



Even though most correctional system personnel say their goal is to increase public safety, many traditional corrections practices actually *increase* the likelihood that offenders will commit new offenses through the following...

Top 10 Ways Correctional Systems Increase Recidivism:

- 1. Assessing offenders' risk of re-offense through "intuition," non-validated surveys, or not at all.** When agencies do not use well-researched risk assessment tools, administered by well-trained staff, they miss the information about offenders' backgrounds and current lifestyles that put them at greatest risk of rearrest. Without this information, practitioners cannot decide which kinds of treatment (if any) should be given to which offenders to lower their likelihood of committing new offenses.
- 2. Communicating with offenders *primarily* through shaming, blaming, lecturing, arguing, and negative reinforcement or punishment.** While offenders' actions are frequently reprehensible, these particular communication strategies raise defensiveness, which makes offenders less likely to work with correctional personnel to adopt pro-social change strategies. Punishment is sometimes necessary, but research indicates that a ratio of 4 positive reinforcements for each negative one produces optimal change motivation.
- 3. Wasting resources on low-risk offenders.** Research indicates that supervision and treatment resources that are focused on lower-risk offenders tend to produce little if any net positive effect on recidivism rates. Shifting these resources to higher risk offenders promotes harm-reduction and public safety because these offenders have greater need for pro-social skills and thinking, and are more likely to be frequent offenders.
- 4. Letting high and low risk offenders associate.** When agencies allow high and low risk offenders to associate in incarceration, treatment, or community settings, they increase the likelihood that low risk offenders will form connections with high risk offenders that will draw them into more pro-criminal lifestyles.
- 5. Applying treatment based on availability or personal preferences, rather than matching offender needs to treatment.** Offenders' criminogenic needs are dynamic risk factors that, when addressed or changed, affect the offender's risk for recidivism (e.g., criminal personality; antisocial attitudes, values, and beliefs; low self control; criminal peers; substance abuse; and dysfunctional family). When treatment assigned does not address an offender's primary needs, treatment is likely to be ineffective.
- 6. Assigning treatment that does not include cognitive-behavioral skill-building.** While a variety of treatment methods have shown sporadic success rates with certain populations, meta-analyses of 30 years of treatment research have shown that the skill-building exercises used in cognitive-behavioral treatment methods consistently help offenders implement what they have learned in treatment in their real-life situations, reducing recidivism long-term.
- 7. Leaving community offenders' time largely unstructured.** Even if offenders are in appropriate treatment programs, if these and other mandated activities (jobs, school, AA, etc.) occupy less than 40-70% of an offenders' time, offenders have too much time to associate with anti-social peers and pursue anti-social activities.
- 8. Using ad hoc or disorganized treatment plans.** Treatment plans that begin with assessed risk and needs, recommend treatment based on needs, map out goals and strategies that the offender helps to

set, and document progress made provide the structure offenders need to succeed. Treatment plans that do not regularly include these things are not likely to ensure that offenders get the treatment and follow-up that they need to reduce recidivism rates.

9. **Providing no post-release community linkages or support.** Without connections to pro-social community structures and contacts, offenders are likely to return to the anti-social acquaintances they had before. Treatment gains are soon lost in the midst of these old habits and influences.
10. **Never conducting quality assurance on practitioners' skills and methods.** Even if practitioners are trained in assessment, case-planning, treatment matching, positive reinforcement, and enhancing intrinsic offender motivation, these skills are soon lost without careful quality assurance measures. Ineffective assessment, case-planning, and treatment practices soon return.

Correctional Practices that Reduce Recidivism

The *National Institute of Corrections* has described the following Eight Evidence-Based Principles for Effective Interventions:

1. **Assess Actuarial Risk/Needs.** Develop and maintain a complete system of ongoing offender risk screening / triage and needs assessments. Assessing offenders in a reliable and valid manner is a prerequisite for the effective management (i.e., supervision and treatment) of offenders. Timely, relevant measures of offender risk and need at the individual and aggregate levels are essential for the implementation of numerous principles of best practice in corrections, (e.g., risk, need, and responsibility). Offender assessments are most reliable and valid when staff are formally trained to administer tools. Screening and assessment tools that focus on dynamic and static risk factors, profile criminogenic needs, and have been validated on similar populations are preferred. They should also be supported by sufficiently detailed and accurately written procedures.

Offender assessment is as much an ongoing function as it is a formal event. Case information that is gathered informally through routine interactions and observations with offenders is just as important as formal assessment guided by instruments. Formal and informal offender assessments should reinforce one another. They should combine to enhance formal reassessments, case decisions, and working relations between practitioners and offenders throughout the jurisdiction of supervision.

Questions to Ask

- Does the assessment tool we're using measure for criminogenic risk and need?
 - How are officers trained to conduct the assessment interview?
 - What quality assurance is in place to ensure that assessments are conducted appropriately?
 - How is the assessment information captured and used in the development of case plans?
2. **Enhance Intrinsic Motivation.** Staff should relate to offenders in interpersonally sensitive and constructive ways to enhance intrinsic motivation in offenders. Behavioral change is an *inside job*; for lasting change to occur, a level of intrinsic motivation is needed. Motivation to change is dynamic and the probability that change may occur is strongly influenced by interpersonal interactions, such as those with probation officers, treatment providers, and institution staff. Feelings of ambivalence that usually accompany change can be explored through motivational interviewing, a style and method of communication used to help people overcome their ambivalence regarding behavior changes.

Research strongly suggests that motivational interviewing techniques, rather than persuasion tactics, effectively enhance motivation for initiating and maintaining behavior changes.

Questions to Ask

- Are officers and program staff trained in motivational interviewing techniques?
- What quality assurance is in place?
- Are staff held accountable for using motivational interviewing techniques in their day-to-day interactions with offenders?

3. Target Interventions.

- RISK PRINCIPLE:** Prioritize primary supervision and treatment resources for offenders who are at higher risk to re-offend. Research indicates that supervision and treatment resources that are focused on lower-risk offenders tend to produce little if any net positive effect on recidivism rates. Shifting these resources to higher risk offenders promotes harm-reduction and public safety because these offenders have greater need for pro-social skills and thinking, and are more likely to be frequent offenders. Reducing the recidivism rates of these higher risk offenders reaps a much larger *bang-for-the-buck*. Successfully addressing this population requires smaller caseloads, the application of well developed case plans, and the placement of offenders into sufficiently intense cognitive-behavioral interventions that target their specific criminogenic needs.
- NEED PRINCIPLE:** Address offenders' greatest criminogenic needs. Offenders have a variety of needs, some of which are directly linked to criminal behavior. These criminogenic needs are dynamic risk factors that, when addressed or changed, affect the offender's risk for recidivism. Examples of criminogenic needs are: criminal personality; antisocial attitudes, values, and beliefs; low self control; criminal peers; substance abuse; and dysfunctional family. Based on an assessment of the offender, these criminogenic needs can be prioritized so that services are focused on the greatest criminogenic needs.
- RESPONSIVITY PRINCIPLE:** Responsivity requires that we consider individual characteristics when matching offenders to services. These characteristics include, but are not limited to: culture, gender, motivational stages, developmental stages, and learning styles. These factors influence an offender's responsiveness to different types of treatment. The principle of responsivity also requires that offenders be provided with treatment that is proven effective with the offender population. Certain treatment strategies, such as cognitive-behavioral methodologies, have consistently produced reductions in recidivism with offenders under rigorous research conditions. Providing appropriate responsivity to offenders involves selecting services in accordance with these factors, including: matching treatment type to offender, and matching style and methods of communication with offender's stage of change readiness.
- DOSAGE:** Providing appropriate doses of services, pro-social structure, and supervision is a strategic application of resources. Higher risk offenders require significantly more initial structure and services than lower risk offenders. During the initial 3-9 months post-release, 40-70% of their free time should be clearly occupied with a delineated routine and appropriate services, (e.g., outpatient treatment, employment assistance, education, etc.). Certain offender subpopulations (e.g., severely mentally ill, chronic dual diagnosed, etc.) commonly require strategic, extensive, and extended services. However, too often individuals within these sub-populations are neither explicitly identified nor provided a coordinated package of supervision/services. The evidence

indicates that incomplete or uncoordinated approaches can have negative effects, often wasting resources.

- e. **TREATMENT PRINCIPLE:** Treatment, particularly cognitive-behavioral types, should be applied as an integral part of the sentence/sanction process. A proactive and strategic approach to supervision and case planning that delivers targeted and timely treatment interventions will provide the greatest long-term benefit to the community, the victim, and the offender. This does not necessarily apply to lower risk offenders, who should be diverted from the criminal justice and corrections systems whenever possible.

Questions to Ask

- How do we manage offenders assessed as low risk to reoffend?
 - Does our assessment tool assess for criminogenic need?
 - How are criminogenic risk and need information incorporated into offender case plans?
 - How are offenders matched to treatment resources?
 - How structured are our case plans for offenders, especially during the three to nine month period in the community after leaving an institution?
 - How are staff held accountable for using assessment information to develop a case plan and then subsequently using that case plan to manage an offender?
4. **Provide skills training using cognitive-behavioral treatment methods.** Provide evidence-based programming that emphasizes cognitive-behavioral strategies and is delivered by well trained staff. To successfully deliver this treatment to offenders, staff must understand antisocial thinking, social learning, and appropriate communication techniques. Skills are not just taught to the offender, but are practiced or role-played and the resulting pro-social attitudes and behaviors are positively reinforced by staff. Correctional agencies should prioritize, plan, and budget to predominantly implement programs that have been scientifically proven to reduce recidivism.

Questions to Ask

- How are social learning techniques incorporated into the programs we deliver?
 - How do we ensure that our contracted service providers are delivering services in alignment with social learning theory?
 - Are the programs we deliver and contract for based on scientific evidence of recidivism reduction?
5. **Increase Positive Reinforcement.** When learning new skills and making behavioral changes, individuals respond better and maintain learned behaviors for longer periods of time when approached with *carrots* rather than *sticks*. Sustained behavioral change is better achieved when an individual receives a higher ration of positive to negative reinforcements. Research indicates that a ratio of *four positive to every one negative* reinforcement is optimal for promoting behavior changes. These rewards do not have to be applied consistently to be effective (as negative reinforcement does) but can be applied randomly.

Increasing positive reinforcement should not be done at the expense of or interfere with the administration of swift, certain, and real responses for negative and unacceptable behavior. Offenders having problems with responsible self-regulation generally respond positively to reasonable and reliable additional structure and boundaries. Offenders may initially overreact to new demands for accountability, seek to evade detection or consequences, and fail to recognize any personal responsibility. However, with exposure to clear rules that are consistently (and swiftly) enforced with appropriate and graduated consequences, offenders will tend to comply in the direction of the most

rewards and least punishments. This type of extrinsic motivation can often be useful for beginning the process of behavior change.

Questions to Ask

- Do we model positive reinforcement techniques in our day-to-day interactions with our co-workers?
- Do our staff understand and use the four-to-one theory in their interactions with offenders?

6. Engage On-going Support in Natural Communities.

Realign and actively engage pro-social supports for offenders in their communities. Research indicates that many successful interventions with high risk populations (e.g., inner city substance abusers, homeless, dual diagnosed) actively recruit and use family members, spouses, and supportive others in the offender's immediate environment to positively reinforce desired new behaviors. This Community Reinforcement Approach (CRA) has been found effective for a variety of behaviors (e.g., unemployment, alcoholism, substance abuse, and marital conflicts); and research also indicates the efficacy of twelve step programs, religious activities, and restorative justice initiatives geared towards improving bonds and ties to pro-social community members.

Questions to Ask

- Do we engage community supports for offenders as a regular part of case planning?
- How do we measure our community network contacts as they relate to an offender?

7. Measure Relevant Processes/Practices. Accurate and detailed documentation of case information, along with a formal and valid mechanism for measuring outcomes, is the foundation of evidence-based practice. Agencies must routinely assess changes in offenders' cognitive and skill development, and recidivism, if services are to remain effective. In addition to routinely measuring and documenting offender changes, staff performance should also be regularly assessed. Staff that are periodically evaluated for performance achieve greater fidelity to program design, service delivery principles, and outcomes. Staff whose performance is not consistently monitored, measured, and subsequently reinforced work less cohesively, more frequently at cross-purposes and provide less support to the agency mission.

Questions to Ask

- What data do we collect regarding offender assessment and case management?
- How do we measure incremental offender change while they are under supervision?
- What are our outcome measures and how do we track them?
- How do we measure staff performance? What data do we use? How is that data collected?

8. Provide Measurement Feedback. Once a method for measuring relevant processes / practices is in place (principle seven), this information must be used to monitor process and change. Providing feedback to offenders regarding their progress builds accountability, and is associated with enhanced motivation for change, lower treatment attrition, and improved outcomes (e.g., reduced drink/drug days, treatment engagement, goal achievement). The same is true within an organization. Monitoring delivery of services and fidelity to procedures helps build accountability and maintain integrity to the agency's mission. Regular performance audits and case reviews with an eye toward improved outcomes, keep staff focused on the ultimate goal of reduced recidivism through the use of evidence-based principles.

Questions to Ask

- How is information regarding offender change and outcomes shared with officers? With offenders?

- With whom do we share information regarding outcome measures?
- How is staff performance data used in the performance evaluation process?

Summary

Aligning these evidence-based principles with the operations of an agency is difficult, but will largely determine the impact the agency has on sustained reductions in recidivism. In order to accomplish this shift to an outcome orientation, practitioners must be prepared to dedicate themselves to a mission that focuses on achieving sustained reductions in recidivism. The scientific principles presented in this document are unlikely to produce a mandate for redirecting and rebuilding an agency's mission by themselves. Leadership in organizational change and collaboration for systemic change are also necessary.

To see the entire article on Evidence-Based Practices in Community Corrections or to examine the research supporting each of the eight principles, go to:

<http://nicic.org/Misc/URLShell.aspx?SRC=Catalog&REFF=http://nicic.org/Library/019342&ID=019342&TYPE=PDF&URL=http://www.nicic.org/pubs/2004/019342.pdf>