

What Works in Reducing Recidivism and How Does it Relate to Accountability Courts?

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Evidence Based – What does it mean?

There are different forms of evidence:

- The lowest form is anecdotal evidence; stories, opinions, testimonials, case studies, etc - but it often makes us feel good
- The highest form is empirical evidence – research, data, results from controlled studies, etc. - but sometimes it doesn't make us feel good

Evidence Based Practice is:

1. Easier to think of as Evidence Based Decision Making
2. Involves several steps and encourages the use of validated tools and treatments.
3. Not just about the tools you have but also *how* you use them

Evidence-Based Decision Making Requires

1. Assessment information

- Valid and reliable offenders assessment process
- Assessment of programs and practices

2. Relevant research

- Consult research
- Design and fund programs that are based on empirical evidence
- Use existing resources (i.e., Crimesolutions.gov)

3. Available programming

- To reduce risk
- Improve existing programs
- Develop new programs

Evidence-Based Decision Making Requires:

4. Evaluation

- Offenders
- Quality assurance processes
- Performance measures
- Data

5. Professionalism and knowledge from staff

- Understand EBP
- Trained, coached, and skilled
- Commitment

What does the Research tell us?

There is often a Misapplication of Research: “XXX Study Says”

- the problem is if you believe every study we wouldn't eat anything (but we would drink a lot of red wine!)

- **Looking at one study can be a mistake**
- **Need to examine a body of research**
- **So, what does the body of knowledge about correctional interventions tell us?**

A Large Body of Research Has Indicated....

....that correctional services and interventions can be effective in reducing recidivism for offenders, however, not all programs are equally effective

- The most effective programs are based on some principles of effective interventions
 - Risk (Who)
 - Need (What)
 - Treatment aka Responsivity (How)
 - Program Integrity (How Well)

Let's Start with the Risk Principle

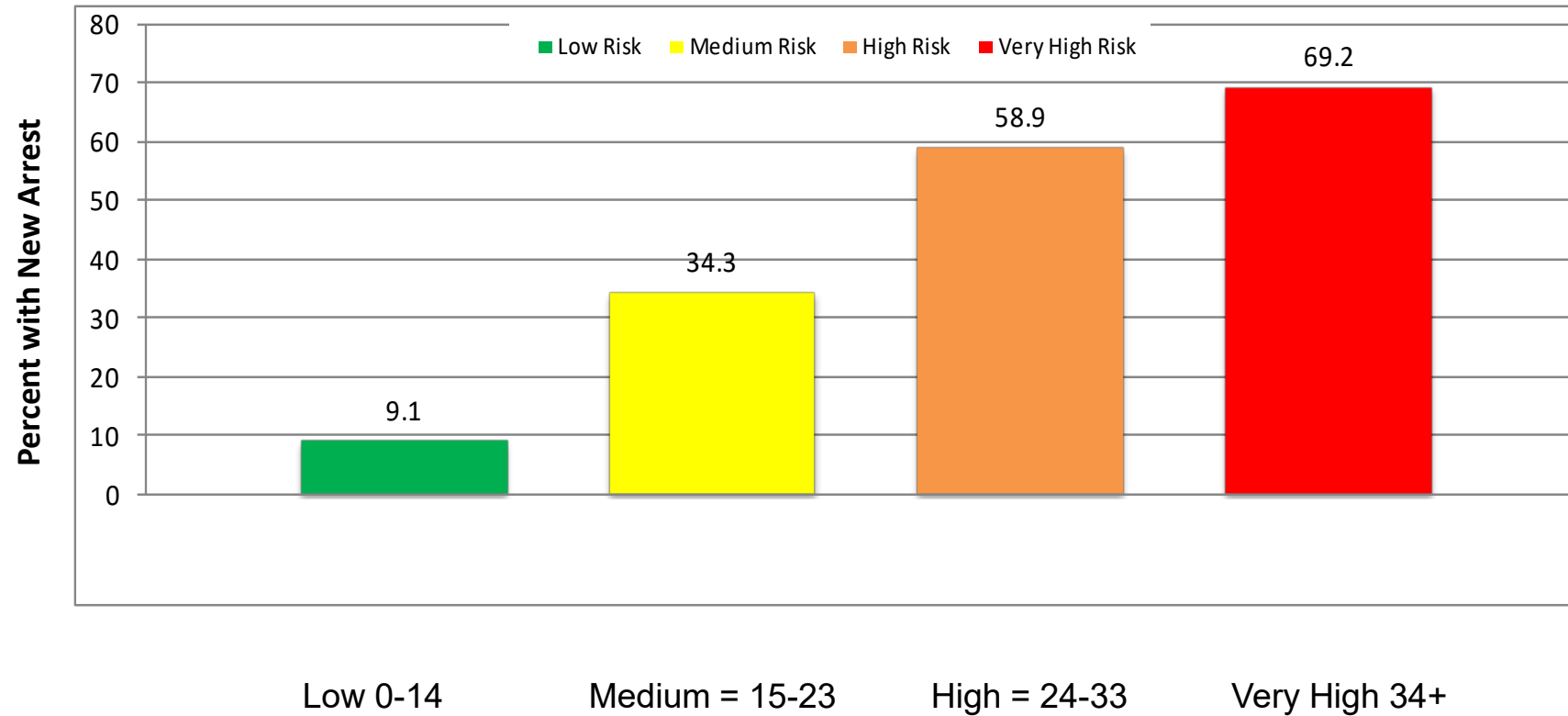
Risk refers to risk of reoffending and not the seriousness of the offense.

Seriousness usually trumps risk.

Risk Principle

As a general rule treatment effects are stronger if we target higher risk offenders, and harm can be done to low risk offenders

Risk Level by Recidivism for the Community Supervision Sample



There are Three Elements to the Risk Principle

1. Target those offenders with higher probability of recidivism
2. Provide most intensive treatment to higher risk offenders
3. Intensive treatment for lower risk offender can increase recidivism

#1: Targeting Higher Risk Offenders

- It is important to understand that even with EBP there will be failures.
- Even if you reduce recidivism rates you will still have high percentage of failures

Example of Targeting Higher Risk Offenders

- If you have 100 High risk offenders about 60% will fail
- If you put them in well designed EBP for sufficient duration you may reduce failure rate to 40%
- If you have 100 low risk offenders about 10% will fail
- If you put them in same program failure rate will be 20%

Targeting Higher Risk Offenders continued:

- In the end, who had the lower recidivism rate?
- Mistake we make is comparing high risk to low risk rather than look for treatment effects

#2: Provide Most Intensive Interventions to Higher Risk Offenders

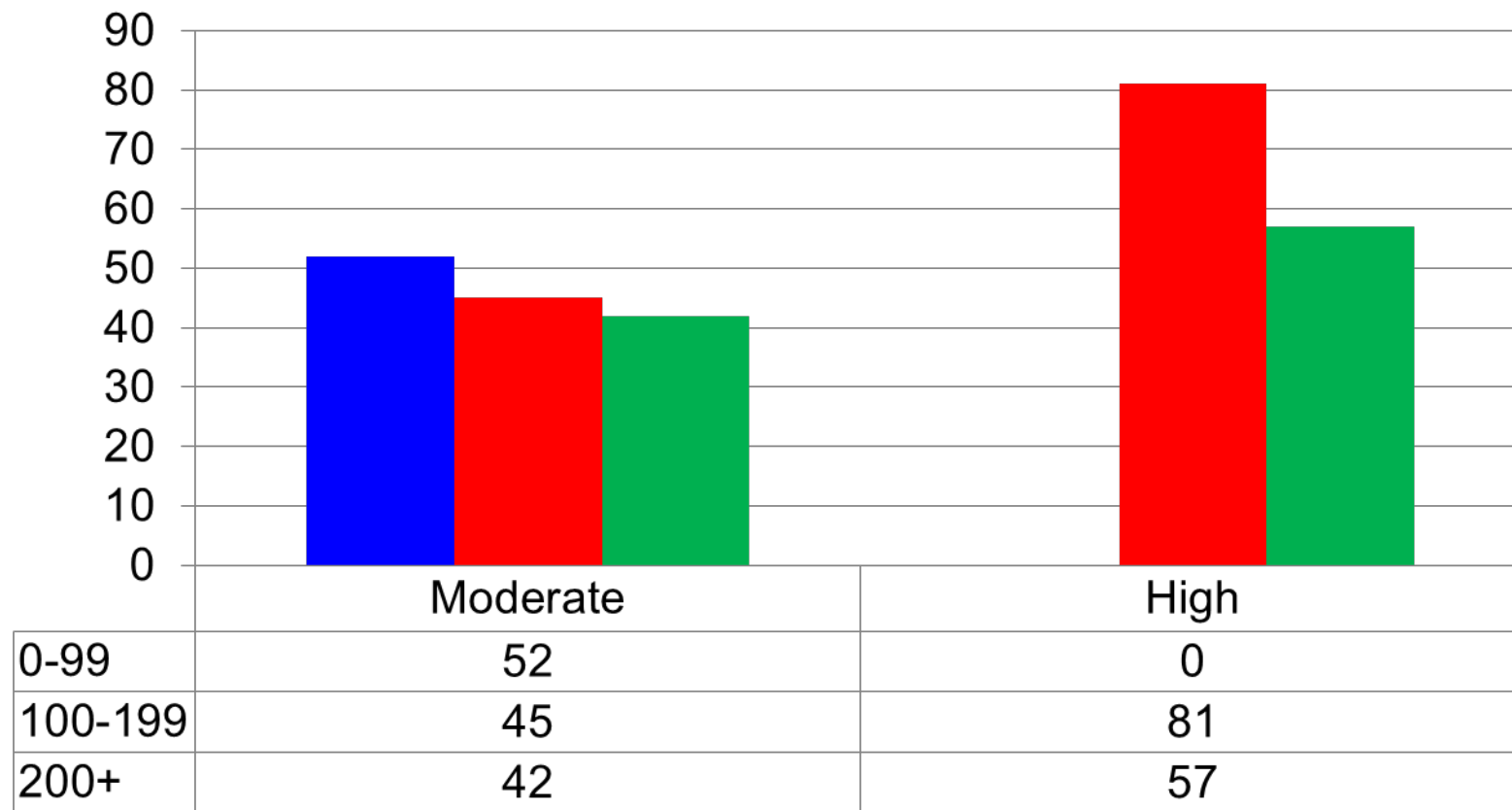
The question is: What does more “intensive” treatment mean in practice?

- Most studies show that the longer someone is in treatment the greater the effects, however:
- Effects tend to diminish if treatment goes too long

Results from a 2010 Study (Latessa, Sperber, and Makarios) of 689 offenders

- 100-bed secure residential facility for adult male offenders
- Cognitive-behavioral treatment modality
- Average age 33
- 60% single, never married
- 43% less than high school education
- 80% moderate risk or higher
- 88% have probability of substance abuse per SASSI

2010 Dosage Study of 689 Offenders

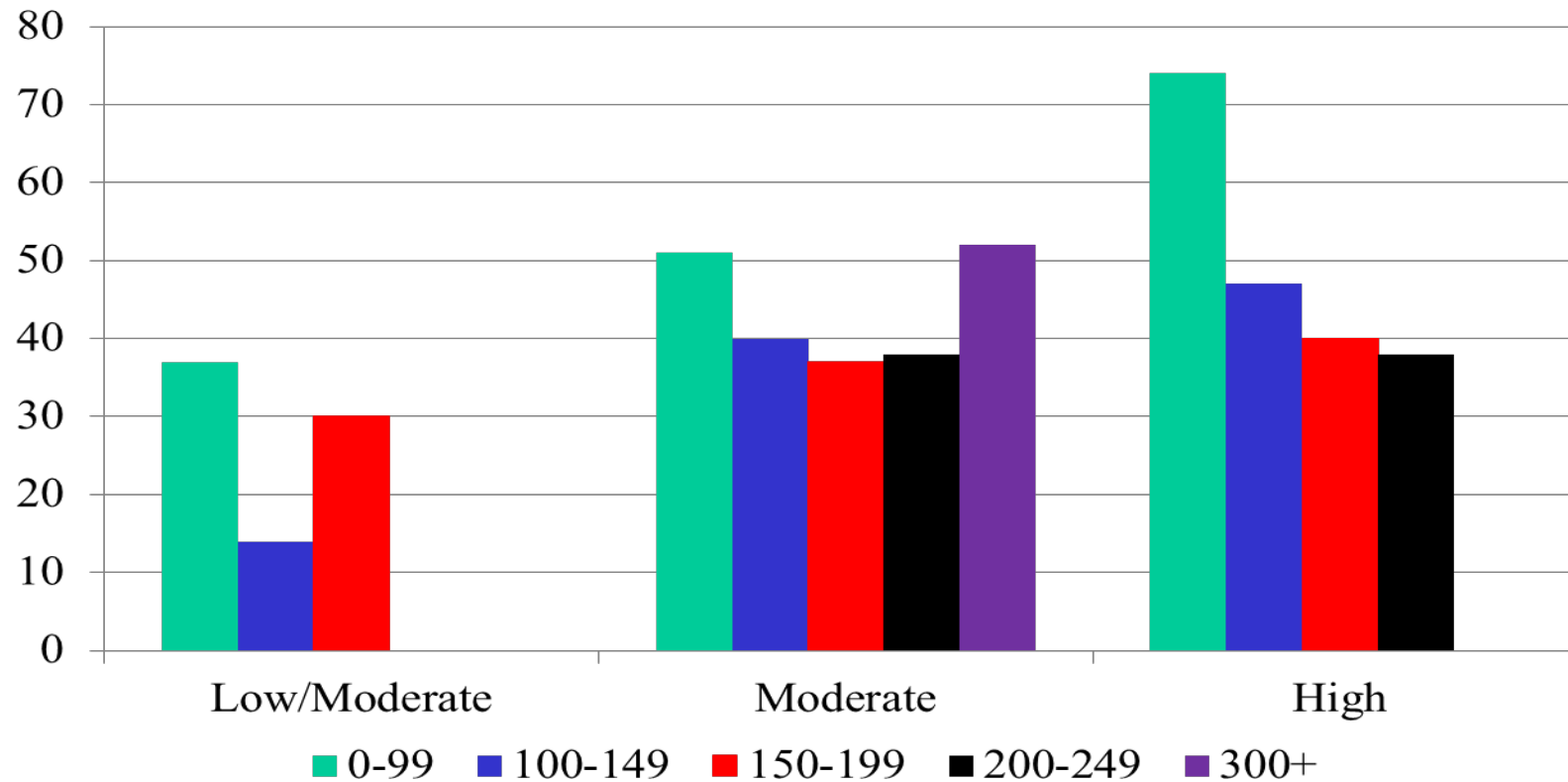


Sperber,, Latessa & Makarios (2013). Examining the Interaction between Level of Risk and Dosage of Treatment. *Criminal Justice and Behavior*, 40(3).

Results from 2014 Study

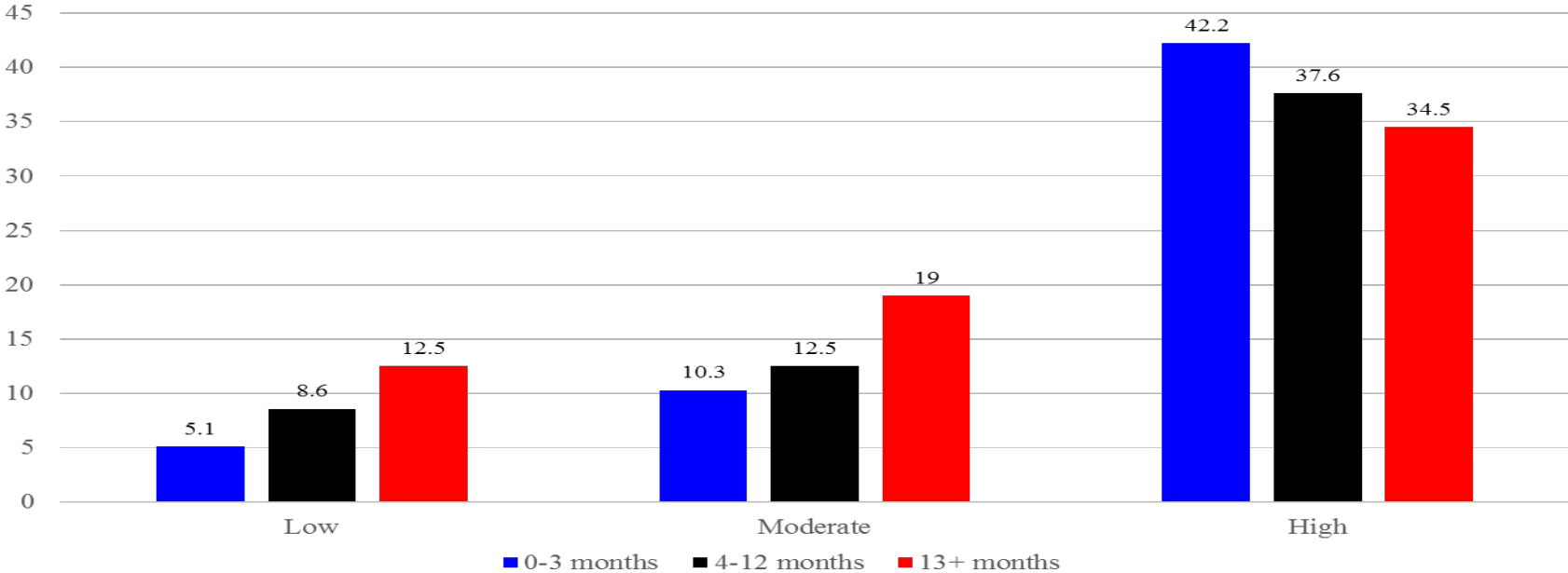
- We expanded sample
- Hours examined by increments of 50
- Looked at low/moderate, moderate, and high

2014 Dosage Study involving 903 offenders



Makarios, Sperber, & Latessa (2014). Treatment Dosage and the Risk Principle: A Refinement and Extension. *Journal of Offender Rehabilitation*. 53:334-350.

Recidivism Rates by Total Months in Programs from a 2013 Ohio Study involving over 10,000 Youth



Latessa, Lovins, and Lux (2013). Evaluation of Ohio's RECLAIM Programs. Center for Criminal Justice Research, University of Cincinnati

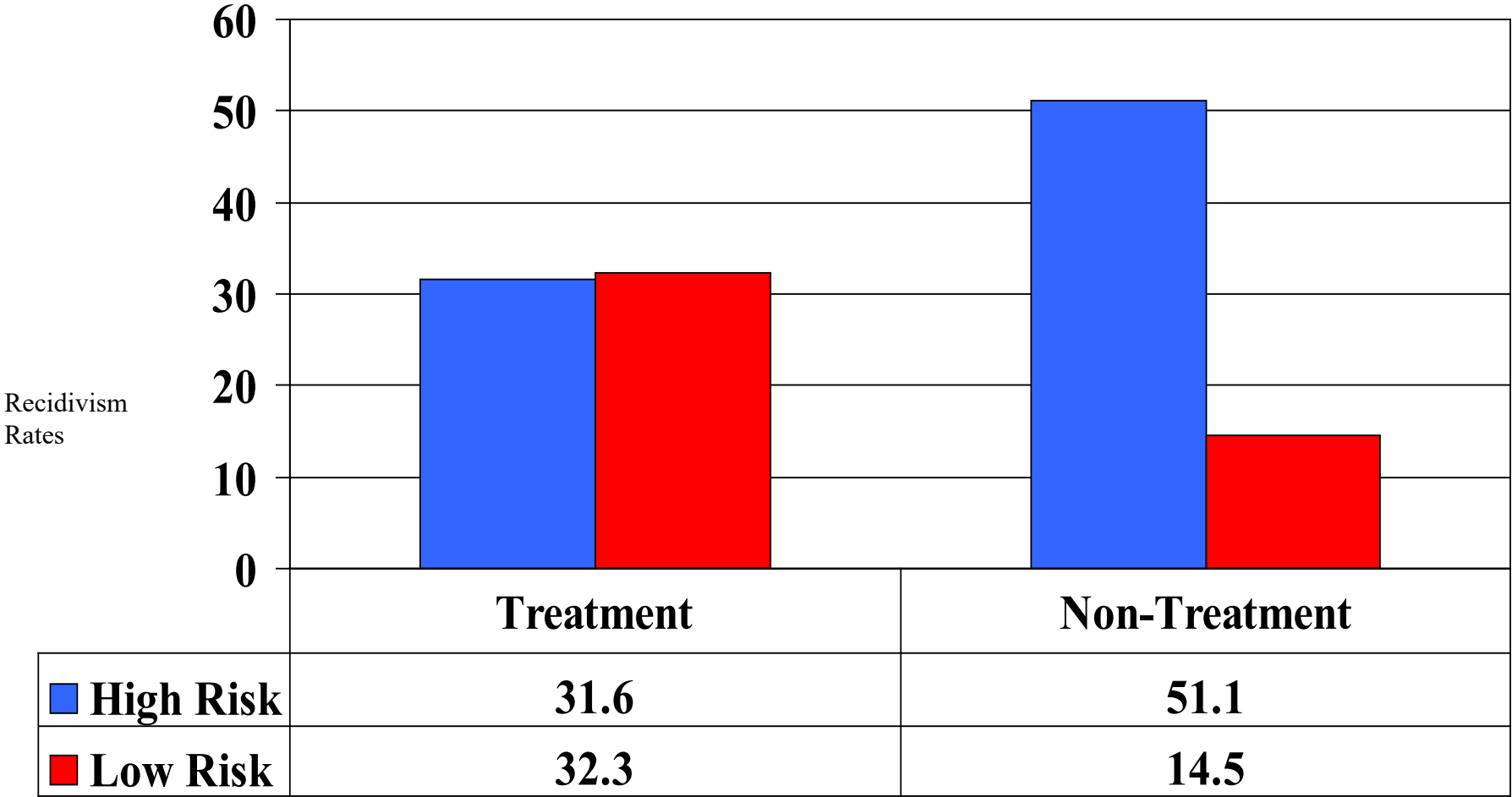
Provide Most Intensive Interventions to Higher Risk Offenders

- Higher risk offenders will require much higher dosage of treatment
 - Rule of thumb: 100-150 hours for moderate risk
 - 200+ hours for high risk
 - 100 hours for high risk will have little effect
 - Does not include work/school and other activities that are not directly addressing criminogenic risk factors

#3: Intensive Treatment for Low Risk Offenders will Often Increase Failure Rates

- Low risk offenders will learn anti social behavior from higher risk
- Disrupts pro-social networks
- Increased reporting/surveillance leads to more violations/revocations

Study of Intensive Rehabilitation Supervision in Canada

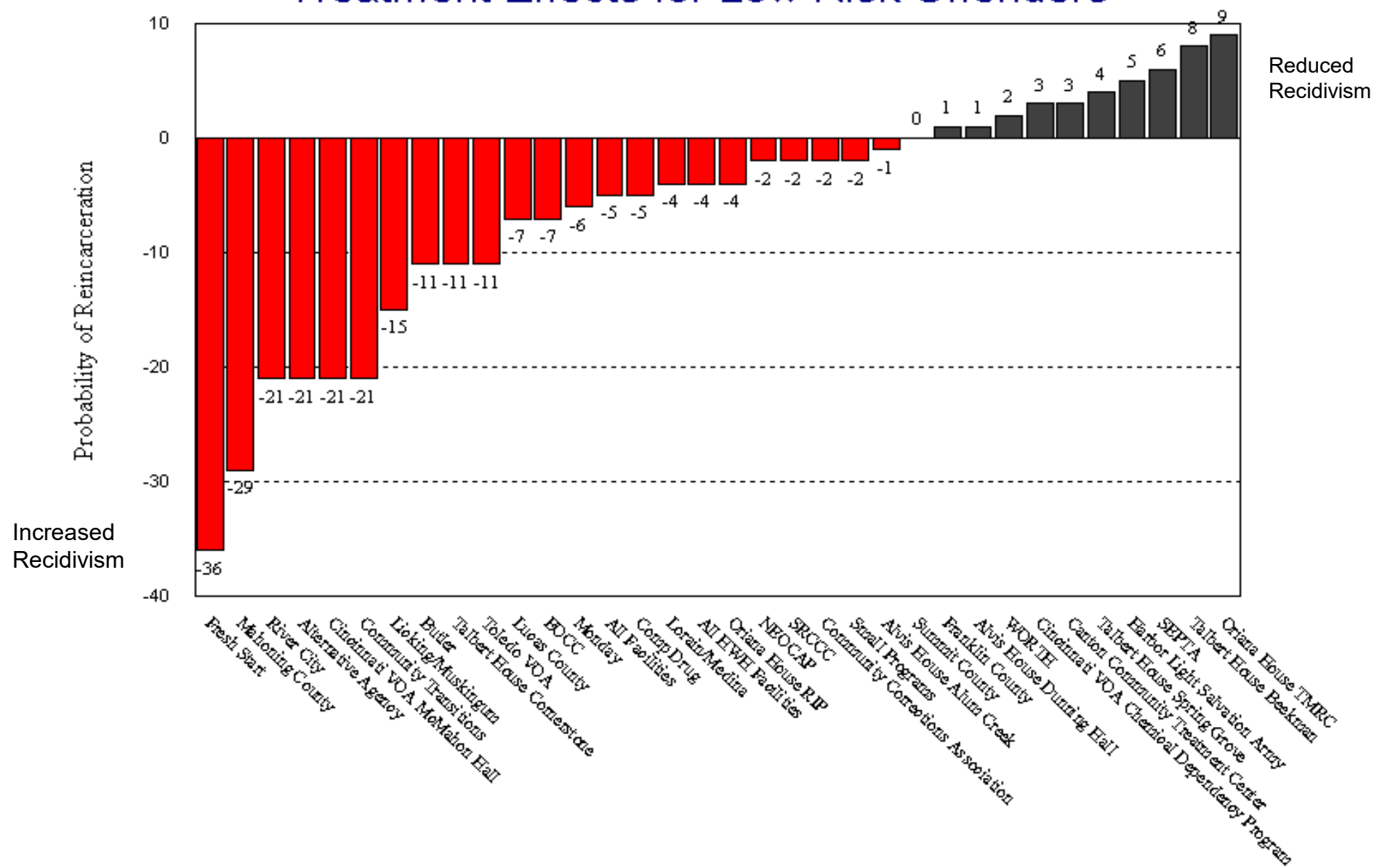


Bonta, J et al., 2000. A Quasi-Experimental Evaluation of an Intensive Rehabilitation Supervision Program., Vol. 27 No 3:312-329. *Criminal Justice and Behavior*

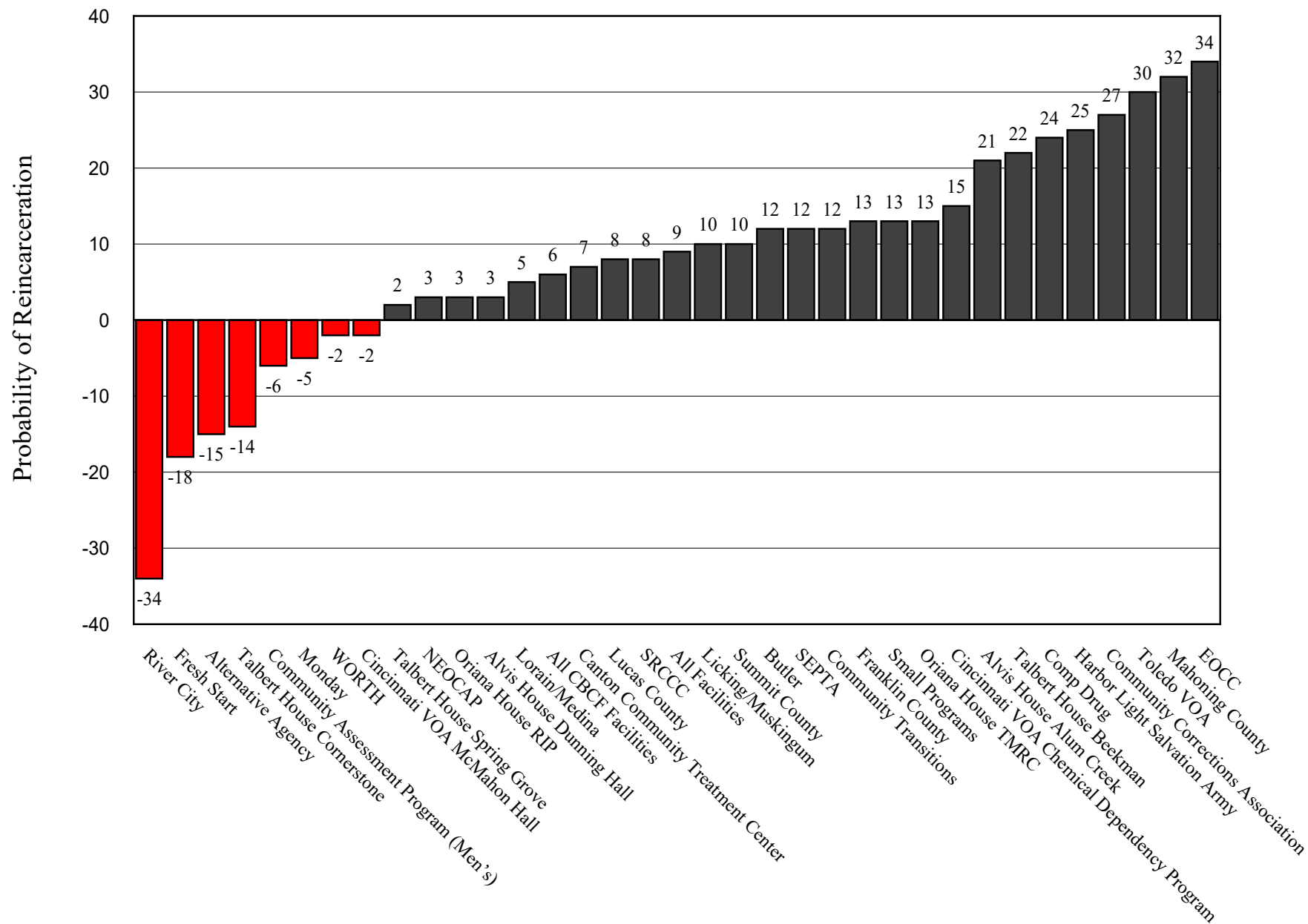
STUDY OF COMMUNITY CORRECTIONAL PROGRAMS IN OHIO

- **Largest study of community based correctional treatment facilities ever done up to that time.**
- **Total of 13,221 offenders – 37 Halfway Houses and 15 Community Based Correctional Facilities were included in the study.**
- **Two-year follow-up conducted on all offenders**
- **Recidivism measures included new arrests & incarceration in a state penal institution**

Treatment Effects for Low Risk Offenders

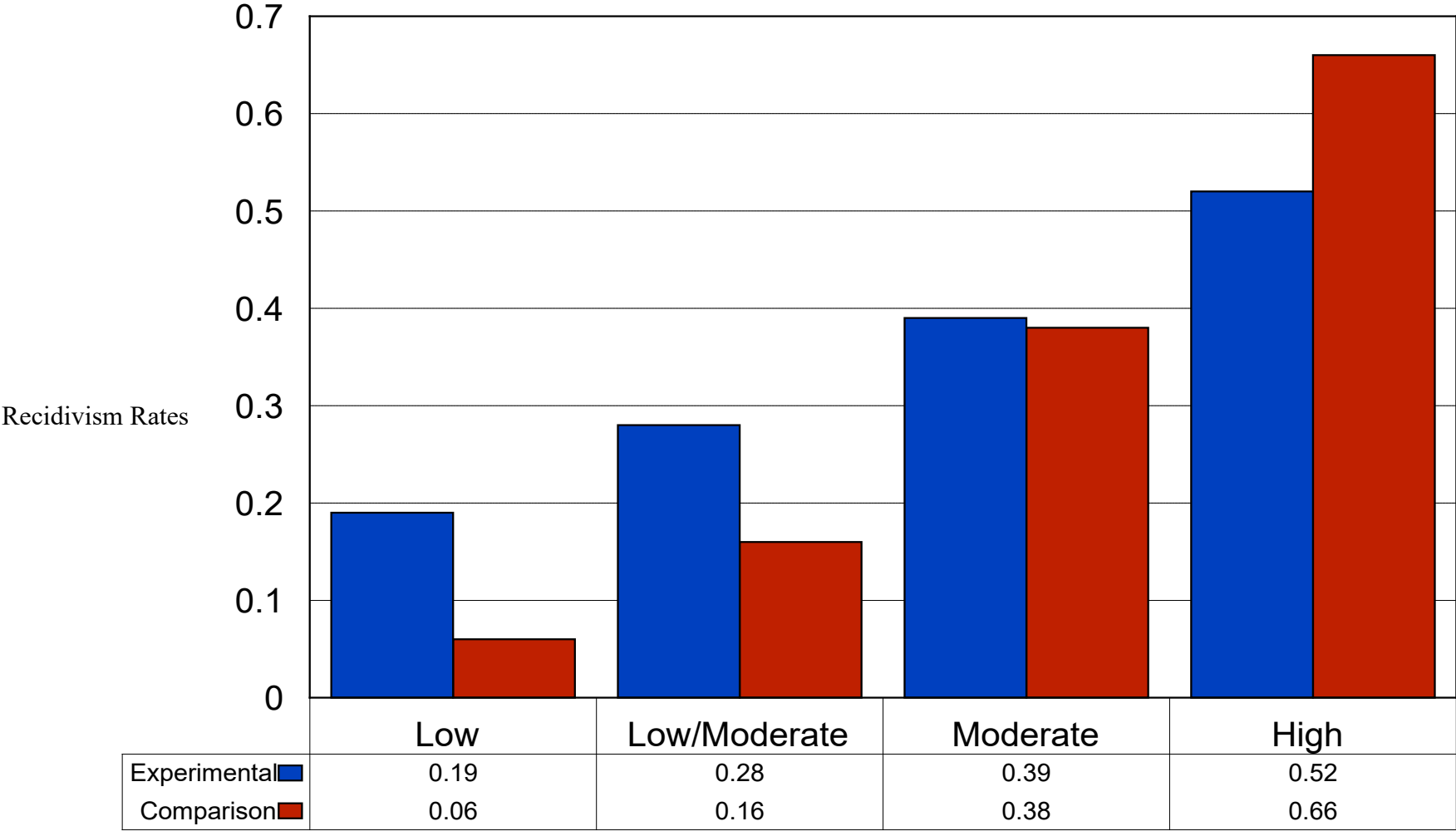


Treatment Effects For High Risk Offenders



We have seen the Risk Principle with
Females

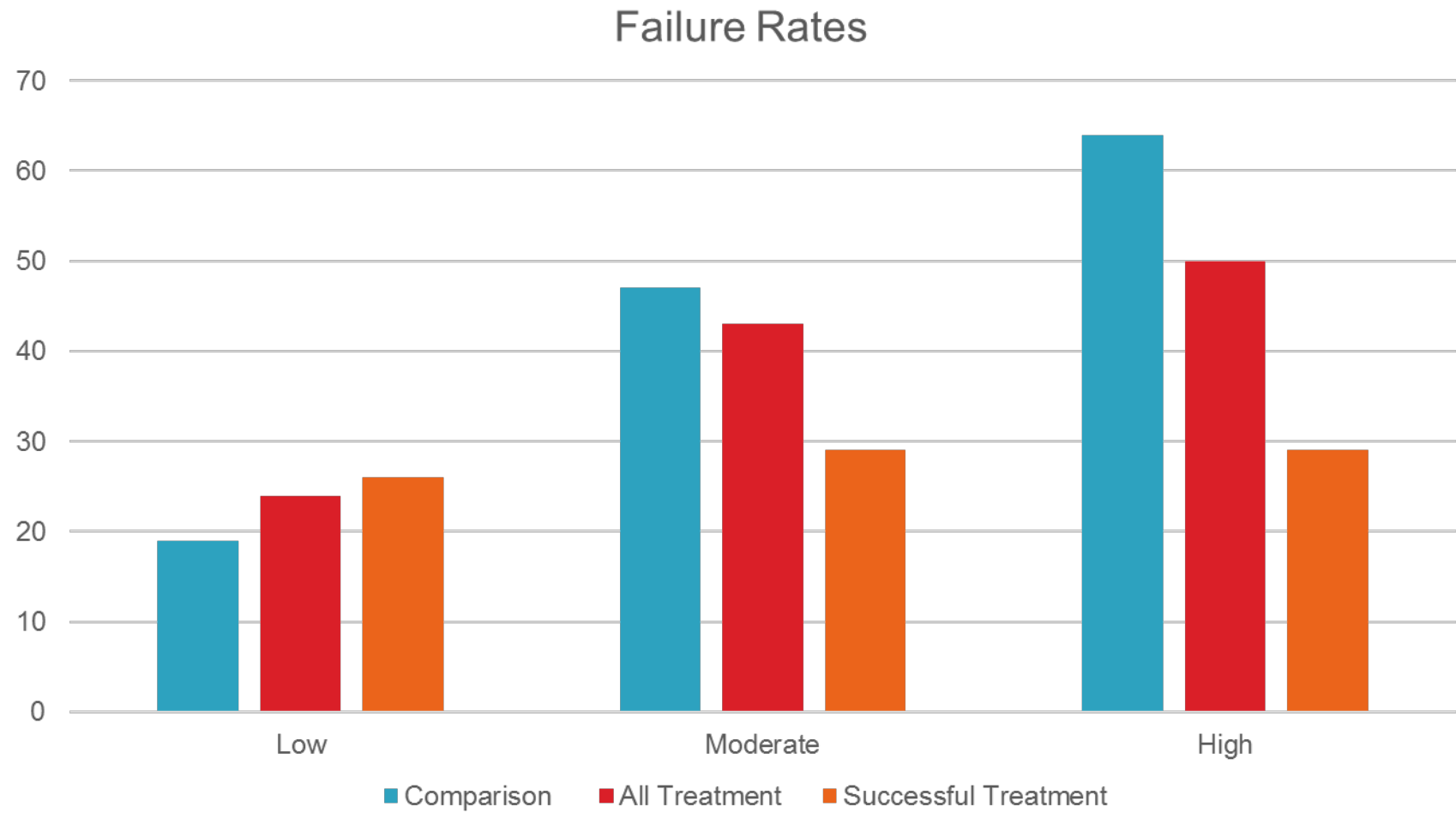
Recidivism Rates by Risk Levels for Females: New Arrest (Felony or Misd).



Ohio ½ and CBCF House Study all treatment cases. N=1,340

We have seen the Risk Principle with Sex
Offenders

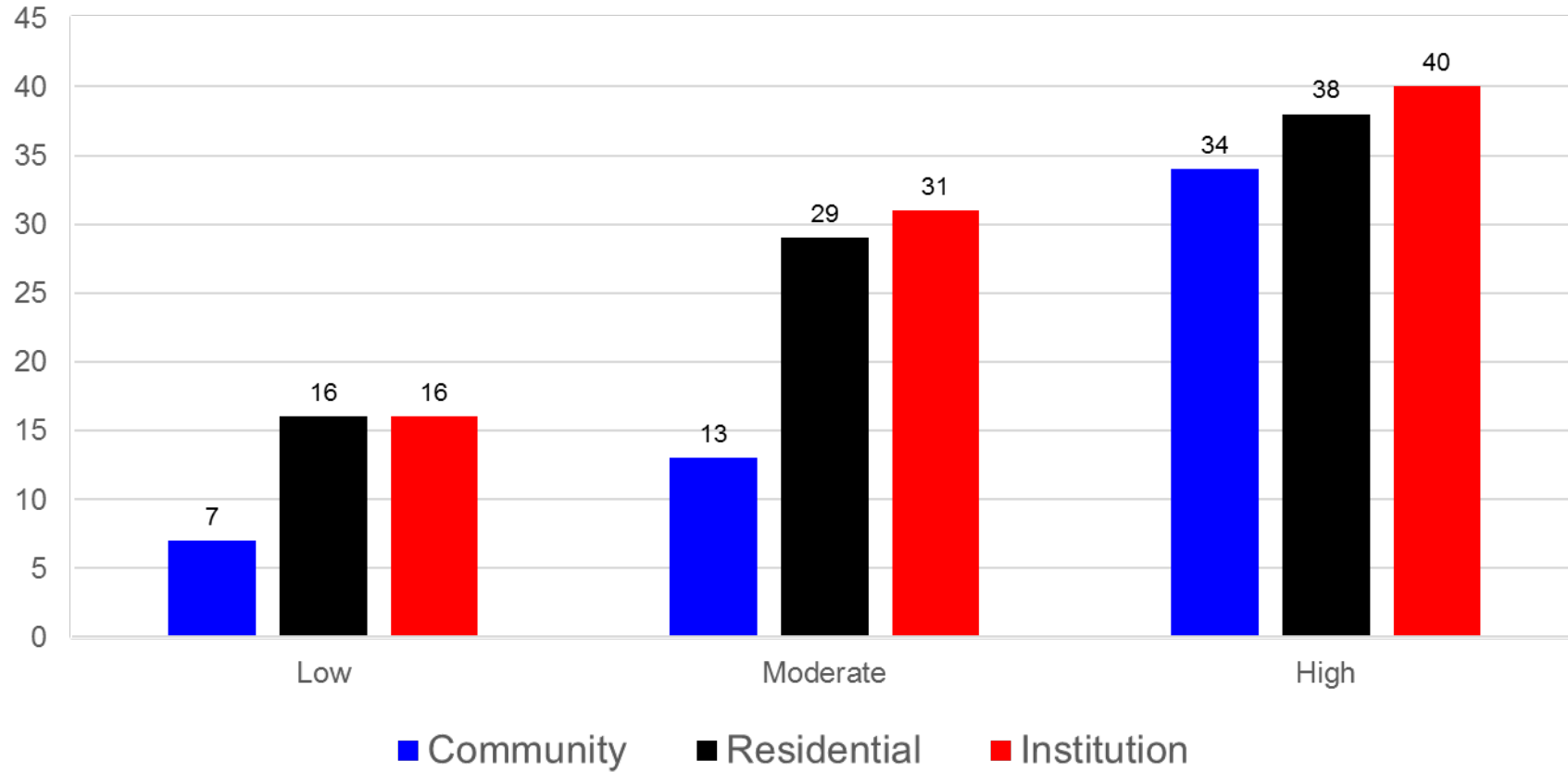
Recidivism Rates for Sex Offender: New Incarceration



Brusman, L., L, Lowenkamp, C. T., Latessa, E. J., & Smith, P. (2007). Application of the Risk Principle to Female Offenders. Journal of Contemporary Criminal Justice, 23(4).

We have seen it with Juveniles

Risk Level by New Felony Adjudication: Results from 2013 Ohio Study of over 10,000 Youth



To understand the Need Principle we need
to review the body of knowledge related to
risk factors

What are the risk factors correlated with
criminal conduct?

Major Set of Risk/Need Factors

- 1. Antisocial/procriminal attitudes, values, beliefs and cognitive-emotional states**

Cognitive Emotional States

- Rage
- Anger
- Defiance
- Criminal Identity

Anti-social/Pro-criminal Attitudes

- Views are supportive of a criminal lifestyle
- Explore rationalizations concerning their:
 - Role
 - Victims
 - Behavior
 - Friendships
 - Substance use

Major set Risk/needs continued:

2. Procriminal associates and isolation from prosocial others

Pro-criminal Associates

- Associates provide the context
- Associates act as role models
- Associates provide reinforcement
- Isolation from prosocial others increases risk

Reducing Negative Peer Associations

- ✓ **Restrict associates**
- ✓ **Set and enforce curfews**
- ✓ **Ban hangouts, etc.**
- ✓ **Teach offender to recognize & avoid negative influences (people, places, things)**
- ✓ **Practice new skills (like being assertive instead of passive)**
- ✓ **Teach how to maintain relationships w/o getting into trouble**
- ✓ **Identify or develop positive associations: mentors, family, friends, teachers, employer, etc.**
- ✓ **Train family and friends to assist offender**
- ✓ **Set goal of one new friend (positive association) per month**
- ✓ **Develop sober/prosocial leisure activities**

Major set Risk/Needs continued:

3. Temperamental & anti social personality pattern conducive to criminal activity including:

- Weak Socialization
- Impulsivity
- Adventurous
- Pleasure seeking
- Restless Aggressive
- Egocentrism
- Below Average Verbal intelligence
- A Taste For Risk
- Weak Problem-Solving/lack of Coping & Self-Regulation Skills

Major set of Risk/Need factors continued:

4. A history of antisocial behavior:

- Evident from a young age
- In a variety of settings
- Involving a number and variety of different acts

Major set of Risk/Needs Continued:

- 5. Family factors that include criminality and a variety of psychological problems in the family of origin including:**
- Low levels of affection, caring and cohesiveness
 - Poor parental supervision and discipline practices
 - Out right neglect and abuse

Major set of Risk/Needs continued:

6. Low levels of personal educational, vocational or financial achievement

Leisure and/or recreation

7. Low levels of involvement in prosocial leisure activities

- Allows for interaction with antisocial peers
- Allows for offenders to have idle time
- Offenders replace prosocial behavior with antisocial behavior

Substance Abuse

8. Abuse of alcohol and/or drugs

- It is illegal itself (drugs)
- Engages with antisocial others
- Impacts social skills

Mentally Disordered Offenders (MDOs)

Conventional Clinical Wisdom:

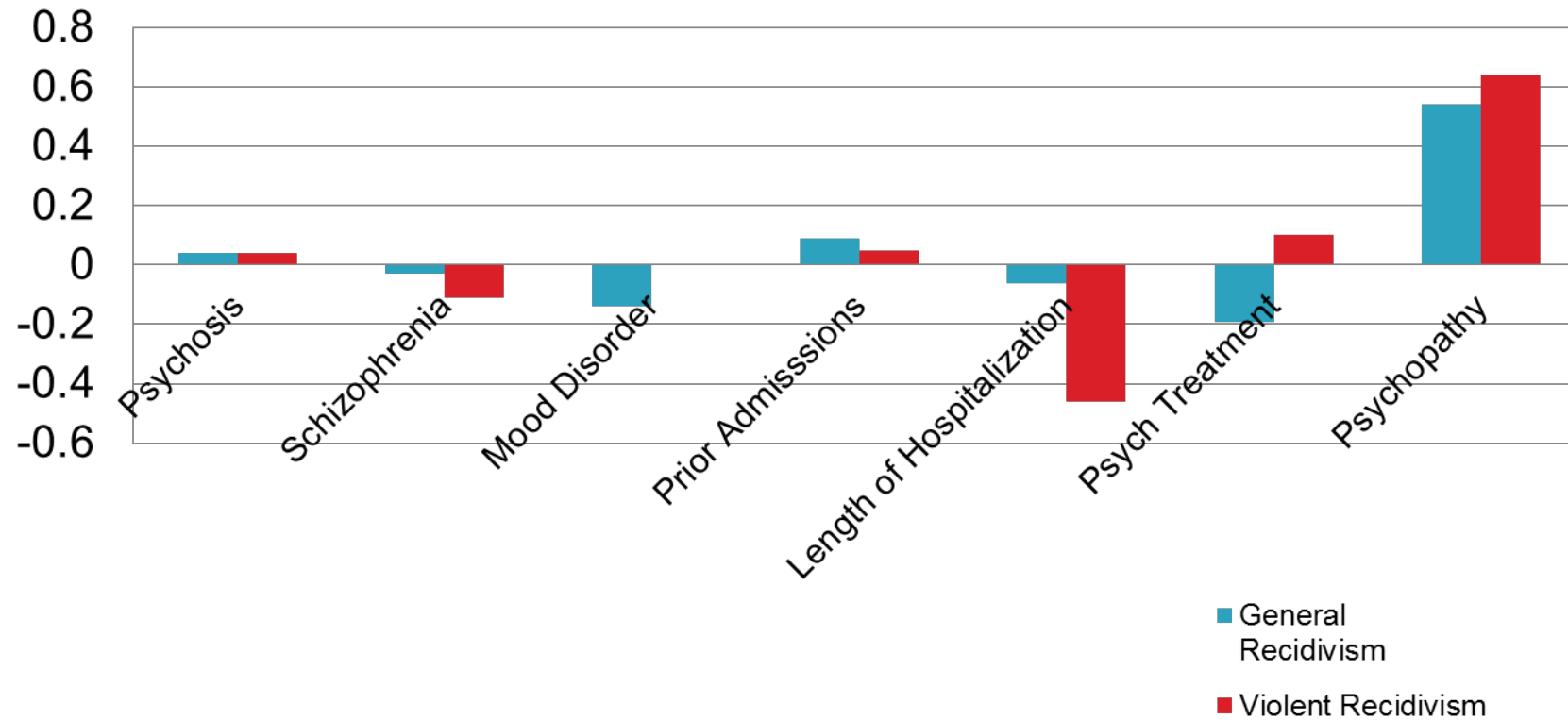
- Criminal activities of MDOs best explained by psychopathological models
- Assessments typically focus on psychiatric diagnoses, psychiatric symptomatology, and personal distress (i.e. anxiety, depression)
- Assessments are often costly and time consuming

MDOs Continued

Review of the Empirical Research:

- The Psychopathological model has little relevance regarding the prediction of MDO criminal behavior
- Gendreau (1996) conducted meta-analysis on studies of psychiatric symptomatology and general recidivism: Correlation=ZERO
- Bonta's (1998) meta analysis found correlation between having a diagnosed mental disorder, mood disorder, or psychosis and general/violent recidivism ranged from $r = .01$ to $-.17$.
- Criminogenic risk factors were the strongest predictors ($r=.23$)
- Major correlates of criminal behavior appear to be the same regardless of presence or absence of a mental disorder

Average Effect Size of Clinical Factors with General & Violent Recidivism



Bonta, Blais and Wilson (2014) A theoretically informed meta-analysis of the risk for general and violent recidivism for mentally disordered offenders. *Aggression and Violent Behavior*, 19:278-287.

Major Risk and/or Need Factor and Promising Intermediate Targets for Reduced Recidivism

Factor	Risk	Dynamic Need
History of Antisocial Behavior	Early & continued involvement in a number antisocial acts	Build noncriminal alternative behaviors in risky situations
Antisocial personality	Adventurous, pleasure seeking, weak self control, restlessly aggressive	Build problem-solving, self-management, anger mgt & coping skills
Antisocial cognition	Attitudes, values, beliefs & rationalizations supportive of crime, cognitive emotional states of anger, resentment, & defiance	Reduce antisocial cognition, recognize risky thinking & feelings, build up alternative less risky thinking & feelings Adopt a reform and/or antirriminal identity
Antisocial associates	Close association with criminals & relative isolation from prosocial people	Reduce association w/ criminals, enhance association w/ prosocial people

Major Risk and/or Need Factor and Promising Intermediate Targets for Reduced Recidivism

Factor	Risk	Dynamic Need
Family and/or marital	Two key elements are nurturance and/or caring better monitoring and/or supervision	Reduce conflict, build positive relationships, communication, enhance monitoring & supervision
School and/or work	Low levels of performance & satisfaction	Enhance performance, rewards, & satisfaction
Leisure and/or recreation	Low levels of involvement & satisfaction in anti-criminal leisure activities	Enhance involvement & satisfaction in prosocial activities
Substance Abuse	Abuse of alcohol and/or drugs	Reduce SA, reduce the personal & interpersonal supports for SA behavior, enhance alternatives to SA

Study by Bucklen and Zajac of parole violators in Pennsylvania found a number of criminogenic factors related to failure*

Bucklen, B., & Zajac, G. (2009). But some of them don't come back (to prison!): Resource deprivation and thinking errors as determinants of parole success and failure. *The Prison Journal*. 89: 239–264.

Pennsylvania Parole Study
Social Network and Living Arrangements
Violators Were:

- More likely to hang around with individuals with criminal backgrounds
- Less likely to live with a spouse
- Less likely to be in a stable supportive relationship
- Less likely to identify someone in their life who served in a mentoring capacity

Pennsylvania Parole Study

Employment & Financial Situation

Violators were:

- Less likely to have job stability
- Less likely to be satisfied with employment
- Less likely to take low end jobs and work up
- More likely to have negative attitudes toward employment & unrealistic job expectations
- Less likely to have a bank account
- More likely to report that they were “barely making it” (yet success group reported over double median debt)

Pennsylvania Parole Study

Alcohol or Drug Use

Violators were:

- More likely to report use of alcohol or drugs while on parole (but no difference in prior assessment of dependency problem)
- Poor management of stress was a primary contributing factor to relapse

Pennsylvania Parole Study

Life on Parole - Violators were:

- Had poor problem solving or coping skills
- Did not anticipate long term consequences of behavior
- Failed to utilize resources to help themselves
- Acted impulsively to immediate situations
- Felt they were not in control
- More likely to maintain anti-social attitudes
- Viewed violations as an acceptable option to situation
- Maintained general lack of empathy
- Shifted blame or denied responsibility
- Had unrealistic expectations about what life would be like outside of prison

Pennsylvania Parole Violator Study:

- Successes and failures did not differ in difficulty in finding a place to live after release
- Successes & failures equally likely to report eventually obtaining a job

Need Principle

By assessing and targeting criminogenic needs for change, agencies can reduce the probability of recidivism

Criminogenic

- Anti social attitudes
- Anti social friends
- Substance abuse
- Lack of empathy
- Impulsive behavior

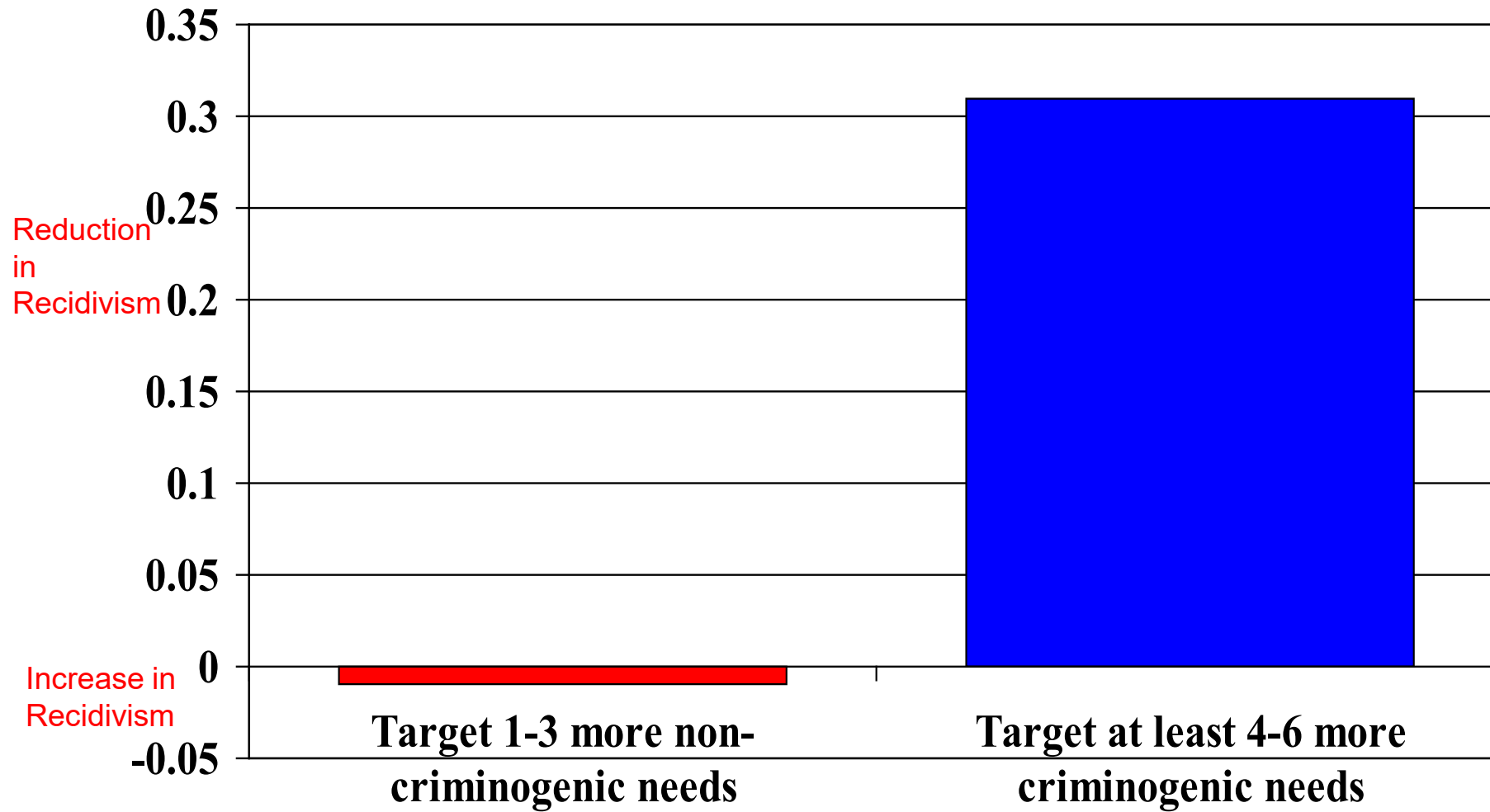
Non-Criminogenic

- Anxiety
- Low self esteem
- Creative abilities
- Medical needs
- Physical conditioning

Some so called “theories” we have come across

- “Offenders lack creativity theory”
- “Offenders need to get back to nature theory”
- “Offenders need to change their diet theory”
- “Treat them as babies & dress them in diapers theory”
- “We just want them to be happy theory”
- “Male offenders need to get in touch with their feminine side theory”

Targeting Criminogenic Need: Results from Meta-Analyses



Criminal Thinking and Mental Illness*

Morgan, Fisher, Duan, Mandracchia, and Murray (2010) studied 414 adult offenders with mental illness (265 males, 149 females) and found:

- 66% had belief systems supportive of criminal life style (based on Psychological Inventory of Criminal Thinking Scale (PICTS))
- When compare to other offender samples, male offenders with MI scored similar or higher than non-mentally disordered offenders.
- On Criminal Sentiments Scale-Revised, 85% of men and 72% of women with MI had antisocial attitudes, values and beliefs – which was higher than incarcerated sample without MI.

See: Prevalence of Criminal Thinking among State Prison Inmates with Serious Mental Illness. *Law and Human Behavior* 34:324-336, and Center for Behavioral Health Services Criminal Justice Research Policy Brief, April 2010. Rutgers University.

Conclusion

- Criminal Thinking styles differentiate people who commit crimes from those who do not independent of mental illness
- Incarcerated persons with mental illness are often mentally ill *and* criminal
- Needs to be treated as co-occurring problems

Criminal Thinking Among a Sample of Incarcerated Youth with Serious Mental Illness*

Recently we replicated the Morgan et al study with a sample of 148 incarcerated male youth comparing those with serious mental illness (N=37) to non mentally ill youth (N=111). We found:

- Youth **with MI scored similar than non-mentally disordered youth on both the** Criminal Sentiments Scale-Revised and the Texas Christian Criminal Thinking Scales
- This suggests **that youth with serious mental illnesses have attitudes and values of crime similar to those youth without serious mental illness.**
- Overall, there was no correlation between length of time incarcerated and changes in scores

Assessment is the engine that drives effective correctional programs

- Need to meet the risk and need principle
- Can help reduces bias
- Aids decision making
- Allows you to target dynamic risk factors and measure change
- Best risk assessment method is the actuarial (statistical) approach

To Understand Assessment it is
Important to Understand Types of Risk
Factors

Dynamic and Static Factors

- Static Factors are those factors that are related to risk and do not change. Some examples might be number of prior offenses, whether an offender has ever had a drug/alcohol problem.
- Dynamic factors relate to risk and *can change*. Some examples are whether an offender is currently unemployed or currently has a drug/alcohol problem.

There are two types of dynamic risk factors

- Acute – Can change quickly
- Stable – Take longer to change

According to the American Heart Association, there are a number of risk factors that increase your chances of a first heart attack

- ✓ Family history of heart attacks
- ✓ Gender (males)
- ✓ Age (over 50)
- ✓ Inactive lifestyle
- ✓ Over weight
- ✓ High blood pressure
- ✓ Smoking
- ✓ High Cholesterol level

Best Assessments include both Static and Dynamic Factors

- Just because we can't change static factors doesn't mean they are not important
- Dynamic factors are often more difficult to measure, but they are critical to developing case plans, prioritizing targets for change and gauging progress

Some Examples of Offender Risk Assessment Tools

- Level of Service Inventory (LSI)
- PCL
- COMPAS
- Ohio Risk Assessment System

The Treatment (Responsivity) Principle

- General
 - Most people respond to programs that are based on *cognitive behavioral/social learning* theories
- Specific
 - People learn differently and have certain barriers that should be addressed so that they are more likely to succeed in programs

Specific Responsivity

What gets in the way of benefiting from treatment?

- Must take individual learning styles into account
- Must consider possible barriers to interventions
- Assessing and addressing responsivity factors can be important to maximize benefits of treatment

Responsivity areas to assess can include:

- Motivation to change
- Anxiety/psychopathy
- Levels of psychological development
- Maturity
- Cognitive functioning
- Mental disorders

Prioritizing Interventions: What to Change and Why

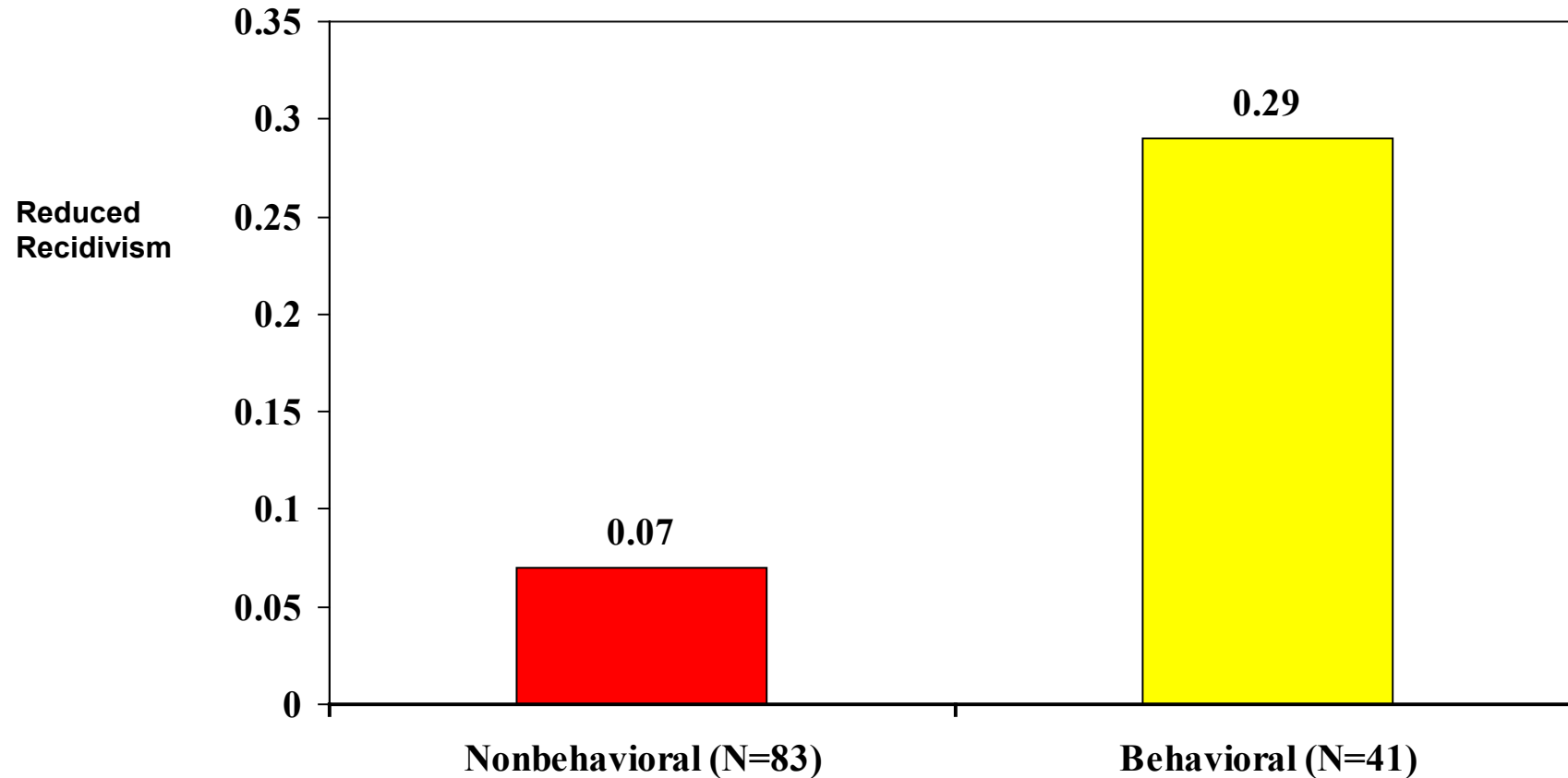
- Criminogenic targets – reduce risk for recidivism
- Non-criminogenic targets: may reduce barriers but NOT risk

Treatment Principle (general responsiveness)

The most effective interventions are behavioral:

- Focus on current factors that influence behavior
- Action oriented
- Staff follow “core correctional practices”

Results from Meta Analysis: Behavioral vs. NonBehavioral



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.

Most Effective Behavioral Models

- Structured social learning where new skills and behaviors are modeled
- Family based approaches that train family on appropriate techniques
- Cognitive behavioral approaches that target criminogenic risk factors



Social Learning

Refers to several processes through which individuals acquire attitudes, behavior, or knowledge from the persons around them. Both modeling and instrumental conditioning appear to play a role in such learning

Some Family Based Interventions

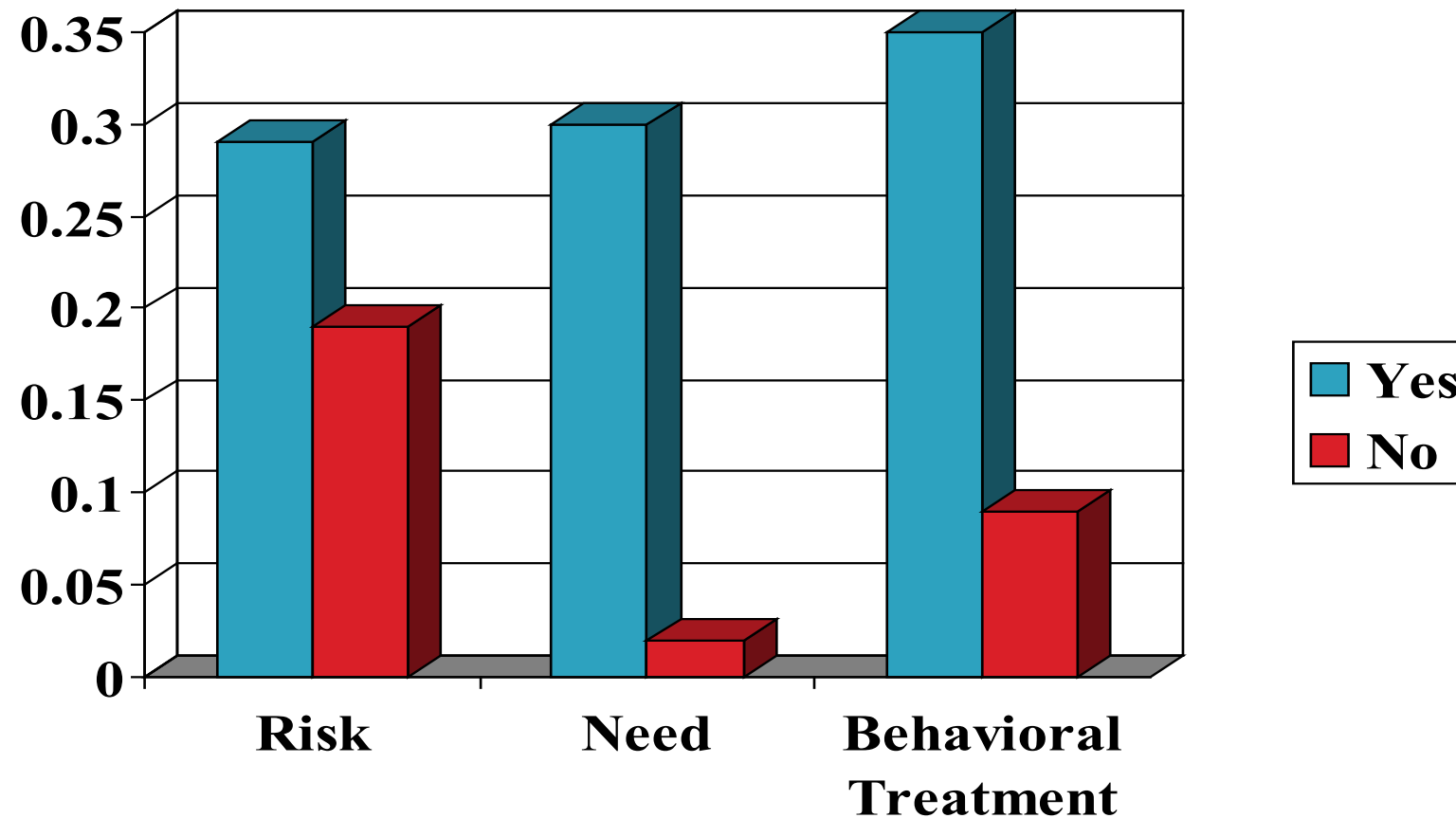
- Designed to train family on behavioral approaches
 - Functional Family Therapy
 - Multi-Systemic Therapy
 - Teaching Family Model
 - Strengthening Families Program
 - Common Sense Parenting
 - Parenting Wisely

Effectiveness of Family Based Intervention: Results from Meta Analysis

- 38 primary studies with 53 effect tests
- Average reduction in recidivism= 21%

However, a great deal of variability was present
(-0.17 - +0.83)

Mean Effect Sizes: Whether or not the family intervention adheres to the principles



The Four Principles of Cognitive Intervention

- 1. Thinking affects behavior**
- 2. Antisocial, distorted, unproductive irrational thinking can lead to antisocial and unproductive behavior**
- 3. Thinking can be influenced**
- 4. We can change how we feel and behave by changing what we think**

Meta-Analysis of Cognitive Behavioral Treatment for Offenders by Landenberger & Lipsey

- Reviewed 58 studies:
 - 19 random samples
 - 23 matched samples
 - 16 convenience samples
- Found that on average CBT reduced recidivism by 25%, but the most effective configurations found more than 50% reductions

Landenberger N., Lipsey, M. (2005). The positive effects of cognitive-behavioral programs for offenders: a meta-analysis of factors associated with effective treatment. *Journal of Experimental Criminology*. 1:451–476.

Significant Findings (effects were stronger if):

- Sessions per week (2 or more) - **RISK**
- Implementation monitored - **FIDELITY**
- Staff trained on CBT - **FIDELITY**
- Higher proportion of treatment completers - **RESPONSIVITY**
- Higher risk offenders - **RISK**
- Higher if CBT is combined with other services - **NEED**

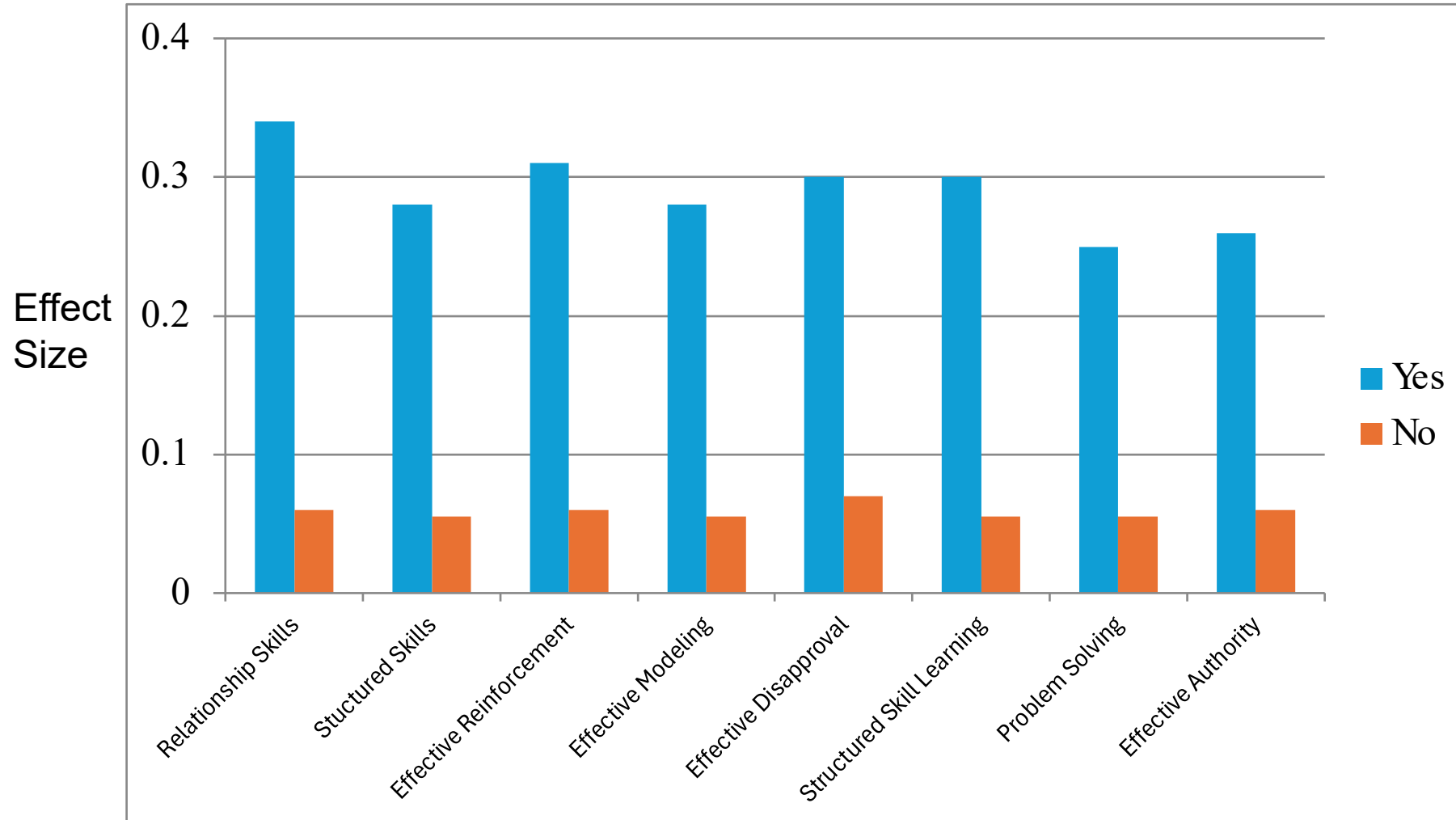
Some Examples of Cognitive Behavioral Correctional Curriculums

- Aggression Replacement Training (ART)
- Criminal Conduct and Substance Abuse Treatment
- Thinking for a Change (non-proprietary)
- UC's Cognitive Behavioral Interventions for Offenders Seeking Employment (non-proprietary – pilot underway)
- Changing Offender Lives (Specifically for MDOs – Non-proprietary)
- UC's Cognitive Behavioral Interventions for Substance Abuse (non-proprietary)
- Moving On (Female Offenders)
- UC's Cognitive Behavioral Treatment for Sex Offenders (non-proprietary)
- UC's Cognitive Behavioral Interventions for Offenders - A comprehensive curriculum (non-proprietary. Also adaptable for MDOs.

Core Correctional Practices

1. Effective Reinforcement
2. Effective Disapproval
3. Effective Use of Authority
4. Quality Interpersonal Relationships
5. Cognitive Restructuring
6. Anti-criminal Modeling
7. Structured Learning/Skill Building
8. Problem Solving Techniques

Core Correctional Practices and Recidivism

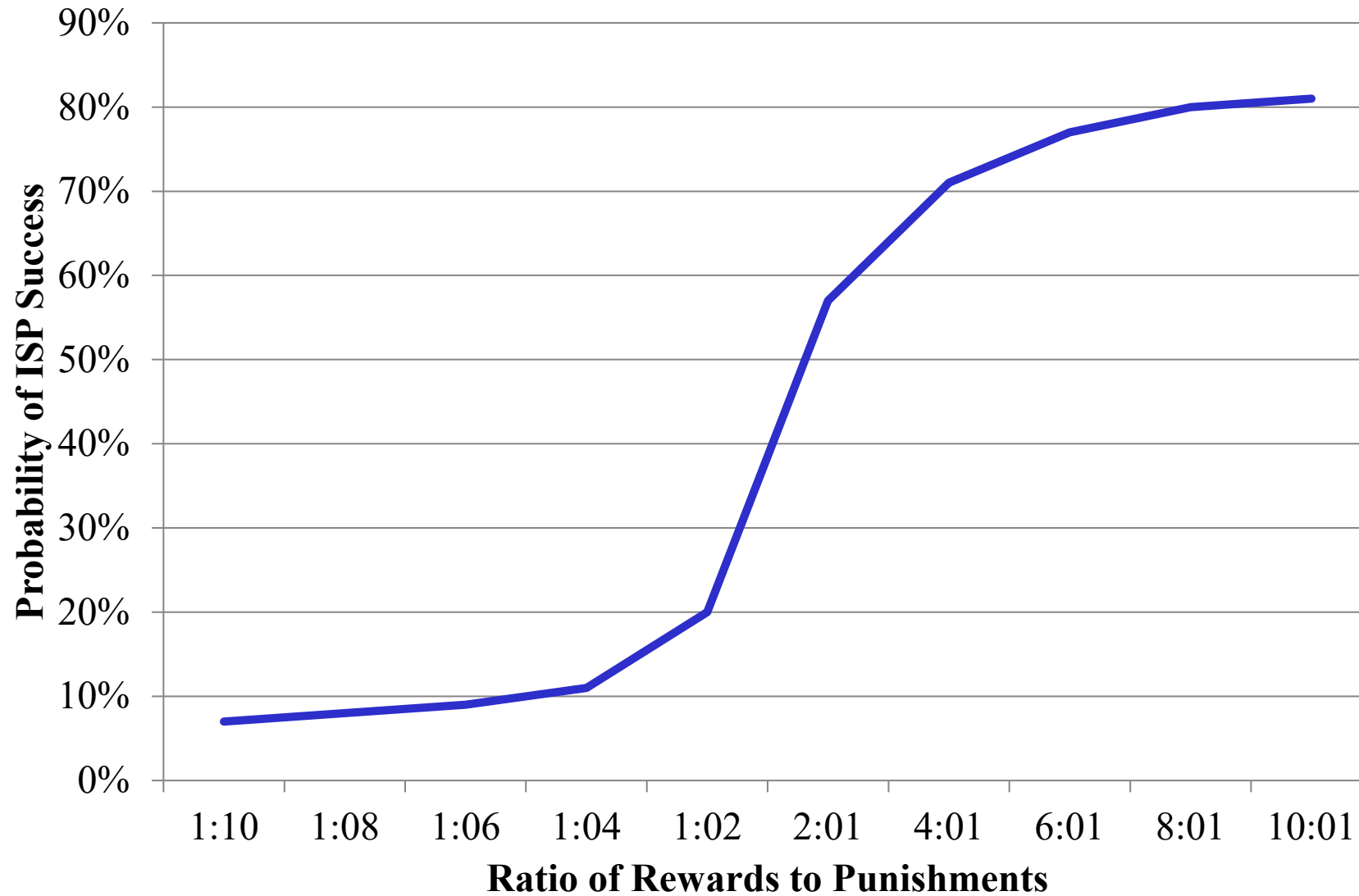


Gendreau (2003). Invited Address. APA Annual Conference. Toronto.

Reinforcement and Completion of Intensive Supervision

Widahl and his colleagues examined the effect of using a high ratio of positive reinforces to negative ones with a sample of offenders on intensive supervision

Ratio of Rewards to Punishments and Probability of Success on Intensive Supervision



Widahl, E. J., Garland, B. Culhane, S. E., and McCarty, W.P. (2011). Utilizing Behavioral Interventions to Improve Supervision Outcomes in Community-Based Corrections. *Criminal Justice and Behavior*, 38 (4).

List of Rewards and Sanctions

Sanctions

- Verbal reprimand
- Written assignment
- Modify curfew hours
- Community service hours
- Restrict visitation
- Program extension or regression
- Electronic Monitoring
- Inpatient or outpatient tx
- Detention time

Rewards

- Verbal praise and reinforcement
- Remove from EM
- Level advancement
- Increased personal time
- Approved special activity
- Fees reduced
- Approve or extend special visitation

Sanction Type by Offender Compliance

Wadahl, Boman and Garland (2015) examined 283 offenders on ISP and looked at the effectiveness of jail time versus community-based sanctions.

List of Sanctions

Verbal reprimand

Written assignment

Modify curfew hours

Community service hours

Restrict visitation

Program extension or regression

Electronic Monitoring

Inpatient or outpatient tx

County jail time

They found Jail Time:

- Was not related to number of days until the next violation
- Did not increase or decrease the number of subsequent violations
- Receiving jail time as a sanction as opposed to a community-based sanction did not influence successful completion of supervision

Applying Core Correctional Practices and Cognitive Behavioral Interventions in Supervision and Case Management

**Examples are STICS, STARR & EPICS (Effective
Practices in Community Supervision**

Traditional Officer-Offender Interactions are often not Effective because:

- ☐ They are too brief to have an impact
- ☐ Conversations focus almost exclusively on monitoring compliance conditions (and therefore emphasize external controls on behavior rather than developing an internal rationale for pro-social behavior)
- ☐ Relationship is often more confrontational and authoritarian in nature than helpful
- ☐ What is targeted is not always based on assessment
- ☐ More areas discussed=less effective

Structure of EPICS Meeting

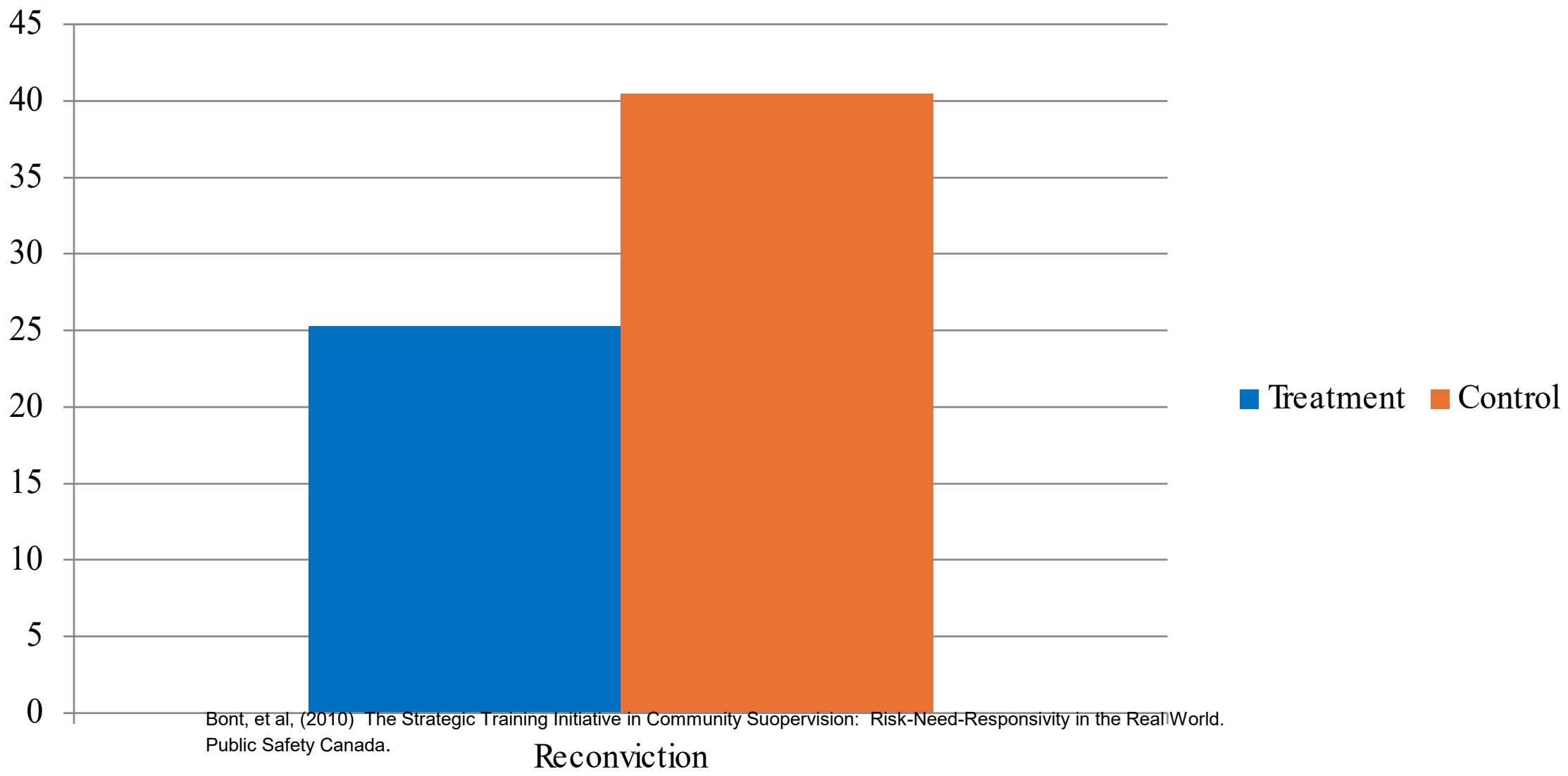
SESSION OVERVIEW

- Each session should be structured in the following way:
 1. Check-In
 2. Review
 3. Intervention
 4. Homework

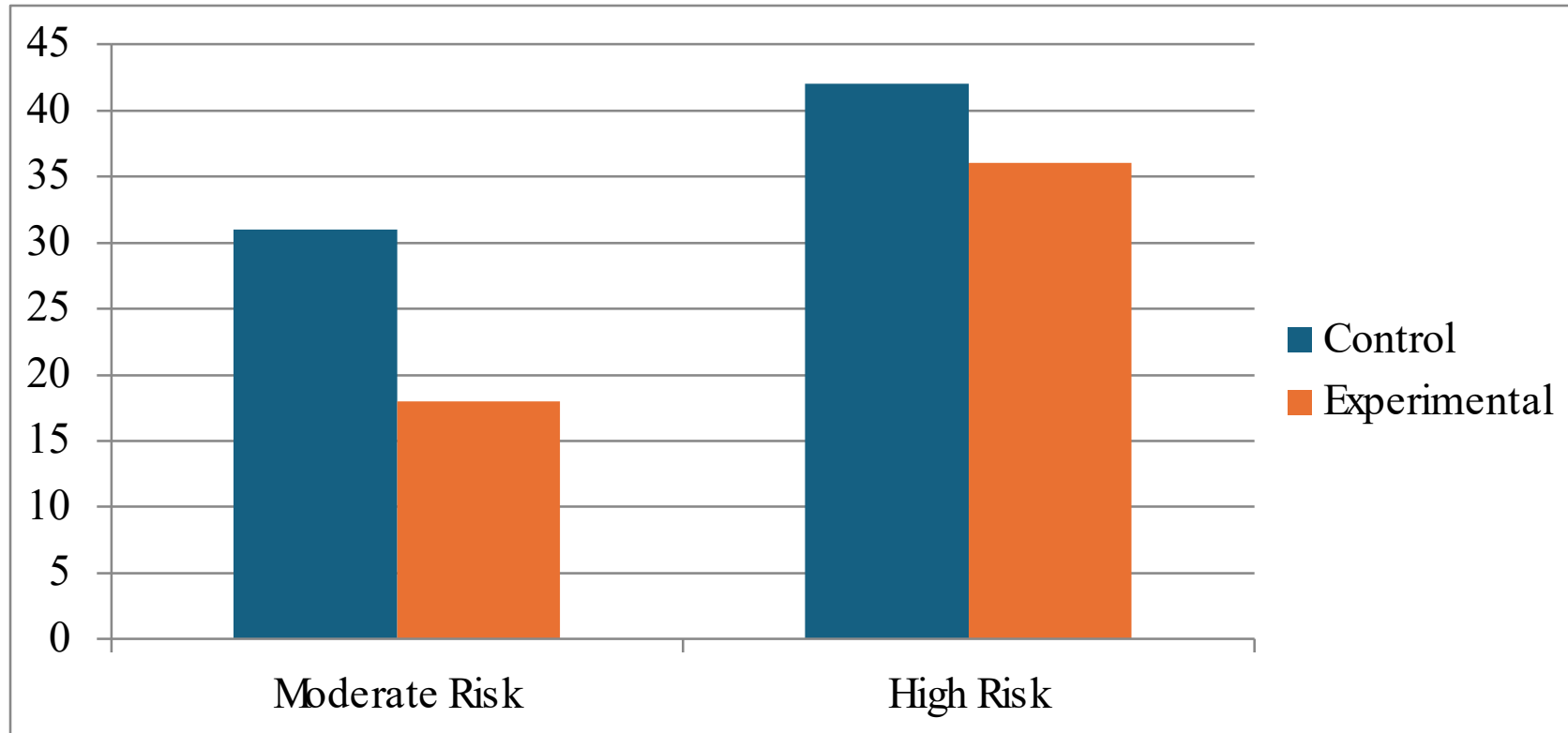
Rationale for EPICS

Preliminary Data from Canada:

- ❑ Trained officers had 12% higher retention rates in comparison with untrained officers at six months.
- ❑ Also found reductions in recidivism

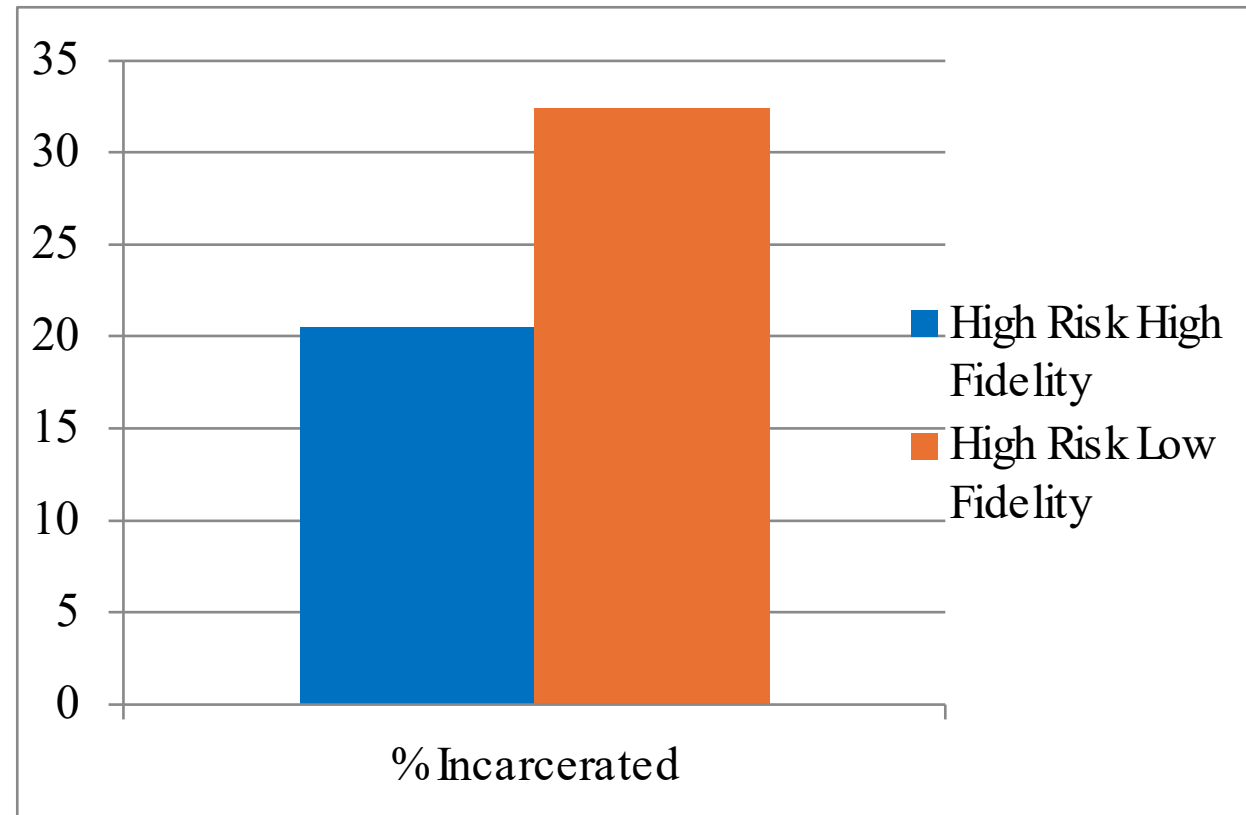


Findings from Federal Probation Sample



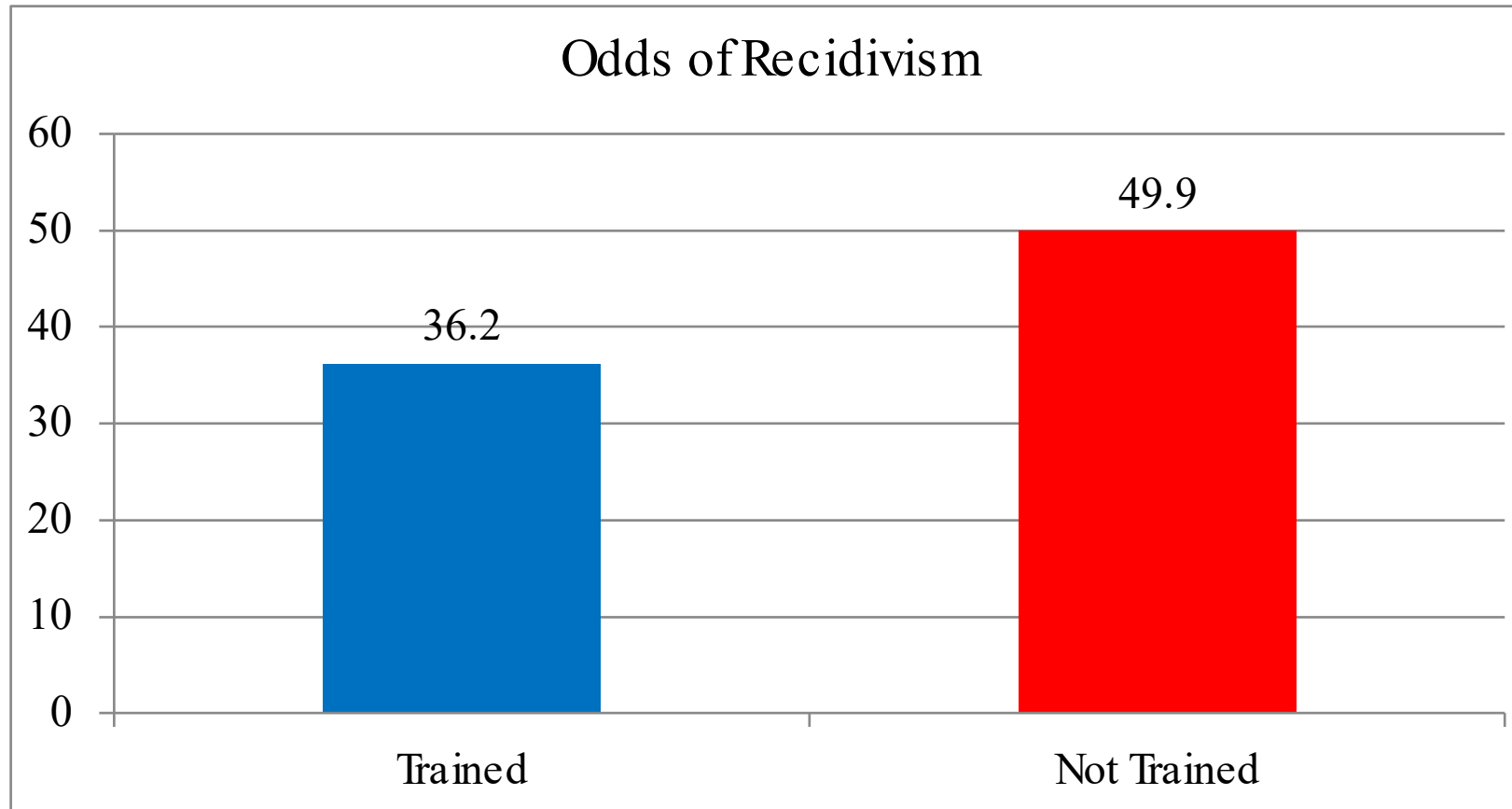
Robinson, Vanbenschoten, Alexander, and Lowenkamp, *Federal Probation*, Sept. 2011.

Recidivism Results from Ohio Study looking at Fidelity and High Risk Offenders



Latessa, E., Smith, P., Schweitzer, m., and Labrecque, R. (2013). Evaluation of the Effective Practices in Community Supervision Model (EPICS) in Ohio. School of Criminal Justice, University of Cincinnati.

Meta Analysis: POs and Case Managers Trained in Core Correctional Practices (i.e. EPICS): Effects on Recidivism



We are Currently Piloting a New Version: Effective Practices for Community Support (EPICS for Influencers)

- Designed to identify those people in the offender's life that want to help them stay out of trouble and train them on some of the core skills taught in EPICS.
- Includes training of coaches to provide on-going support

Why EPICS for Influencers?

- Build a pro-social network with some actual skills to help offenders avoid risky situations
- Increase “dosage”
- Research shows that relapse prevention programs that trained significant others and family members in cognitive-behavioral approaches were three times as effective as programs that did not.

EPICS for Influencers is Designed for:

- Mentors
- Coaches
- Family Members
- Friends
- Faith Based Organizations
- Reentry Coalitions
- Law Enforcement
- School Officials
- Significant others

EPICS-I

- Pilot Sites include:
 - LA County Jail Reentry Program
 - Hamilton County (Cincinnati) Reentry Coalition
 - Portsmouth, OH Juvenile Truancy and Mentoring Program
 - Columbus, OH Halfway House

These approaches help us....

- Structure our interventions
- Teach and model new skills
- Allow offender to practice with graduated difficulty
- Reinforce the behavior

What Doesn't Work with Offenders?

Lakota tribal wisdom says that when you discover you are riding a dead horse, the best strategy is to dismount. However, in corrections, and in other affairs, we often try other strategies, including the following:

- Buy a stronger whip.
- Change riders
- Say things like “This is the way we always have ridden this horse.”
- Appoint a committee to study the horse.
- Arrange to visit other sites to see how they ride dead horses.
- Create a training session to increase our riding ability.
- Harness several dead horses together for increased speed.
- Declare that “No horse is too dead to beat.”
- Provide additional funding to increase the horse’s performance.
- Declare the horse is “better, faster, and cheaper” dead.
- Study alternative uses for dead horses.
- Promote the dead horse to a supervisory position.

Ineffective Approaches with Offenders

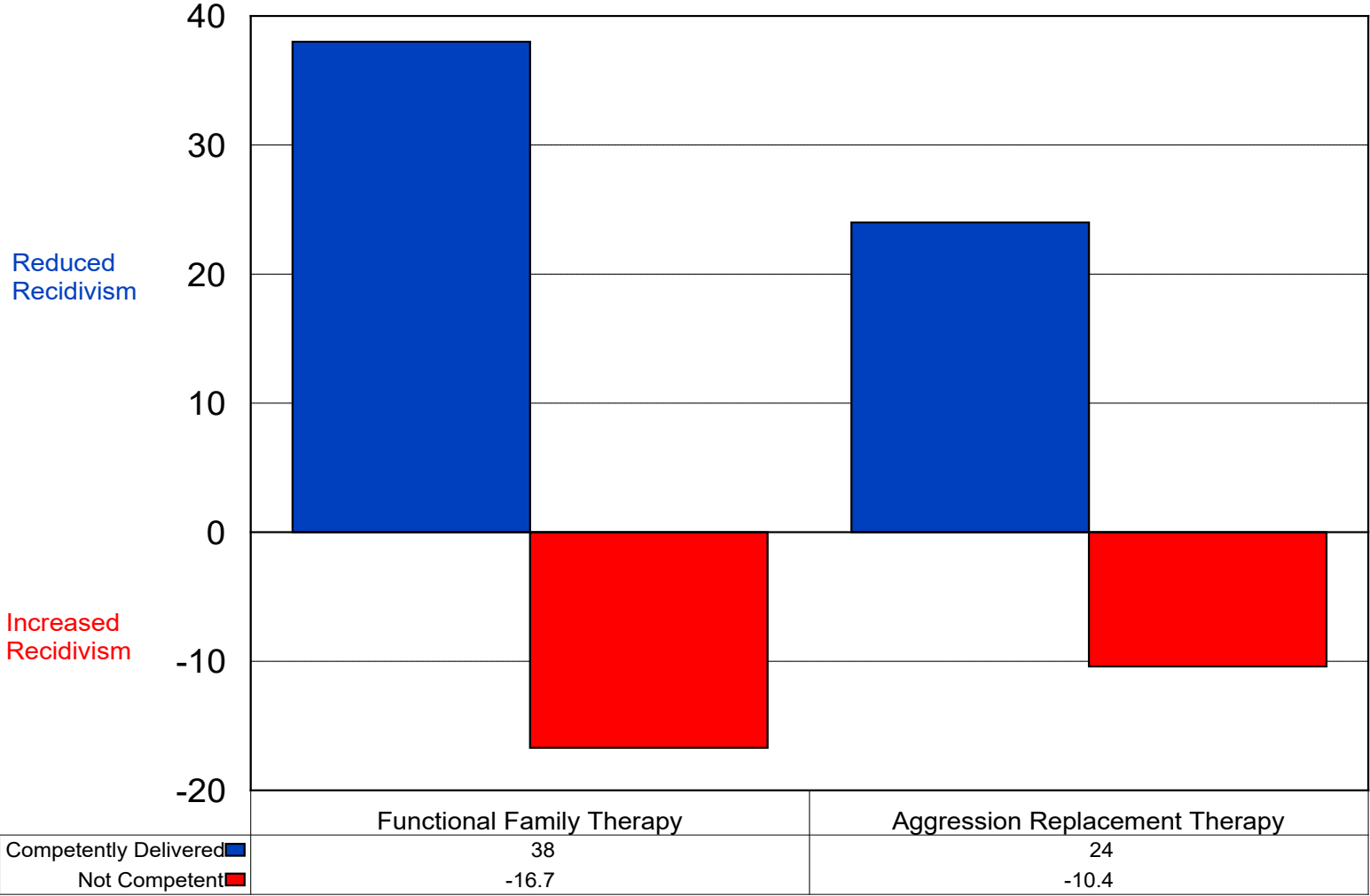
- Programs that cannot maintain fidelity
- Programs that target non-criminogenic needs
- Drug prevention classes focused on fear and other emotional appeals
- Shaming offenders
- Drug education programs
- Non-directive, client centered approaches
- Bibliotherapy
- Talking cures
- Self-Help programs
- Vague unstructured rehabilitation programs
- “Punishing smarter” (boot camps, scared straight, etc.)

Fidelity Principle

Biggest Challenge: Making sure the program is delivered as designed and with integrity:

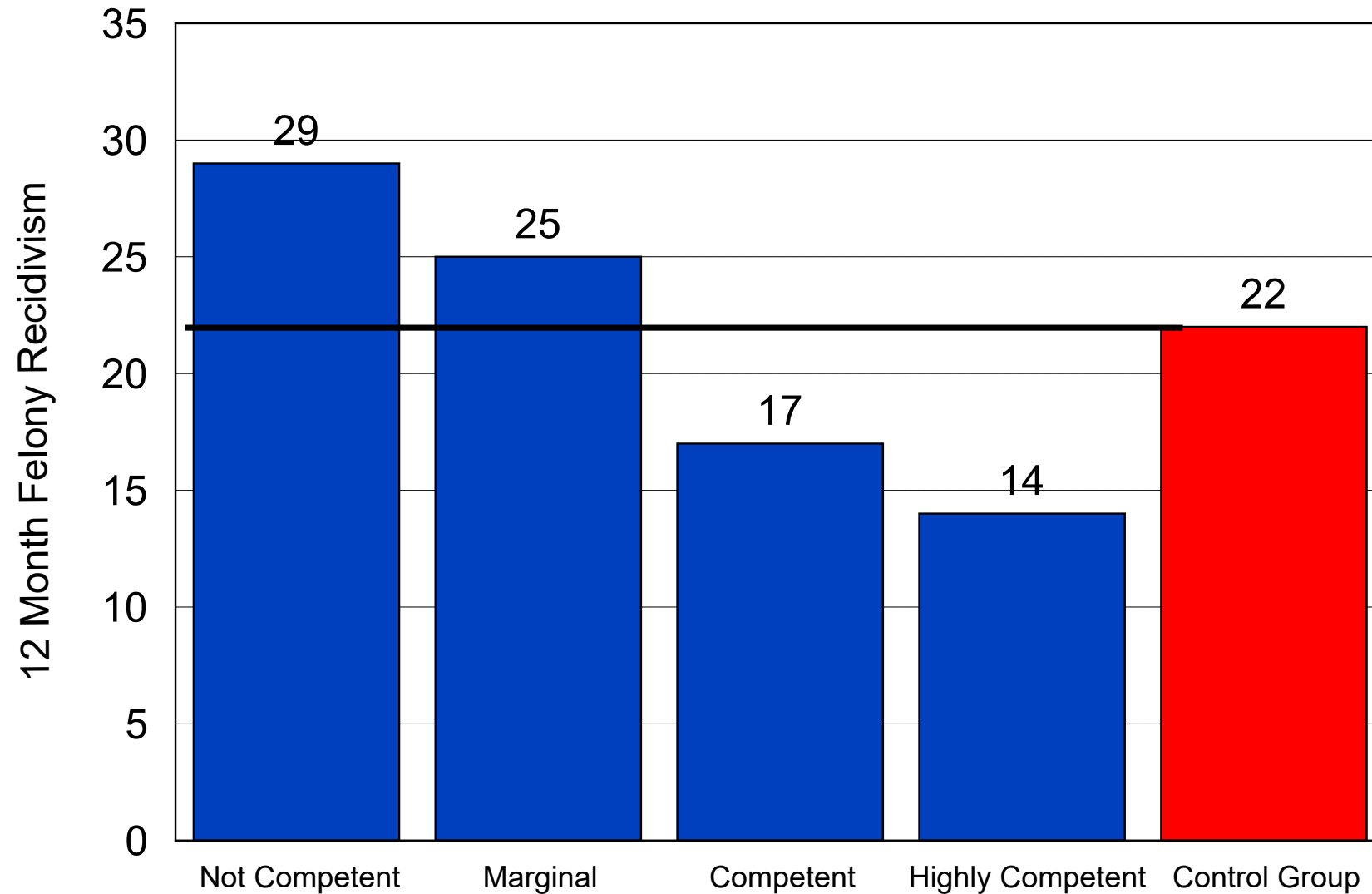
- Ensure staff are modeling appropriate behavior, are qualified, well trained, well supervision, etc.
- Make sure barriers are addressed but target criminogenic needs
- Make sure appropriate dosage of treatment is provided
- Monitor delivery of programs & activities, etc.
- Reassess offenders in meeting target behaviors

Effects of Quality Programs Delivery for Evidenced Based Programs for Youth Offenders



Source: Outcome Evaluation of Washington State's Research-Based Programs for Juvenile Offenders. January 2004. Washington State Institute for Public Policy.

Therapist Competency Ratings and Recidivism



Source: Outcome Evaluation of Washington State's Research-Based Programs for Juvenile Offenders. January 2004. Washington State Institute for Public Policy.

Some Lessons Learned from the Research

- 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 offender for change is important – use behavioral approaches
- Program Integrity makes a difference - Service delivery, training/supervision of staff, support for program, QA, evaluation, etc.