

# Ohio Department of Rehabilitation and Correction



## **What Works? General Principles, Characteristics, and Examples of Effective Programs**

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## Introduction

Currently, the ODRC and other departments of corrections around the nation are adopting the Reentry approach to offender treatment, which focuses on criminal justice programming and practices that promote criminal desistance (turning away from crime), family and community reintegration, and public safety.<sup>1</sup> This holistic rehabilitative approach arose at a time when prison populations were soaring and researchers were identifying the characteristics of effective programs based on the research evidence (in other words, “evidence-based programming”).

The purpose of this paper is to identify the major characteristics of effective offender programming as found in the research literature and provide a description of programs that work. The hope is that this document can assist administrative and treatment staff in the design and implementation of effective offender programming. The paper begins with a brief historical picture of the research that led to current efforts to identify effective programs and their characteristics. Then, a review of the characteristics of effective programs is provided. Finally, ineffective programming is briefly discussed, and evidence-based programs are identified for the major areas of criminogenic needs, which are “...dynamic risk factors [for criminal behavior] that when reduced are followed by reduced reoffending and/or protective factors that when enhanced are followed by reduced reoffending.”<sup>ii</sup>

## The Death and Rebirth of Correctional Programming

In 1974, Robert Martinson wrote a review of the research literature on prisoner programming. He concluded that “With few and isolated exceptions, the rehabilitation efforts that have been reported so far have had no appreciable effect on recidivism.”<sup>iii</sup> A great deal of media and academic attention was given to the article, and it was widely viewed as the death of rehabilitation for corrections. While critiques of the research failed to make headlines, the work was found wanting because it did not address why almost half of the studies reviewed found reduced recidivism, why only 80 of the 231 studies examined looked at recidivism for program interventions, and why the effects of behavioral or cognitive-behavioral programs were not examined. The latter is an important omission, given that more recent analyses find such programs are among those most likely to reduce recidivism.<sup>iv</sup>

Since programming did not appear to reduce crime, a “crime control” model of criminal justice gained prominence. This resulted in an increased use of incarceration and a reduction or elimination of parole in many states, which contributed to large increases in prison populations. In the U.S., the prison population grew from 295,819 in 1980 to almost 1.2 million in 2000, increasing almost 400%.<sup>v</sup> In Ohio, the prison population increased almost 350%, from 13,392 in 1980 to 46,619 in 2000.

However, another turnaround in thinking about rehabilitation began in 1979 and was spearheaded by Canadian researchers who, through meta-analyses<sup>1</sup> of prior research

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<sup>1</sup> A meta-analysis is the quantitative analysis of prior research where each study is coded to determine the effect size between the intervention and recidivism. The researcher then computes the average effect size, sometimes accounting for other variables that might moderate the effect, e.g., risk level of the offender (see Cullen, 2002, for a more detailed description).

and reviews of the literature, demonstrated that there were certain types of programs that were effective at reducing recidivism, and were more or less effective based on program and offender characteristics.<sup>vi</sup> These characteristics are described in the next section.

### **What are the General Principles and Characteristics of Effective Treatment Programs?**

In the past thirty years, researchers have made much progress in identifying the characteristics of offender treatment programs that are effective in reducing recidivism.<sup>vii</sup> The effectiveness of programming can vary based on the characteristics of the programs and the offenders who participate in the programming. Several researchers have found that the following principles and characteristics of effective programs can provide programming services that make a difference in reducing recidivism. This section then examines each characteristic in detail.

#### **Principles and Characteristics of Effective Programs**

1. Programs should adhere to the “risk principle.”
2. Programs should target the criminogenic needs of offenders who are assessed as having a need in a particular area.
3. Take steps to ensure that the program is implemented well and that program integrity is preserved.
4. Treatment programming should use cognitive-behavioral and social learning strategies.
5. Address offender responsivity (i.e., the skills needed for program success).
6. Program structure and activities should reach out into the offenders’ real-world social network, when possible.
7. Aftercare services, continuity of care in the community, and relapse prevention are very important for offenders reentering the community after imprisonment.

1. Programs should adhere to the “risk principle.” Offenders must be assessed for the risk of criminal recidivism. This is important because there is a relationship between risk and the intensity of the programming, such that high intensity programs are most effective for high risk offenders.

“Risk” is the likelihood of criminal recidivism, based on historical factors such as criminal history and dynamic factors that are subject to change if the offender is engaged in treatment, such as substance abuse problems. Risk should not be confused with crime seriousness; the highest risk offender in a program may have committed theft, while the lowest-risk offender may have committed murder. “Intensity” means how concentrated

the program is, over how much time a participant receives the program.<sup>2</sup> Intensity does not have to be produced by one program; it can be done by multiple programs. For example, halfway house residents may participate in several different types of programming that may provide a cumulative effect.

“...we need to recognize that a very large portion of the prison, probation and parole populations is low risk; these offenders are being punished and even treated beyond their threat to public safety. It’s like a hospital that decides to provide intensive care for patients who have a cold—the treatment is not only unnecessary but expensive.” Austin, 2006

High risk offenders require the highest dosage and most intensive programs to reduce recidivism.<sup>viii</sup> Recent research finds that a relatively low-dose 100-hour program actually made high risk/high need offenders significantly worse than a comparison group of high risk and need offenders who received no treatment.<sup>ix</sup> Conversely, if low-risk offenders are provided high intensity programming, this can result in a greater likelihood of recidivism for the low risk offenders.<sup>x</sup> As James Austin put it, “...we need to recognize that a very large portion of the prison, probation and parole populations is low risk; these offenders are being punished and even treated beyond their threat to public safety. It’s like a hospital that decides to provide intensive care for patients who have a cold—the treatment is not only unnecessary but

expensive.”<sup>xi</sup> Experts recommend providing low risk offenders with programs that emphasize personal growth and skill development, such as employment, educational, or life skills programming.<sup>xii</sup>

2. Programs should target the criminogenic needs of offenders who are assessed as having a need in a particular area, such as substance abuse disorders. Programming ought to reduce these needs, which may, in turn, reduce the likelihood of recidivism.

What are criminogenic needs? They are problems or conditions that people need help with that are known to impact criminal recidivism. Changes in the level of a problem or condition can result in changes in an individual’s likelihood of recidivism. The major needs identified in the literature are: antisocial attitudes and associates, low self-control, substance abuse, dysfunctional family environments, employment or vocational/educational needs, and mental health issues. Assessments of offender needs that are criminogenic are necessary to determine whether an offender needs a particular program. If offenders are placed in programs they need, they might overcome or reduce the issues that drive their criminality, thus reducing their likelihood of reoffending. If offenders are placed in programming that they do *not* need, there may be no effect of the programming on recidivism or the programming could actually make recidivism more likely. For example, Project Greenlight, a reentry demonstration project, had a curricula

<sup>2</sup> Intensity is different from dosage. For example, 300 hours of treatment over 6 months is high dosage and high intensity, while 300 hours of treatment over a year is still high dosage, but low intensity. The effect of the amount of dosage can be diminished if the program is not intense.

that should have yielded positive outcomes, yet participants in Project Greenlight were more likely to recidivate than the comparison group that had no pre-release services and another comparison group that participated in the transitional services that were already operating in the prison system. The program evaluators and other researchers have concluded that the program violated several of the characteristics of effective programming, including both the risk and needs principle. Project Greenlight staff did not use an assessment tool to identify risk and needs, and all Greenlight participants were required to participate in all the interventions at the same level of treatment. Post-release interviews revealed that some participants were very frustrated about being forced to participate in drug education sessions when they had no history of substance abuse.<sup>xiii</sup> Placement in unneeded programming "...may inadvertently reduce strengths that already exist in the family, thinking, or other circumstances of low-risk cases."<sup>xiv</sup>

### 3. Take steps to ensure that the program is implemented well and that program integrity is preserved.

It is critical that staff implement a treatment program well and as it was designed so that the program has its' intended effect. When programs do not follow sound programming practices or lack integrity, the impact on recidivism and other outcomes will be lacking. (VanVoorhis & Brown, 1995; MacKenzie, 2006) For example, in their evaluation of Ohio's halfway houses, Lowenkamp, et al.<sup>xv</sup> found that good program implementation and program quality were significantly related to reductions in recidivism. Good program implementation and integrity is contingent on, but not limited to, the following elements, all of which have been identified as impacting program effectiveness.<sup>xvi</sup>

- ❖ Adopt a program that makes theoretical sense and is based on treatment methods that are shown to be effective.
- ❖ Use validated risk and need assessment instrument(s). Identification of offender strengths is also helpful.
- ❖ Train staff to conduct the program, understand the rationale behind the program, and follow the program manual (the program should have a manual).
- ❖ Hire staff with good relationship skills (e.g., respectful, empathetic, mature, enthusiastic). Modeling and reinforcement of behaviors is easier when treatment staff have good relationship skills.
- ❖ Have a dosage that is long enough to impact participants, e.g., a one hour per week program for 10 weeks is probably not effective for a high risk offender.
- ❖ Monitor and clinically supervise the treatment staff to ensure that they are implementing the program as designed. A recent evaluation of juvenile treatment programs found that programs significantly reduced recidivism *if the program therapist is competent*. If the provider is incompetent, recidivism is not reduced, and, for some programs, recidivism is greater for the treatment than comparison group. Incompetency reduces the estimated savings of the programs because recidivism is not reduced.<sup>xvii</sup>

- ❖ Quality matters, and quality assurance programs and evaluation can help to ensure that the program is delivered as designed and achieving the desired outcomes. Areas of the program that need improvement can be identified and changed.
- ❖ The program must have the administrative support (funding, staffing, group size restrictions) to implement the program as designed.
- ❖ The program should enhance intrinsic motivation. Offenders may have difficulty letting go of patterns of thinking. Staff can use motivational interviewing to identify ambivalence about change and then help to resolve it.

4. Treatment programming should use cognitive-behavioral and social learning strategies. Such programs are highly interactive, and address the thought processes that lead to criminal behaviors. Programs using cognitive-behavioral modalities can address problems in multiple areas, such as sexual behaviors or substance abuse problems, or general thinking and interaction processes.

What is cognitive-behavioral programming? Cognitive-behavioral programming rests on the assumption that how we think controls our moods and feelings, and ultimately, our behavior. These programs help to identify the thought process that lead to negative feelings and maladaptive behaviors and replace them with processes that lead to positive feelings and behaviors. Through cognitive restructuring (aka, cognitive self-change), thought processes are modified to reduce patterns that are conducive to criminal behavior, e.g., antisocial attitudes. Problem-solving skills, particularly when interacting with others, are taught in order to increase rational thinking and lead to pro-social interactions and behaviors. The method requires the use of social learning techniques, which employs role-playing and modeling. Role-playing is used to illustrate critical ways of thinking, social skills, and problem-solving skill concepts. This is an essential component of the programming—it allows participants to practice their new skills in class as well as outside of class. Staff provide examples through role-playing, then employ positive and negative reinforcement for pro-social vs. anti-social attitudes and behaviors when participants engage in role-playing.<sup>xviii</sup>

Why is it important to use cognitive-behavioral programming? Because research examining findings from several evaluations of different types of treatment show that cognitive-behavioral treatments are very successful in reducing recidivism. Research has found a reduction in recidivism resulting from such programs ranging between eighteen and fifty percent.<sup>xix</sup> The large amount of variation in reducing recidivism begs the question of how cognitive-behavioral treatment (CBT) should be implemented. One study by Lipsey et al. examined over fifty previous CBT evaluations to identify the factors that are contributing to the different recidivism outcomes for cognitive-behavioral programs. What they found was that “...the only factors independently related to effect size were (a) the risk level of the participating offenders [programs targeting higher risk offenders yielded a larger recidivism reduction], (b) how well the treatment was implemented [measured by low dropout rate, monitoring of quality and fidelity, and adequate CBT training], and (c) the presence or absence of a few treatment elements.” In

the latter category, including anger control and interpersonal problem solving components in the treatment program were associated with larger effects; including victim impact and behavior modification were associated with smaller effects. They did not find that treatment provided towards the end of the prison sentence was any different in effect from treatment provided in the community.<sup>xx</sup>

The ODRC has adopted the CBT program “Thinking for a Change” in all institutions and APA regions. The CBT modality is also used for substance abuse, sex offender, and anger management programs.

#### 5. Address offender responsivity (i.e., the skills needed for program success).

Unfortunately, there are relatively few studies that address the responsivity principle.<sup>xxi</sup> Particular areas of offender responsivity include, but are not limited to, intelligence, anxiety, verbal ability, motivation, and cultural appropriateness. For example, cognitive-behavioral programming might be too challenging for participants with low mental functioning.<sup>3</sup> Researchers suggest capitalizing on individual strengths as well, such as “...problem-solving skills, respect for family, a particularly prosocial friend or being happily employed in delivering effective service.”<sup>xxii</sup> Feminist researchers stress the quality of interpersonal interactions in working with female offenders.

#### 6. Program structure and activities should reach out into the offenders’ real-world social network, when possible, and disrupt the crime network by placing offenders with prosocial people and places.

Many programs recruit family members, community programs, and other sources of prosocial support to positively reinforce desirable behaviors. They must be able to distinguish between prosocial supports and criminogenic networks of family and peers. The latter will increase the risk of recidivism.

#### 7. Aftercare services, continuity of care in the community, and relapse prevention are very important for offenders reentering the community after imprisonment.

It is important to reinforce the progress that was made during treatment. This is particularly important for residential programs, such as therapeutic communities. Some meta-analyses find that programming with an aftercare component is more effective in reducing recidivism than programming without such a component. The support provided in aftercare services helps participants deal with high-risk situations in the community.<sup>xxiii</sup>

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<sup>3</sup> Ross, Robert & Elizabeth Fabiano. 1989. *Reasoning and Rehabilitation: A Handbook for Teaching Cognitive Skills*. Ottawa, Ontario: Flix Desktop Services. While Ross & Fabiano, found that their CBT program worked best for those with IQ scores greater than 80, Hubbard (2002) found no such effect in her dissertation research on the responsivity of offenders in a CBT program.

## Program “Quackery” and Punitive Approaches to Reducing Recidivism

Knowing what programs do not work is as important as knowing what works. There are some clearly nonsensical “treatment” approaches that have been tried with offenders: dunce cap therapy, drama therapy (the Cyrano method), acupuncture, and even baby treatment (dress them in diapers).<sup>xxiv</sup> There are other programs that “common sense” might suggest would be effective for offender rehabilitation, but, when tested, research finds they are not effective at all.

As noted previously, the conclusion in the 1970’s that “nothing works” in rehabilitation ushered in a more punitive philosophy in corrections. Perhaps first among the changes were increases in the use of incarceration. There is no evidence that incarceration *deters* subsequent criminal behavior. Actually, much of the evidence shows increases in recidivism among ex-prisoners.<sup>xxv</sup> However, there may be an effect on crime rates due to incarceration (i.e., an incapacitation effect): Visher<sup>xxvi</sup> found that the sentencing changes in the 70’s and early eighties that doubled the prison populations resulted in a crime reduction 10 to 20 percent. Researchers note that if the California three-strikes law was applied in all eligible cases, it would reduce the number of serious felonies by about 28%, *but, at a cost*: an additional 5.5 billion a year in funding for building and operating prisons.<sup>xxvii</sup> More recent research shows that the effect of prison expansion initially decreases crime rates, but the greater the expansion, the less the impact on crime.<sup>xxviii</sup> In fact, there is some indication that crime may increase at high levels of incarceration.<sup>xxix</sup>

Prison boot camps arose as a popular program in the 1980’s. They were popular, in part, because many people in government and the criminal justice system had experienced boot camp while in the armed services, and felt that it had positively impacted their lives. However, much research has been conducted on the impact of boot camps, and there is no evidence that prison boot camps reduce recidivism.<sup>xxx</sup> Research on the Camp Reams boot camp in Ohio also found there was no difference in recidivism between boot camp participants and a comparison group five years after release.<sup>xxxi</sup>

Since prison boot camps vary in the degree to which they emphasize physical training versus rehabilitative programming, researchers examined whether the results improved with other boot camp components, such as educational or vocational programs, drug treatment, counseling, manual labor, or aftercare. Only the aftercare component seemed to reduce recidivism.<sup>xxxii</sup> Many researchers contend that it is little wonder that this approach is generally not effective, as there is no psychological theory that would logically suggest that humiliation or threats are components of effective therapeutic interventions for offenders.<sup>xxxiii</sup> In fact, “...WWII evidence from the U.S. military ... found that enlisted delinquent youths were three times more likely to commit crimes during their tenure and seven times more likely to receive dishonorable discharges than were their non-delinquent peers.”<sup>xxxiv</sup>

Intermediate sanctions are alternatives to prison that fall somewhere between prison and probation (or between prison and parole) in severity. They include electronic monitoring, intensive supervision, and progressive sanctions.

Electronic monitoring began in the 1980’s with relatively low-risk DUI offenders. Electronic monitoring grew in use in the 1990’s because it was an alternative to incarceration that was less expensive, it provided surveillance which could reduce the

opportunity for an offender to commit crimes, and it allowed the offender to work and to maintain relations with his/her family. Several reviews of the literature have been conducted, but much of the research on electronic monitoring was poorly done.<sup>xxxv</sup> Findings from these reviews show no appreciable effect of electronic monitoring on recidivism overall, although some research indicates such programs can reduce recidivism if combined with treatment programs and if the targeted group has a moderate- to high- risk of reoffending.

Intensive supervision programs are probation or parole programs where offenders receive closer supervision, making technical violations easier to detect. As a consequence of the closer supervision, parolees are more likely to return to prison for technical violations, and research that is well-designed has shown that intensive supervision programs do not reduce criminal activity (i.e., probability of arrest), and they significantly increase the likelihood of a technical violation.<sup>xxxvi</sup> However, research has also found that criminal activity is reduced when offenders are on intensive supervision *and* receive treatment services.<sup>xxxvii</sup>

***...research suggests that sanctions in combination with treatment services do reduce recidivism, particularly for higher-risk offenders.***

Progressive sanctions offer a range of sanctions for parolee behaviors based on offender risk, violation behavior, and cumulative behavior to determine a level of response to violations of supervision. The sanctions are founded on the principle of deterrence, as it is believed that they will deter criminals from committing violations or crimes for fear of progressively harsher punishment and social control (e.g., placement in a halfway house after being released). Research by Martin and Vandine<sup>xxxviii</sup> found that progressive sanctions for offenders who violate their terms of supervision in Ohio do not increase reoffending or technical violations; nor do they reduce them. However, sanctions using program *and* treatment interventions do substantially reduce the risk of felony reoffending for early violators, who are most at risk for chronic non-compliance, while control-oriented sanctions (e.g., activity restrictions and reporting requirements) increase the risk of reoffending among early violators. Halfway house referrals also reduced reoffending. These findings were especially prominent for high-risk offenders. There was no significant effect of program referrals for offenders under supervision *prior to* the implementation of graduated sanctions, which suggests that use of the sanction grid somehow enhances the effectiveness of programming. The findings suggest a need to integrate programming and a positive incentive system into the supervision process.

In summary, punitive sanctions alone do not work to reduce recidivism. However, the research suggests that sanctions in combination with treatment services do reduce recidivism, particularly for higher-risk offenders.

### **Evidence-Based Programming for Criminogenic Needs**

This section examines the evidence for effective programs that address criminogenic needs. Much of this evidence is the result of meta-analyses that combine the findings from evaluations of a particular type of program, and report the overall effect of the program type based on the cumulative findings from those studies. So, while certain types of programs may have an effect on recidivism overall, there is some variation in the

effect of a particular program in different venues, most often due to implementation issues or treatment population differences. For example, some research finds that intensive programs actually *increase* recidivism for low-risk offenders, suggesting that if we *stop* placing low-risk offenders in intensive programs, we may also reduce recidivism. There is also a great interest in identifying whether programming works differently depending on the race or gender of the participants, but there are too few studies examining the differential impact of programming for different races or genders to draw conclusions, at this time.<sup>xxxix</sup>

When reading findings from the meta-analyses, it is important to understand the difference between “**percent**” reductions in recidivism and “**percentage point**” reductions in recidivism. The meta-analysis conducted by Aos, et al., (2006) present the findings as *percent* reductions in recidivism (i.e., the percent of recidivism reduced). If 20,000 offenders are released from prison and 38 *percent* come back to prison in 3 years, then 7,600 return in 3 years. A 10 *percent* reduction in the rate of recidivism reduces the total rate to 34.2 percent ( $.10 \times 38 = 3.8$ ;  $38 - 3.8 = 34.2$ ) and reduces the number returning to 6,840 ( $.342 \times 20,000 = 6,840$ ). That’s 760 fewer inmates ( $7,600 - 6,840 = 760$ ) for DRC to secure, feed, clothe, provide medical care, and so on. The average amount of money spent on a DRC inmate per day is \$69.19, or \$25,254 per year, so the resulting savings would be over \$19 million ( $\$25,254 \times 760$ , or \$19,193,040) per year of incarceration for a 10 *percent* reduction in recidivism.

The meta-analyses conducted by MacKenzie (2006) and her colleagues report findings in *percentage point* reductions in recidivism. A 10 *percentage point* reduction in recidivism reduces the total recidivism rate to 28% ( $38 - 10 = 28$ ), and reduces the number returning to prison to 5,600, or 2,000 fewer inmates returning to DRC, resulting in over \$50.5 million dollars in savings per year of incarceration ( $\$25,254 \times 2,000 = \$50,508,000$ ). So, while a 10 *percentage point* reduction in recidivism might appear to be the same as a 10 percent reduction, the *percentage point* reductions are larger than *percent* reductions in effect.<sup>4</sup> However, as shown above, even a small percent reduction in recidivism can result in a large number of offenders being diverted from prison with a corresponding large amount of money saved.

### ***Recovery Services Programming***

A large proportion of state prisoners are in need of substance abuse treatment. National research indicates that 70-85% of state prisoners have a substance abuse problem, but just 13-15% receive any treatment.<sup>xi</sup> The DRC data from intake reentry assessments show that 70% of those who were assessed on substance abuse needs and released in the first 6 months of 2009 had some or considerable need for substance abuse treatment, and 16.2% received treatment. Common sense would suggest that the large proportion of offenders needing such treatment indicates that substance abuse increases the likelihood of committing crimes other than drug offenses. Actually, there is no single drug-crime relationship. Rather, some crime is committed due to the intoxication of the drug, some crime is committed to pay for drugs and stave off withdrawal, and some crime is committed in the social context “...in which extraordinary drug use is just one of

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<sup>4</sup> The one exception would be a most unlikely scenario: a 100 percent recidivism rate that is reduced 100 percent would be equivalent to a 100 percentage point reduction in recidivism.

a set of often inter-correlated criminal behaviors.”<sup>xli</sup> In addition, the illegality of some drugs accounts for large numbers of those incarcerated, since those convicted of drug use, trafficking, or other such crimes constituted 20% of all state prisoners in 2008. Addressing substance abuse issues through treatment and criminal justice processes could assist those offenders who commit crime due to intoxication, to pay for drugs, or use illegal drugs.

Effective drug programs include drug courts, therapeutic communities, and cognitive-behavioral therapy. Drug courts are a strategy for managing and treating drug offenders. Generally, drug-involved offenders are diverted to drug courts in exchange for dismissed charges or reduced sentences, if the offender completes the program. All drug courts have status hearings where the judge monitors the progress of offenders in treatment, drug testing, and compliance with other conditions set by the court. The focus is on the rehabilitation of the drug offender in order to reduce drug use and criminal recidivism.

The National Association of Drug Court Professionals documents 10 components to successful drug court design. One component is the use of rewards and sanctions to recognize that improvements in reduced drug use are valuable steps towards abstinence, and that drug abusers are likely to suffer some relapse as they attempt to remain abstinent. They recommend that the rewards and punishments are graduated. Unfortunately, in practice, most courts do not have a graduated sanctions system by which rewards and sanctions are imposed, where successive infractions are met with increasingly severe sanctions. Rather, they make individualized decisions which can lead to arbitrary outcomes and conflict between the court actors (the district attorney, treatment, probation, and judicial staff).<sup>xlii</sup>

MacKenzie<sup>xliii</sup> analyzed findings from drug court studies which show recidivism reductions for 22 of 24 drug court studies, with significant differences between drug court participants and comparison groups in about half of them. Only one study finds a significant increase in recidivism for the drug court group versus the comparison group. Aos, et al., in a meta-analysis of several drug court programs, finds that drug court participants experience a recidivism reduction of eight percent on average when compared to a control or comparison group.<sup>xliv</sup>

Another type of program that is effective is the therapeutic community program, which is a residential based, self-help, and drug-free treatment program. Participants are usually housed in different units than the rest of the prison population, and generally stay in the unit for six to twelve months. Treatment includes individual and group counseling, a system of rewards for achievement, and rules that are specific to the behavior of the residents and treatment staff. A meta-analysis by Mitchell and MacKenzie<sup>xlv</sup> (2003) found a 14 percentage point reduction in recidivism for participants and found that therapeutic communities were more likely to create a reduction in recidivism than group-based drug treatment. Another meta-analysis of in-prison therapeutic communities found a seven percent reduction in recidivism for programs that included an aftercare component, which was a slightly greater reduction than such programs without aftercare.<sup>xlvi</sup> As noted previously, however, there is some variation in the effect of a program across sites, most often due to implementation issues. For example, several university evaluations examining California’s in-prison therapeutic communities (TC’s) found that they were not effective in reducing recidivism. The ineffective results were

attributed in large part to inadequate prison management. Some TC's were placed in prisons that were not amenable to the program structure. In addition, management did not adequately monitor the contract employees, who were not providing the amount of programming services required and were permitted to provide services with fewer staff than required.<sup>xlvi</sup>

Although therapeutic communities and drug courts are effective in reducing recidivism among participants, relatively few offenders can participate in these programs in a given year. Other programs that can accommodate more offenders, such as cognitive-behavioral substance abuse group treatment in prison, also reduce recidivism, particularly if there is an aftercare component. Aos, et al. found that in-prison cognitive-behavioral programs reduce recidivism by almost 8 percent, but community based cognitive-behavioral programs with an aftercare component have a greater effect on recidivism (a 10.8 percent reduction).<sup>xlvi</sup>

Finally, research has also shown that variation among substance abuse treatment programs impact outcomes, such that the following occurs: 1) the longer the time in treatment, the better the substance abuse and recidivism outcomes; 2) aftercare services help prevent relapse and sustain the positive treatment effects from the prison-based or supervision-based treatment programs; and 3) programs that are well-designed, properly staffed, and implemented correctly are likely to succeed; those poorly implemented are likely to fail.<sup>xlvii</sup>

### ***Educational Programming***

Prisoners tend to enter prison with less education than the general population.<sup>1</sup> About 41% of state prison inmates had not achieved a high school diploma or GED in 1997, compared to only 19% of the general population in 2003.<sup>li</sup> Half of the state inmates surveyed in a national study reported they participated in an education program since their most recent admission to prison, with about 23% of them taking GED courses and 3% taking ABE courses. By far, the most common education courses participated in were vocational, with almost one-third completing vocational training. About 10% reported taking college courses.<sup>lii</sup> In Ohio, 44.8% of inmates entering the prison system in 2004 had not obtained a high school diploma or GED, compared to approximately 13% of the general population.<sup>liii</sup>

Why is education important for reducing criminal activity? Education can increase problem solving abilities, social interaction skills, and a sense of self-efficacy,<sup>5</sup> all of which are characteristics found to be associated with pro-social behavior.<sup>liv</sup> Education can reduce crime by increasing skills and employment opportunities, thus reducing crime that is committed for financial gain.<sup>lv</sup> In addition, education can increase exposure to pro-social people and situations, which can promote pro-social attitudes and behaviors.<sup>lvi</sup>

A three state evaluation of the effect of academic or vocation education on recidivism found that offenders who participated in these types of programs were significantly less likely to recidivate within three years of release than those released without such programming. The results for Ohio are presented in Table 1 (next page).<sup>lvii</sup>

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<sup>5</sup> Self-efficacy is a belief in one's ability to succeed in a particular situation.

**Table 1: Three-Year Recidivism Rates for Academic or Vocational Education Participants Versus All Other Releases**

	Education programming participants	Releases who did not participate in Education programming
Re-arrest	50%	58%
Re-conviction	26%	33%
Reincarceration	24%	31%

An important question is whether or not education programming increases the likelihood that an offender will obtain a job, as offenders who are employed tend to be less likely to recidivate. Steuer, et al. surveyed parole officers in Ohio and Maryland regarding offender employment characteristics post-release. Those receiving education programming were more likely to obtain a job within three years of release than the comparison group, but the difference between the two groups was not statistically significant. These researchers also examined data from Minnesota and Maryland (no data was available in Ohio) and find that those who had participated in prison education programs and obtained employment made significantly more money on average than those who did not participate in prison education programs.<sup>lviii</sup> This is important to note, since research finds that obtaining a high-quality job significantly reduces recidivism.<sup>lix</sup> Another study of former inmates in Ohio, Texas, and Illinois finds that participating in trade or job training while in prison was associated with higher employment rates eight months after release by a fairly large percent (62 percent vs. 41 percent for those who did not participate).<sup>lx</sup> A meta-analysis of program effects found that prison education programs (including vocation and work programs) significantly increase employment after release.<sup>lxi</sup>

***Education can increase problem solving abilities, social interaction skills, and a sense of self-efficacy, all of which are characteristics found to be associated with pro-social behavior.***

As noted previously, a significant proportion of prisoners do not have a high school diploma or GED prior to imprisonment. Adult Basic Education (ABE) and GED training are programs that attempt to address this educational deficit. ABE programming targets those who are functionally illiterate or lack basic communication capabilities, and seeks to improve reading, language, and arithmetic skills. GED programming targets those with basic academic skills who have not completed high school. A meta-analysis by Wilson, et al. found that those participating in ABE or GED resulted in a 9 percentage point lower recidivism rate than the comparison group.<sup>lxii</sup> A later meta-analysis also reports that basic education and post-secondary education reduce recidivism.<sup>lxiii</sup> Another study of former inmates in Florida, which controlled for other factors related to employment, found that those participating in ABE programs were more likely to be employed after release than a comparison group.<sup>lxiv</sup>

While post-secondary programming in prison declined immediately after the loss of Pell grant funding in 1994, there are still states that provide academic education towards an associate's degree program, but the most common form of post-secondary education is vocational certificate programs for college credit (meta-analyses treat the latter as post-secondary programs rather than vocational programs).<sup>lxv</sup> Eighty-nine

percent of the prisoners who participate in these programs are concentrated in 15 states. Ohio ranks 9<sup>th</sup> in the number of participants.<sup>lxvi</sup> Meta-analyses and literature reviews find that those who participate in post-secondary education programs are significantly less likely to recidivate, and significantly more likely to find employment. The effects differ somewhat, due to different time-frames for the analyses and different criteria for selection of research for inclusion, but reductions range from 13 percentage point reductions in recidivism to 21 percentage point reductions.<sup>lxvii</sup> One study, examining research conducted in the 1990's, found that those participating in PSE's had recidivism rates that were 46% lower than those who did not.<sup>lxviii</sup>

***Meta-analyses of research on vocational programs find that vocational programs both increase the likelihood of employment and significantly reduce recidivism.***

As noted previously, state prisoners are more likely to participate in vocational training programs than in any other program.<sup>lxix</sup> This is not due to a greater proportion of states offering such courses, as vocational training ranks a distant third to other education programs in the proportion of state prisons providing such training (55.7 % of prisons offer vocational training, vs. over 80% offering ABE and high school courses).<sup>lxx</sup> Such programs fill both educational and employment deficits that are characteristic of many prisoners.

Meta-analyses of research on vocational programs find that vocational programs both increase the likelihood of employment and significantly reduce recidivism.<sup>lxxi</sup> In addition, in those studies where both outcomes are examined, employment and recidivism are correlated, suggesting such programs do help ex-prisoners find employment and thus increase their desistance to crime. One meta-analyses found that recidivism was reduced by 11.7 percent; another found a 13 percentage point reduction.<sup>lxxii</sup> One study found that the impact of vocational programming on the likelihood of employment is much greater for black than white participants.<sup>lxxiii</sup> One problem is that much of the research in this area is marred by inadequate comparison groups and controls for mediating factors. However, there are well-designed studies that mirror these findings, thus providing support for the findings of the more poorly-designed research.<sup>6</sup>

Life skills programs are designed to improve skills that, left unaddressed, may hinder the attempts of offenders to function successfully in the community. The actual components of life skills programs vary widely. Some common components include money management, relationship building, conflict resolution, job search skills, anger and stress management, decision-making and goal setting.<sup>lxxiv</sup> There are too few studies that were methodologically sound to draw conclusions. In addition, the few studies that did employ sound research designs found no significant effect on recidivism.<sup>lxxv</sup>

### ***Employment Programming***

Nationally, about half of state prisoners report being employed full-time in the month prior to arrest, and seventeen percent report being unemployed in 1997, the last year for which national data are available.<sup>lxxvi</sup> Those with less than a high school education were

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<sup>6</sup>MacKenzie, 2008 notes that research by Lattimore, Witte & Baker (1990) and Saylor and Gaes (1996) are representative of the best research in this area.

more likely to be unemployed than those with a high school diploma or some college (37.5% vs. 24.9% and 21%, respectively). In 2008 in Ohio, only 27% of inmates reported being employed full-time at the time of arrest, while 57.6% reported being unemployed.<sup>7</sup>

Employment prospects for ex-prisoners are poor, given their relatively low level of education, literacy, poor or nonexistent work experience, and behavioral issues. Moreover, employer preferences for ex-offenders are lower than for other challenged populations, such as welfare recipients.<sup>lxxvii</sup> Employers were most reluctant to hire those convicted of violent crimes, but were more willing to hire low level drug offenders.<sup>lxxviii</sup> This is important, as there is evidence that post-prison employment can help reduce the likelihood that an ex-offender will return to prison.<sup>lxxix</sup>

***“Although programs providing marginal jobs are relatively unattractive to youth, they may provide the turning point toward a viable pathway out of crime for older offenders.” Uggen, 2000***

Prison industry programs are those in which prisoners produce a variety of products for government and private sector consumers (assembling furniture, sign making, printing, textiles and apparel, food). As MacKenzie points out, the goals of these programs are different from other employment programs: “...prison industry is designed to keep offenders busy while they are in prison, to provide goods and services, and to alleviate the costs of corrections. Hence, these goals appear to be more important than rehabilitation.”<sup>lxxx</sup> One meta-analysis found that they create a small but significant reduction in recidivism (7.8%). Other researchers have concluded there

are too few studies that were sound and included statistical significance tests to draw conclusions.<sup>lxxxi</sup> In Ohio, research found that those with OPI work experience were just as likely to recidivate within five years of release as those without OPI programming.<sup>lxxxii</sup>

Another type of program is the employment training and job assistance program. One meta-analysis indicated they produce a small but statistically significant reduction in recidivism (4.8%).<sup>lxxxiii</sup> Part of the reason for the small reduction is the variation in findings across studies. This may be because the programs take many forms and vary in intensity and means of delivering the program (e.g., face-to-face interaction with teacher versus long-distance learning).<sup>lxxxiv</sup> One study examining a large-scale experimental employment program determined that securing a marginal job (“honest work for meager wages”, p. 544), significantly reduced recidivism rates for offenders who were 27 or older when compared to others in the same age group.<sup>lxxxv</sup> Uggen explains the phenomenon as a “life-course transition”: “Whereas parents, peers, and neighborhoods are inarguably among the initial causes of crime... work and family factors take precedence in explaining desistance.... Although programs providing marginal jobs are relatively unattractive to youth, they may provide the turning point toward a viable pathway out of crime for older offenders.”<sup>lxxxvi</sup> In another study, Uggen (1999) found that the higher the quality of the employment, the less likely that an ex-offender will recidivate, no matter what the age of the offender.<sup>lxxxvii</sup>

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<sup>7</sup> Ohio data does not include employment for work “paid under the table.” It is not clear whether the national survey includes such employment. Also, the Ohio data reflects employment at the time of arrest; the national data reflects employment during the month prior to arrest.

Recent research examining the nationally-funded Prisoner Re-Entry Initiative (PRI), a job assistance program, finds that older offenders have more success in employment and recidivism outcomes, along with women, non-black participants, those with at least a high school diploma or GED at the time of enrollment, and those who served longer terms in prison or jail. Overall, the research finds that two-thirds of those who attended the community-based employment program obtained employment, and about half of the participants were employed in the first quarter after program completion. This research also finds that it is difficult to retain participation once the ex-prisoner is released. Substance abuse is also a major barrier to successful employment and criminal desistance outcomes, while community resources are often inadequate to provide the needed treatment.<sup>lxxxviii</sup> In the Ohio PRI, about one-fourth of all of the participants attended the community-based Workforce Reentry Program upon release, and 72% of those who did found employment.<sup>lxxxix</sup> Those in the program who were able to participate in the Transitional Education Program (TEP), a teleconference training program that provides employment and life skills training, were less likely to recidivate than those who were unable to participate in the program.<sup>8</sup>

### ***Attitudes, Associates, and Social Interaction***

Attitudes, social interaction skills, and associates have been found to influence criminal behavior. Generally, criminal behavior has been associated with attitudes that support anti-social behaviors and activities. From a psychological or social learning perspective, the development of these attitudes is the result of cognitive deficits or antisocial attitudes and beliefs of family or friends that support criminal behavior. Cognitive deficits are maladaptive thinking patterns that impair the ability of people to make rational, pro-social decisions. These poor thinking patterns include acting before thinking a problem through (impulsivity), avoidance, misperceptions of social situations, a lack of empathy, and a lack of problem-solving skills (e.g., listening, considering a range of alternatives, acting based on thoughtful decision-making). Some of the antisocial attitudes held by offenders include feelings of entitlement, denial that their victims are victims, blaming others for their behavior, and denial of responsibility for their behavior.<sup>xc</sup>

Cognitive-behavioral programs "...are based on a cognitive-behavioral theory of human change. Cognitions or thoughts are assumed to affect behavior."<sup>xc</sup> Several reviews of the literature and meta-analytical reviews find that cognitive-behavioral programs are effective in changing thought processes and attitudes, and reduce recidivism as effectively or more strongly than other types of programs (e.g., educational or vocational programs).<sup>xcii</sup> Recidivism reductions of 25 to 30 percent have been found.<sup>xciii</sup> However, evaluations of programs implemented on statewide or larger populations as opposed to smaller populations have not found cognitive-behavior programs to be *as* effective as smaller programs. The primary reason attributed to this difference in findings is that the larger programs were not implemented properly.<sup>xciv</sup>

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<sup>8</sup> Due to short sentences and coordination issues, only 16% of the Ohio PRI program completers were able to participate in the TEP program, which was offered quarterly through the prison education department.

North Carolina is implementing the Thinking for a Change cognitive-behavioral program in most of their prisons. The findings from a process evaluation indicate that there are several implementation issues that should be resolved prior to conducting an outcome evaluation.<sup>xcv</sup> In larger systems, it is more difficult to ensure that treatment staff are properly trained and monitored, the program is followed as designed, and offenders are required to attend most sessions. However, it makes no sense evaluate programs that are not properly implemented because the "...poor results from outcome evaluations of program goals and objectives may be the result of the service delivery rather than the program itself."<sup>xcvi</sup>

### ***Marital/Family Relations Programming***

Many studies find that marriage is related to reductions in criminal behavior, especially for men.<sup>xcvii</sup> There may be several reasons for this, including the following:

- 1) The social tie created by marriage creates expectations of support, obligation to the family, and restraint from activities that can harm the marital relationship; in other words, marriage is a source of indirect social control;<sup>xcviii</sup>
- 2) Marriage changes the lifestyle or the routine activities, increasing the number of activities centered around the family and reducing those outside of the family. The change is likely gradual rather than abrupt.<sup>xcix</sup>
- 3) Marital partners may impose limits on associations with men who "are bad influences" on their spouses, thus asserting direct social control over their husband's behavior.<sup>c</sup>
- 4) Marriage is a life-changing experience that alters a person's sense of self through "cognitive transformation," which occurs interactively as a person becomes more open to change opportunities presented by marital partners and begins to fashion a new identity where previous antisocial activities are not seen as positive activities or actions they choose to engage in.<sup>ci</sup>

Research has also found that a majority of former prisoners return to their family members and rely on them for some form of support and direction while in prison and when released from prison.<sup>cii</sup> For example, in their study of Cleveland prisoners prior to release, the Urban Institute found that families provide a source of emotional support while prisoners are incarcerated, by mail (95%), phone (89%) or personal visits to prison (38%) in the three months prior to release.<sup>ciii</sup> Upon release, the vast majority of ex-prisoners lived with a relative (80%) or received support from their families. In fact, ex-prisoners report that "Family support was identified as the *most* important thing that had kept them out of prison."<sup>civ</sup> Some research finds a positive impact of family cohesiveness and support on successful offender reentry. However, family relationships may not always be positive; most of the men in the Urban Institute study had family members or friends who had been previously convicted or incarcerated.<sup>cv</sup>

Ex-prisoners report that “Family support was identified as the *most* important thing that had kept them out of prison.” Visher & Courtney, 2007

In addition, a small number of studies have begun to examine the impact of paternal incarceration on children.<sup>cv</sup> These impacts include the inability to control behavior, reduced capacity for dealing with trauma and poor self-concepts. For younger children, difficulties in developing parental bonds and increased anxiety related to separation and symptoms of acute traumatic stress may be evident.<sup>cvii</sup>

While the research points to the importance of the family to successful offender reentry and the negative impact of paternal incarceration on children, there is a dearth of evaluations of family reentry programs. One program that has been evaluated with favorable results is the *La Bodega de la Familia*. This program is for substance abusers and their family members, who are provided family case management and other services while on probation, parole, or pre-trial supervision. Family members participating in the program obtained needed medical and social services at significantly higher rates than those in the comparison group, and they showed a significantly stronger sense of being supported emotionally and materially in their social relationships. At the same time, the percentage of Bodega substance abusers using any illegal drug declined from 80% to 42%, significantly more than in the comparison group. Arrests and convictions were also lower among drug users participating in Bodega more than six months. The reduction in drug use was not produced by greater use of drug treatment among Bodega participants, but instead appears to be a direct result of pressure and support from Bodega case managers and family members themselves.<sup>cviii</sup> A three-site program in Ohio that tried to incorporate elements of the Bodega model in the program design found that it was effective in reducing recidivism if the offender successfully completed the program. Unfortunately, only about 34% successfully completed the program, with most unsuccessful completions occurring after release.<sup>cix</sup>

Many prisoners have a history of domestic violence prior to admission, or commit domestic violence after release from prison. In Ohio, over one-fifth of prisoners (22.4%) had at least one domestic violence conviction as an adult or juvenile (males = 24.8%; female = 8.1%) at admission to prison. Most domestic violence programs combine an educational component regarding the oppressed status of women through history and a cognitive-behavioral component that emphasizes alternatives to violence. Meta-analysis of these programs do not find that they reduce recidivism.<sup>cx</sup> However, the small sample size of some programs may explain why differences between treatment and control groups are not statistically significant.<sup>cx</sup>

Court-mandated batterer intervention programs are programs that require the batterer (and sometimes the victim) to attend a domestic violence treatment program if convicted as an alternative to jail or prison. Some are pre-trial diversion programs. Most adopt a cognitive-behavioral model of treatment. A review of the research from experimental domestic violence studies using official outcomes (arrest) showed modest benefit, whereas no effect was found for studies using victim reported outcomes.<sup>cxii</sup>

## Programs Addressing Mental Health Problems

Nationally, more than half of all prison inmates in state prisons in the US had a mental health problem in 2005.<sup>cxiii</sup> Female inmates were much more likely to have a mental disorder than were male inmates (73% vs. 55%). Forty-two percent of state inmates had both a mental health and substance abuse problem. Inmates with mental health problems were more likely to be under the influence of alcohol or drugs at the time of the current offense (53% to 43%), much more likely to be homeless (13.4 mentally ill vs. 6.2% other prisoners), and unemployed (65% mentally ill vs. 71% other prisoners employed) before their incarceration.

One relatively new program for mentally ill offenders is the *Forensic Assertive Community Treatment (FACT)*. The FACT team provides individualized mental health and criminal justice treatment for those with serious psychiatric disorders who have not benefitted from traditional treatment. In order to participate, offenders must demonstrate a need for continuous high levels of service through frequent psychiatric hospitalizations or the use of psychiatric emergency services. This program is recently evolved from the ACT program. Evaluations of ACT find that the program does not consistently reduce recidivism. Consequently, criminal justice programming, such as cognitive-behavioral/criminal thinking errors, were added to the model. The FACT has been shown to reduce inpatient hospitalizations.<sup>cxiv</sup> There are seven FACT programs in Ohio, and four of them are currently being evaluated. Preliminary results suggest that the program is reducing recidivism.<sup>cxv</sup>

Another type of treatment is the integrated dual disorder treatment model combines mental health and substance abuse treatment from the same providers. This type of programming is particularly relevant for offenders, as it is estimated that between 72% and 87% of offenders with severe mental illness also have a substance abuse disorder.<sup>cxvi</sup> Although this model is provided routinely, it has not been studied for its impact on recidivism. It has, however, been identified as an evidence-based practice in the mental health field for those who are not involved with the criminal justice system.<sup>cxvii</sup>

A relatively new approach for those with co-occurring mental health and substance abuse disorders is the modified therapeutic community. A single treatment plan to address both issues is developed. Research finds that programs for ex-prisoners with co-occurring disorders significantly lowers reincarceration rates and reduces the likelihood of substance abuse relapse.<sup>cxviii</sup>

Research has shown that 11% of prisoners will become homeless within two years of release, a much higher rate than that of the general population, and about one-third of the homeless will have mental health problems.<sup>cxix</sup> One program for the homeless offender with mental health or other treatment needs is the permanent supportive housing program. This program includes several different types of permanent housing with on-site or easy-to-access services. Rents are often subsidized, based on income. Services generally include case management, mental health, substance abuse, employment and public assistance services. There have been few studies to date, but findings include: 1) quicker and more intense service access<sup>cxx</sup>; 2) lower recidivism rates;<sup>cxxi</sup> and 3) less shelter use and hospitalizations<sup>cxxii</sup> The ODRC is currently providing funding to a

supportive housing demonstration project. The Urban Institute will complete their evaluation of the program by 2012.

Given the higher incidence of homelessness and substance abuse in this population, the first point of contact when problems arise in the community is often the police department. The *Crisis Intervention Team (CIT)* model was developed to divert the mentally ill from the criminal justice system, when appropriate. CIT is a collaborative effort between law enforcement and the mental health community to help law enforcement officers handle incidents involving people with mental illness. Volunteer patrol officers receive 40 hours of training in mental illness and the local mental health system. The training focuses on providing practical techniques for de-escalating crises.

The CIT programs are used nationwide, and most counties in Ohio have one. A study in Colorado, where the program is also widely implemented, found that in 2006 there were more than 3,400 law enforcement contacts, and 75% resulted in transportation to treatment. Twenty percent of the calls resulted in de-escalation to the point where no transport to treatment or arrest needed to be made. Only four percent of the calls resulted in an arrest. While the program helps many with mentally illness get the services they need while avoiding jail incarceration, the program has no effect on recidivism.<sup>cxxiii</sup>

Prison populations, particularly females, are much more likely to have high rates of trauma exposure than the general population. Treatment programs addressing trauma in women have been developed and are becoming more prominent in prison. While research in this area has not yet examined whether treatment impacts recidivism, treatment has been shown to reduce trauma – related symptoms.<sup>cxxiv</sup>

There are mixed findings on the effectiveness of in-prison sex offender treatment programs. However, meta-analyses combining the results from several sex offender treatment studies find that such programs do reduce sexual recidivism.<sup>cxxv</sup> Cognitive behavioral therapy in the community has been found to be much more effective in reducing both general and sexual recidivism than CBT in prison (general recidivism reductions of 19.6 percent for those in community CBT treatment versus 6 percent for prison CBT participants; sexual recidivism reductions of 17.9% for the community CBT participants versus no reduction for prison CBT participants). One study found that offenders participating in therapeutic communities have also shown significant reductions in recidivism, with participants eight times less likely to be arrested for a violent crime in the first year after release than those who did not participate in treatment. In addition, those without treatment were three times more likely to return to prison.<sup>cxxvi</sup>

## **Summary and Conclusions**

Experts in various fields of study have made much progress in identifying the characteristics of effective programs and identifying programs that work. However, much needs to be done, as there are many promising areas of programming that lack adequate evaluations to determine their effectiveness (such as family reentry programming, faith-based programs, prison work release programs) and there are some characteristics of effective programs that need further exploration (e.g., responsibility).

Nevertheless, there are several conclusions we can draw from the work that has been done to date.

First, regarding characteristics of effective programming, there is a substantial body of literature supporting the notion that criminal risk is related to programming such that the higher the risk and needs level of the offender, the more intensive the programming should be to impact recidivism. Conversely, lower risk and needs offenders should not be placed in intensive programming, as this has been shown to increase their likelihood of recidivism. In addition, much of the research in different fields (recovery services, mental health) has shown that the cognitive-behavioral treatment modality is most effective. It is important to ensure that program integrity is preserved to ensure that the program is effective.

Secondly, there is a need to inform policy-makers and program administrators (and the public) when programs are found to be ineffective. A fine example of administrators taking heed occurred when the U.S. Department of Education decided to withdraw funding from the DARE program after studies repeatedly found there was not a long-term effect of the program. Better yet, the program designers responded by adding elements of effective programming to the program design, along with other modifications to address the attrition in effects over time. Unfortunately, such a scenario is rare, and millions of dollars are spent on programs that have been shown to be ineffective. However, times such as these, with almost every state in the nation straining to maintain their budgets, will likely improve the decision-making when selecting programs to fund and improve the quality of implementation. More than ever, the need to assist offenders in reentering the community and never turn back is required. A summary of the programs and research reviewed in this paper are presented in the chart starting on the next page.

Finally, the department is committed to rolling out a core group of evidence-based programming with enhanced staff training and education, along with supervision and administrative support. This paper should provide a greater understanding of the research that identifies effective reentry programs and their characteristics, and assist the department in providing the most effective programs possible.

PROGRAM TYPE	PROGRAM DESCRIPTION	RECIDIVISM REDUCTION	OTHER FINDINGS
<b>Recovery Services Programs</b>			
<i>Drug Courts</i>	Drug courts hear cases for drug-involved offenders and either dismiss charges or reduce sentences if the offender completes the program	MacKenzie, 2006: almost all research shows drug courts reduce recidivism. Aos, et al., 2006 meta-analysis: 8% reduction	Successful programs need a well-defined system of graduated rewards and punishments.
<i>Therapeutic Communities</i>	Residential-based, self-help, drug-free program with a system of rewards and rules specific to the community. Usually 6-12 mos. in length.	Mitchell and MacKenzie (2003) meta-analysis: 14 percentage point reduction. Aos, et al.: 7% (with aftercare)	Variation in program effectiveness across sites, often due to implementation issues. Findings in Calif., Office of Inspector General: Some prisons were not amenable to the program structure and management did not monitor staffing and programming levels.
<i>Cognitive-Behavioral Recovery Programs</i>	Employs cognitive behavioral programming to change thought-processes & actions, both generally & particularly as they relate to substance abuse.	Aos, et al.: in-prison programs yield a 7.7% reduction; community programs with aftercare yield a 10.8% reduction.	More offenders per year can be treated in these programs than in the therapeutic communities or the drug court systems. The longer the treatment time, the better the outcomes. Aftercare services help prevent relapse. Programs that are well-designed, properly staffed, and implemented correctly are more successful than programs that are not.
<b>Educational Programs Programs</b>			
<i>Any education program</i>	Steurer, et al., 2001, examine the effect of any education (including vocational) on recidivism in 3 states, including Ohio. Wilson, et al., 2000, combine educational programs for their employment analysis.	Findings in Ohio (Steurer, et al., 2001) included significant percentage point reductions in re-arrest (8 percentage points), reconviction (7 percentage points), and reincarceration (7 percentage points).	Steurer, et al., 2001 found that education participants had higher incomes the first year out and were more likely to engage in training or treatment in the community, but were no different from the comparison group in their likelihood of obtaining employment, compliance with supervision, or the seriousness of the recidivism offense. Wilson, et al., 2000 found that those participating in education or vocational programs were about twice as likely to be employed.
<i>ABE or GED</i>	Both are programs to address education deficits, with ABE designed to target those weak in basic reading, language and math skills & GED designed to provide similar training in preparation for the GED test.	Wilson, et al., 2000, meta-analysis: 9 percentage point reduction	Those receiving ABE training were more likely to be employed than a comparison group, but there was no difference in pay for the two groups (Cho & Tyler, 2008). Wilson, et al., 2000, also found that those involved in ABE, GED or Secondary education programs were almost 2 times more likely to find employment after release than comparison groups.

PROGRAM TYPE	PROGRAM DESCRIPTION	RECIDIVISM REDUCTION	OTHER FINDINGS
<b>Educational Programs....continued</b>			
<i>Post-Secondary</i>	PSE programs are either academic or vocational, with most inmates participating in vocational PSE programs (MacKenzie, 2008).	Wilson, et al.: 13 percentage point reduction; meta-analysis of studies in the 1990's found recidivism was 46% lower on average for those taking PSE's vs. other ex-prisoners (Chappell, 2004).	Wilson, et al., 2000, found that those involved in ABE, GED or Secondary education programs were almost 2 times more likely to find employment after release than comparison groups.
<i>Vocational</i>	State prisoners are more likely to participate in vocational programs than any other education program. They fill both educational and employment deficits that are common among many prisoners.	The Aos, et al. meta-analysis found an 11.7 percent reduction in recidivism; MacKenzie, meta-analysis found a 13 percentage point reduction.	Visher, Dubus, and Yahner, 2008, found that those with vocational training in prison were 21% more likely to be employed 8 months after release than those without. Saylor & Gaes found higher increases in the likelihood of employment before vs. after prison training for black than for white prisoners with vocational or industries training.
<i>Life-Skills</i>	These programs are designed to improve skills that increase offender functioning in the community, and commonly include job search skills, money management, anger management, goal setting, and so on.	There are too few studies that are methodologically sound to draw conclusions. The few sound studies that exist found no significant effect on recidivism.	
<b>Employment Programs</b>			
<i>Prison Industry Programs</i>	Prisoners produce products for government and private consumers.	The Aos, et al meta-analysis found a 7.7 percent reduction in recidivism. MacKenzie 2006 meta-analysis concluded there were too few sound studies to draw conclusions. Those that are sound tend to not find a relationship. In Ohio, Konicek, 2004, found no effect on recidivism.	
<i>Employment training/job assistance</i>	These programs assist offenders in finding a job and/or obtaining the job search skills needed to find a job, including resume writing, interviewing, and so on.	The Aos, et al. meta-analysis found a small reduction in recidivism (4.8%). Other research finds that older offenders (27+) engaged in these programs are significantly less likely to recidivate than a comparison group of older offenders (Uggen, 2000).	Some research finds that recidivism is less likely if the offender finds quality employment (Uggen, 1999). A national reentry employment initiative (PRI), of which Ohio was one of the sites, found it was difficult to retain prisoner participation in the community. However, over 2/3rds of the offenders who did participate found employment, but only half were employed the first quarter after program completion.

PROGRAM TYPE	PROGRAM DESCRIPTION	RECIDIVISM REDUCTION	OTHER FINDINGS
<b>Attitudes, Associates, and Social Interaction</b>			
<i>Cognitive Behavioral Therapy (CBT) Programs</i>	These programs are based on the theory that thoughts & attitudes affect behavior, and changing these cognitions can change behavior.	Lipsey, et al., 2007 found a 25% reduction in recidivism. Wilson, et al., 2005 found a 30% reduction in recidivism.	Evaluations of programs implemented on statewide or larger populations as opposed to smaller populations have not found cognitive-behavior programs to be as effective as smaller programs. The primary reason attributed to this difference in findings is that the larger programs were not implemented properly.
<b>Marital/Family Relations Programming</b>			
<i>Family Reentry Programs</i>	Marriage is related to reductions in criminal behavior, especially for men. Reasons may include social control, lifestyle changes, changes in associates, or an altered sense of self.	Research has only begun examining programming involving families. Sullivan, et al., 2002, found reductions in arrests and convictions among family programming participants.	A three-site family reentry program in Ohio was effective at reducing recidivism if the offender successfully completed the program in the community (Latessa & Lovins, 2009).
<i>Domestic Violence Programs</i>	Many prisoners have a history of domestic violence. Most of these programs have a cognitive-behavioral component.	Meta-analyses of these programs do not find they reduce recidivism. Small sample sizes may hinder statistical measures.	
<b>Mental Health Programming</b>			
<i>Forensic Assertive Community Treatment (FACT)</i>	This program takes the Assertive Community Treatment (ACT) program, with it's mental health treatment emphasis, and adds cognitive-behavioral programming to address criminal thinking errors.	This program has been found to reduce mental health hospitalizations (James & Glaze, 2006). Prior research on the ACT program showed it did not consistently reduce recidivism.	There are seven FACT programs in Ohio, and four of them are currently being evaluated. Preliminary results indicate the program is reducing recidivism.
<i>Substance Abuse / Mental Illness programming</i>	This type of program is for people who have both mental health and substance abuse problems. The treatment combines mental health and substance abuse treatment from the same provider, using a single treatment plan.	Is an evidence-based practice in the mental health field, but hasn't been evaluated for its' impact on recidivism (Osher & Steadman, 2007)	Many offenders with mental illness also suffer from substance abuse issues. Studies find that 72-87% of offenders with severe mental illness also have a substance abuse disorder (cf., Peters, et al., 2008).
<i>Modified Therapeutic Community</i>	This is a program for people who have both mental health and substance abuse problems.	Modified TC programs for ex-prisoners with co-occurring disorders significantly lowers reincarceration rates (Osher & Steadman, 2007).	This program also reduces the likelihood of substance abuse relapse.

PROGRAM TYPE	PROGRAM DESCRIPTION	RECIDIVISM REDUCTION	OTHER FINDINGS
<b>Mental Health Programming .....continued</b>			
<b><i>Permanent Supportive Housing</i></b>	This is a program for homeless mentally ill offenders. This program includes several different types of permanent housing with on-site or easy-to-access services. Rents are often subsidized, based on income. Services generally include case management, mental health, substance abuse, employment and public assistance services.	There have been few studies of this type of program to date, but findings show that program participants are less likely to recidivate than those with similar problems who are not in the program (Theurer & Lovell, 2008).	Research also finds that program participants get quicker and more intense service access (Theurer & Lovell) and have less shelter use and mental health hospitalizations than comparisons (Culhane, et al., 2002).
<b><i>Trauma Therapy</i></b>	This is a program for offenders, particularly females, who have been exposed to trauma.	Research has not yet examined the impact on recidivism.	Research has shown that the program reduces trauma-related symptoms (Valentine & Smith, 2001).
<b><i>CBT for Sex Offenders</i></b>	This is a cognitive-behavioral program specifically for sex-offenders.	While findings are mixed on in-prison programs, the findings for community programs are much better, particularly for sexual recidivism (17.9% reductions vs. no reduction for prison CBT participants) (Hanson, et al., 2009).	
<b><i>Therapeutic Communities for Sex Offenders</i></b>	This is a therapeutic community for sex offenders.	Not much research on these programs, but one study found that participants are 8 times less likely to be arrested for a violent crime in the first year after release and are 3 times less likely to return to prison (Lowden, et al., 2003)	

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