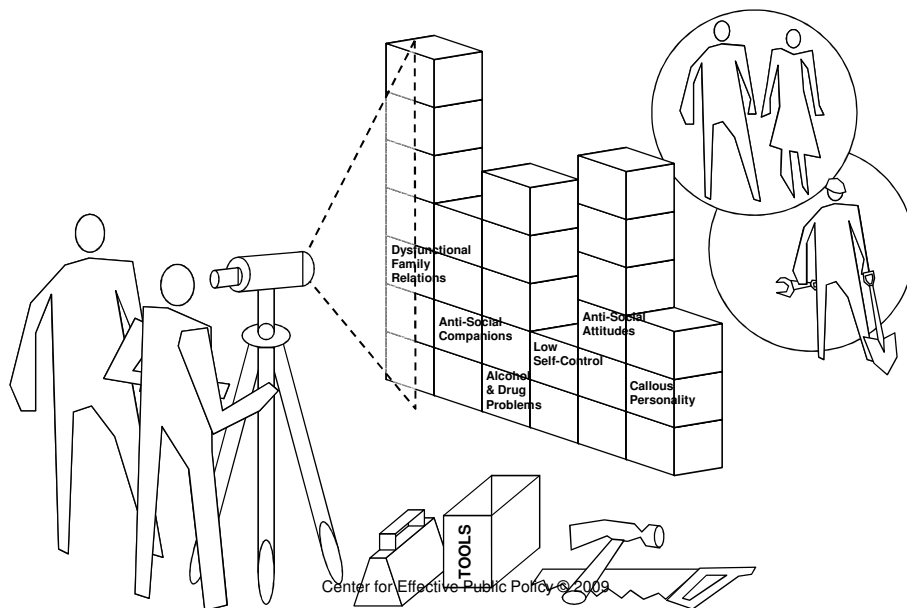
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## Risk Level and Treatment (% Recidivism)

STUDY	RISK	MINIMAL	INTENSIVE
O'Donnell et al. (1971)	Low	16	22
	High	78	56
Baird et al. (1979)	Low	3	10
	High	37	18
Andrews & Kiessling (1980)	Low	12	17
	High	58	31
Andrews & Friesen (1987)	Low	12	29
	High	92	25

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### 3b TARGET INTERVENTIONS (& Service Assignment): Target Interventions to Criminogenic Needs



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# Criminogenic Needs of Offenders

## CRIMINOGENIC

- Anti-social behavior history (low self-control)
- Anti-social personality traits, attitudes, callousness, emotional instability
- Dysfunctional family
- Anti-social peers
- Anti-social values
- Substance abuse
- Employment
- Accommodations
- Recreation and Leisure
- Financial

## NON-CRIMINOGENIC

- Low Self esteem
- Anxiety
- Neighborhood improvements
- Group cohesiveness
- Vague personal or emotional problems
- Unfocused religious programming

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## "The Big Four"

Criminogenic Need	Response
Anti-social cognition	Reduce anti-social cognition, recognize risking thinking and feelings, adopt an alternative identity
Anti-social companions	Reduce association with criminals, enhance contact with pro-social peers
Anti-social personality or temperament	Build problem solving, self management, anger management, and coping skills
Family and/or marital	Reduce conflict, build positive relationships and communication, enhance monitoring/supervision

(Adapted from Ed Latessa)

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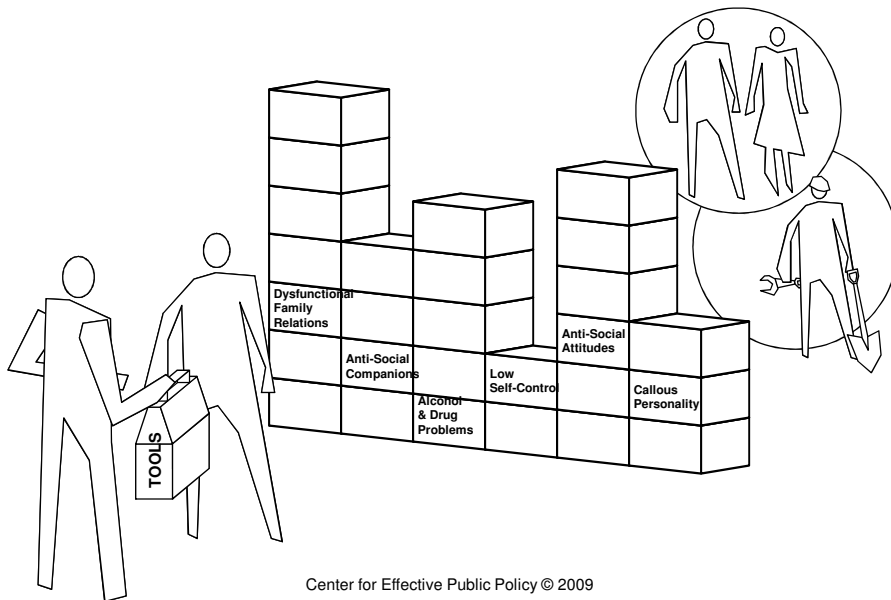
## "The Lesser Four"

Criminogenic Need	Response
Substance abuse	Reduce usage, reduce the supports for abuse behavior, enhance alternatives to abuse
Employment	Provide employment seeking and keeping skills
School	Enhance performance rewards and satisfaction
Leisure and/or recreation	Enhance involvement and satisfaction in pro-social activities

(Adapted from Ed Latessa)

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**3c TARGET INTERVENTIONS (& Service Assignment): Be Responsive to Temperament, Learning Style, and Culture When Assigning Programs**



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## **Responsivity Principle**

### **Offender Characteristics:**

**Motivation**

**Learning Style**

**Gender**

**Age**

**Culture**

### **Other considerations:**

**Anxiety**

**Depression**

**Mental Illness**

**Intelligence**

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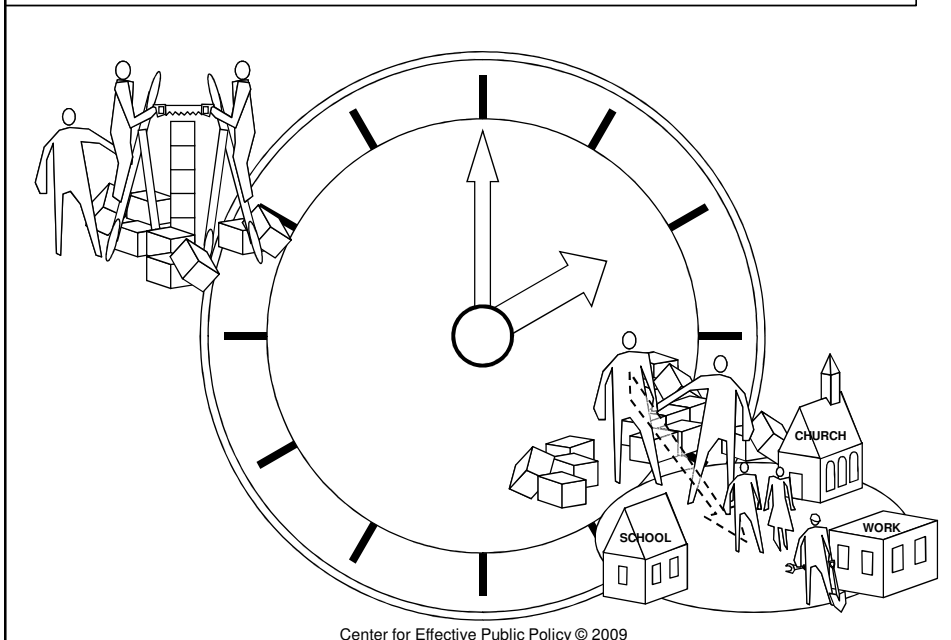
## **Ineffective Responsivity**

- Opening up communication within offender groups may be criminogenic / psychopaths
- Permissive relationship-oriented milieu approaches
- Scared Straight
- Fear of official punishment
- Traditional psychotherapy/client- centered

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3d

**TARGET INTERVENTIONS (& Service Assignment): Structure 40-70% of High Risk Offenders' Free Time for 3-9 Months**

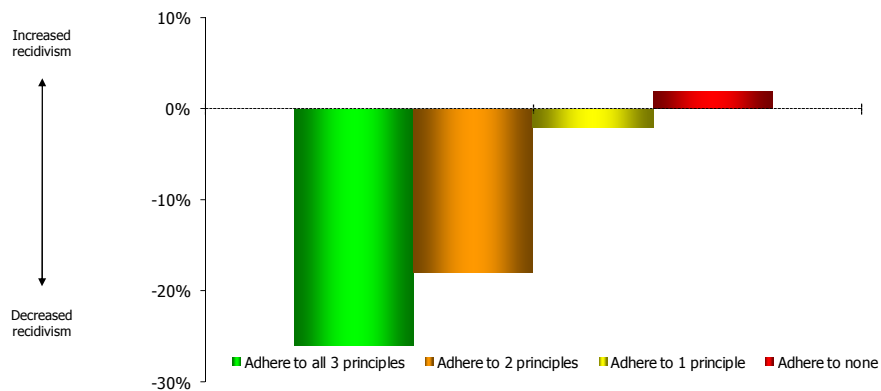


## Researched Principles

- Risk – Risk of reoffending and High Risk offenders need higher levels of Service (Principle 1)
- Need – The criminogenic needs of offenders must be targeted (Principle 3b)
- Responsivity – The treatment must generally be cognitive behavioral in nature (Principle 3c)

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## Recidivism Impact as a Function of Cumulative Adherence to the Core Principles of Effective Correctional Intervention

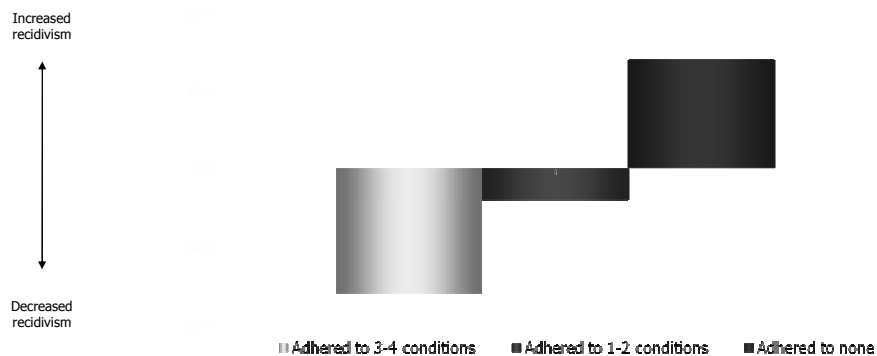


\* meta-analysis of 230 studies

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(Source: Andrews et al., 1999)

## Adherence to Risk-Need Conditions\* in Supervision Practices: Impact on Recidivism



\* *Risk-Need Conditions*

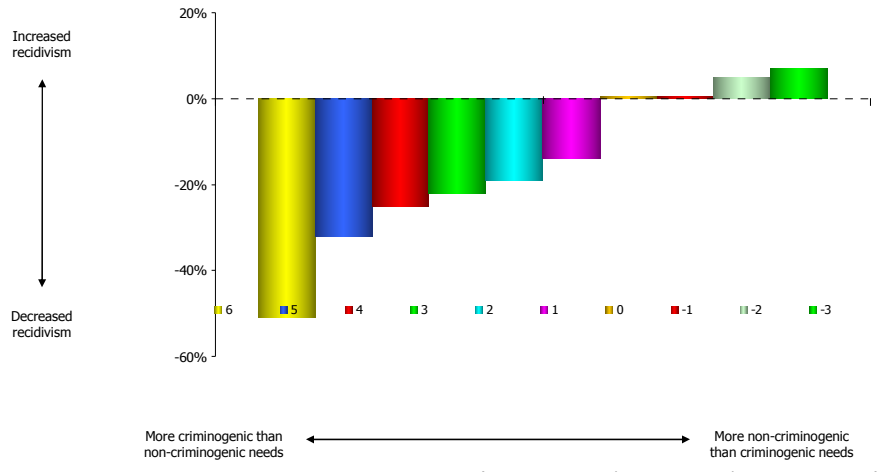
*More intensive supervision for higher risk offenders, longer supervision periods for higher risk offenders, more program referrals for higher risk offenders, and/or more criminogenic than non-criminogenic needs targeted*

(Source: Lowenkamp, Pealer, Smith, & Latessa, 2006)

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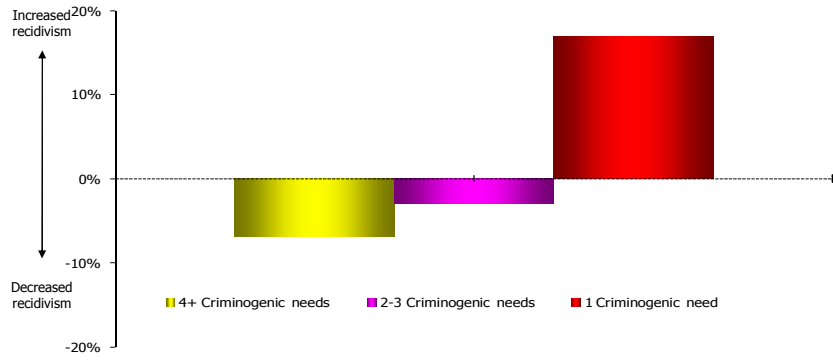
## Recidivism Reductions as a Function of Density: Targeting Multiple Criminogenic vs. Non- Criminogenic Needs



(Source: see Dowden, 1998, in Andrews & Bonta, 2007)

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## Halfway Houses to Promote Reentry: Outcomes as a Function of Number of Services Targeting Criminogenic Needs\*

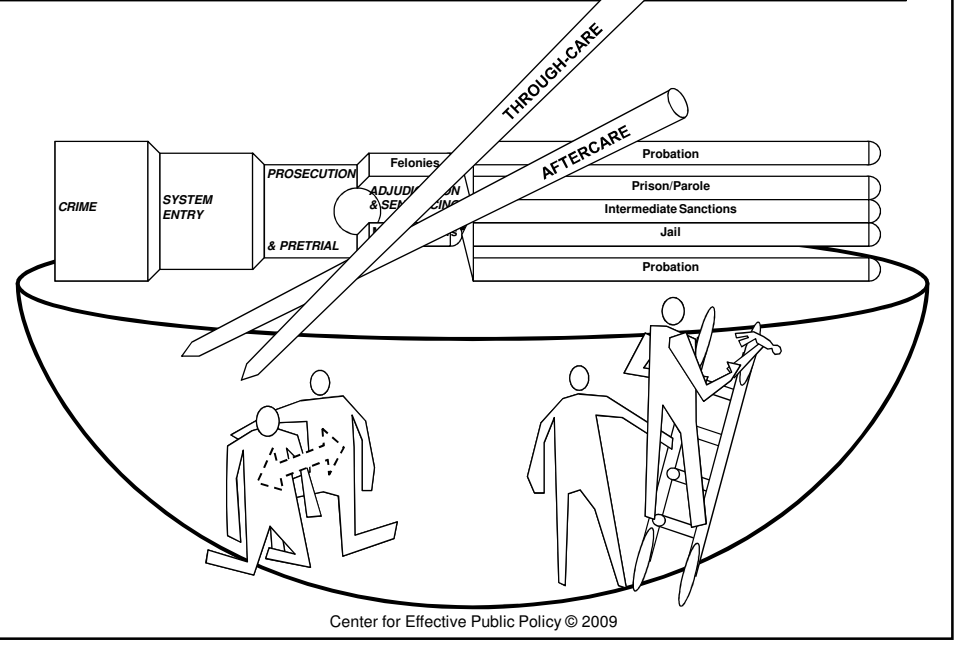


\* Approx. 3,500 offenders placed in halfway houses, compared to 3,500 not placed in a halfway house

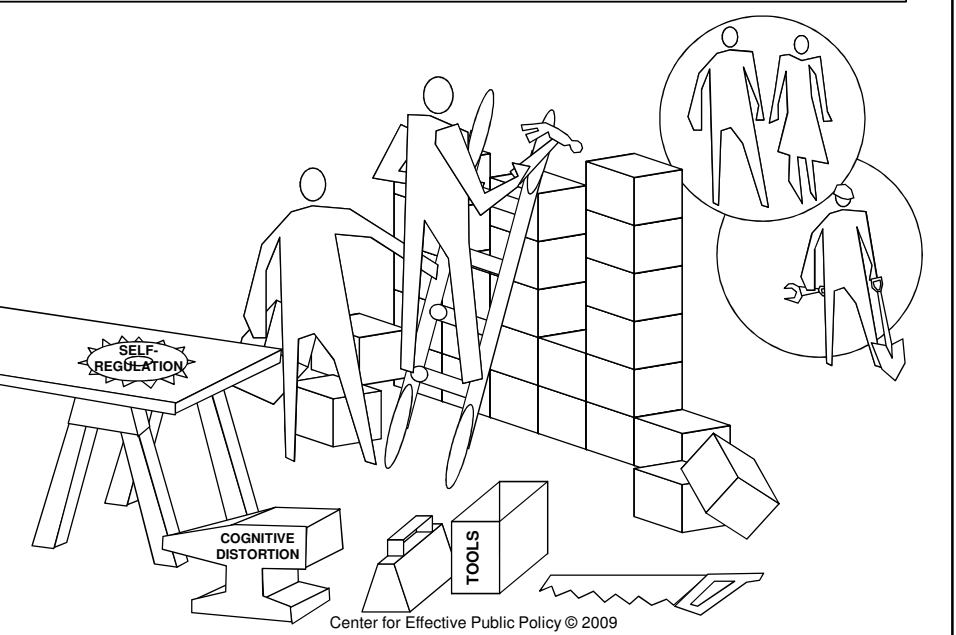
(Source: Lowenkamp & Latessa, 2005)

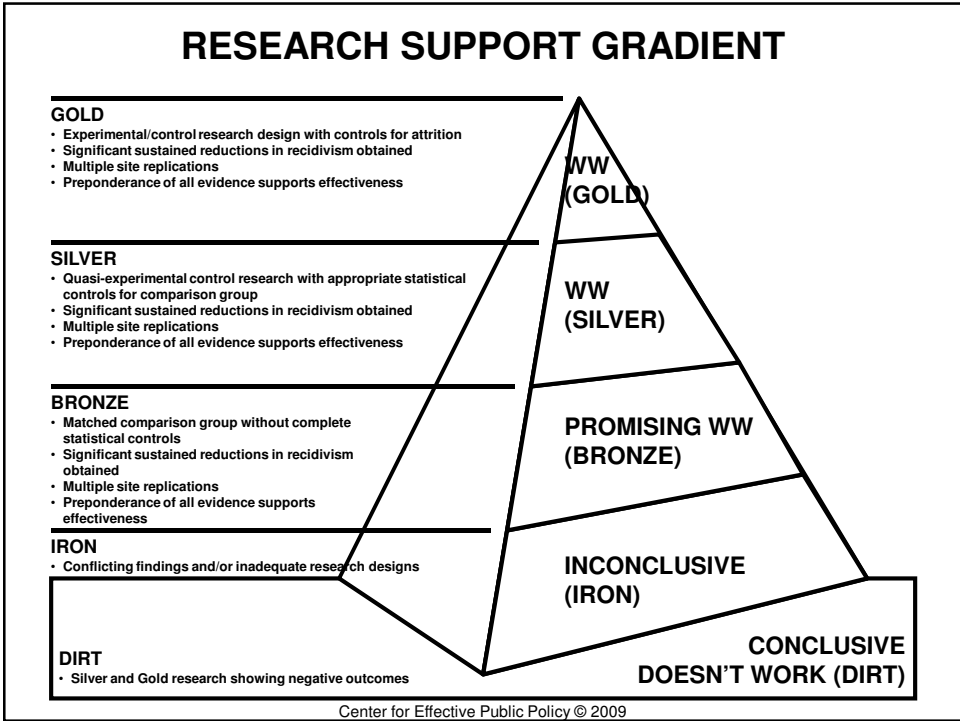
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**3e TARGET INTERVENTIONS (& Service Assignment): Integrate Treatment into the Full Sentence/ Sanction Requirements**



**4 SKILL TRAIN WITH DIRECTED PRACTICE: Promote Evidence-based Programming (MST, Cog. Skills, RP, MI) that Emphasizes Cognitive/Behavioral Strategies**





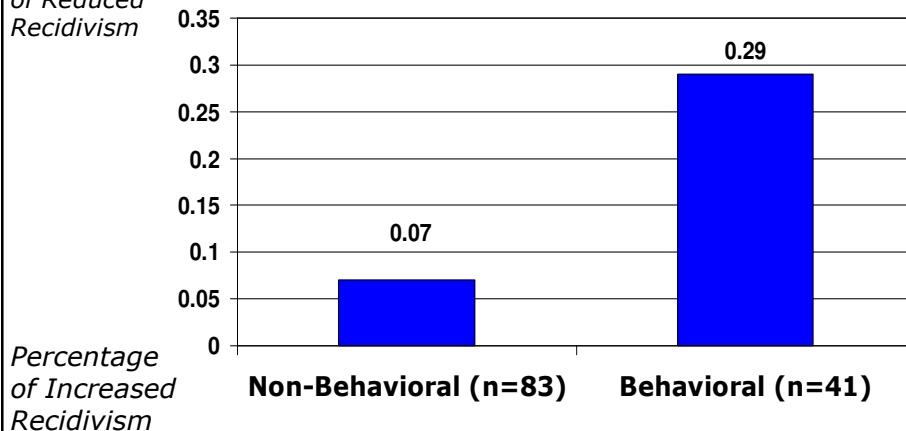
## Link between Treatment and Recidivism

<b>CRIMINAL SANCTIONS</b>	<b>- .07 (30 tests)</b>
<b>INAPPROPRIATE TREATMENT</b>	<b>- .06 (38 tests)</b>
<b>ISP'S</b>	<b>- .07 (47 tests)</b>
<b>APPROPRIATE TREATMENT</b>	<b>.30 (54 tests)</b>

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## Behavioral vs. Non-Behavioral

Percentage  
of Reduced  
Recidivism

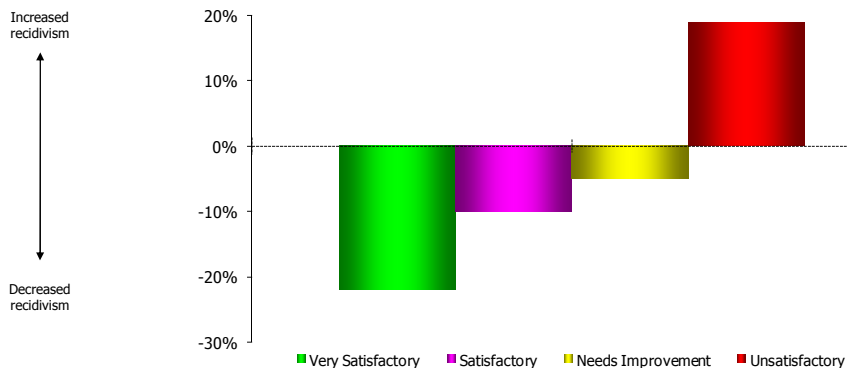


Percentage  
of Increased  
Recidivism

(Source: Andrews, D.A. 1994. An Overview of Treatment Effectiveness.  
Research and Clinical Principles, Department of Psychology, Carleton University)  
\*The n refers to the number of studies

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## Outcomes from Halfway Houses as a Function of Adherence to the Principles and Practices of Effective Correctional Intervention\*

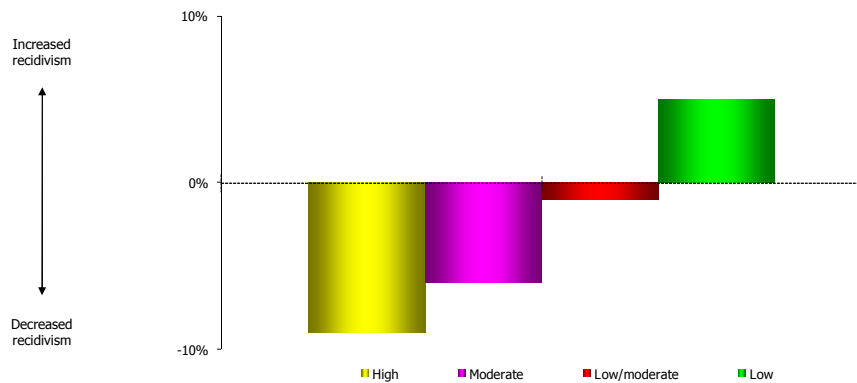


\* Approx. 7,300 offenders placed in halfway houses, compared to 5,800 not placed in a halfway house [CPAI Ratings]

(Source: Lowenkamp & Latessa, 2005)

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## Halfway Houses to Promote Reentry: Outcomes as a Function of Offender Risk\*



\* Approx. 3,500 offenders placed in halfway houses, compared to 3,500 not placed in a halfway house

(Source: Lowenkamp & Latessa, 2005)

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## Summary of Benefits and Costs (2003 Dollars)

Dollars Per Person:	Benefits	Costs	B - C
<b>Early Childhood Education</b>	\$17,202	\$7,301	\$9,901
<b>Nurse Family Partnership</b>	\$26,298	\$9,118	\$17,180
<b>Functional Family Therapy</b>	\$16,455	\$2,140	\$14,315
<b>Aggression Repl. Training</b>	\$9,654	\$759	\$8,805
<b>Multi-D Treat. Foster Care</b>	\$26,748	\$2,459	\$24,290
<b>Intensive Juv. Supervision</b>	\$0	\$1,482	-\$1,482
<b>Scared Straight Programs</b>	-\$11,002	\$54	-\$11,056
<b>Adult Drug Courts</b>	\$5,787	\$4,019	\$1,768
<b>Int. Adult Sup: Surveillance</b>	\$0	\$3,478	-\$3,478
<b>Int. Adult Sup: Treatment</b>	\$5,870	\$4,000	\$1,870

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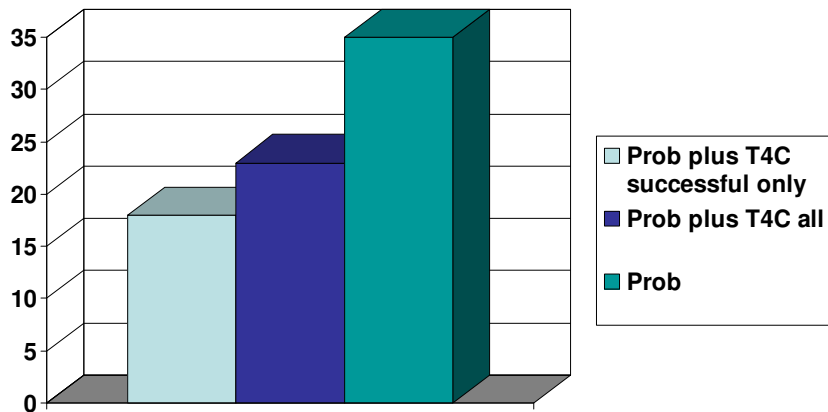
# Thinking for a Change

Study by Lowenkamp and Latessa, 2006

- Tippecanoe County, Indiana
- Probation plus T4C compared to Probation
- Study published in late 2006

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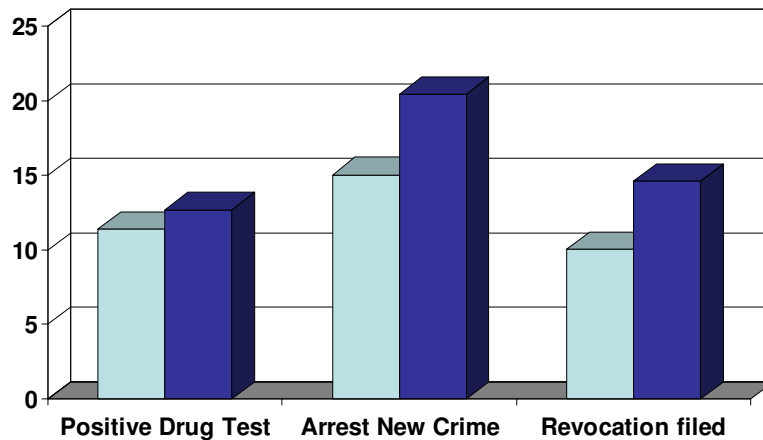
## Recidivism Rates



**28-50% reduction in recidivism compared to traditional probation**

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## State of Maryland Proactive Community Supervision Results



(Source: Taxman, et al., 2006, Proactive Community Supervision in Maryland: Changing Offender Outcomes)

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## Lessons Learned

*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 offenders for change is important – use behavioral approaches and match to offender type*

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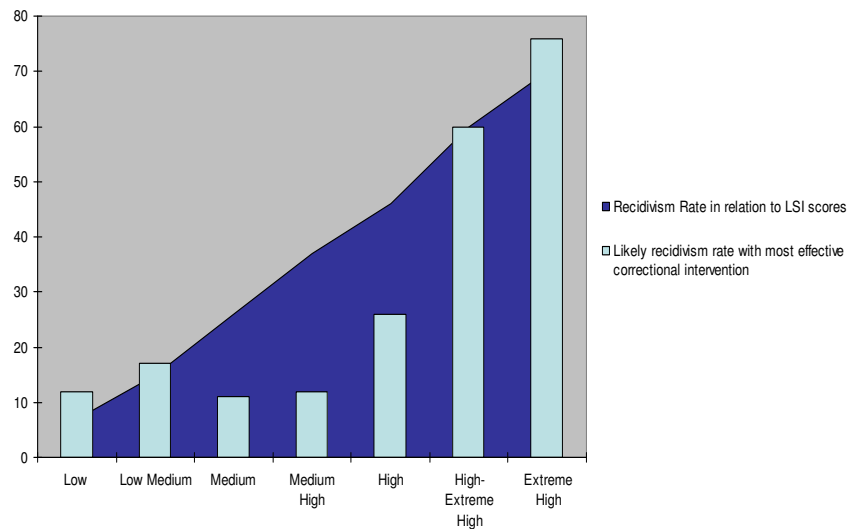
# Summary – Treatment

## 5 Principles

1. **Risk:** Of offenders, *which* to treat?
2. **Need:** Which *Criminogenic need(s)* to treat?
3. **Responsivity:** Which *offender characteristics* to consider?
4. **Dosage:** How *soon/much/often/long* to treat?
5. **Integration:** Sentencing/sanctions *integrated* with treatment?

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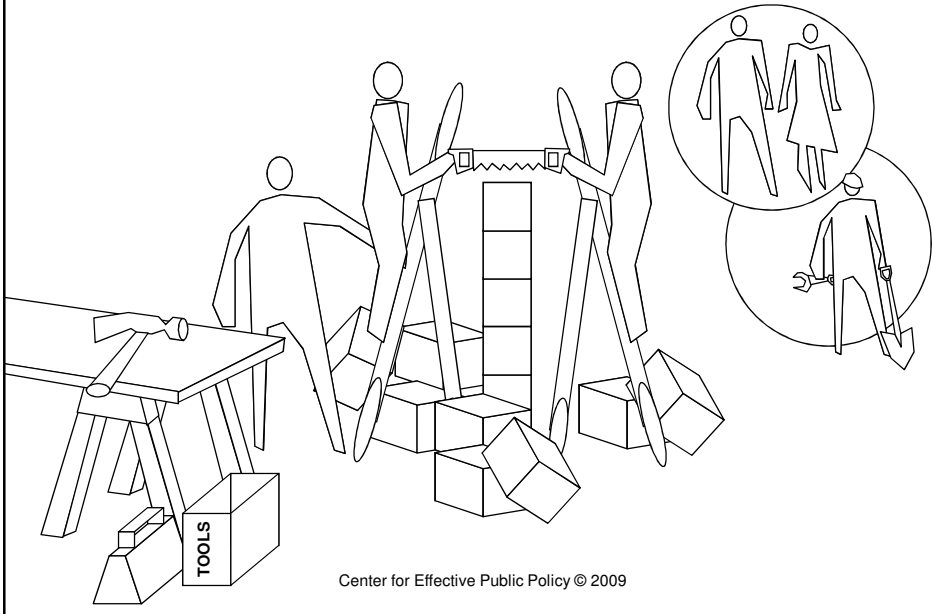
# Potential Impact on Recidivism



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**5 INCREASE POSITIVE REINFORCEMENT: Reward Pro-social Behavioral Skills to Improve Compliance**



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**COMMUNICATION  
PROCESS**

Offender  
Personal Goals

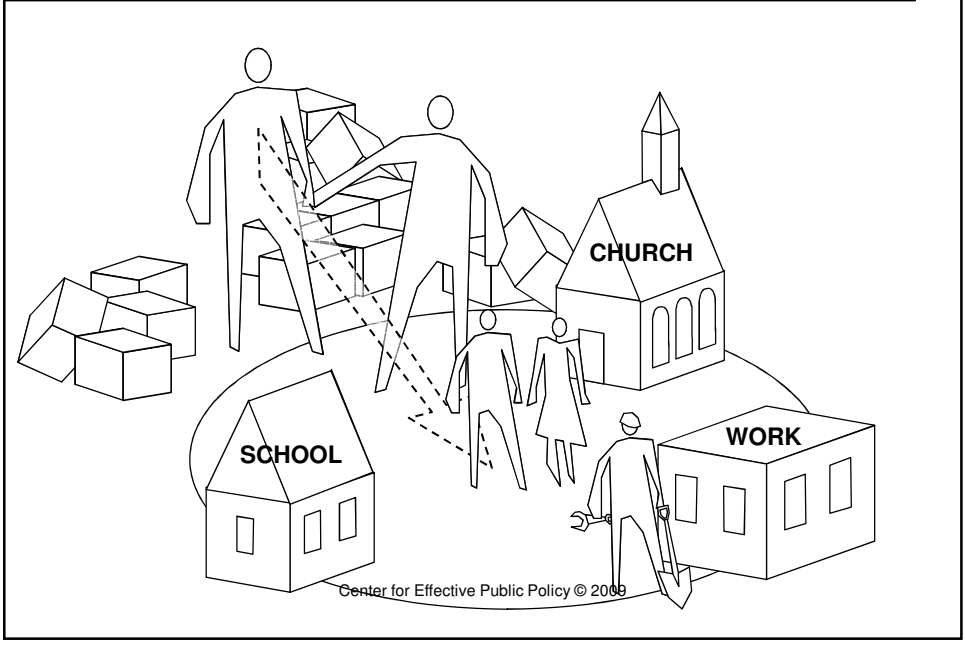
**PLANNING  
PROCESS**

Offender System  
Obligations  
of Case Management  
Plan

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6

**ENGAGE ON-GOING SUPPORT FOR OFFENDERS  
IN THEIR NATURAL COMMUNITIES**



## **Transition/Aftercare: Key Learnings**

- Importance of aftercare
- Community programming gets better results
- First thirty days are critical
- Effective use of revocation process and penalties
- Triggers
- Relapse planning
- Closer to reality, the closer things become real and new learning opportunities exist
- Need for booster session

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## **Need for Aftercare**

- Continuity between an offender's prison program and community reentry plans bring about lower recidivism

(Source: Broome et al., 2002)

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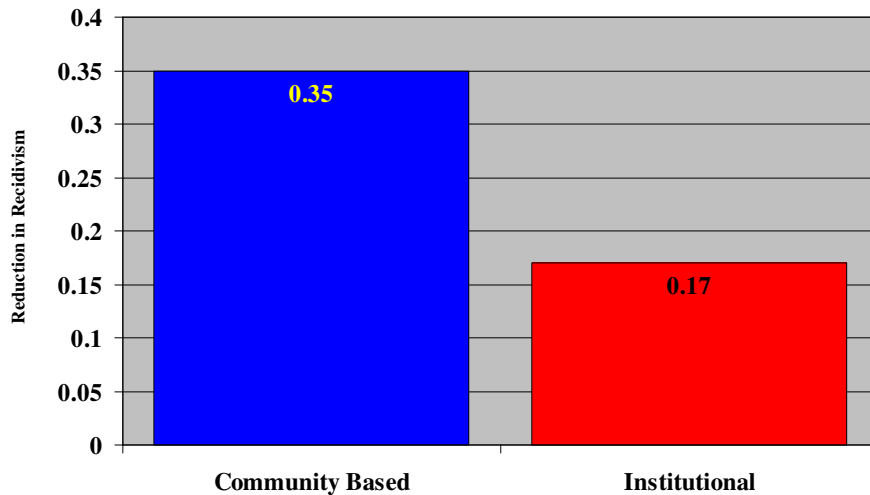
## **Addressing an offender's criminogenic environment is the...**

### **Achilles heel of the justice system**

- **Local communities or neighborhoods**
- **Criminal family backgrounds**
- **Anti-social messages within living environment**
- **Lack of pro-social messages and appreciation for how common it is**

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### Community Based versus Institutional Programs: Results from Meta-Analyses of Programs Based on Principles of Effective Treatment



(Source: Gendreau, P., French, S.A., and A. Taylor (2002). *What Works (What Doesn't Work) Revised 2002*. Invited Submission to the International Community Corrections Association Monograph Series Project.)

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## Aftercare

- Repeated studies: institutional only treatment – no/little effect
- Institutional treatment with aftercare: significantly improved effects
- But what do we know about how to get effective aftercare?

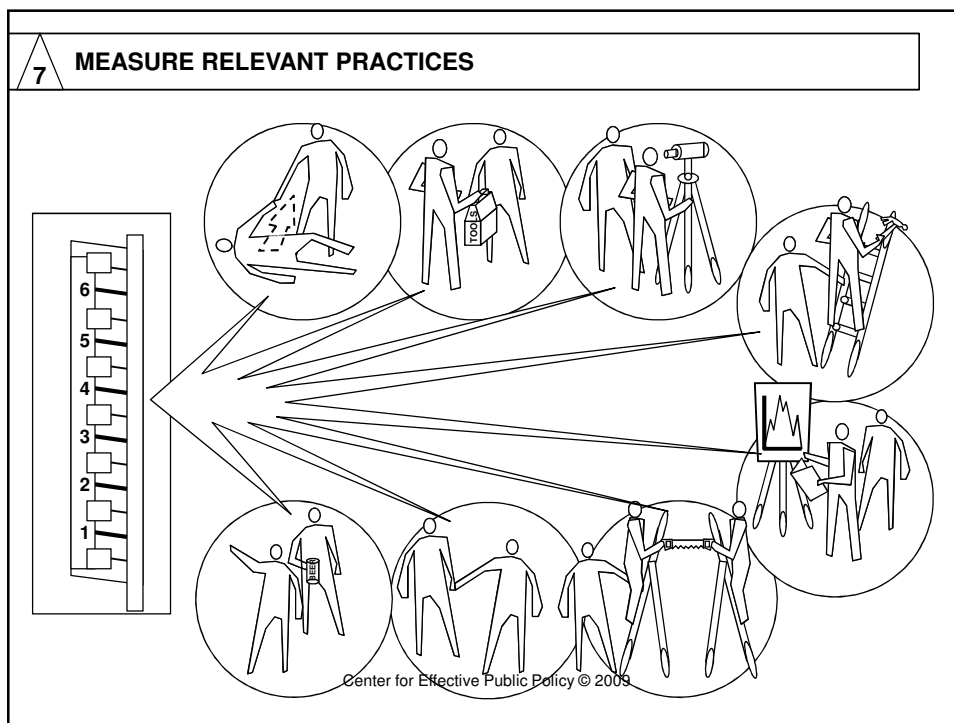
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# Aftercare Discoveries

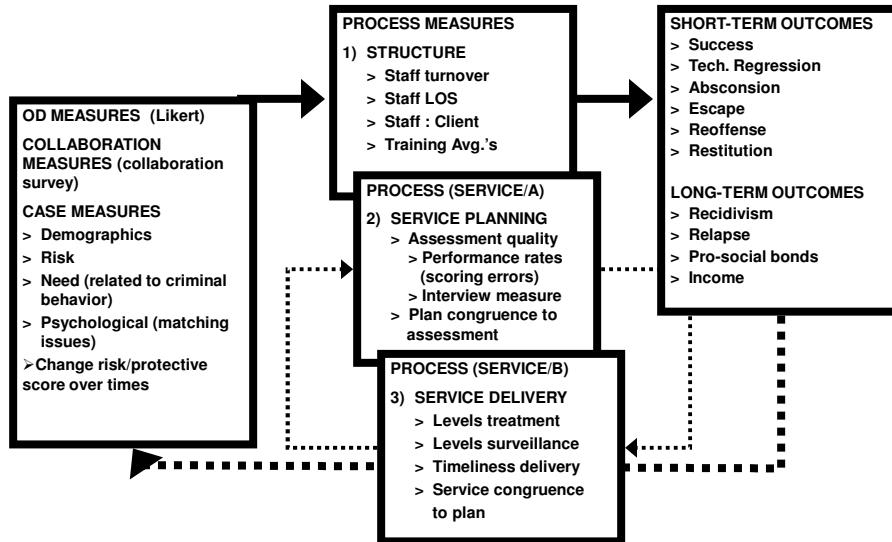
(Source: CJDATS; NIDA Grant U01DA16211)

- Many parolees do not follow up on referrals to community even when mandated
- Parolees entering treatment tend to have poor retention (i.e., less than 90 days)
- Parolees attending less than 90 days of aftercare have outcomes similar to those who do not attend any aftercare

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## EVALUATION/CONTROL SHELL

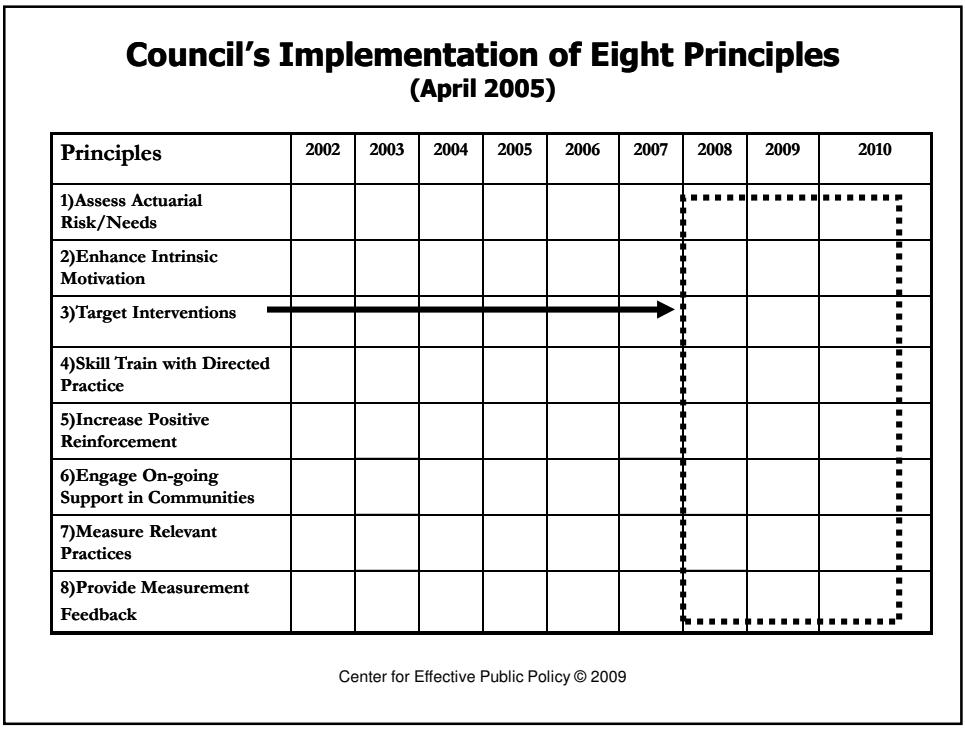
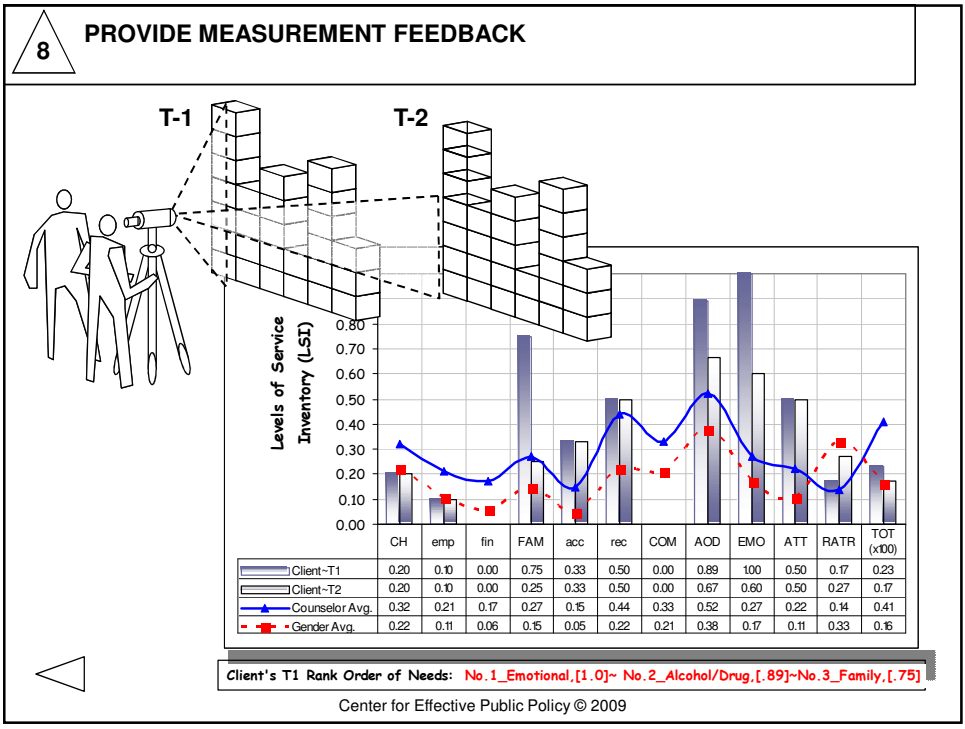


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**What gets MEASURED  
is what gets DONE**

**If you can't MEASURE it  
you can't MANAGE it**

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## Best Sources for "Cleaned Up" Research

Links from NIC website: [http://www.nicic.org/WebPage\\_387.htm](http://www.nicic.org/WebPage_387.htm)

### Washington State Institute for Public Policy

Conducts evaluations of evidence-based offender treatment interventions in the State of Washington

### Center for the Study and Prevention of Violence, University of Colorado

Conducts studies, provides information, and offers technical assistance regarding violence prevention

### The Corrections Institute, University of Cincinnati

Assists agencies seeking to change offender behavior

### Bureau of Government Research, University of Maryland

Helps government agencies identify and implement "best practices"

### Institute of Behavioral Research at TCU

Studies addiction treatment in community and correctional settings

### Campbell Collaboration

Studies the effects of interventions in social, behavioral, and educational arenas

### National Criminal Justice Reference Service

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## National Institute of Corrections Integrated Model



(Source: NIC Cooperative Agreement with the Crime and Justice Institute)  
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