What Works in Corrections: Strategies to Reduce Recidivism

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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!

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

<table>
<thead>
<tr>
<th>Setting</th>
<th>% Offer</th>
<th>% Can Access Each Day</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult Prison</td>
<td>74%</td>
<td>9%</td>
</tr>
<tr>
<td>Adult Jail</td>
<td>61%</td>
<td>5%</td>
</tr>
<tr>
<td>Adult CC</td>
<td>53%</td>
<td>16%</td>
</tr>
<tr>
<td>Juvenile Res.</td>
<td>88%</td>
<td>30%</td>
</tr>
<tr>
<td>Juvenile CC</td>
<td>80%</td>
<td>8%</td>
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</tbody>
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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


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

Taxman, 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)
- 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!

Procedural Justice by PO → -0.19* → Arrest/VOP

Procedural Justice by TX → -0.23* → Drug Use at Follow-up

-0.31* → -0.44*

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

![Graph showing percent with new arrest by service and offender type](Taxman-8)
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”

Criminogenic Needs:
1) Anti-Social Values
2) Criminal Peers
3) Low Self-Control
4) Dysfunctional Family Ties
5) Substance Abuse
6) Criminal Personality

#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

Requests for VOP Warrants (Maryland PCS)

• 40% Reduction in Odds of VOP Warrants

* p<.01

* p<.05

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

Mean No. of EBP

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*


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### 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 incorporated in CJS actions at all points

Taxman-14
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
http://www.nicic.org/Library/020095
“The empirical evidence regarding intermediate sanctions is decisive. Without a rehabilitative component, reductions in recidivism are elusive,”

as noted by criminologist Joan Petersilia