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June 8, 2006

SUBJECT: *Research in Review*

TO: Executive Staff
Superintendents
Other Readers



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Enclosed please find Volume 9, Number 1 of *Research in Review* (RIR). This issue presents a series of reviews dealing with various topics including the risk principle, the effects of prison growth on prison management, therapeutic communities for female inmates and evidence-based strategies for reducing prison misconducts. Most of these reviews were prepared by new staff within the Office of Planning, Research, Statistics and Grants – Dean Lategan and Debra Snyder, who are serving as Quality Improvement Auditors in the Quality Improvement Section, and Jennifer Pawling, who has completed several rotations with us this year as a Pennsylvania Management Associate and who is slated to join the office upon the completion of this program next month. We welcome their contributions to RIR and look forward to their continued participation in this forum.

The article by Useem and Piehl on prison disorder reviewed in this issue is especially timely in light of a report – *Confronting Confinement* - that was just released this morning by the Commission on Safety and Abuse in America's Prisons, under the auspices of the Vera Institute of Justice. This commission has examined issues of prison management nationwide over the past year, and has arrived at some provocative conclusions about the state of America's prisons. The Useem/Piehl article provides evidence that disorder within prisons has actually been *decreasing* over the past several decades, despite the rapid growth of prisons during this time, challenging some of the commission's findings. This will undoubtedly remain an issue of ongoing discussion in the academic and public policy arenas.

Upcoming issues of Volume 9 will continue to present findings from the ongoing study of parole violators and parole successes conducted by Bret Bucklen. RIR will also continue with article reviews and briefing papers on topics relevant to corrections, as well as discussing findings from PADOC evaluation studies as they are completed.

As always, we welcome your feedback on RIR. We also welcome your suggestions for specific topical areas for future issues. While we cannot promise that we can produce an issue in response to all suggestions offered, we are very much interested in knowing what questions and topics are most interesting to our readers.

Thank you for your ongoing interest in *Research in Review* as we begin our ninth year of publication.

Research in Review

Office of Planning, Research, Statistics and Grants

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Summary and Major Findings of Articles Reviewed

Christopher T. Lowenkamp, et al. 2006. "The Risk Principle in Action: What Have We Learned From 13,676 Offenders and 97 Correctional Programs?" *Page 2*
Crime & Delinquency, 52(1), 77-93.

This article provides additional support for the validity of the *risk principle*, which states that offender treatment programs should be targeted primarily towards offenders who have the greatest likelihood of recidivating. Data from 97 programs in Ohio found that the best outcomes were associated with those programs that targeted high risk inmates with intensive cognitive-behavioral treatment.

Burt Useem, et al. 2006. "Prison Buildup and Disorder." *Punishment & Society: The International Journal of Penology*, 8(1), 87-115. *Page 4*

This study examines the relationship between the growth of prisons and prison populations over the past several decades and measures of prison *disorder*, such as riots, escapes, violence and misconducts. Contrary to expectations, levels of prison disorder seemed to have *decreased* in spite of the rapid growth of prisons. The authors attribute this to the increasing professionalism and rationalization of corrections.

Clayton Moser, et al. 2006. "The Dynamics of a Prison-Based Therapeutic Community for Women Offenders: Retention, Completion, and Outcomes." *Page 5*
The Prison Journal, 86(1), 6-31.

This articles examines process and outcome issues for a therapeutic community (TC) for female offenders in the Washington State Department of Corrections. Challenges with the start-up and management of this TC are discussed. Evaluation results suggest that this program reduces recidivism by up to seventeen percentage points.

Sheila A. French, et al. 2006. "Reducing Prison Misconducts: What Works!" *Page 7*
Criminal Justice and Behavior, 33(2), 185-218.

This articles reports on a review of research regarding effective approaches to reducing institutional misconducts. Behaviorally-based programs that target key criminogenic needs were found to be the most effective in reducing misconducts. This study concludes that "What Works" in reducing recidivism also works in reducing prison misbehavior. Implications for prison management are discussed.

Christopher T. Lowenkamp, Edward J. Latessa and Alexander M. Holsinger. 2006. "The Risk Principle in Action: What Have We Learned From 13,676 Offenders and 97 Correctional Programs?" *Crime & Delinquency*, 52(1), 77-93.

The authors examined the data from two separate studies in order to determine if, according to the *risk principle*, programs that provide more treatment to higher risk offenders are more effective and if providing the treatment for longer periods of time is also more effective. The risk principle, which maintains that supervision level and treatment should correspond to the individual offender's risk level, is assessed for significance through analyses. Prior empirical research has indicated that programs that are directed towards higher risk offenders produce lower rates of recidivism than programs that do not target these offenders.

A study by Lowenkamp and Latessa of halfway houses (HWH) and community-based correctional facilities (CBCF) in Ohio is included in the present research. Offenders were received in HWH if they were reentering the community and had been serving time in a state correctional institution or in CBCF if the offender was under probation supervision. A comparison group of offenders consisted of those who were either parolees or under other postrelease control (PRC) but who were not placed in HWH or CBCF. The 3,782 offenders in the treatment group were matched to offenders in the comparison group on the basis of county of supervision, sex, and risk level (utilizing a modified version of the Salient Factor Score). Fifty-three programs were included in the study.

Offender risk levels were reduced to two categories – lower risk and higher risk. In order to determine adherence to risk principle in reference to length of treatment, the difference in the length of stay for lower risk offenders and higher risk offenders was calculated. Additionally, for these two levels of offenders, the amount of services that were provided, the treatment model employed and the treatment setting were determined and coded accordingly.

The data from the second study included in the present research was also conducted by Lowenkamp and Latessa. Forty-four intensive supervision probation programs (39 nonresidential, 5 residential) in Ohio were included in the authors' analyses, and these programs served 3,056 offenders diverted from either prison or jail. Similar to the above-referenced study, each offender in the treatment group was matched with an offender by jurisdiction, sex and risk level. The matched group of offenders were those under regular supervision or those who were released from jail during the same time as the treatment group offenders.

The data from the two above studies were combined for analysis. Programs that met the principles of effective interventions were low in number. These principles, when adhered to, have been determined to result in effective programming. When related to the comparison groups, "the 97 programs were associated with a slight increase in recidivism rates." Residential programs were found to produce a reduction in recidivism rates while nonresidential programs, such as electronic monitoring and intensive supervision, showed an increase in rates. Although nonresidential programs were found to be less effective than residential ones, "neither type of program was associated with a reduction in recidivism on average." However, when factors associated with the risk principle were adhered to in regard to nonresidential programs, recidivism rates were reduced. "The correctional programs included in these analyses, whether residential or nonresidential, showed

increases in recidivism rates unless offenders who were higher risk were targeted and provided more services for a longer period of time.”

In relation to services provided, 26 percent of the programs were targeted towards higher risk offenders, and higher risk offenders remained in programs longer in almost half of the programs studied. Conversely, in more than half of the programs, lower risk offenders participated for greater lengths of time than higher risk offenders. Due to factors such as learning antisocial behaviors and reinforcing criminal behaviors, it was determined that lower risk offenders’ participation in structured programs may actually lead to an increase in recidivism rates.

The authors found that “[P]rograms that provided at least .5 more units of service or referrals to offenders who were higher risk compared to offenders who were lower risk were more effective as were those that kept offenders who were higher risk in the program as long as or longer than offenders who were lower risk.”

This study found that 34 of the 97 programs contained cognitive behavioral therapy (CBT) or some other form of behavioral treatment. Programs employing some form of CBT were more effective than if some other method of treatment was used. Optimal outcomes were found for those programs utilizing CBT for longer periods of time on higher risk offenders.

Several recommendations from this study are presented. Offenders receiving correctional programming should be assessed utilizing “objective and standardized assessment tools to identify appropriate offenders for highly structured programs.” When risk level is determined, it should be related to the length of a program as well as to the level of supervision and types of services necessary to reduce recidivism among the offenders. Offenders classified as higher risk should appropriately be provided with a range of services that “target the specific crime-producing needs of the offenders who are higher risk.” Lastly, when judges sentence offenders, they should be aware of and make use of assessment tools in order to determine if the offender is a low or high risk.

There were a few limitations of the current study. The data that were analyzed resulted from quasi-experimental designs and included only adult offenders participating in programs in Ohio. In addition, there was a two-year limit on the follow-up period.

Even when taking into consideration the limitations, this study demonstrates a need to consider the significant role that the risk principle, when adhered to, plays when evaluating the effectiveness of correctional programming. If the risk is greater, more services and a greater length of stay may be required, and if the risk is lower, structured programming may actually increase recidivism rates. Therefore, taking into account the amount of treatment services that are provided as well as the length of stay could result in more effective programming and a subsequent reduction in recidivism rates.

With the buildup of prisons over the past 20 years, some critics and criminologists anticipated a situation of correctional crisis and disorder. Examples of projected prison disorder included increased violence and escapes, more prison disturbances and riots, deteriorating prison conditions, greater hostage taking and gang conflict, and increased inmate against inmate, inmate against staff, and staff against inmate violence.

To better understand the impact of buildup on prison order, prior research on the social dynamics of prisons proffered diverse perspectives. One view proposes that prisons are "systems of cooperation" with an entrenched and established hierarchy from the Governor to the Secretary, filtering down through the rank and file prison structure, with inmates at the bottom of this hierarchy. This view suggests that inmates accept and follow prison rules because if the roles were reversed and inmates were in charge, they (the inmates) would follow the same organizational set-up, thereby accepting the prison structure as a legitimate form of prison operations. The outcome is a system of cooperation whereby participants for the most part follow the rules by avoiding resistance in order to maintain a system of cooperation.

Another social dynamics view considers variation in the degree of order in prisons. At one end of the continuum are prisons that are tense, unpleasant and dangerous in which buildup creates the potential for disorder. At the other end of the continuum are prisons that are safe, orderly and productive, creating a sense of order which indicates that correctional and political leadership is meeting the challenge of prison buildup. A third social dynamics view advocates that prison order, or disorder, is affected by leadership and the relationship between prison management, staff, inmates and outside authorities.

Buildup critics proposed that a prison buildup would produce an ungovernable prison population. In contrast, the authors of this article disagree, presenting data supporting their position that the buildup over the past twenty years has resulted in sustained prison order, crediting this outcome to the quality of political and correctional leadership. More specifically, their research argues that the effects of prison buildup depend on the ability of correctional leaders to deal with problems associated with buildup, which is related to managerial effectiveness and quality of leadership.

Their supporting data indicates:

- Between 1973 and 2001 inmate homicides decreased.
- Between 1982 and 2001 staff killed by inmates and the ratio of staff killed to inmates decreased.
- Between 1984 and 2000 assaults against inmates and staff declined.
- Between 1982 and 2001 inmate escapes (an indicator of weak security) declined.
- Between 1983 and 2001 the number of inmates held in administrative custody declined.
- Between 1995 and 2000 major prison disturbances and arsons declined.

An opposing explanation proffers institutional leadership through improved governance may not be responsible for maintained order during a prison buildup. Invoking images of a correctional “Leviathan”, this line of thought proposes that prison authorities use repression as a means of maintaining order. Examples of repression include housing inmates in maximum security prisons, administrative custody, or super maximum prisons. The evidence, however, does not support a correctional Leviathan. Between 1974 and 2000 the number of inmates housed in maximum security prisons declined by six percent and between 1983 and 2001 the number of inmates housed in administrative custody dropped by 3.6 percent. In addition, a study on the effect of super maximum prisons on order in correctional systems indicated supermaxes have little effect on reducing inmate-against-inmate assaults.

Considering the impact of the 20 year prison buildup, another view proposes that there have been adverse outcomes associated with this buildup, specifically, that inmate educational programming and substance abuse treatment have lost ground in favor of a focus on physical security for the purpose of avoiding disorder. Unfortunately, supporting data does demonstrate that between 1991 and 1997 released inmates have been participating in fewer prison vocation and education programs.

In sum, the findings from this article show that as prisons have grown, the level of prison order has actually improved. The past several decades of buildup has *not* created a milieu of prison disorder and mayhem. In the arena of prison order and disorder, the context of these findings certainly looks good for institutional and political leaders. One limitation of this article is that it does not seem to broach the issue of “fiscal disorder” that prison buildup creates within public sector budgets, which is another consequence of prison growth that many jurisdictions are struggling with.

Clayton Moser and Dretha Phillips. 2006. “The Dynamics of a Prison-Based Therapeutic Community for Women Offenders: Retention, Completion, and Outcomes.” *The Prison Journal*, 86(1), 6-31.

This article begins with a review of the relationship between substance abuse and various types of criminal activity. It also points to the body of evidence that treatment in Therapeutic Communities (TCs) has positive outcomes that lead to lower levels of recidivism. Nevertheless, a large discrepancy exists between the number of individuals in the criminal justice system who need treatment and the number of slots available for treatment. There is further indication that women especially are under-served with respect to drug treatment. The research reported on in this article attempts to add to the small but slowly growing literature on the effectiveness of drug treatment for incarcerated women.

Research indicates women drug offenders constitute more than eight percent of all arrests with 62 percent of women in state prisons reporting drug use in the month before their arrest. Female inmates were also more likely than male inmates (40% vs. 32%) to have committed their offense while under the influence of drugs. Additional data from Washington State indicates that 70 percent of the 865 women incarcerated in 1996 were assessed as having a chemical dependency problem. Yet, of the few women offender programs available, it was found that they were merely clones of the male offender programs. Evidence also showed there was little consideration for whether the special

needs of the female offenders were being addressed (sexual abuse, physical/mental health issues, limited educational skills, and parenting/child care issues).

In 1996 the Washington State Department of Corrections implemented a holistic residential TC (New Horizons) for drug-addicted female offenders targeting 72 women with serious substance abuse problems and 12 months or less to serve in confinement. A reasonable attempt was made to obtain a cross-section of TC members with respect to phase of the program, age, and race/ethnicity of the participants. The New Horizons Program treats addiction as a biopsycosocial disease, the primary objective being to restructure prosocial cognitive, behavioral, and affective skills of drug addicted women offenders. Participants demonstrating compliance with set criteria progressed through five stages linked to the 12 steps to recovery in Alcoholics or Narcotics Anonymous programs and the 16 steps in Moral Reconciliation Therapy programs.

The authors undertook a basic process and outcome evaluation of the New Horizons program. In discussing the issues they discovered surrounding the start-up and operation of New Horizons, they note that many of these issues have been identified with TC evaluations in other jurisdictions. These include institutional resistance, severity of inmate problems, program inadequacies, budget planning, choice of facility, staff recruitment, client referrals, program autonomy, and over-reliance on institutional sanctions. Most critically at the New Horizons program, the TC staff resented having to answer to and accommodate multiple and often competing levels of oversight while being held accountable for the numbers in the program because they had no control over the referrals. Many of the referrals did not want to be in treatment, creating a deleterious effect on the overall TC environment.

Upon examining drug treatment literature in general and TC literature in particular, it is apparent that some researchers rely heavily on indirect program data to document program processes. The observation of the New Horizons program as it developed afforded the authors insight into external pressures, internal dynamics, and challenges faced by both inmates and staff in the program.

Looking at outcomes for New Horizons, more than 44 percent of the TC participants successfully completed all phases of the treatment program. Younger women, non-white offenders, and those convicted of violent offenses were less likely to complete the program while older women were more motivated and committed to correcting their drug use and criminal habits.

This study examined return to prison for New Horizons participants as well as for a comparison group of women who did not participate in the program. The average follow-up period was approximately 18 months. The results indicate a positive outcome for the New Horizons TC participants. The reincarceration rate for women who completed New Horizons was 12.9 percent, compared to 22.3 percent for women who spent some time in the program but who did not graduate and 29.7 percent for women in the control group. Women in the TC group also took longer to fail than did women in the comparison group. Thus, this study found that even some exposure to the program leads to lower levels of recidivism, and completion of the program even further reduces recidivism. The latter finding is at once intriguing and encouraging, in that there is evidence from other correctional treatment evaluations that program *non-completers* can have even higher recidivism rates than subjects in the comparison group. This study also concluded that aftercare may have enhanced the program effects discovered here, as success rates tended to drop off beyond two years at risk.

Although not all TCs will result in positive outcomes for all chemically dependent offenders, there is considerable evidence of positive outcomes for many individuals. The authors conclude that investments in developing more prison-based TCs with aftercare programs for women offenders would be correctional dollars well spent.

Sheila A. French and Paul Gendreau. 2006. "Reducing Prison Misconducts: What Works!" *Criminal Justice and Behavior*, 33(3), 185-218.

The past several decades have witnessed a tremendous growth in prison populations in the United States, accompanied by the development of an impressive body of research literature on offender rehabilitation. This research comes in the wake of the publication of the "nothing works" pieces by Martinson and others thirty years ago, which lead to the erroneous conclusion that offender rehabilitation was largely a myth. We understand now that the appropriate question is not, "does anything work?", but rather, "what works for whom and under what circumstances?"

Much of "what works" literature has focused upon the outcome of recidivism; in other words, "which correctional intervention strategies are most effective in reducing re-offending *in the community*?" This is without doubt an important criterion to consider; correctional agencies generally speaking are concerned first and foremost with public safety. Reducing the probability that released offenders will continue to commit crimes is a critical component of a public safety strategy. Research into the impact of prison treatment programs on recidivism has led to several broad conclusions about what does work in reducing recidivism, often characterized as the "principles of effective offender intervention". To summarize the key points of these principles, the most effective programs are those that target criminogenic (crime-producing) needs of higher risk offenders using cognitive-behavioral approaches within the context of a high-integrity (i.e. well-run) program.

The centrality of the recidivism measure notwithstanding, there are other means of assessing the effectiveness of prison-based interventions. One that has received somewhat less attention in the literature is institutional misconduct – the extent to which inmates behave, or do not, *within the prison setting*. While institutional misconduct is typically of little note to the general public, it is of great concern to those who work within, and manage, the prison setting. Reducing levels of institutional misconduct results in prisons that are easier to run and safer for both staff and inmates. The maintenance of safe and orderly prisons ultimately has a positive impact on public budgets.

The present study presents a review of existing studies on effective strategies for reducing prison misconduct. In particular, the authors explore whether the same principles of effective offender intervention that are associated with reductions in recidivism are also linked to reductions in misconducts (the second author of this study has contributed greatly to the literature on evidence-based treatment practice noted above). In theory, this linkage should exist, as the antisocial thinking that contributes to criminal behavior in the community should also be implicated in prison misbehavior. If so, this would lend further support to these principles as a guide to offender rehabilitation and would provide suggestions for managing inmate behavior within the prison.

The authors examined the literature on the relationship between prison treatment programs and misconducts from the past fifty years, and were able to include 68 studies in their review that met basic standards of methodological adequacy. The vast majority of these studies were conducted in the U.S., representing primarily male institutions/programs and including a mix of adult and juvenile settings. While the studies they reviewed often did not contain the full range of programmatic information they would like to have collected, they were able to arrive at basic conclusions about program type and integrity for a majority of the cases. Altogether, the studies they reviewed encompassed 21,467 inmates. Through the review of this body of existing research, the authors were able to draw some general conclusions about the effect of treatment on misconduct rates.

Overall, the authors found that prison treatment programs do contribute to reductions in misconducts, by at least 10 percentage points. Looking at this treatment effect in greater detail, behavioral treatment programs (for example, a program such as *Thinking for A Change*) reduced misconducts by at least 20 percentage points (an average reduction of 26 points), compared to an average reduction of only 10 percentage points for non-behavioral programs (for example, a purely didactic program or a “talking cure”). Behavioral treatments had a greater probability of reducing misconducts than non-behavioral treatments.

Similar results were found when examining the extent to which programs targeted criminogenic needs (such as anti-social attitudes) as opposed to non-criminogenic needs (such as physical conditioning or self-image). Programs targeting at least three criminogenic needs reduced misconducts by nearly 30 percentage points. Programs targeting non-criminogenic needs produced only very small reductions in misconducts, and in some cases *increased* misconducts. Even targeting only one criminogenic need reduced misconducts by approximately 10 percentage points. Again, programs focused on criminogenic needs had the best chance of reducing misconducts.

The integrity of the treatment program (i.e. how well it was implemented in accordance with its design) also turned out to be an important variable. Programs with a high degree of integrity reduced misconducts by an average of 38 percentage points. Programs with lower levels of integrity reduced misconducts by an average of 13 percentage points, although in some cases the treatment effects for low integrity programs nearly vanished. While this study did find some modest effects even from the less well run programs, it is clear that one can generate a threefold improvement in results through proper program implementation. Once again, high integrity programs had a greater probability of reducing misconducts than low integrity programs.

Finally, approximately one-quarter of the studies reviewed for this article also reported outcomes related to post-release recidivism. The authors examined the relationship between misconduct outcomes and recidivism outcomes; in other words, do programs that reduce misconducts also reduce recidivism? Those programs that had a large effect on reducing misconducts also reduced recidivism by an average of 13 percentage points. These high performing programs were predominantly behavioral, targeted primarily criminogenic needs and had high levels of program integrity. Those programs that had small effects on misconducts either produced very small reductions in recidivism, or actually increased recidivism. These low performing programs were predominantly non-behavioral, targeted many non-criminogenic needs and had lower levels of program integrity.

The authors conclude that their findings largely support the findings of two previous meta-analysis of the impact of correctional treatment on misconducts conducted by other researchers. Prison treatment *in general* can produce some modest, positive impacts on in-prison behavior. The programs that are *most likely* to reduce misconducts are those that follow the key principles of effective offender intervention – target only criminogenic needs; use cognitive-behavioral approaches; and rigorously monitor program integrity. This of course is the same formula for reducing post-release recidivism.

This study provides some basic guidance on managing inmate behavior within the prison setting. *Appropriate* treatment is endorsed as a response to disruptive inmates. This is not an unexpected finding, given the logical connection between the etiology of anti-social behavior inside of, and external to, the prison environment. The primary limitation to this study is the lack of information about offender risk level available in the research reports reviewed by the authors. This made it difficult to test the importance of attention to offender risk level in strategies to reduce inmate misconduct. The risk principle is another key principle of effective offender intervention. The studies included in this review also often contained gaps in information about program integrity, limiting the authors' ability to identify the most critical features of program integrity for reducing prison misconduct. This article does, however, provide valuable insight into another important aspect of what works in changing offender behavior.

Editor's note: The PADO's own ongoing study of outcomes related to its prison-based Therapeutic Communities (TC's) [see RIR Volume 6, Numbers 1 & 4 for a summary of results so far] has also explored the impact of these TC's on inmate behavior within the prison setting. A forthcoming article by Welsh and Zajac on these findings will be reviewed in a future issue of RIR.