



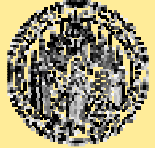
“What works” and what else do we know? Research on transition management and high risk offenders

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Outline

- 1. “What works”-approach (USA)**
- 2. Psychology-based research into the effectiveness of rehabilitation (Canada, Australia, UK)**
- 3. Sociology-based research into the effectiveness of rehabilitation (Europe, New Zealand)**
- 4. Conclusions**

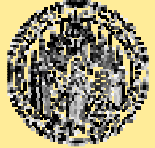


1. “What works”-approach (USA)



1.1 “What works” debate (USA): background

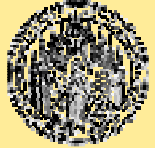
- ***Robert Martinson 1974: what works, nothing works, we do not know what works***
- ***Sherman et al. 1998:***
 - meta-analysis on crime prevention programmes in institutional settings
 - scientific methods score of 1-5
 - “What works” (or “good practice”): at least two ‘level-three’ evaluations
 - What does not work: at least two ‘level-three’ evaluations
 - “What is promising”: findings with a low level of certainty but marked by some empirical basis.



1.2 *MacKenzie* 2006: What works in corrections?

“working”

- In-prison therapeutic communities with follow-up community treatment
- Cognitive behavioral therapy
- Non-prison based sex offender treatment programmes
- Vocational education programmes
- Multi-component correctional industry programmes
- Community employment programmes



1.2 *MacKenzie* 2006: „What works in corrections?“ (cont.)

“promising”

- Prison-based sex offender treatment
- Adult basic education
- Transitional programmes providing individualized employment preparation and services for high-risk offenders

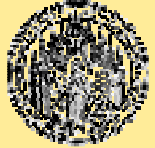
“not working”

- Increased monitoring in the community (e.g. intensive probation, electronic monitoring) on its own did not reduce recidivism

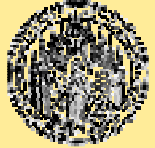


1.3 *Seiter and Kandela 2003: „What works in re-entry?“*

- **Review of special re-entry programme evaluations that**
 1. specifically focus on the transition from prison to community, or
 2. initiate treatment in a prison setting and link with a community programme to provide continuity of care.
- **Only programmes that have an outcome evaluation.**
- **Working:**
 1. vocational training and work-release programmes
 2. halfway houses
 3. some drug treatment programmes with intensive aftercare.

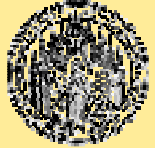


2. Psychology-based research into the effectiveness of rehabilitation (Canada, Australia, UK)



2. 2. Psychology-based research into the effectiveness of rehabilitation (Canada, Australia, UK)

- “What works with whom under what circumstances?”
- effectiveness of treatment programmes depends on a variety of “moderators” of programme effects that include offender factors (such as risk level, motivation or demographic variables), the treatment context (like staff skills, the continuity of support, institutional climate) and evaluation methods.



2.1 RNR-model, Andrews and Bonta (1990, 2010)

- **Risk**
- **Need**
- **Responsivity**



2.2 RNR-model in the context of re-entry

- Treatment services should be behavioural in nature, interventions should employ cognitive behavioural and social learning techniques;
- Reinforcements in the program should be largely positive, not negative;
- Services should be intensive, lasting 3 to 12 months (depending on need) and occupying 40 to 70 percent of the offender's time during the course of the programme;
- Treatment interventions should be used primarily with higher-risk offenders, targeting their criminogenic needs (dynamic risk factors for change).



2.2 RNR-model and re-entry (cont.)

- Less hardened or lower risk offenders do not require intervention and may be made more criminogenic by intrusive interventions;
- The most effective strategy for discerning offender risk level is to rely not on clinical judgments but on actuarial-based assessment instruments;
- Conducting intervention in the community as opposed to an institutional setting will increase treatment effectiveness;
- In terms of staffing, there is a need to match styles and modes of treatment service to the learning styles of the offender (specific responsivity).



2.3 Further outcomes

- Cognitive behavioural programmes were the most reliable interventions in achieving high reductions in recidivism (*Andrews and Bonta 1998*);
- Specific officer-offender interaction is of great value (*Lowenkamp, Motivational Interviewing, Core Correctional Practice*);
- Empathy, problem-solving and a pro-social approach reduces recidivism (*Trotter 1996*);
- Proactive Community Supervisions (PCS) which focused on comprehensive assessment, case planning, setting clear expectations, reinforcement, desistance and the use of behavioural contracts reduces recidivism rates (*Taxman 2004*).



2.3 Further Outcomes (cont.)

- Control-oriented programmes seeking to deter offenders through surveillance and threats of punishment are ineffective because they do not address the known predictors of recidivism (*Lösel 2012*).
- Intensive supervision programmes that are based on a human service philosophy and provide treatment to offenders offer more promising (*Lowenkamp et al.*).
- Review of meta-analyses of aversive sanctions and supervision supports the findings of the failure of control, deterrence and incapacitation as means to reduce recidivism. Many of these sanctions actually increase future criminal activities (*Lipsey and Cullen 2007*).
- Pure supervision after release has no impact on recidivism rates of released offenders (*Salomon et al.*).

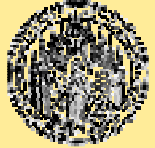


2.4 USA: Serious and Violent Offender Reentry Initiative (SVORI), *Visher/Travis* 2012

- Three-phase continuum of services that began during the period of incarceration, intensified just before release and during the early months after release and continued for several years.
- Opportunity to evaluate the impact of a diversity of re-entry programming efforts across the US.
- Programmes were not fully implemented.
- SVORI participants did better than non-SVORI control groups on self-reported criminal behaviour, employment, substance use and housing.
- Recidivism outcomes based on official measures were not significantly improved for adult male SVORI participants.



3. Sociology based research into the effectiveness of rehabilitation (Europe, New Zealand)



3. 1 Sociology-based research (Europe, New Zealand)

- Influenced by desistance research (*Sampson and Laub, McNeill, Maruna, Paternoster and Bushway* etc.)
- Inner change
- Social bonds and ties
- Human agency
- “strength based” approaches aim at creating and supporting competencies in offenders rather than looking for risk factors and criminogenic needs, and integrate the aim of motivating and engaging offenders in the rehabilitation process.
- Importance of the quality of the “therapeutic relationship”
- Importance of positive attitudes towards the (ex-) offender.



3.1 Sociology-based research (cont.)

- Released prisoner has to be supported with good social structures such as housing, satisfying employment or drug treatment.
- Building and strengthening environmental opportunities, resources and supports should be as central to offender rehabilitation and reintegration as psychological treatment.
- Community outside must support and reinforce the desistance process of the released offender.



3.2 Sociology-based research : Evaluations

- A programme focusing on the formulation of positive goals achieved better results than programmes targeting risk-avoidance (*Mann et al.*)
- A confrontative therapeutic approach had a negative impact on the motivation of offenders to change (*Marshall et al.*). In comparison, empathy, warmth, support and a certain degree of straightforwardness lead to more positive development.
- Meta-analysis on treatment programmes for juvenile offenders: most effective factor in reducing re-offending rates is employment (*Lipsey et al. 1995*).
- But: many interventions providing increased social opportunities have not been found to effectively reduce recidivism (*MacKenzie 2014*)



3.3 “Pathfinder” evaluation

- Evaluation of seven resettlement projects for short term prisoners in England and Wales (*Lewis et al. 2007*).
- Participants who had post-release contact had significantly lower reconviction rates than those who had no contact.
- Prisoners who attended a voluntary sector-led programme who had post-release contact with mentors did significantly better than any other group of prisoners analysed.
- Continuity of services “through the gate” is important to follow up work begun in custody.
- Pre-release work by professionals trained to address thinking skills and practical problems might be central to an effective resettlement strategy.



4. Conclusions

We cannot identify re-entry programs that do work under all circumstances with all prisoners in all settings.

According to today's state of research prison re-entry programs should:

- take place mostly in the community (as opposed to institutional settings);
- be focused on high-risk individuals (with risk levels determined via assessment instruments rather than clinical judgements);
- for that group be intensive (at least six months);
- use cognitive-behavioural treatment techniques;



4. Conclusions (cont.)

- focus on behavioural outcomes, targeting criminogenic needs and using positive reinforcements;
- match therapist and programme to the specific learning styles and characteristics of individual offenders;
- begin treatment in prison and provide continuity in the community;
- support a cognitive transformation and offer environmental opportunities (satisfying job, housing)
- integrate and involve the community;
- focus on the formulation of positive goals;
- staff's skills should contain empathy, warmth, support and straightforwardness;



4. Conclusions (cont.)

- Emphasis should be given to the process of implementation of the programme
- Contact-driven supervision, surveillance and enforcement of supervision conditions have a limited ability to change offenders' behaviour and to reduce the likelihood of recidivism.



Thank you for your attention!

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