

DO NO HARM: PROVIDING EFFECTIVE SERVICES TO REENTRY POPULATIONS AT EACH RISK LEVEL

Upcoming webinar

January 15, 2015, 3 pm EDT

Reframing the Human Services to Gain Public Support for Effective Programs

Register: <http://www.performwell.org>

Previous webinars

November 11, 2015

Growing Smart: How an Organization Teach “Heart Smarts” is Scaling Effectively

Archived Recording: <http://www.performwell.org/>

DO NO HARM: PROVIDING EFFECTIVE SERVICES TO REENTRY POPULATIONS AT EACH RISK LEVEL

Moderator



Josie Alleman

Strategic
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Presenters



Dr. Edward J.
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Research

Talbert House



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ETO Administrator

Operation New
Hope

Reducing Recidivism Using the Risk, Need, Responsivity (RNR) Model

Presented by:

Edward J. Latessa, Ph.D.

School of Criminal Justice

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www.uc.edu/criminaljustice

A Large Body of Research Has Indicated....

....that correctional services and interventions can be effective in reducing recidivism for offenders, however, not all programs are equally effective

- The most effective programs are based on some principles of effective interventions
 - Risk (Who)
 - Need (What)
 - Responsivity (How)

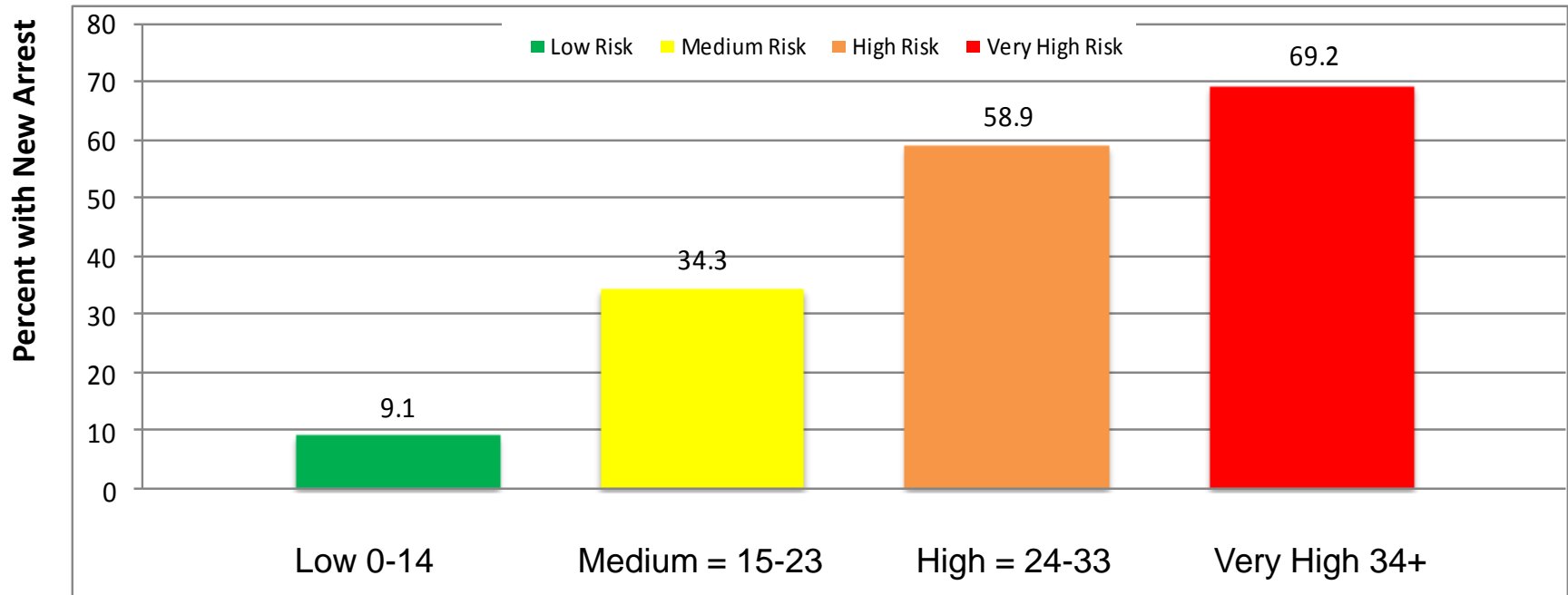
Understanding Risk

Risk refers to risk of reoffending and not the seriousness of the offense

Risk Principle: “Who” to Target with Intensive Programs

- Target those offender with higher probability of recidivism
- Provide most intensive treatment to higher risk offenders
- Intensive treatment for lower risk offender can increase recidivism

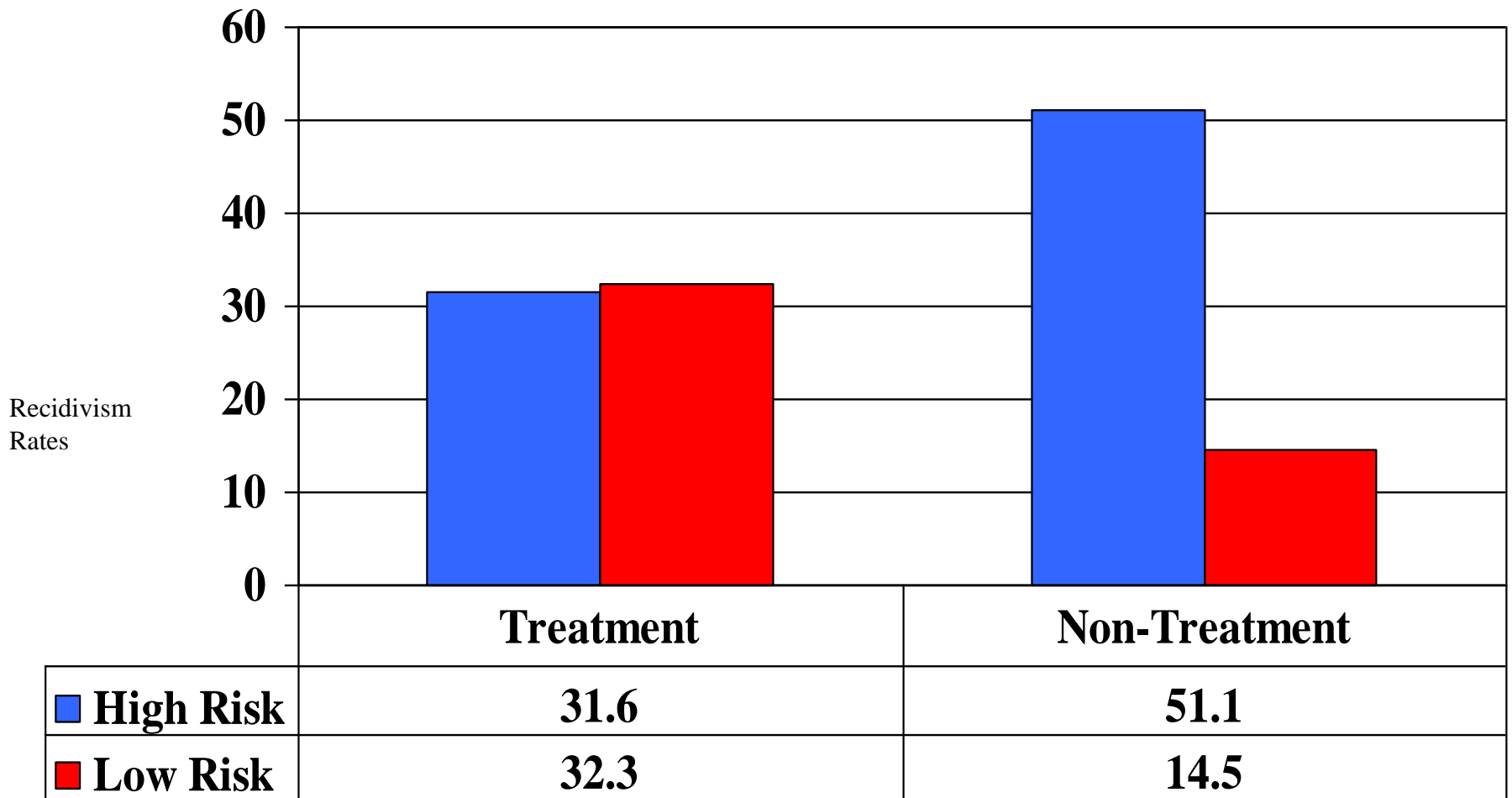
Risk Level by Recidivism for a Community Supervision Sample



Intensive Treatment for Low Risk Offenders will Often Increase Failure Rates

- Low risk offenders will learn anti social behavior from higher risk
- Disrupts pro-social networks
- Increased reporting/surveillance leads to more violations/revocations

Study of Intensive Rehabilitation Supervision in Canada



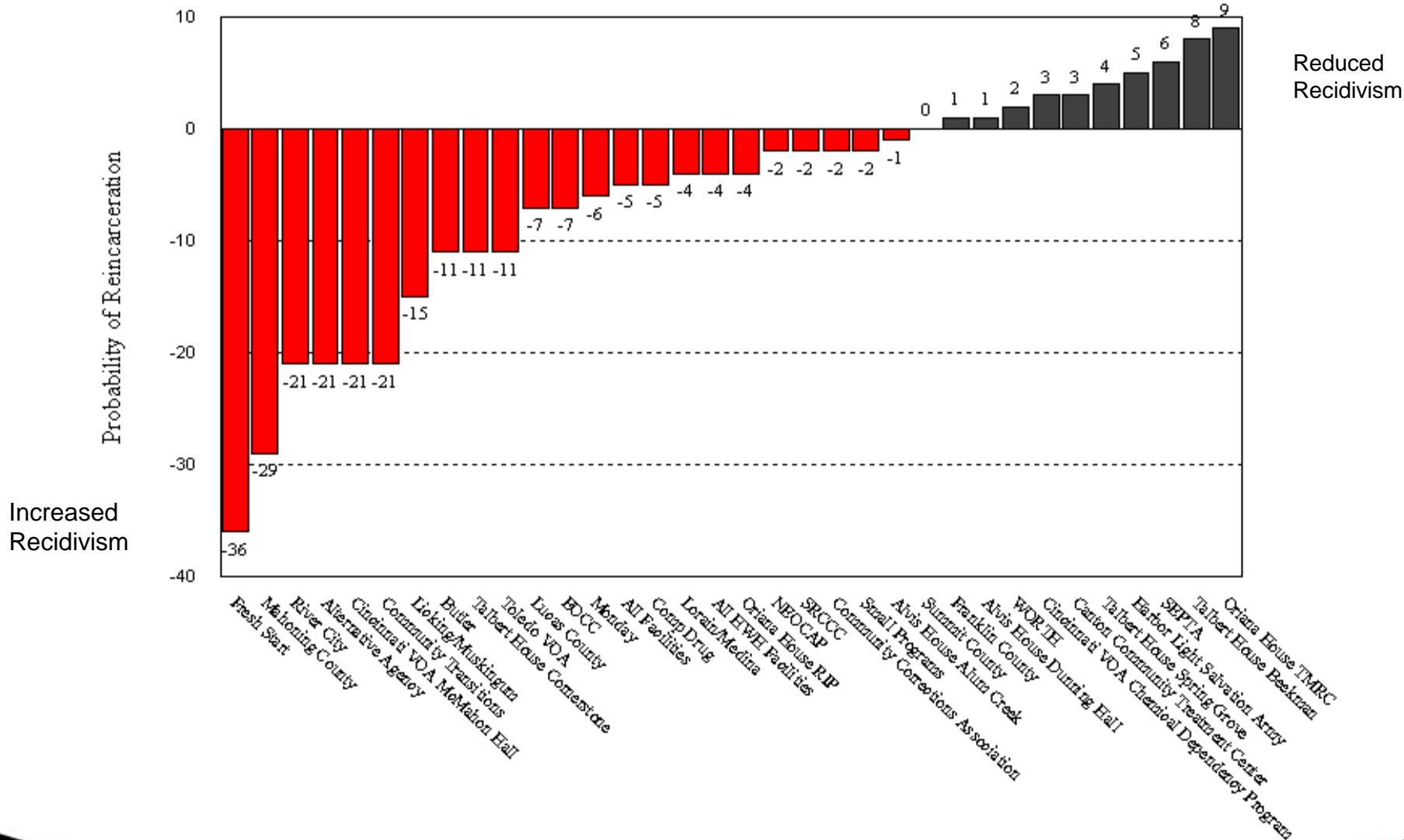
Bonta, J et al., 2000. A Quasi-Experimental Evaluation of an Intensive Rehabilitation Supervision Program., Vol. 27 No 3:312-329. *Criminal Justice and Behavior*

2002 STUDY OF COMMUNITY CORRECTIONAL PROGRAMS IN OHIO

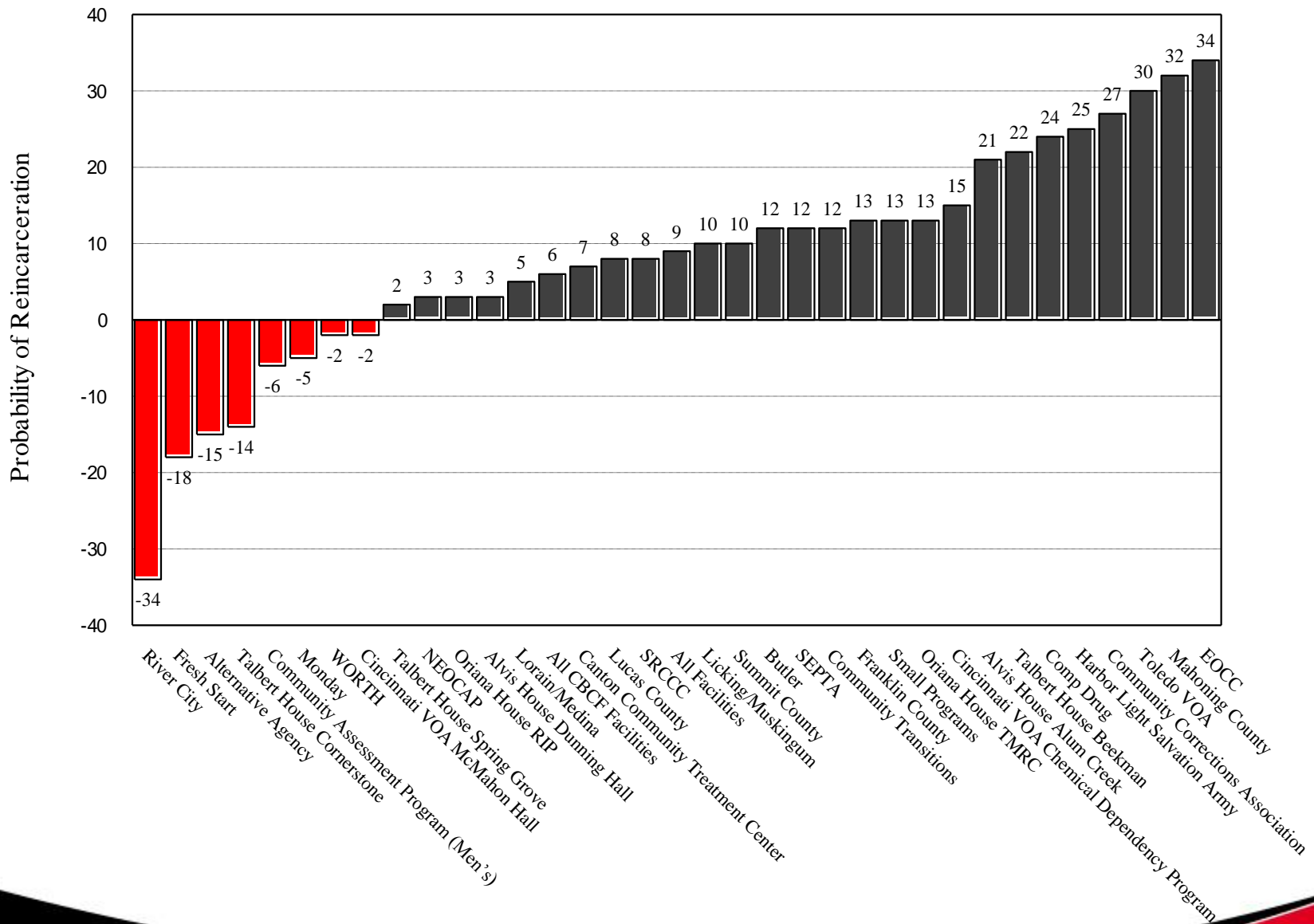
- Largest study of community based correctional treatment facilities ever done up to that time.
- Total of 13,221 offenders – 37 Halfway Houses and 15 Community Based Correctional Facilities (CBCFs) were included in the study.
- Two-year follow-up conducted on all offenders.
- Recidivism measures included new arrests & incarceration in a state penal institution.

Lowenkamp, C. and E. J. Latessa (2002). Evaluation of Ohio's Community Based Correctional Facilities and Halfway Houses
Center for Criminal Justice Research, University of Cincinnati.

Treatment Effects for Low Risk Offenders



Treatment Effects For High Risk Offenders

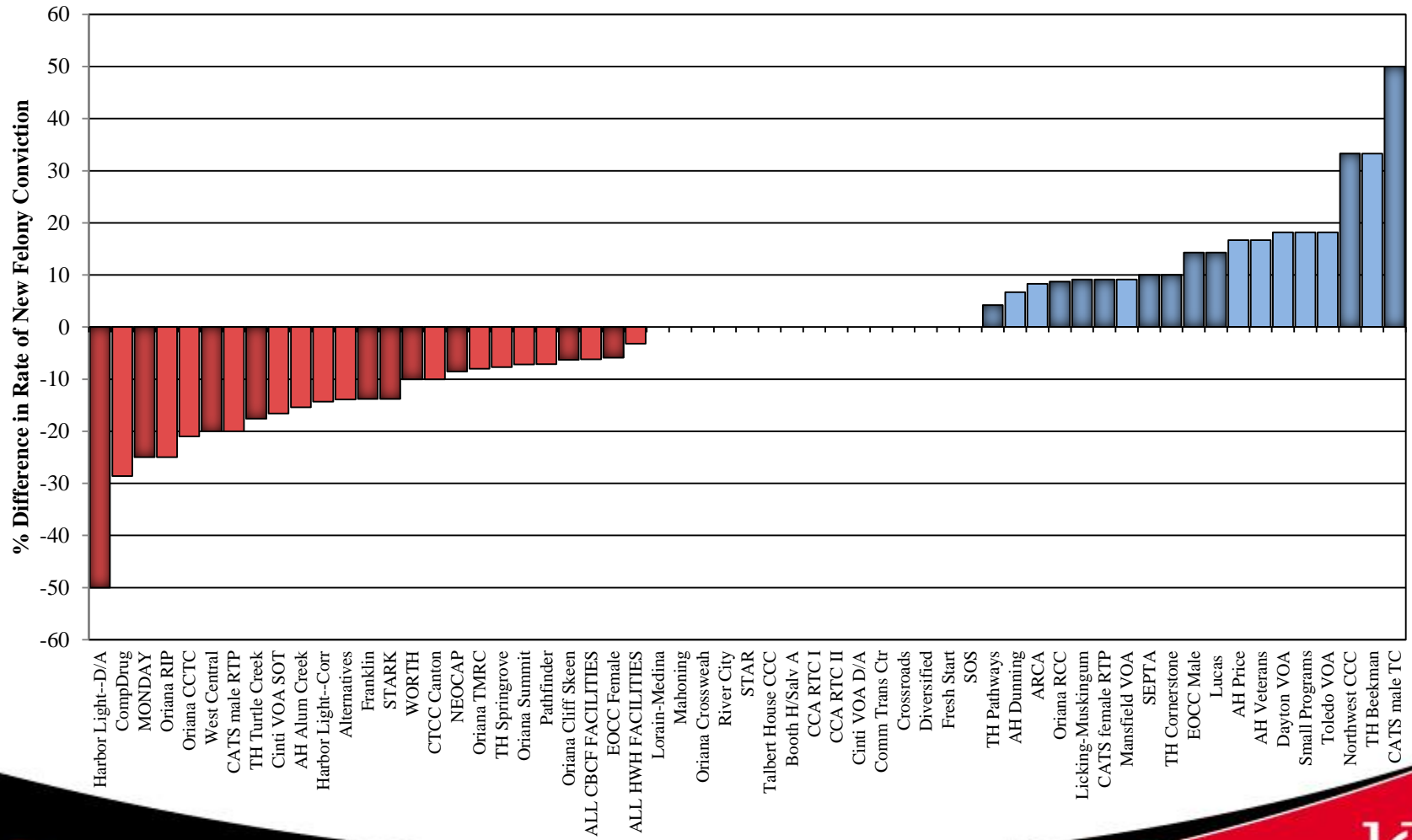


2010 STUDY OF COMMUNITY CORRECTIONAL PROGRAMS IN OHIO

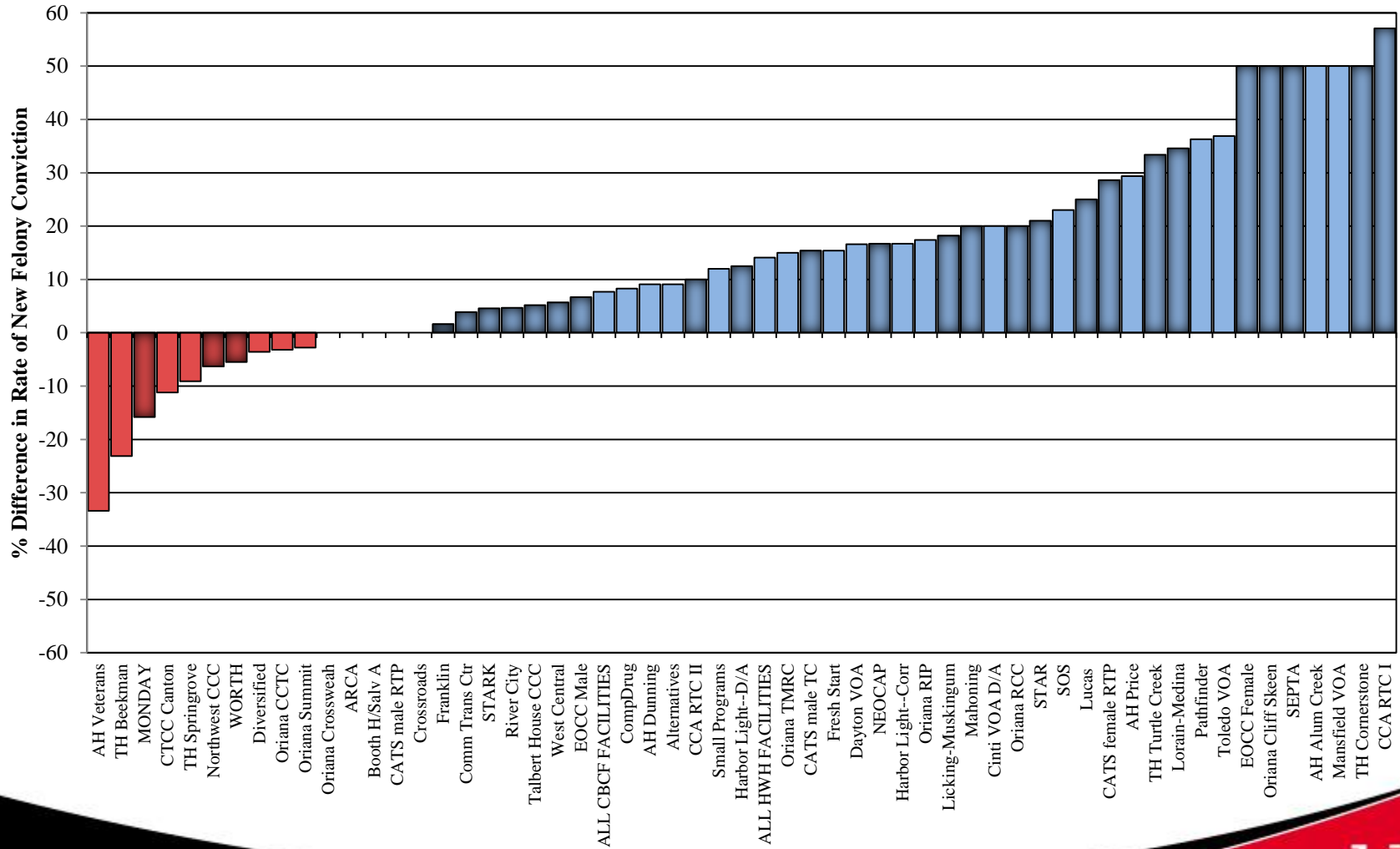
- Over 20,000 offenders – 44 Halfway Houses and 20 Community Based Correctional Facilities (CBCFs) were included in the study.
- Two-year follow-up conducted on all offenders.

Latessa, E. J., L. Brusman Lovins, & P. Smith (2010). FINAL REPORT Follow-up Evaluation of Ohio's Community Based Correctional Facility and Halfway House Programs—Outcome Study. Center for Criminal Justice Research, University of Cincinnati.

Treatment Effects for Low Risk

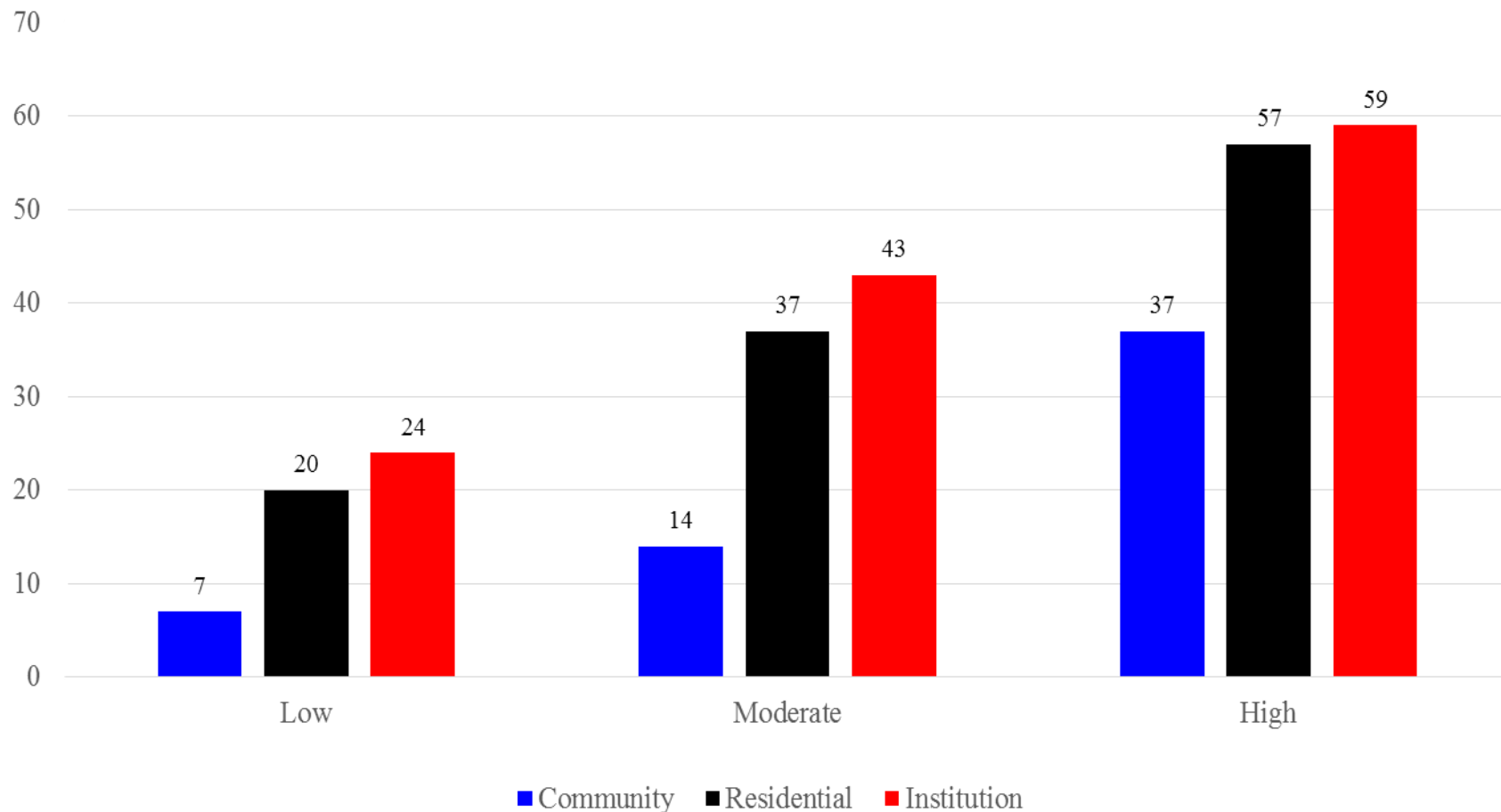


Treatment Effects for High Risk



Risk Level by New Commitment or New Adjudication: Results from 20013 Ohio Study of over 10,000 Youth

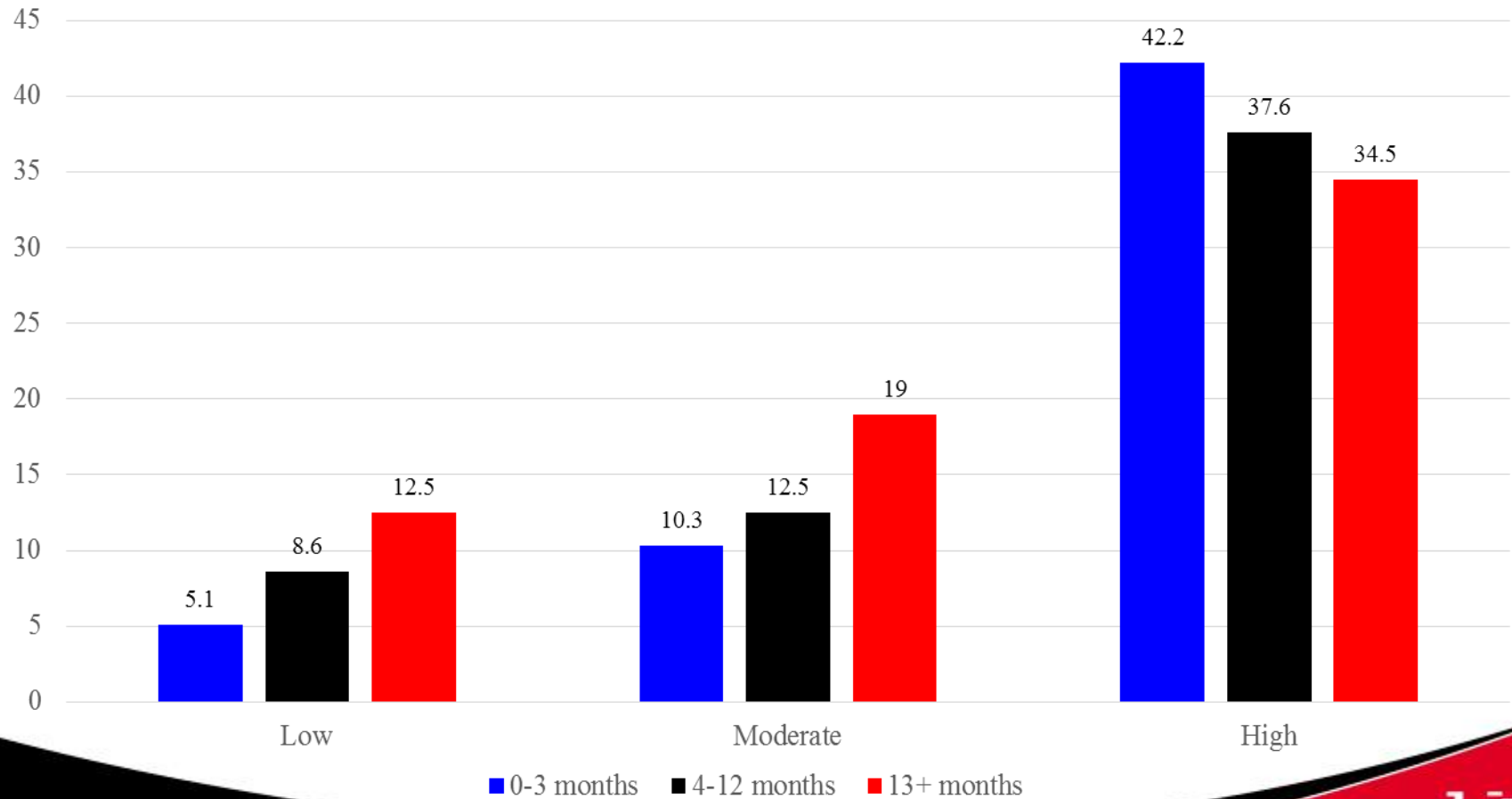
Chart Title



Evaluation of Ohio's RECLAIM Programs. Latessa, E., Lovins, B., and Lux, J. (2013). Center for Criminal Justice Research, University of Cincinnati.

Recidivism Rates by Total Months in Programs

Chart Title



Findings from Ohio Study

- Recidivism rates for low risk youth served in the community were 2 to 4 times lower than those served in Residential or Institutional facilities.
- We also found that placing low risk youth in Substance Abuse programs significantly increased their recidivism rates.
- High risk youth were more successful when they received a higher dosage of treatment (programming for 13 months or more).
- Lower and moderate risk youth did better with lower dosage programs.

The Need Principle: The “What” to Target

- Assess & target criminogenic needs for change
- Criminogenic needs are those risk factors that are correlated with criminal conduct and can change (dynamic)
- Non-Criminogenic needs are those needs that many people have that are not strongly correlated with criminal conduct (although they can be barriers)

Major Set of Risk/Need Factors

1. Antisocial/pro-criminal attitudes, values, beliefs and cognitive emotional states
2. Pro-criminal associates and isolation from anti-criminal others
3. Temperamental and anti social personality patterns conducive to criminal activity including:
 - Weak socialization
 - Impulsivity
 - Adventurous
 - Restless/aggressive
 - Egocentrism
 - A taste for risk
 - Weak problem-solving/self-regulation & coping skills
4. A history of antisocial behavior

Major Set of Risk/Need Factors Cont.

5. Familial factors that include criminality and a variety of psychological problems in the family of origin including low levels of affection, caring, and cohesiveness
6. Low levels of personal, educational, vocational, or financial achievement
7. Low levels of involvement in prosocial leisure activities
8. Substance Abuse

Need Principle

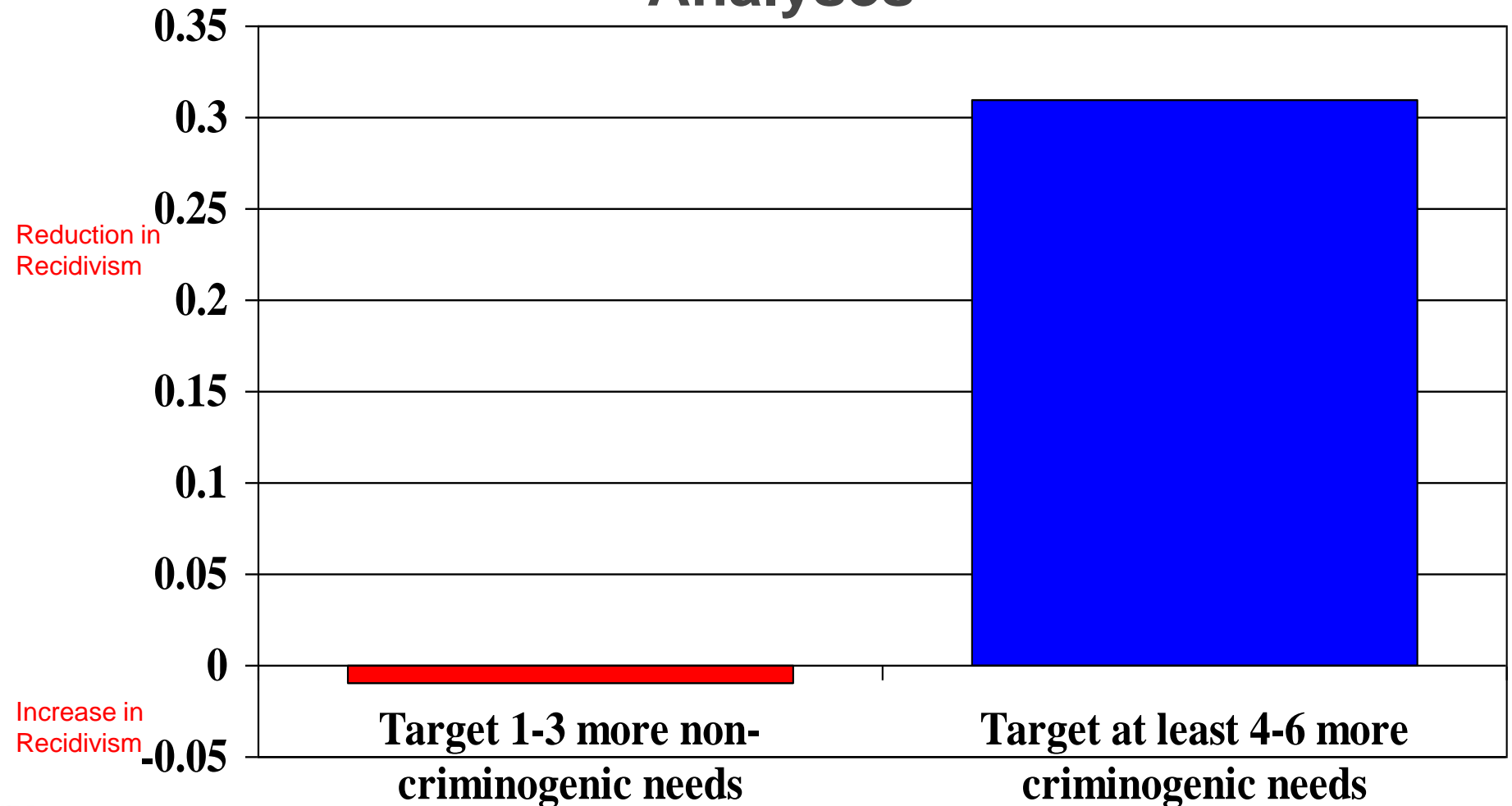
Criminogenic

- Anti social attitudes
- Anti social friends
- Substance abuse
- Lack of empathy
- Impulsive behavior
- Lack of self-control

Non-Criminogenic

- Housing
- Anxiety
- Low self esteem
- Creative abilities
- Medical needs
- Physical conditioning

Targeting Criminogenic Need: Results from Meta-Analyses



Source: Gendreau, P., French, S.A., and A.Taylor (2002). What Works (What Doesn't Work) Revised 2002. Invited Submission to the International Community Corrections Association Monograph Series Project

According to the American Heart Association, there are a number of risk factors that increase your chances of a first heart attack

- ✓ Family history of heart attacks
- ✓ Gender (males)
- ✓ Age (over 50)
- ✓ Inactive lifestyle
- ✓ Over weight
- ✓ High blood pressure
- ✓ Smoking
- ✓ High Cholesterol level

It is also important to remember that there are two types of dynamic risk factors

- Acute – Can change quickly
- Stable – Take longer to change

The Responsivity Principle: The “How” to Target Behavior

- Specific
 - People learn differently and have certain barriers that should be addressed so that they are more likely to succeed in programs
- General
 - Most offenders respond to programs that are based on behavioral theories: *cognitive behavioral/social learning*

Specific Responsivity

What gets in the way of offenders benefiting from treatment?

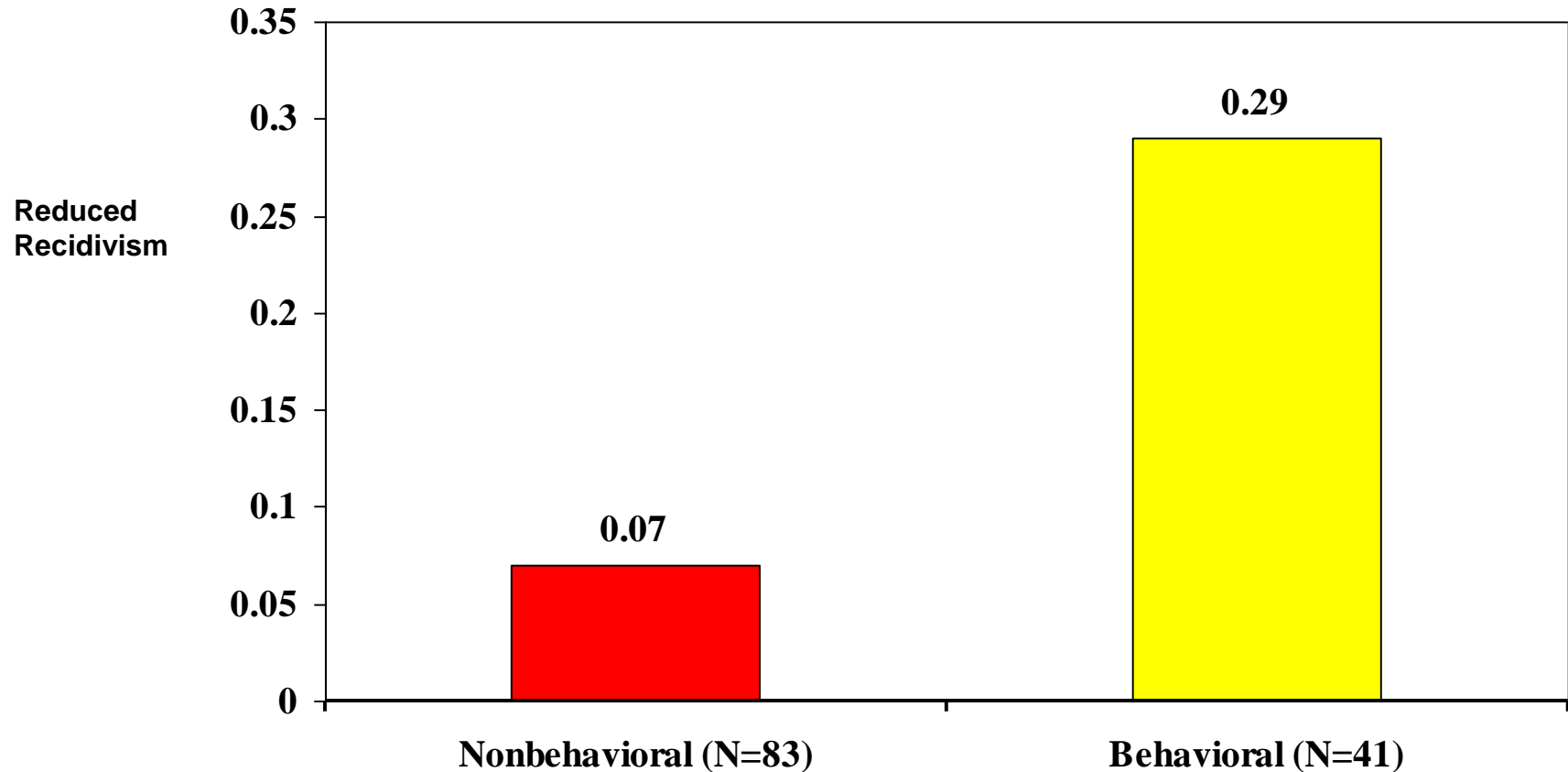
- Must take individual learning styles into account
- Must consider possible barriers to interventions
- Assessment of responsivity is important to maximize benefits of treatment

General Responsivity

The most effective interventions are behavioral:

- Focus on current factors that influence behavior
- Action oriented
- Staff follow “core correctional practices”

Results from Meta Analysis: Behavioral vs. NonBehavioral



Andrews, D.A. 1994. An Overview of Treatment Effectiveness. Research and Clinical Principles, Department of Psychology, Carleton University. The N refers to the number of studies.

Core Correctional Practices

1. Effective Reinforcement
2. Effective Disapproval
3. Effective Use of Authority
4. Quality Interpersonal Relationships
5. Cognitive Restructuring
6. Anti-criminal Modeling
7. Structured Learning/Skill Building
8. Problem Solving Techniques

Most Effective Behavioral Models

- Structured social learning where new skills and behaviors are modeled
- Cognitive behavioral approaches that target criminogenic risk factors

Some Lessons Learned from the Research

- Who you put in a program is important – pay attention to risk
- What you target is important – focus efforts on criminogenic needs
- How you target offender for change is important – address barriers and use behavioral approaches to model and teach new ways to behave in risky situations.

Quantifying and Executing the Risk Principle in Real World Settings

Webinar Presentation

Strategic Solutions

December 11th, 2014

Kimberly Gentry Sperber, PhD



Support for the Risk Principle

- Hundreds of primary studies
- 7 meta-analyses
- Men, women, juveniles, violent offenders, sex offenders

- Programs that target higher risk offenders are more effective
- Reductions in recidivism are greatest for higher risk offenders
- Intensive interventions can harm low risk offenders

Challenges for Practitioners

- We understand more services/supervision for high risk and less services/supervision for low risk
- **Conceptual** understanding of the risk principle versus **operationalization** of the risk principle in real world community settings to achieve maximum outcome
- “Can we **quantify** how much more service to provide high risk offenders?”

Developing Dosage Protocols at Talbert House

- Limited Empirical Guidance:
 - Lipsey (1999)
 - Meta-analysis of 200 studies
 - Serious juvenile offenders
 - Bourgon and Armstrong (2005)
 - Prison study on adult males
- Development of Dosage Research Agenda
 - Partnership with UC School of Criminal Justice

First Talbert House Study

- Methodology:

- 100-bed CBCF for adult male felons
- Sample size = 689 clients
- Clients successfully discharged between 8/30/06 and 8/30/09
- Excluded sex offenders
- Dosage defined as number of group hours per client
- Recidivism defined as new sentence to prison
- All offenders out of program minimum of 12 months

Recidivism by Risk and Dosage



	Moderate	High
0-99	52	0
100-199	45	81
200+	43	57

Sperber, Latessa, & Makarios (2013). Examining the Interaction between Level of Risk and Dosage of Treatment. *Criminal Justice and Behavior*, 40, 338-348.

Findings

- We saw large decreases in recidivism when dosage levels went from 100 to 200 hours for high risk offenders---81% to 57%.
- The results are not as strong for moderate risk offenders

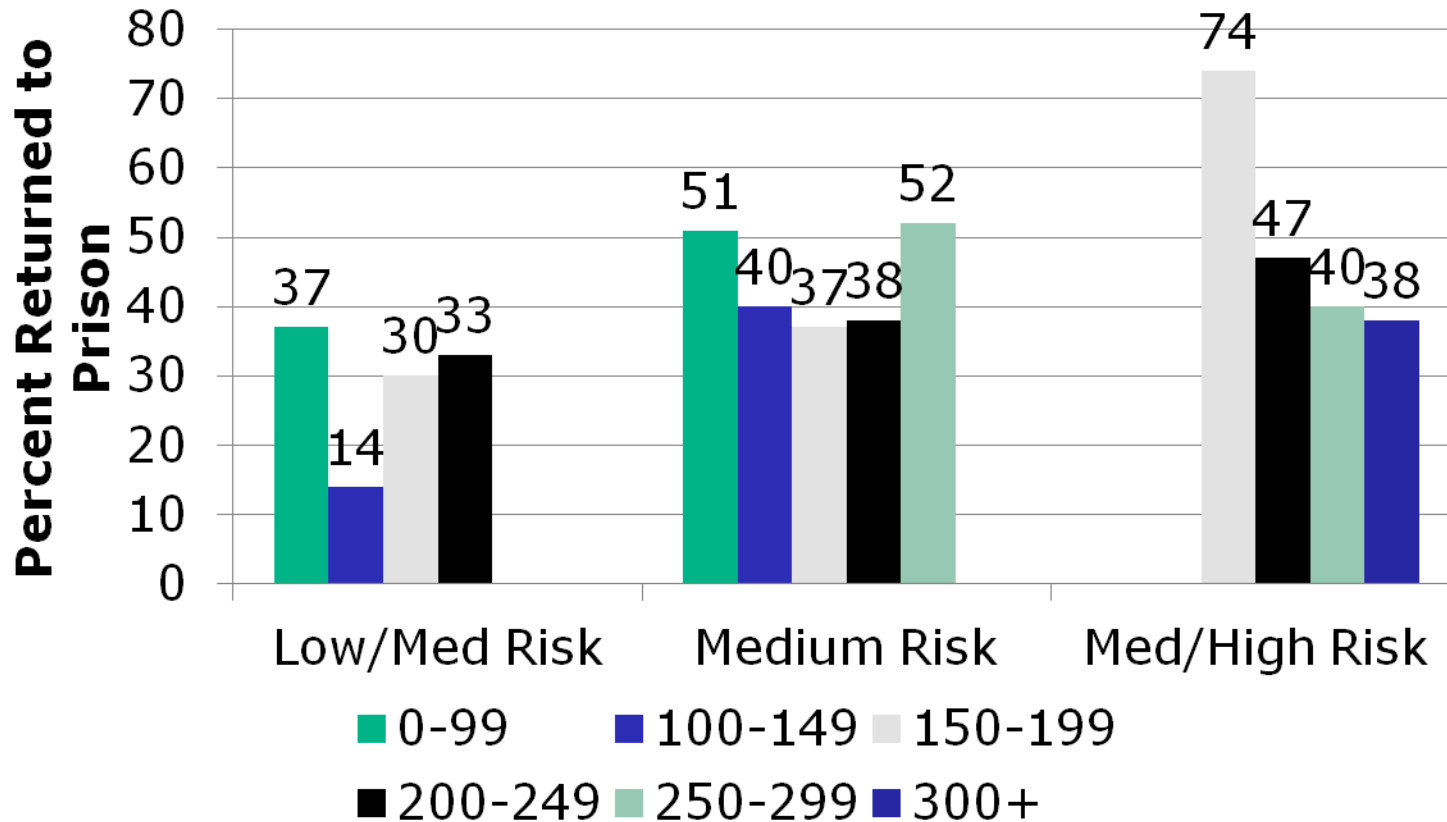
Second Talbert House Dosage Study

- We expanded sample (n=903)
- Hours examined by increments of 50
- Looked at low/medium, medium, and medium/high

Methodology

- 100-bed CBCF for adult male felons
- Clients successfully discharged between 8/30/06 and 12/31/10
- Excluded sex offenders
- Dosage defined as number of group hours per client
- Recidivism defined as new sentence to prison
- All offenders out of program minimum of 12 months

Dosage by Risk Level



Makarios, M. D., Sperber, K. G., and Latessa, E. J. (2014). "Treatment Dosage and the Risk Principle: A Refinement and Extension." *Journal of Offender Rehabilitation*, 53, 334-350.

Findings from Second Study

- Relationship between dosage is not linear and moderated by risk
- Largest changes in recidivism for low-moderate and moderate risk cases occurred when the dosage moved from less than 100 to 100-149, and then back up when dosage increased (over 150 hours for low-moderate, and over 250 for moderate).
- For higher risk offenders largest reduction was when dosage went from 150-199 to 200-249. Reductions continued but at a lower rate.

Unanswered Questions

Sperber, K. G., Latessa, E. J., and M. D. Makarios (2013). "Establishing a Risk-Dosage Research Agenda: Implications for Policy and Practice." *Justice Research and Policy*, 15(1):123-141.

1. Defining dosage
2. What counts as dosage?
3. Prioritization of criminogenic needs
4. Counting dosage outside of treatment environments

Unanswered Questions

5. Sequence of dosage
6. Cumulative impact of dosage
7. Impact of program setting
8. Low risk but high risk for specific criminogenic need

Unanswered Questions

9. Nature of dosage for special populations
10. Impact of skill acquisition
11. Identifying moderators of risk-dosage relationship
12. Conditions under which dosage produces minimal or no impact

Forthcoming Studies

- Exploring the Risk-Dosage Relationship in High-Anxiety Males
 - *Sperber, Makarios, and Latessa*
- Exploring the Risk-Dosage Relationship in Female Offenders
 - *Spiegel and Sperber*
- Examining Role-Play Within the Context of Dosage
 - *Sperber and Lowenkamp*

So What Do We Know?

- Research clearly demonstrates need to vary services and supervision by risk
- Currently have general evidence-based *guidelines* that suggest at least 100 hours for moderate risk and at least 200 hours for high risk
- Should not misinterpret to imply that 200 hours is required to have any impact on high risk offenders
- Not likely that there is a one-size-fits-all protocol for administering dosage
- Practitioners have a responsibility to tailor interventions to individual's risk/need profile based on best available evidence

Practitioner Responsibilities for Effective Execution of the Risk Principle

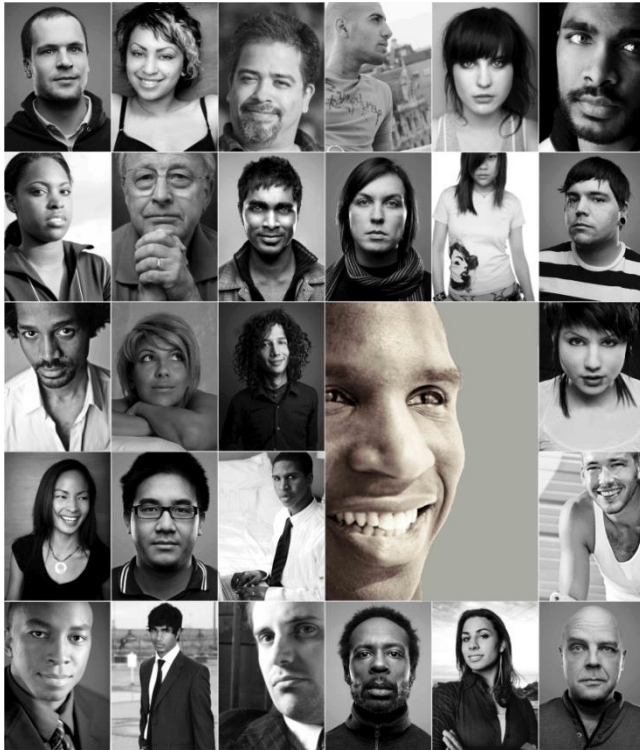
- Process for assessing risk for all clients
- Modified policies and curricula that allow for variation in dosage by risk
 - Assess infrastructure and resources
- Definitions of what counts as dosage and mechanism to measure and track dosage
 - Unit of measurement
 - Quality versus quantity
- Formal CQI mechanism to:
 - Monitor whether clients get appropriate dosage by risk
 - Monitor quality of dosage
 - Monitor outcomes of clients receiving dosage outside of evidence-based guidelines

Conclusions

- Corrections has benefitted from a number of well-established Evidence-Based Guidelines and Evidence-Based Practices
- Next evolution will focus on bringing a more nuanced understanding and application of these EBG's and EBP's to the individual client level for Evidence-Based Decision Making
- Practitioner-driven CQI/data needs to intersect with research to drive this process so that we continually move the field forward to maximize public safety outcomes

OPERATION NEW HOPE

Rebuilding Lives. Restoring Communities. Renewing Hope.



[READY 4 WORK®]

REENTRY. RETRAIN. REINTEGRATE.

[ONH DEVELOPMENT]

OPERATION NEW HOPE

- Founded in 1999, as a faith-based nonprofit community development corporation
- Dedicated to providing individuals and families with opportunities and tools necessary to rebuild their lives and restore communities through sustainable economic development initiatives
- Two main programs
 - Housing development
 - Prisoner re-entry
- Ready4Work is the most nationally recognized ex-offender reentry program

Rebuilding Lives. Restoring Communities. Renewing Hope.

OPERATION NEW HOPE

- **Ready4Work includes a four-pronged approach:**

- Case management
- Life-Coaching
- Career Development and Life Skills
- Job placement assistance

[READY4WORK][®]
REENTRY. RETRAIN. REINTEGRATE.

- **Community partnerships include:**

- Faith based organizations
- Local businesses
- Community outlets
- Judicial system

- Clients are inmates, offenders, and ex-offenders whose most recent crime is not violent or sexual

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TouchPoints used to determine Track Level:

Risk Assessment – Dr Michael Hallet a criminology and criminal justice professor at the University of North Florida developed the risk assessment. It is designed as an initial assessment completed by the client during the intake process.

Comprehensive one-on-one – The case manager will gather more in-depth information about the client's history during a comprehensive one-on-one session. Risk assessment questions are asked in a different way to ensure that all of the details about the clients past have been revealed.

Plan of Care – Case Managers use the comprehensive one-on-one session to develop the plan of care for each individual client which determines their track level for the program.

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Track Levels based on client's needs:

Track Level 1 – Clients have a family support system, a high school or college degree, strong employment history, and stable housing.

Track Level 2 – Clients have limited family support, a high school degree, limited employment history, but need additional support for basic needs.

Track Level 3 – Clients have very limited or no family support, did not complete their high school degree, minimal employment history, no stable housing, and either substance abuse addictions or mental health needs.

Track Level 4 – Clients have no family support system, habitual offenders, little or no employment history, typically between 6th – 8th grade education, no stable housing, substance abuse addictions, and mental health needs.

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Tracking clients in ETO

- **Touches**
 - Each direct interaction with the client which can be conducted through face to face, phone, or e-mail contacts.
- **TouchPoints:**
 - Career Development Classes
 - Case Management
 - Life Coach contacts
 - Employment Services
 - Mental Health Services
 - Substance Abuse Classes

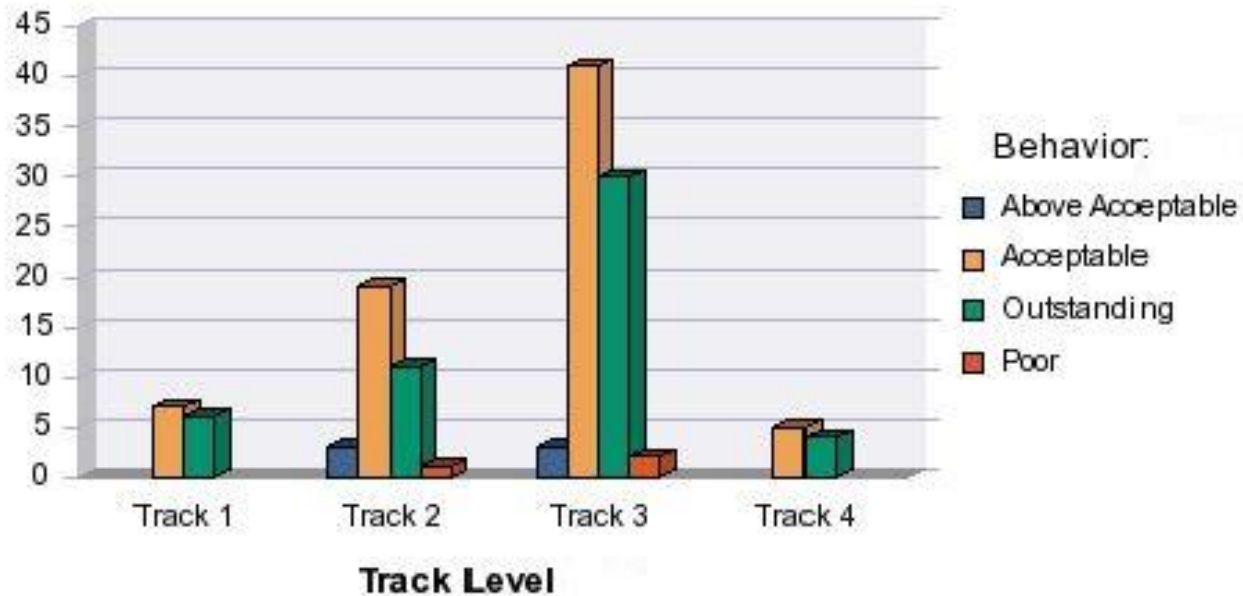


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Reports – Career Development

Behavior

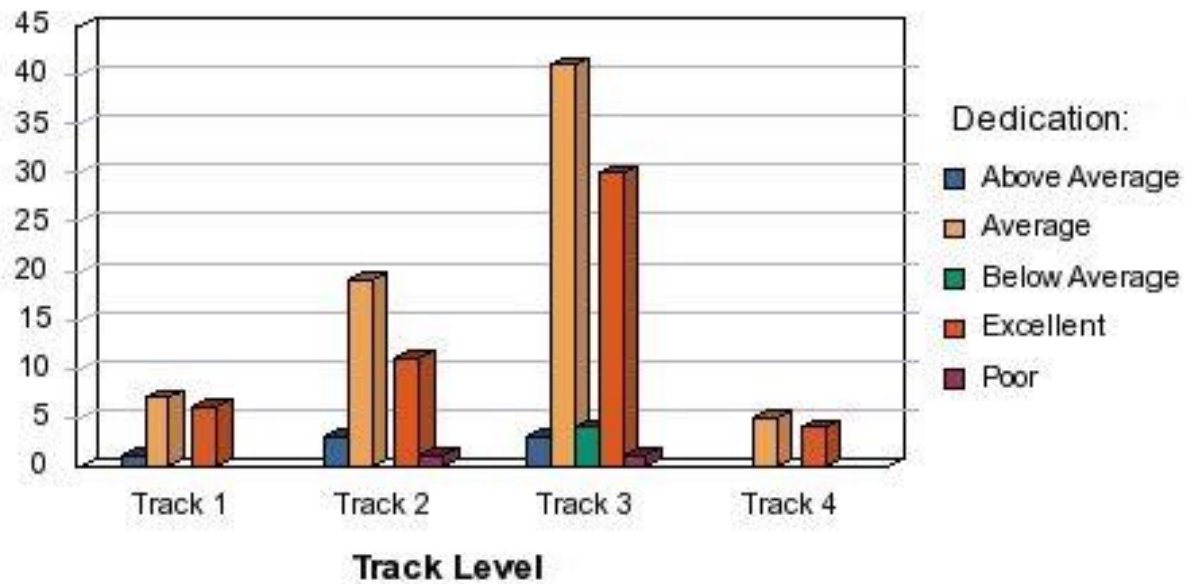


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Reports – Career Development

Dedication

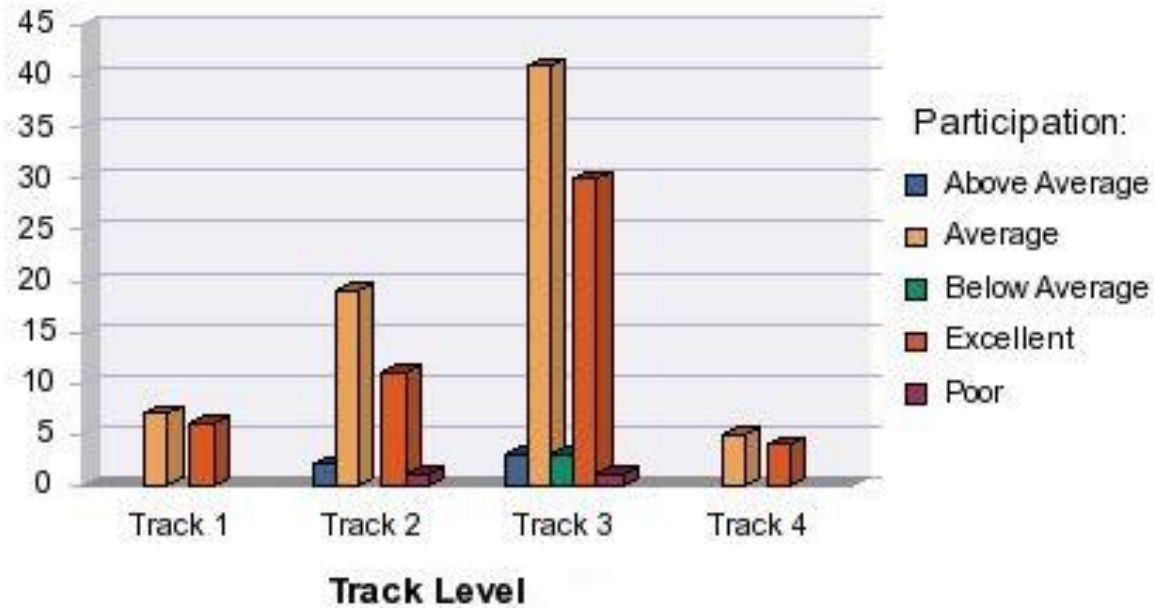


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Reports – Career Development

Participation

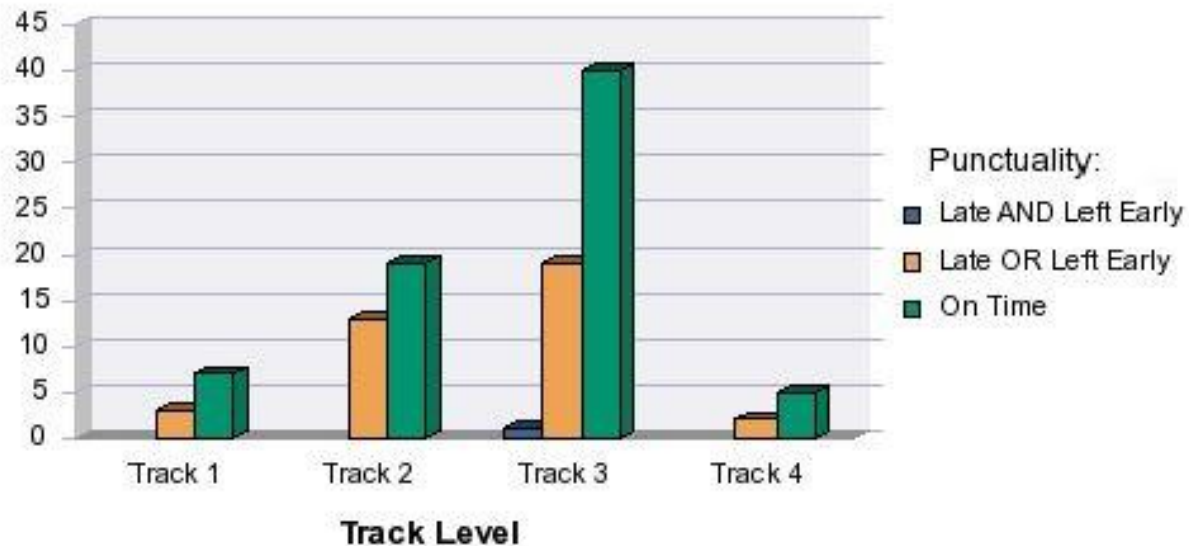


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Reports – Career Development

Punctuality

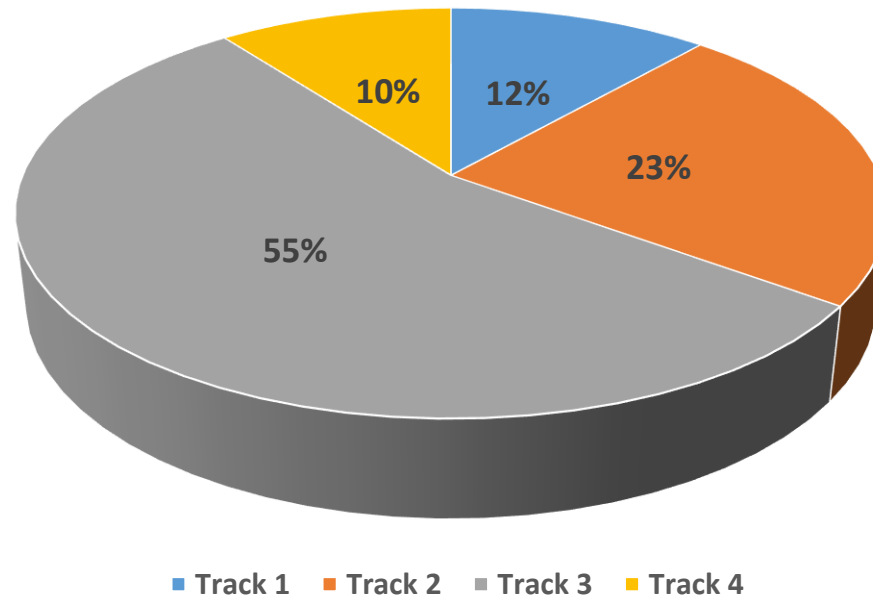


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Reports – Client's by Track Level (2014 Program Year Enrollments)

Percentage of clients by Track Level



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Reports – Recidivism Rates

Recidivism rates over the past 3 years	2011	2012	2013
Clients who completed R4W	9%	7%	5%
Clients who did not complete R4W	22%	23%	33%
Across all clients who enrolled in R4W	15%	15%	18%
Times likely to recidivate for those who did not complete R4W	2.4X	3.3X	6.6x

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NEXT WEBINAR

Reframing the Human Services to Gain Public Support for Effective Programs

Guest Speakers: Bridget McCabe and Irv Katz

January 15, 3:00-4:30pm EST

Register at www.performwell.org

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