What Works and What Doesn’t in Reducing Recidivism: Understanding the Principle of Effective Interventions

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[Links to websites and email address]
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?
FROM THE EARLIEST REVIEWS:

• Not a single reviewer of studies of the effects of official punishment alone (custody, mandatory arrests, increased surveillance, etc.) has found consistent evidence of reduced recidivism.

• At least 40% and up to 60% of the studies of correctional treatment services reported reduced recidivism rates relative to various comparison conditions, in every published review.
Results from Meta Analysis: Criminal Sanctions versus Treatment

Mean Phi

Reduced Recidivism

-0.1
-0.05
0
0.05
0.1
0.15
0.2

Increased Recidivism

CS -.07 (Number of Studies=30)

Treatment .15 (Number of Studies=124)
Criminal Sanctions vs. Treatment for Youthful Offenders

People Who Appear to be Resistant to Punishment

- Psychopathic risk takers
- Those under the influence of a substance
- Those with a history of being punished
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 (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.
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

Percent with New Arrest

- Low Risk
- Medium Risk
- High Risk
- Very High Risk

Low 0-14: 9.1%
Medium = 15-23: 34.3%
High = 24-33: 58.9%
Very High 34+: 69.2%
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 great 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

<table>
<thead>
<tr>
<th>Moderate</th>
<th>High</th>
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<tbody>
<tr>
<td>0-99</td>
<td>52</td>
</tr>
<tr>
<td>100-199</td>
<td>45</td>
</tr>
<tr>
<td>200+</td>
<td>42</td>
</tr>
</tbody>
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Results from 2014 Study

• We expanded sample

• Hours examined by increments of 50

• Looked at low/moderate, moderate, and high
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
The Risk Principle & Correctional Intervention Results from Meta Analysis

Dowden & Andrews, 1999
Study of Intensive Rehabilitation Supervision in Canada

Recidivism Rates

<table>
<thead>
<tr>
<th></th>
<th>Treatment</th>
<th>Non-Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>High Risk</td>
<td>31.6</td>
<td>51.1</td>
</tr>
<tr>
<td>Low Risk</td>
<td>32.3</td>
<td>14.5</td>
</tr>
</tbody>
</table>

2002 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 (CBCFs) 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 High Risk Offenders

Probability of Recidivism

-34
-18
-15
-14
-6
-5
-2
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River City Fresh Start
Alternative Agency
Talbert House Cornerstone
Community Assessment Program (Men's)
Monday WORTH
Talbot House Special Treatment Center
NEOCAP
Alvis House Alum Creek
Talbert House Beekman
Comp Drug
Harbor Light Salvation Army

Comp Drug
dOriana House TMRC
Cincinnati VOA Chemical Dependency Program
Alvis House Alum Creek

Cincinnati VOA McMahon Hall

Community Corrections Association
Toledo VOA
Mahoning County EOCC

Canton Community Treatment Center
Lorain/Medina
SRCCC
Lucas County
Licking/Muskingum
Summit County
Butler County
Franklin County
Small Programs

SRCCC
All Community Facilities
SRCCC
All Facilities
SRCCC
All Facilities
SRCCC
All Facilities
SRCCC
All Facilities
SRCCC
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All Facilities
2010 STUDY OF COMMUNITY CORRECTIONAL PROGRAMS IN OHIO

• Over 20,000 offenders – 44 Halfway Houses and 20 Community Based Correctional Facilities (CBCFs) were included in the study.

• Two-year follow-up conducted on all offenders
Treatment Effects for Low Risk
Treatment Effects for High Risk
Risk Level by New Commitment or New Adjudication: Results from 2013 Ohio Study of over 10,000 Youth
Recidivism Rates by Total Months in Programs

- Low (0-3 months): 5.1%
- Low (4-12 months): 8.6%
- Low (13+ months): 12.5%
- Moderate (0-3 months): 10.3%
- Moderate (4-12 months): 12.5%
- Moderate (13+ months): 19%
- High (0-3 months): 42.2%
- High (4-12 months): 37.6%
- High (13+ months): 34.5%
Findings from Ohio Study

- Recidivism rates for low risk youth served in the community were 2 to 4 times lower than those served in Residential or Institutional facilities.

- We also found that placing low risk youth in Substance Abuse programs significantly increased their recidivism rates.

- High risk youth were more successful when they received a higher dosage of treatment (programming for 13 months or more).

- Lower and moderate risk youth did better with lower dosage programs.
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
Identifying Procriminal Attitudes, Values & Beliefs

Procriminal sentiments are what people think, not how people think; they comprise the content of thought, not the skills of thinking.

What to listen for:

- Negative expression about the law
- Negative expression about conventional institutions, values, rules, & procedures; including authority
- Negative expressions about self-management of behavior; including problem solving ability
- Negative attitudes toward self and one’s ability to achieve through conventional means
- Lack of empathy and sensitivity toward others
Neutralization & Minimizations

Offenders often neutralize their behavior. Neutralizations are a set of verbalizations which function to say that in particular situations, it is “OK” to violate the law.

Neutralization Techniques include:

- **Denial of Responsibility**: Criminal acts are due to factors beyond the control of the individual, thus, the individual is guilt free to act.
- **Denial of Injury**: Admits responsibility for the act, but minimizes the extent of harm or denies any harm.
- **Denial of the Victim**: Reverses the role of offender & victim & blames the victim.
- **“System Bashing”**: Those who disapprove of the offender’s acts are defined as immoral, hypocritical, or criminal themselves.
- **Appeal to Higher Loyalties**: “Live by a different code” – the demands of larger society are sacrificed for the demands of more immediate loyalties.

(Sykes and Maltz, 1957)
Major set Risk/needs continued:

2. Procriminal associates and isolation from prosocial others
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
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
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
## Major Risk and/or Need Factor and Promising Intermediate Targets for Reduced Recidivism

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

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

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

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

<table>
<thead>
<tr>
<th>Criminogenic</th>
<th>Non-Criminogenic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anti social attitudes</td>
<td>Anxiety</td>
</tr>
<tr>
<td>Anti social friends</td>
<td>Low self esteem</td>
</tr>
<tr>
<td>Substance abuse</td>
<td>Creative abilities</td>
</tr>
<tr>
<td>Lack of empathy</td>
<td>Medical needs</td>
</tr>
<tr>
<td>Impulsive behavior</td>
<td>Physical conditioning</td>
</tr>
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</table>
Needs Targeted & Correlation with Effect Size for Youthful Offenders

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.

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
Assessment is the engine that drives effective correctional programs

- Need to meet the risk and need principle
- 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.
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
There are two types of dynamic risk factors

- Acute – Can change quickly
- Stable – Take longer to change
The Treatment (Responsivity) Principle

• General
  – Most offenders respond to programs that are based on cognitive behavioral/social learning theories

• Specific
  – Offenders 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 offenders benefiting from treatment?

– Must take individual learning styles into account

– Must consider possible barriers to interventions

– Assessment 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 (such as responsivity) – may reduce barriers but NOT risk
Treatment Principle
(General Responsivity)

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

Type of Treatment and Effect Sizes for Youthful Offenders

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

# 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 txt
- Detention time

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

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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 txt
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
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, much variability was present (-0.17 - +0.83)

Dowden & Andrews, 2003
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
Recent Meta-Analysis of Cognitive Behavioral Treatment for Offenders by Landenberger & Lipsey (2005)*

• 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
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 – pilot underway). Also adaptable for MDOs.
Applying Core Correctional Practices and Cognitive Behavioral Interventions in Supervision

Effective Practices in Correctional Supervision (EPICS)
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
Two year Recidivism Results from Canadian Study

Findings from Federal Probation Sample

Recidivism Results from Ohio Study looking at Fidelity and High Risk Offenders (both Adult and Juveniles)

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

Odds of Recidivism

- Trained: 36.2
- Not Trained: 49.9

EPICS

• Helps bring together all of your EBP efforts:
  – Risk assessment and priority on higher risk offenders
  – Focus on criminogenic needs
  – Takes motivational interviewing to the next level
  – Supports programs and services
  – Helps PO become a more effective agent of change
  – Increases compliance
  – Reduces 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
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

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


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<thead>
<tr>
<th></th>
<th>Functional Family Therapy</th>
<th>Aggression Replacement Therapy</th>
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<tbody>
<tr>
<td>Competently Delivered</td>
<td>38</td>
<td>24</td>
</tr>
<tr>
<td>Not Competent</td>
<td>-16.7</td>
<td>-10.4</td>
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</table>
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.