

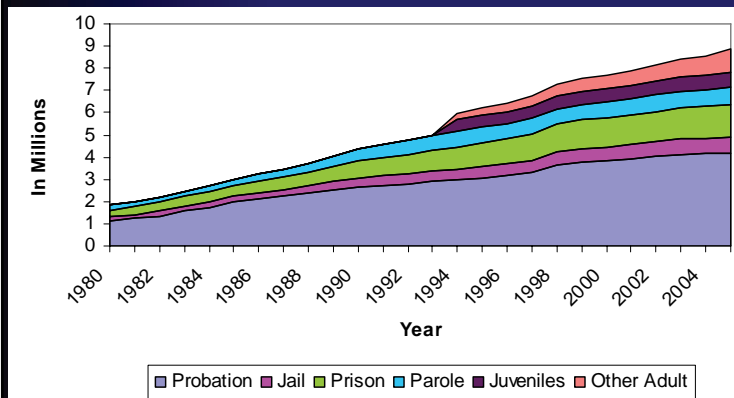
What Works in Corrections: Strategies to Reduce Recidivism

Faye S. Taxman, Ph.D.
George Mason University
ftaxman@gmu.edu



Insatiable Appetite: The Ever Expanding Population 8+M Adults, 650K Juveniles

1:28 adults

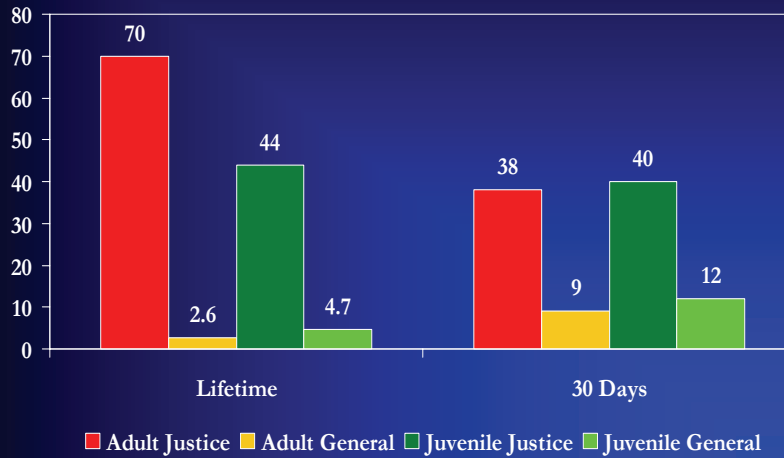


5,613,739
adults need TX
(4.5M males,
1.1M females)

7.6% receive
TX Each day!

*Bureau of Justice Statistics, 2005 adjusted
with estimates from Taxman, et al, 2007.

Substance Use Disorders (Percentages)



CJ Populations have 4 times the SA Disorders as the General Population

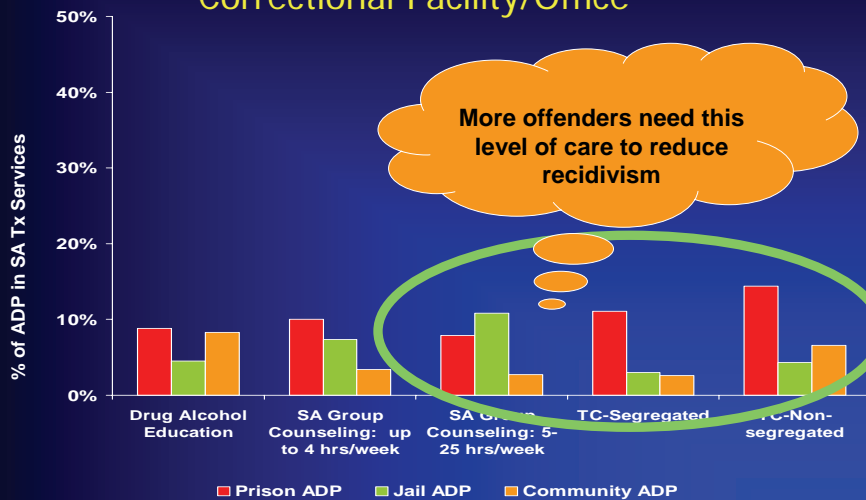
Type of SA Services Offered

- Few Offenders Can Access Services on Any Given Day
- “Treatment Offered” Mirrors availability in the community: Drug-Alcohol Education or Low Intensity OPT
- Majority of settings are more likely to offer drug-alcohol education

Setting	% Offer	% Can Access Each Day
Adult Prison	74%	9%
Adult Jail	61%	5%
Adult CC	53%	16%
Juvenile Res.	88%	30%
Juvenile CC	80%	8%

Taxman, Perdoni, & Harrison, 2007

% of Adult ADP in Substance Abuse Treatment Services, If Available in the Correctional Facility/Office



Taxman, Perdoni, Harrison, 2007

What Should We Do?

- Evidence-Based Practices
- Policies to Support Adoption of EBPs
- Increase Programming

What Has Been Tried: CJ Interventions? Results from Meta-Analysis

- **Intensive Supervision**
- **Boot Camps**
- **Case Management**
- **Treatment Accountability for Safer Communities (TASC)**
- **DTAP (Diversion to TX, 12 Month Residential)**
- **Tx w/ Sanctions (e.g. Break the Cycle, Seamless System, etc.)**
- **Drug Treatment Courts**
- **In-Prison Tx (TC) with Aftercare**



Taxman, 1999; MacKenzie, 2006; Aos, et al, 2006

What Has Been Tried: Clinical? Results from Meta-Analysis

- **Education (Psycho-Social)**
- **Non-Directive Counseling**
- **Directive Counseling**
- **Motivational Interviewing**
- **Moral Reasoning**
- **12 Step with Curriculum**
- **Cognitive Processing**
- **Cognitive Behavioral (Social Skills, Behavioral Management, etc.)**
- **Therapeutic Communities**
- **Contingency Management/Token Economies**



UIDA 2006

What Does NOT Work (non-Behavioral)*

- Incarceration—70% return; fairly constant
- Fear and other emotional appeals
- Threatening
- Bibliotherapy
- Talking cures
- Self-Help programs
- Vague unstructured programs
- Fostering self-regard (self-esteem)
- “Punishing smarter”

Latessa, 2003

What Have We Learned?

- **DOES NOT WORK** Boot camps, intensive supervision & control-interventions do not change behavior
- **WORKS** Clinical component or rehabilitation
- **MIXED RESULTS**

Positive Results IF:

- ☺ Target High Risk Offenders
- ☺ Longer duration of TX (>90 days)
- ☺ Treatment is CBT or TC and multidimensional
- ☺ Address Compliance issues with immediate responses
- ☺ Rewards to shape behaviors

Negative Results IF:

- ? Unfair Procedures or Processes
- ? Less than 90 days
- ? No clinical component
- ? All sanctions
- ? Low risk offenders
- ? Target offense, not behaviors



Procedural Justice

Treat like all others, Fairness

Responsivity

Diagnosis, Address Behavioral Drivers

Behavioral Management

Shape Behavior, Reinforcers,

Contingency Management

Social Learning Models

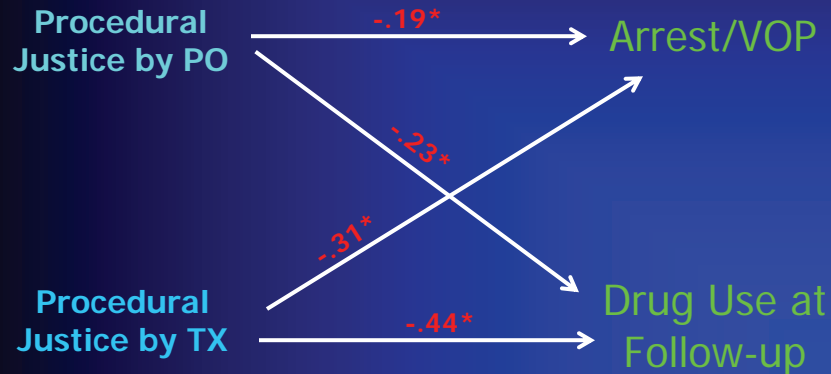


#1: Procedural Justice: Fairness & Legitimacy

- National Research Council, 2005
- Reduced rearrests for DV offenders when arrestees given clear instructions about the reason for rearrest (Paternoster, Brame, Bachman, Sherman, 1996)
- Police misconduct in high disadvantaged areas increases violence (Kane, 2005)
- Police clear instructions increase compliance in communities (Tyler, et al., 2000, 2003, 2004)
- Relevance to Corrections: legal cynicism, distrust, and milieu influence outcomes from treatment programs

Impact: Perceived Fairness on Outcomes

When Offenders Believe they have a VOICE,
reductions in negative outcomes occur!



Taxman & Thanner, 2004

APA Task Force on Empirically Supported Therapy Relationships*

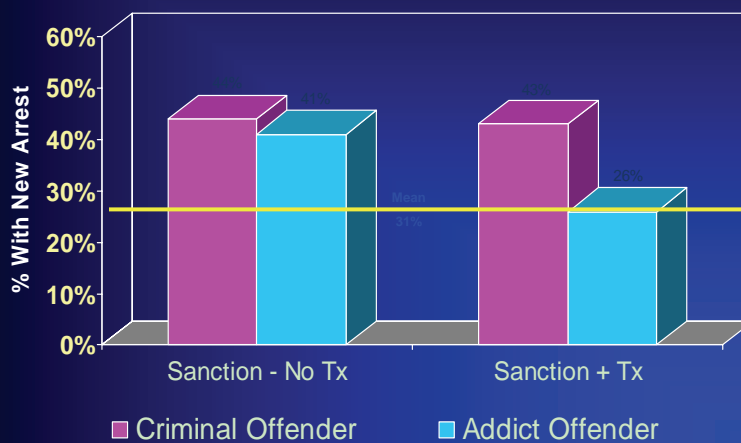
- **Rapport/Relationship with Counselor** Increase Outcomes: 40% outcomes
- **Therapeutic alliance:** works with client, not against
- **Goal consensus and collaboration:** agree on goals for client
- **Empathy:** understands client

*Norcross, 2002

#2: Risk, Need, & Responsivity

- Valid Instruments to Identify Risk Factors and Criminogenic Needs
- Provide Treatment for Offenders that address *Criminogenic Needs*
- Match Offenders to Treatment Programs Designed to Affect *Criminogenic Needs*
- Basic Principle: High Risk Offenders should be placed

Failure to Match Offenders to Appropriate Services Affects Outcomes



Taxman, Reedy, and Ormond (2003)

Matching Offenders to Appropriate Services

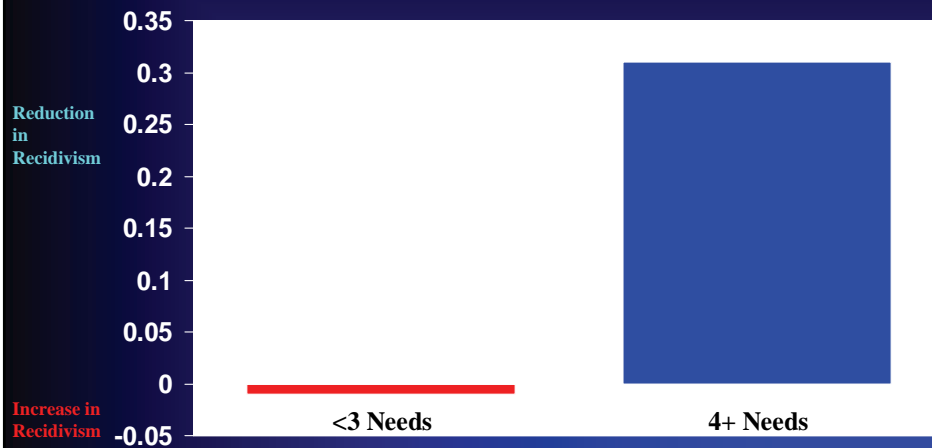
- Use Risk Tools that are Actuarial in Basis
- Use Needs Tools that Focus on Dynamic criminogenic factors (e.g. peers, antisocial personality, criminal thinking, etc.) that are subject to change
- Screen/assess on key issues of criminogenic needs and dependency issues
 - Offense is not a Proxy for Risk

Focus On "Big Six"



Eric Shepardson & Lina Bello, Bureau of Governmental Research 2001, www.bgr.umd.edu.

Impact of Programs Based on Number of Target Criminogenic Needs Addressed



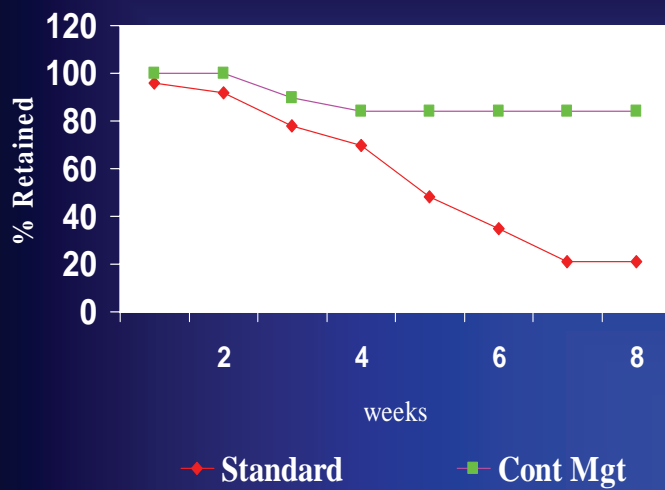
Adapted from Latessa, 2003. Original Source is Gendreau, P., French, S.A., and A.Taylor (2002). What Works (What Doesn't Work) Revised 2002. Invited Submission to the International Community Corrections Association Monograph Series Project

#3 Behavioral Management Approaches

What is a reinforcer? *Anything that will be of value to the offender, and that will motivate production of good behavior. Goods, Services, \$*

- **Shapes Offender Behavior**
 - Must be salient; valuable to the recipient
 - Must be swift and certain
 - Must be withheld when desired behavior does not occur
- **Withdrawal of aversive conditions**
 - Foregoing a urine testing
 - Decreasing frequency of meetings with PO

Retention in Treatment with Positive Reinforcers



Petry et al., 2000

Behavioral Management Strategies: MD PCS

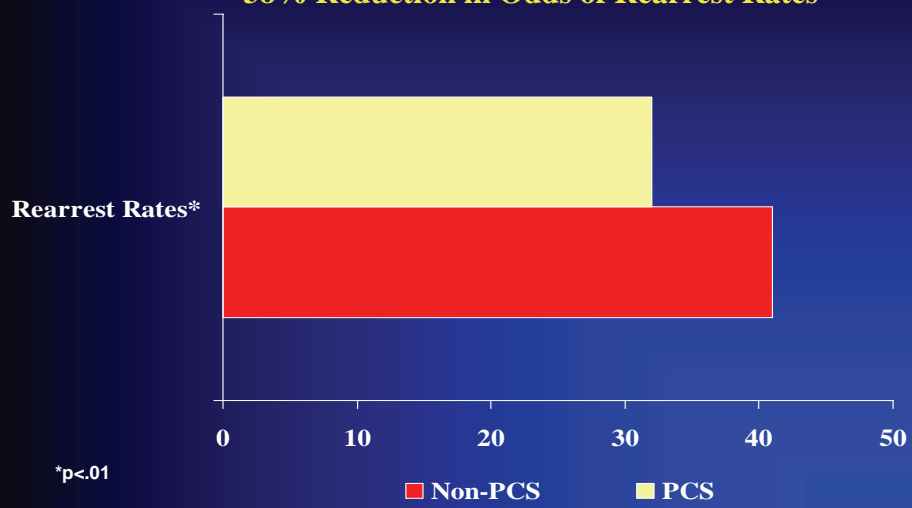
- ~~Unclear rules~~
- ~~Discretionary procedures~~
- ~~CJ Procedures~~
- ~~Focus on Conditions, not goals~~
- ~~Outlaw *persona*~~

- **Department/Respect**
 - Office Decorum
 - Citizen *persona*
- **Social Learning Model**
 - Mutually Develop Plan Tied to Criminogenic Traits
 - Feedback on Risk/Need, Supervision Plan, Progress
 - Focus on Prosocial Networks
 - Tie to Stages of Supervision
 - Positive Reinforcers
- **Clarify Expectations for Success**

Taxman, 2008

Re-Arrest Rates From Maryland PCS

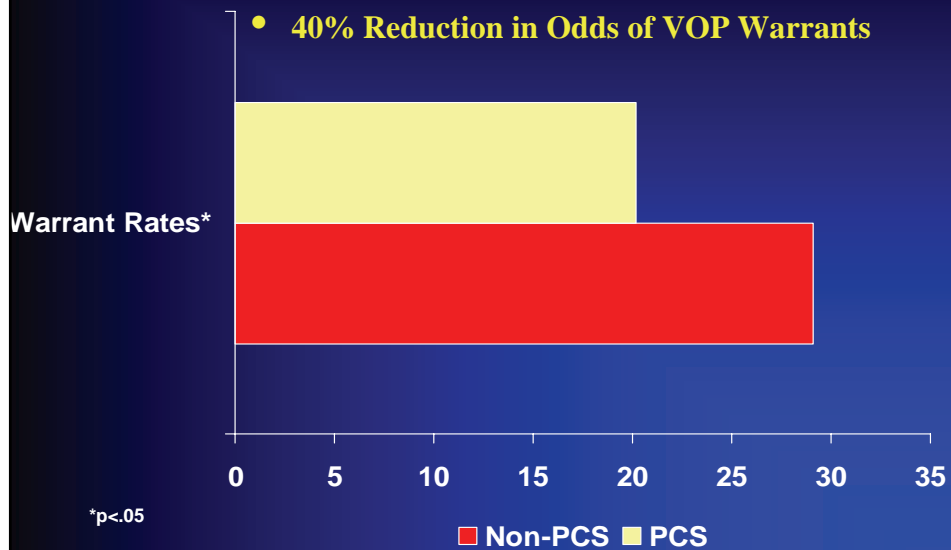
• 38% Reduction in Odds of Rearrest Rates



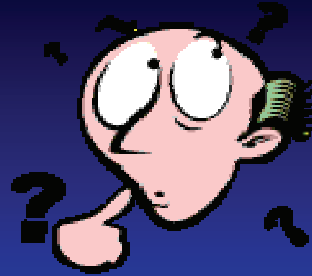
Taxman, 2008

Requests for VOP Warrants (Maryland PCS)

• 40% Reduction in Odds of VOP Warrants

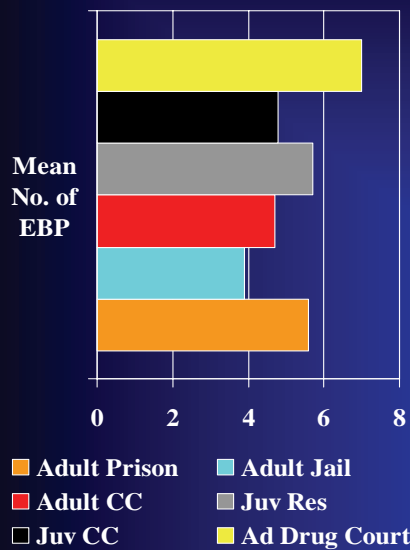


Taxman, 2008



Challenges: Limited Knowledge and Use of Evidence-Based Practices

Use of EBPS



- Use of techniques to engage and retain clients in treatment
- Addressing co-occurring disorders
- Treatment duration of 90 days or longer
- Assessment of treatment outcomes
- Family involvement in treatment
- Availability of qualified treatment staff
- Comprehensive Services
- Developmentally appropriate treatment
- Use of therapeutic community/CBT
- Standardized risk assessment
- Standardized substance abuse assessment
- Continuing care or aftercare
- Use of graduated sanctions and incentives
- Use of drug testing in treatment
- Systems integration

Friedmann, Taxman, & Henderson, 2007; Young, Dembo, & Henderson, 2007

Factors* Associated with the Use of EBPs in Adult Corrections Systems

- ✓ Community based programs
- ✓ Administrators:
 - ✓ - Background human service
 - ✓ - Knowledge about EBP
 - ✓ - Belief in rehabilitation
- ✓ Performance driven culture
- ✓ Emphasis on training
- ✓ Emphasis on internal support

* All factors listed were statistically significant in multivariate analyses.

➤ Factors not impacting use of EBPs: Physical Plant, Staffing, Leadership

Friedmann, Taxman, & Henderson, 2007; Grella et al, 2007

Unintended Consequences: Our Current Tx & CJS Practices

- With the majority of offenders *in need* of services—and the *minority* receiving services—no one can not “feel” the impact of treatment
- The continual failure to provide access contributes to an offender’s disbelief and defiance
- Strides in SA treatment do not carry over into CJS with the same, inappropriate processes
- Motivational Engagement practices need to be incorporated in CJS actions at all points

Steps to Move Ahead

- Adopt Risk and Need Instruments at Sentencing to Define the Sentence
 - Triage: High Risk Offenders Should Be First Priority for Programming
 - Programs need to be CBT, focused on continuum of care
- Advance the use of Programming to ensure that 50% of the offenders are involved in educational, vocational, and treatment programming
- Ensure that programming is evidence-based
- Have Correctional Officers/Supervision Staff be part of the plan by using motivational strategies (change the tone of corrections)

tools_{of the trade}

a guide to incorporating science into practice

National Institute of Corrections
U.S. Department of Justice



Maryland Department of Public Safety
and Correctional Services



Tools of the Trade:
A Guide to Incorporating Science into Practice
<http://www.nicic.org/Library/020095>

WWW.CJDATS.ORG



The image displays two book covers. On the left is the cover of the report 'Principles of Drug Abuse Treatment for Criminal Justice Populations: A Research-Based Guide', published by the National Institutes of Health, U.S. Department of Health and Human Services. The cover features a blue background with a white graphic of a person's head and shoulders. On the right is the cover of the 'Journal of Substance Abuse Treatment', which has a dark red background with white text. The website address 'WWW.CJDATS.ORG' is displayed in a light blue box at the top right of the image.

"The empirical evidence regarding intermediate sanctions is decisive. Without a rehabilitative component, reductions in recidivism are elusive,

--as noted by criminologist Joan Petersilia

