

US Sentencing Commission
Symposium on Alternatives to
Incarceration
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overview

1. EM is a tool, not a program
2. What works for John may not work for Harry
3. Beware the bounce
4. Sometimes “failure” is programmatic success
5. Pedophiles, treated alcoholics, and rational “high stakes” offenders make sense

EM is a tool, not a program

- Gable brothers (EM's inventors) envisioned it as part of a psychotherapeutic support that involved monitoring and positive support.
- Intent seldom realized: usually just accountability and punishment.
- All literature reviews show EM *per se* has no enduring impact
- Some encouragement from use as adjunct to conventional treatment programs

What works for John may not work for Harry - 1

- In Georgia, 3 years out EM recidivism = non-EM recidivism for 128 EM & 158 non-EM “violent” parolees
- Sex offender recidivism on EM was:
 - 5.7% for 35 EM parolees
 - 29.6% for 44 non-EM parolees

What works for John may not work for Harry - 2

- EM on low-risk offenders may be dysfunctional
- Bonta (2000) compared untreated prisoners with low & high risk EM+CBT offenders in the community
 - Low risk EM offenders had 17.8% **HIGHER** recidivism
 - High risk EM offenders had 19.5% **LOWER** recidivism
- Study not conclusive: different sanctions on high/low risk offenders; not consistent with recent Swedish work

What works for John may not work for Harry - 3

- Unpublished study from Sweden on impact of early prison release with 3 year follow-up; included therapy, housing, employment services
 - 26% of EM group reconvicted
 - 38% of control group reconvicted
- No impact of EM on high risk offenders
- Largest impact of EM on older (>age 37) offenders

Beware the Bounce - 1

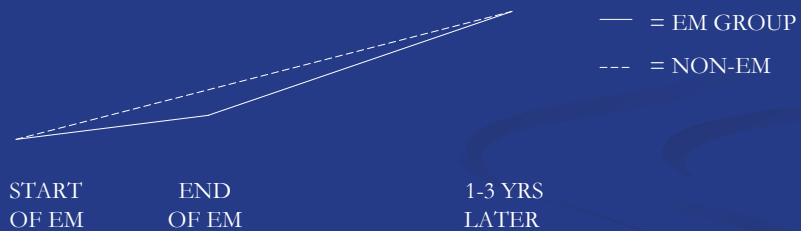
- Example from Georgia (Finn & Muirhead-Steves, 2003)

SUPERIORITY OF EM CONDITION OVER NON-EM PAROLEES
(average time on EM 87 days)

Time of measure	% C recidivism > EM
150 days after parole	2.53%
1 year after release	6.93%
3 years after release	0.02%

Beware the Bounce - 2

Cumulative recidivism: illustration of principle



Sometimes “failure” is programmatic success

- Some possible objectives of EM
 - Punishment “on the cheap”
 - Safety valve on prison populations
 - Enhancing treatment compliance
 - Enhancing accountability i.e. deterrence
 - Harm reduction via expedited removal of some high risk offenders from the community
- Most evaluators assume treatment/deterrence goals but programs often built on other objectives and NOT evaluated on those objectives

Who should be put on EM? - 1

- Diverse offender characteristics
- Diverse technologies
- Matching offender/technology still an art: needs to be a science



Who should be on EM?-2

- If the goal is control & behavior change, relatively rational offenders
 - No psychotics, no FAS
 - No addicts while using; test D&A if placing on EM
 - High stakes in community living
 - Supporting family
 - Avoiding prison risks for sex offenders
 - Avoid offenders who see incarceration as “PC”
 - Possibly: those subject to high peer influence

Who should be on EM?-3

- Recidivist drunk drivers with other treatment/sanction elements
- BHCRS study (Lapham et al., 2007) randomized 477 repeat DUI offenders in Oregon into:
 1. “triple-whammy”: ISP (tmt, poly, testing, supervision), EM (ankle+breath), vehicle sales
 2. ISP, sales, – EM
 3. ISP, EM – sales
 4. ISP – (EM & sales)

BHRCS hazard ratios: risk of arrest (rounded)

	ISP + EM +sales	ISP + sales (no EM)	ISP + EM (no sales)	ISP (no sales, no EM)
3 months	1	4	2	3.3
1 year	1	1.9	2	1.5
3 years	1	1	2	.8

For more information

- Copies of these slides available at <http://renzema.net> (note: do NOT use “www” as part of the address; other presentations and a bibliography are also available on the site.)
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