

Summary

- Programs that reduce recidivism focus on effective evidence-based practices and avoid ineffective approaches and methods.
- On average, programs using cognitive behavioral treatment, problem-solving, and pro-social skills have been successful.
- Intensive supervision programs that focus on treatment are more successful than programs that focus on control and surveillance.
- Adult drug courts have been found to reduce recidivism rates.
- In general, substance abuse treatment has a positive impact on recidivism rates.
- Programs such as in-prison therapeutic communities, correctional industries, remedial and secondary education, employment training, job assistance, and vocational education programs in prison have been successful.
- A program that has no statistical significant effect on recidivism can still be cost-beneficial if the cost of the program is less than the cost of the incarceration.

Offender Rehabilitation and Recidivism Reduction: A Response to House Memorial 68

The Assignment

House Memorial 68 requested the New Mexico Sentencing Commission (NMSC) to:

- "...study and make recommendations for needed community services and programs, including housing, that support offender rehabilitation and reintegration into our communities"; and
- "...study and make recommendations on programs and services needed to effectuate a reduction in recidivism rates and to provide support for the early release of nonviolent offenders into the community."

The Setting

Costs continue to go up each year for housing and community supervision programs, but what works? What reduces recidivism? Throughout the United States policy makers and criminal justice experts attempt to determine what programs rehabilitate and reduce the rate of recidivism among criminal offenders. Recently, the State of Washington Institute for Public Policy published a systematic review of adult corrections programs to find out what works and what does not (WSIPP 2006).

To help us discover what programs integrate offenders into the community and reduce recidivism, we reviewed a notable work by the WSIPP. The WSIPP paper is an exhaustive systematic meta-analysis of 291 rigorous program evaluations of adult programs covering seven general types of programs (see Table 1). The WSIPP paper includes a comprehensive list of programs that reduce recidivism (see Table 2). The

methods used by these successful programs are verified by WSIPP as *best-practices*.

In the field, most programs are not evaluated and few programs are evaluated with the same rigor applied by WSIPP on programs in their meta-analysis. In our paper we look at eight program areas and nine types of programs that survived the WSIPP analysis. No programs in New Mexico passed the WSIPP criteria for analysis but several program types are found in New Mexico.

WSIPP judged a program as a success when the program produced a statistically significant reduction in the recidivism rates of program participants. Recidivism was determined to be, a new felony conviction after an eight-year follow-up.

WSIPP made two general remarks in their analysis:

- Corrections policies that reduce recidivism focus resources on effective evidence-based programming and avoid ineffective approaches.
- A program that has no statistical significant effect on recidivism can still be cost-

Table 1 Types of Programs Rated by the Washington State Institute for Public Policy

Programs for Drug-Involved Offenders
Programs for Offenders With Co-Occurring Disorders
Programs for the General Offender Populations
Programs for Domestic Violence Offenders
Programs for Sex Offenders
Intermediate Sanctions
Work and Education Programs for the General Offender Population

Table 2. Adult Corrections: What Works?
 Estimated Percentage Change in Recidivism Rates
 (and the number of studies on which the estimate is based)

Example of how to read the table: an analysis of 56 adult drug court evaluations indicates that drug courts achieve, on average, a statistically significant 10.7 percent reduction in the recidivism rates of program participants compared with a treatment-as-usual group.

Programs for Drug-Involved Offenders		
Adult Drug Courts	-10.7%	(56)
In-prison "therapeutic communities" with community aftercare	-6.9%	(6)
In-prison "therapeutic communities" without community aftercare	-5.3%	(7)
Cognitive-behavioral drug treatment in prison	-6.8%	(8)
Drug treatment in the community	-12.4%	(5)
Drug treatment in jail	-6.0%	(9)
Programs for Offenders With Co-Occurring Disorders		
Jail diversion (pre- and post-booking programs)	0.0%	(11)
Programs for the General Offender Population		
General and specific cognitive-behavioral treatment programs	-8.2%	(25)
Programs for Domestic Violence Offenders		
Education/cognitive-behavioral treatment	0.0%	(9)
Programs for Sex Offenders		
Psychotherapy for sex offenders	0.0%	(3)
Cognitive-behavioral treatment in prison	-14.9%	(5)
Cognitive-behavioral treatment for low-risk offenders on probation	-31.2%	(6)
Behavioral therapy for sex offenders	0.0%	(2)
Intermediate Sanctions		
Intensive supervision: surveillance-oriented programs	0.0%	(24)
Intensive supervision: treatment-oriented programs	-21.9%	(10)
Adult boot camps	0.0%	(22)
Electronic monitoring	0.0%	(12)
Restorative justice programs for lower-risk adult offenders	0.0%	(6)
Work and Education Programs for General Offender Population		
Correctional industries programs in prison	-7.8%	(4)
Basic adult education programs in prison	-5.1%	(7)
Employment training and job assistance in the community	-4.8%	(16)
Vocational education in prison	-12.6%	(3)
Program Areas in Need of Additional Research & Development		
<i>(The following types of programs require additional research before it can be concluded that they do or do not reduce adult recidivism rates)</i>		
Case management in the community for drug offenders	0.0%	(12)
"Therapeutic community" programs for mentally ill offenders	-27.4%	(2)
Faith-based programs	0.0%	(5)
Domestic violence courts	0.0%	(2)
Intensive supervision of sex offenders in the community	0.0%	(4)
Mixed treatment of sex offenders in the community	0.0%	(2)
Medical treatment of sex offenders	0.0%	(1)
COSA (Faith-based supervision of sex offenders)	-31.6%	(1)
Regular parole supervision vs. no parole supervision	0.0%	(1)
Day fines (compared to standard probation)	0.0%	(1)
Work release programs	-5.6%	(4)

beneficial if the cost of the program is less than the cost of incarceration.

Programs That Work

In general, WSIPP found that drug treatment leads to a statistically significant reduction in recidivism. Specifically, drug courts, in-prison therapeutic communities, prison-based drug treatment that uses cognitive behavioral therapy, and drug treatment in the community and in jail all reduce recidivism to some extent.

Pre-booking and post-booking programs such as jail diversion programs for mentally ill offenders and mental health courts do not reduce recidivism but have value if they reduce the cost of incarceration.

Cognitive-behavioral treatment for sex offenders in prison and on probation is effective at reducing recidivism. In general, WSIPP found that cognitive-behavioral treatment is successful in reducing recidivism among a broad range of offenders.

Intensive supervision programs that focus on treatment not monitoring and surveillance were successful. The treatment component in these programs makes a difference in the success of the program not the task of monitoring or the lower case-loads associated with intensive supervision programs.

Work and education programs have some success. Generally, WSIPP determined that prison industry programs, basic education programs in prison, and job assistant programs reduce recidivism.

Program Review

In this section we describe a sample of nine programs that WSIPP determined are successful in reducing recidivism. Each program type and associated rate for reducing recidivism are described in Table 2.

Programs for Drug-Involved Offenders

Drug Court: WSIPP analyzed 56 drug courts and determined, on average, drug courts can produce a 10.7% reduction in recidivism compared to a control treatment group. The drug court model contains five essential program elements (1) the integration of alcohol, drug treatment, and justice system case processing, (2) a non-adversarial courtroom approach, (3) random urine drug screens or other monitoring controls of abstinence, (4) judicial monitoring of participants progress via status hearings, and (5) a

system of sanctions and rewards for infractions and achievements (Drug Court Professionals 1997; Marlowe et al. 2006) (Wilson, Mitchell, and Mackenzie 2006).

In its simplest form, a drug court uses the power of a judge to keep a drug offender in treatment, providing rewards for successes, and sanctions for failures (U. S. General Accounting Office 1997; Drug Court Professionals 1997). Typically, a judge monitors the progress of a drug offender and doles out sanctions for drug use relapse, failure to attend treatment, or other infractions. The judge also reinforces successes through praise and encouragement and, possibly, a reduction in the court's requires. Depending on the structure of the drug court, successful completion may be accompanied with dropping the charges that brought the offender before the court (pre-plea/diversionary court) or expunging the offense from the record (post-plea court). Many drug courts also have a formal graduation ceremony for clients successfully completing the program. The atmosphere of the drug court is non-adversarial, connecting drug abusers with appropriate treatment programs. As described by the Drug Court Professionals (1997), the judge is the central figure in a team effort that focuses on sobriety and accountability as the primary goals. Because the judge takes on the role of trying to keep participants engaged in treatment, providers can effectively focus on developing a therapeutic relationship with the client. In turn, treatment providers keep the court informed of each client's progress so that rewards and sanctions can be exercised. (Drug Court Professionals 1997, p. 7)

In Prison Therapeutic Communities with/without Community Aftercare: WSIPP analyzed 13 evaluations of therapeutic community (TC) programs. TCs without aftercare realized a 5.3% reduction in the recidivism rates of participants compared to comparison group treatment. TCs with aftercare in the community saw a 1.6% increase over programs without aftercare. Therapeutic community programs are for drug-involved inmates who participate in a multistage treatment program in prison. Program participants live together in a community where they learn to help themselves and other residents change negative patterns of thinking and acting that are thought to underlie drug abuse. Some programs include an aftercare component when the inmate leaves prison. One such program, implemented in the Delaware Correctional system by Dr. James A. Inciardi of the University of Delaware, consists of three phases. In phase one, offenders live for 12 months in a therapeutic community in prison; in phase

two, they spend another 6 months in a therapeutic community, called an Outreach Center, which is a work release facility; and in phase three, they participate in counseling and group therapy for an additional 6 months after they leave work release and while they are on parole or other supervised release.

Cognitive Behavioral Therapy in Prison for Drug Abusers: Cognitive behavioral therapy programs have a successful record in the WSIPP analysis. WSIPP reviewed eight cognitive behavior programs run in prisons for drug abusers and found that, on average, these programs produce a 6.8% reduction in the recidivism rates of participants compared to control group treatment. These residential drug abuse treatment programs are designed for inmates with moderate to severe substance abuse problems. The goal of in-prison drug treatment programs is to identify, confront, and alter the attitudes, values, and thinking patterns that led to criminal behavior and drug or alcohol use.

Most program content is standardized and includes three stages:

1. Drug abuse treatment is provided within the confines of a designated drug abuse treatment unit for 9 or 12 months, depending on the particular program. The treatment strategies employed are based on the premise that the inmate is responsible and can effectively change his or her behavior.
2. Upon successful completion of the unit-based drug abuse treatment program, inmates are required to continue drug abuse treatment for up to 12 months when returned to the general prison population. During this stage, known as institutional transition, inmates meet with drug abuse program staff at least once a month for a group activity consisting of relapse prevention planning and a review of treatment techniques learned during the intensive phase of the residential drug abuse program.
3. All inmates who participate in the residential drug abuse program are required to participate in community transitional services when they are transferred from the institution to a community "halfway house" prior to release from custody. Corrections departments often contract with community drug abuse treatment providers for group, individual, and/or family counseling for offenders.

Typically, treatment is conducted in the prison unit for a half-day in two, 2-hour sessions. The other half of the day, inmates participate in ordinary institution activities (e.g., work, school). During these times, as well as during meals, treatment participants interact with general population inmates (Pelissier et al. 2000).

Non-Residential Substance Abuse Treatment: Drug treatment programs assisting offenders in the community realized a 12.4% reduction in the recidivism rates of participants when compared to a control group. Typically, the programs analyzed by WSIPP were offered by a court or a community supervision agency. Services were given to offenders who were charged with drug offenses and who met the eligibility criteria for diversion from prosecution to a community-based out patient treatment program. In general, eligibility for diversion was limited to offenders who had limited convictions, no charges pending, and had not previously been diverted to treatment. Usually, the ability to pay was not a criterion of eligibility. The goal of a non-residential treatment program is to reduce subsequent drug use. Typically, programs vary in duration, objectives, and methods based on the type and severity of the offender's drug use. Programs usually involve a combination of random drug testing and an educational component, plus some combination of individual or group counseling. Clients must attend all required sessions and pay assessed costs associated with their participation in treatment (Hepburn 2005).

Programs for the General Offender Population

The cognitive behavioral treatment model is successful when used to treat the general offender population. WSIPP found 25 of these type of programs produced, on average, an 8.2% reduction in the recidivism rate of participants measured against comparison groups.

Thinking for a Change: An example program in this category is the *Thinking for a Change* program. This program was developed by the National Institute of Corrections (NIC) as a cognitive behavioral program resource and designed to be utilized within a probation, parole, or prison setting. The program has been widely used since 1997. Thinking for a Change targets medium to high risk offenders because they tend to be the population committing most of the crimes.

The program consists of 22 group sessions with each group lasting two hours and no more than 20 participants per group. Each group is led by certified facilitators who have completed NIC training specifically for the Thinking for a Change program. Facilitators are required to follow a scripted manual explicitly stating the content and objectives of each session. Most sessions include role-play illustrations of concepts, a review of previous lessons, and

homework assignments in which participants practice skills learned in the group. The program integrates cognitive approaches for changing behavior by restructuring offenders' thinking (e.g., antisocial attitudes, values, or beliefs) and teaching pro-social cognitive skills (e.g., effective problem solving and the ability to consider consequences). Individual programs may copy materials (Golden 2002).

Programs for Sex Offenders

Cognitive Skills Training in Prison for Sex Offenders: The WSIPP found programs using cognitive behavioral therapy for sex offenders in prison experienced a 14.9% reduction in the recidivism rates of participants relative to comparison group treatment. This program model was developed to help offenders with deficits in self-control, interpersonal problem-solving, social perspective, and critical reasoning skills which led them in the past to criminal behavior. Offenders who lack these skills and whose criminal behavior would benefit from learning these skills are considered appropriate candidates for treatment. The program is made up of 36, two-hour sessions, offered two to five times per week. On average, a program can be completed in about eight weeks. Often, a cognitive skills training program is the core component of other life skills programs.

The objectives of a cognitive skills training program are to teach offenders the following skills:

- critical thinking, problem-solving and decision-making;
- general strategies for recognizing problems, analyzing them, conceiving and considering non-criminal alternatives;
- to view frustrations as a problem-solving task and not just as a personal threat;
- how to formulate plans;
- to calculate the consequences of their behavior - to stop and think before they act;
- to go beyond an egocentric view of the world, and consider and comprehend the thoughts and feelings of other people;
- to think logically, objectively, and rationally without over-generalizing, distorting facts, and externalizing blame onto others;
- to develop abilities to regulate their own behavior so that their pro-social behavior is not dependent on external controls, i.e., prison and the police (Robinson 1995).

Intermediate Sanctions

Intensive Supervision: Treatment-Oriented Programs (ISP): Treatment oriented ISP achieved, on average, a statistically significant 21.9% reduction in the recidivism rates of program participants compared to treatment-as-usual group. Research on Intensive supervision programs has come full circle. First generation ISPs were treatment and rehabilitation oriented. Second generation ISPs emphasized control and surveillance. Recent literature indicates that intensive supervision programs using treatment oriented interventions, e.g., cognitive training and life skills, are more successful than programs using punitive controls (Hanley 2002).

Work and Education Programs for the General Offender Population

Vocational Education Training in Prison (VET): VET programs evaluated by WSIPP realize on average, a 12.6% reduction in the recidivism rates of program participants over comparison groups. The strategy of VET focuses on access, participation and attainment, employment, lifelong learning, and accountability. Objectives center on ensuring continuity of studies for prisoners moving between prisons, providing learning support, ensuring that training is linked to realistic employment opportunities, and ensuring that education and training are provided in an educational framework (Giles et al. 2004).

Insights on community-based programs

Our review highlights programs that would appear to succeed in New Mexico, if not already established in the state. Four program types are especially useful in a community setting.

1. Drug Courts seem to reduce recidivism and have been used to some extent in New Mexico since the mid-1990s.
2. Non-Residential Substance Abuse Treatment programs analyzed by WSIPP were also found to reduce recidivism. Successful programs incorporate particular elements (see our discussion on page 4).
3. Cognitive behavioral treatment for general offenders in the community also reduces recidivism. We reviewed one particular program, i.e., *Thinking for a Change*, that would appear to be applicable in New Mexico (see our discussion on page 4).

4. Treatment-Oriented Intensive Supervision appears to be more successful at lowering recidivism rates than Control-Oriented ISP.

Many offenders evidence deficits in cognitive skills which are essential for good social adjustment. Training offenders to build these skills is an essential ingredient of an effective offender based program. It appears from best-practices, that life skills training and cognitive behavioral treatment programs can lead to a reduction in re-arrest rates and incarceration rates among offenders.

The literature points out that programs commonly found in prisons, can have a positive impact on recidivism rates. Programs such as in-prison correctional industries, remedial and secondary education programs, employment training and job assistance, and vocational education programs in prison seem to be worthwhile.



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