Evidence Based Correctional Practices

"What works in corrections" is not a program or a single intervention but rather a body of knowledge that is accessible to criminal justice professionals.[1]

The National Institute of Corrections (NIC) has been promoting the use of evidence-based practice for many years. The eight principles of evidence based corrections are summarized on the NIC website.[2] These principles, along with additional discussion, are presented below. Corrections and criminology research conducted over the past several decades provide substantial direction for implementing prison and community-based programs for criminal offenders. Criminologists have spanned the research-practice divide that has emerged over the last fifteen years. Now leaders in corrections must take forward the information learned and implement programs based on the principles of effective intervention.

1 Latessa, E. J. and Lowenkamp, C. (2006). What works in reducing recidivism? *University of St. Thomas Law Journal* 521-535.

2 Available at http://www.nicic.org, especially http://www.nicic.org/pubs/2004/019342.pdf.

> *Recidivism reduction: Implementing new programs and expanding existing programs for the purpose of recidivism reduction requires integrating the principles described here.*

ONE:
Assess offender risk/need levels using actuarial instruments

Risk factors are both static (never changing) and dynamic (changing over time, or have the potential to change). Focus is on criminogenic needs, that is, offender deficits that put him or her at-risk for continued criminal behavior.[3] For example, many studies show that specific offender deficits are associated with criminal activity, such as lack of employment, lack of education, lack of housing stability, substance abuse addiction. Actuarial instrument tools are available which can assist in the identification of these areas of service needs. One of the most common of these is the Level of Service Inventory (LSI).[4] The LSI (see sidebar) may be the most used instrument: In a 1999 study, researchers found that 14% of the agencies surveyed in a national study were using the LSI-Revised with another 6% planning on implementing it in the near future.[5] It is used in jurisdictions across the U.S. and Canada, and has been the subject of a considerable amount of research. Systematically identifying and intervening in the areas of criminogenic need is effective at reducing recidivism.

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[3] Criminogenic risk refers to attributes associated with criminal behaviors and recidivism include (Gendreau, and Andrews, 1990): (1) Anti-social attitudes, values, and beliefs (criminal thinking); (2) Pro-criminal associates and isolation from pro-social associates, (3) Particular temperament and behavioral characteristics (e.g., egocentrism); (4) Weak problem-solving and social skills; (5) Criminal history; (6) Negative family factors (i.e., abuse, unstructured or undisciplined environment), criminality in the family, substance abuse in the family); (7) Low levels of vocational and educational skills (8) Substance abuse. The more risk factors present, the greater the risk for committing criminal acts.

[4] Andrews, D.A. and Bonta, J. L. (2003). *Level of Supervision Inventory-Revised. U.S. Norms Manual Supplement*. Toronto: Multi Health Systems. The LSI assesses the extent of need in the following areas: criminal history, education, employment, financial, family and marital relationships, residential accommodations, leisure and recreation activities, companions, alcohol and drug problems, emotional and personal, and pro-social attitudes and orientations.

[5] Jones, D. A., Johnson, S., Latessa, E. J., and Travis, L. F. (1999). *Case classification in community corrections: Preliminary findings from a national survey*. Topics in Community Corrections. Washington D.C.: National Institute of Corrections, U.S. Department of Justice.

TWO:
Enhance offender motivation

Humans respond better when motivated- rather than persuaded-to change their behavior. An essential principle of effective correctional intervention is the treatment team playing an important role in recognizing the need for motivation and using proven motivational techniques. Motivational interviewing, for example, is a specific approach to interacting with offenders in ways that tend to enhance and maintain interest in changing their behaviors.

> *But when it comes to using this information in the systematic application of program services, most corrections agencies fall short.*

THREE:
Target interventions

This requires the application of what was learned in the assessment process described in #1 above.[6] Research shows that targeting three or fewer criminogenic needs does *not* reduce recidivism. Targeting four to six needs (at a minimum), has been found to reduce recidivism by 31 percent. Correctional organizations have a long history of assessing inmates for institutional management purposes, if nothing else. But when it comes to using this information in the systematic application of program services, most corrections agencies fall short. While inmate files may contain adequate information identifying offender's deficits and needs, correctional staff are often distracted by population movement, lockdowns, and day-to-day prison operations. Often, these take priority over the delivery of services based on the offender's criminogenic needs. Staff training and professionalism becomes an essential component of developing a culture of personal change: well-trained staff can—and must—role model and promote pro-social attitudes and behaviors even while maintaining a safe and secure environment.

Thus, targeting interventions requires clear leadership and management of the prison culture. Implementation methods include the following:

• **Act on the risk principle**. This means prioritizing supervision and treatment resources for higher risk offenders.

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[6] Gendreau, French and Taylor (2002). What Works (What Doesn't Work) Revised 2002.

WHAT IS THE LSI-r?

The Level of Service Inventory-Revised (LSI-r)[1] is one of the most commonly used classification tools used with adult offenders. The LSI-r is used in a variety of correctional contexts across the United States to guide decision making. In Colorado, the LSI-r is used in probation, community corrections, prison and parole to develop supervision and case management plans, and to determine placement in correctional programs. In some states, the LSI-r is used to make institutional assignments and release from institutional custody decisions. It may be the most used instrument: In a 1999 study, researchers found that 14% of the agencies surveyed in a national study were using the LSI-R with another 6% planning on implementing it in the near future.[2] The instrument is perhaps the most researched correctional risk/needs assessment and, from the first validation study in 1982, it has continued to show consistent predictive validity for a range of correctional outcomes.[3]

The LSI-R assessment is administered via a structured interview. Supporting documentation should be collected from family members, employers, case files, drug tests, and other relevant sources.[4] (Andrews & Bonta, 1995).

The instrument includes 54 items that measure ten components of risk and need. The components measured are:

- *Criminal history,*
- *Education,*
- *Employment,*
- *Financial,*
- *Family and marital relationships,*
- *Residential accommodations,*
- *Leisure and recreation activities,*
- *Companions,*
- *Alcohol and drug problems,*
- *Emotional and personal, and*
- *Pro-social attitudes and orientations.*

The LSI-r predicts recidivism but perhaps more importantly it also provides information pertaining to offender needs. Re-assessment every six months allows for an examination of whether the offender's need level was improved by the intervening programming. Probation and DOC apply differing score paradigms for determining levels of risk and need for their respective individual populations.

Probation and DOC have set different score categories for designation of risk/need.

RISK/NEED category	Probation	DOC
Low	1-18	0-12
Medium	19-28	13-26
High	29-54	27-54

Level of Supervision Inventory
Percent chance of recidivism within one year (based on total score).

LSI total score (Raw score)	Percent chance of recidivism
0 to 5	9%
6 to 10	20%
11 to 15	25%
16 to 20	30%
21 to 25	40%
26 to 30	43%
31 to 35	50%
36 to 40	53%
41 to 45	58%
46 to 50	69%
50 to 54	<70%

Source: Andrews, D.A. and Bonta, J. L. (2003). *Level of Supervision Inventory-Revised. U.S. Norms Manual Supplement*. Toronto: Multi Health Systems.

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[1] Andrews, D.A. and Bonta, J. (1995). *The Level of Service Inventory-Revised*. Toronto: Multi-Health Systems.

[2] Jones, D. A., Johnson, S., Latessa, E. J., and Travis, L. F. (1999). *Case classification in community corrections: Preliminary findings from a national survey*. Topics in Community Corrections. Washington, D.C.: National Institute of Corrections, U.S. Department of Justice.

[3] Andrews, D.A. (1982). *The Level of Supervision Inventory (LSI): The first follow-up*. Toronto: Ontario Ministry of Correctional Services; Andrews, D.A., Dowden, C. and Gendreau, P. (1999). *Clinically relevant and psychologically informed approaches to reduced re-offending: A meta-analytic study of human service, risk, need, responsivity and other concerns in justice contexts*. Ottawa: Carleton University.

[4] Andrews, D.A. and Bonta, J. (1995). *The Level of Supervision Inventory-revised*. Toronto: Multi-Health Systems.

Some studies have shown that lower risk offenders have a high probability of successfully re-integrating into the community without intense prison programming.[7] They tend to have positive support groups and are not without resources. Placing these offenders in correctional programs tends to disrupt their pro-social networks and increase their likelihood of recidivism.

> *Staff training and professionalism becomes an essential component of developing a culture of personal change: well-trained staff can—and must—role model and promote pro-social attitudes and behaviors even while maintaining a safe and secure environment.*

- **Act on the need principle**. The fundamental point of this principle is to provide services according to individual deficits—social skills, thinking errors, vocational training, misuse of leisure time, drug and alcohol abuse—when these are identified by the assessment in #1 above. Sex offenders, for example, have significant deficits that are identified in general assessment tools such as the LSI, but research shows they also have additional treatment needs that require specialized interventions by professionals with specific expertise.

- **Implement the responsivity principle**. Inmates, like other humans, have different temperaments, learning styles, and motivation levels. These must be acknowledged and services must accommodate and consistently promote every individual's ability to participate in a program. Many evidence-based programs, however, have low or no success with offenders of color, and women have very different service and program needs than men. Hence, gender and cultural difference must be accounted for. Recidivism reduction requires developing interventions that are sensitive to the learning styles and psychological needs of all program participants.

- **Ensure adequate program dose and duration**. Many efficacy studies have found that high-risk offenders should spend 40 to 70 percent of their time in highly structured activities and programming for 3 to 9 months prior to release.[8] However, these are minimum durations and are likely to be inadequate for both sex offender populations and serious drug addicts. Studies of both populations have found that duration and intensity are linked to positive outcomes. For both populations, the need for structured and accountable time throughout the day and week is likely higher than the average 40 to 70 percent found in studies of the general criminal population. The continuity of structure, treatment, and accountability must follow both substance addicts and sex offenders into the community, and treatment should be delivered as a life-long plan for changing entrenched negative lifestyle behaviors.[9] The evidence indicates that incomplete or uncoordinated approaches can have negative effects and increase recidivism and victimization.[10]

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[7] Andrews, D. A. and Bonta, J. (2003). *The psychology of criminal conduct*. Cincinnati, OH: Anderson Publishing Co.; Clear, T. R. "Objectives-Based Case Planning," National Institute of Corrections, Monograph 1981, Longmont, CO.; Currie, E. (1998). *Crime and punishment in America*. New York: Metropolitan Books; Palmer, T. (1995). "Programmatic and non-programmatic aspects of successful intervention: New directions for research," *Crime & Delinquency*, 41.

[8] Gendreau, P. and Goggin, C. (1995). "Principles of effective correctional programming with offenders," Center for Criminal Justice Studies and Department of Psychology, University of New Brunswick; Palmer, T. (1995). "Programmatic and non-programmatic aspects of successful intervention: New directions for research," *Crime & Delinquency*, 41,100-131; Higgins, H. and Silverman, K. (1999). *Motivating Behavior Change Among Illicit-Drug Abusers: Research on Contingency Management Interventions*. Washington, D.C.: American Psychological Association.

[9] National Institute on Drug Abuse's *Principles of Drug Abuse Treatment for Criminal Justice Populations: A Research Based Guide*, available at http://www.nida.nih.gov/PODAT_CJ/ from the U.S. National Institutes of Health.

[10] Higgins, H. and Silverman, K. (1999). Motivating Behavior Change Among Illicit-Drug Abusers: Research on Contingency Management Interventions. American Psychological Association.

- **Implement the treatment principle**. The treatment principle states that cognitive/behavioral treatment should be incorporated into all sentences and sanctions.[11] Treatment is action. First, it is centered on the *present* circumstances and risk factors that are responsible for the offender's behavior. Second, it is *action* oriented rather than talk oriented. Offenders do something about their difficulties rather than just talk about them. Third, clinicians *teach* offenders new, pro-social skills to replace the anti-social ones like stealing, cheating and lying, through modeling, practice, and reinforcement. These behavioral programs would include:

  o Structured social learning programs where new skills are taught, and behaviors and attitudes are consistently reinforced,

  o Cognitive behavioral programs that target attitudes, values, peers, substance abuse, anger, etc., and

  o Family based interventions that train families on appropriate behavioral techniques.

Interventions based on these approaches are very structured and emphasize the importance of modeling and behavioral rehearsal techniques that engender self-efficacy, challenge cognitive distortions, and assist offenders in developing good problem-solving and self-control skills. These strategies have been demonstrated to be effective in reducing recidivism.[12]

FOUR:
Provide skill training for staff and monitor their delivery of services

Evidence-based programming emphasizes cognitive-behavior strategies and is delivered by well-trained staff. Staff must coach offenders to learn new behavioral responses and thinking patterns. In addition, offenders must engage in role playing and staff must continually and consistently reinforce positive behavior change.

> *Researchers have found that optimal behavior change results when the ratio of reinforcements is four positive to every negative reinforcement.*

FIVE:
Increase positive reinforcement

Researchers have found that optimal behavior change results when the ratio of reinforcements is four positive to every negative reinforcement.[13] While this principle should not interfere with the need for administrative responses to disciplinary violations, the principle is best applied with clear expectations and descriptions of behavior compliance. Furthermore, consequences for failing to meet expectations should be known to the offender as part of the programming activity. Clear rules and consistent consequences that allow offenders to make rewarding choices can be integrated into the overall treatment approach.[14]

> *Quality control and program fidelity play a central and ongoing role to maximize service delivery. In a study at the Ohio Department of Corrections, programs that scored highest on program integrity measures reduced recidivism by 22 percent. Programs with low integrity actually increased recidivism.*

[11] Latessa, E.J. (no date). From theory to practice: What works in reducing recidivism? University of Cincinnati. Paper prepared for the Virginia Division of Criminal Justice Services. Available at http://www.dcjs.virginia.gov/corrections/documents/theoryToPractice.pdf.

[12] Exerpted from page 2, Latessa, E.J. (no date). From theory to practice: What works in reducing recidivism? University of Cincinnati. Paper prepared for the Virginia Division of Criminal Justice Services. Available at http://www.dcjs.virginia.gov/corrections/documents/theoryToPractice.pdf.

[13] Gendreau, P. and Goggin, C. (1995). *Principles of effective correctional programming with offender*. Unpublished manuscript, Center for Criminal Justice Studies and Department of Psychology, University of New Brunswick, New Brunswick.

[14] McGuire, J. (2001). "What works in correctional intervention? Evidence and practical implications," *Offender rehabilitation in practice: Implementing and evaluating effective program*; Higgins, S. T and Silverman, K. (1999). *Motivating Behavior Change Among Illicit-Drug Abusers: Research on Contingency Management Interventions*. Washington, D.C.: American Psychological Association.

SIX:
Engage ongoing support in natural communities

For many years research has confirmed the common sense realization that placing offenders in poor environments and with anti-social peers increases recidivism. The prison-based drug and alcohol treatment communities show that the inmate code can be broken and replaced with a positive alternative and, in the process, teach offenders the skills they will need upon release. Likewise, parole supervision requires attending to the pro-social supports required by inmates to keep them both sober and crime free. Building communities in prison and outside of prison for offenders who struggle to maintain personal change is a key responsibility of correctional administrators today. The National Institute of Corrections calls for:

> *Realign and actively engage pro-social support for offenders in their communities for positive reinforcement of desired new behaviors.*[15]

SEVEN:
Measure relevant processes/practices

An accurate and detailed documentation of case information and staff performance, along with a formal and valid mechanism for measuring outcomes, is the foundation of evidence-based practice. Quality control and program fidelity play a central and ongoing role to maximize service delivery. In a study at the Ohio Department of Corrections, programs that scored highest on program integrity measures reduced recidivism by 22 percent. Programs with low integrity actually increased recidivism.[16]

EIGHT:
Provide measurement feedback

Providing feedback builds accountability and maintains integrity, ultimately improving outcomes. Offenders need feedback on their behavioral changes, and program staff need feedback on program integrity. It is important to reward positive behavior—of inmates succeeding in programs, and of staff delivering effective programming. Measurements that identify effective practices need then to be linked to resources, and resource decisions should be based on objective measurement.

Years of research have gone into the development of these evidence-based principles. When applied appropriately, these practices have the best potential to reduce recidivism. These principles should guide criminal justice program development, implementation and evaluation. For further information, please see the material made available by the National Institute of Corrections, at www.nicic.org.

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[15] National Institute of Corrections, http://nicic.org/ThePrinciplesofEffective Interventions.

[16] Latessa, E. J. and Lowenkamp, C. (2006). What works in reducing recidivism? *University of St. Thomas Law Journal*.