

Research in Review

Bureau of Management Information Services

Division of Planning, Research, Statistics and Grants

Editor: Gary Zajac (717)730-2725

Special Focus on *What Works* and *Sex Offender Treatment*

This issue of *Research in Review* includes two special research briefing papers, inaugurating a new direction for RIR. Building upon the established format of reviewing specific corrections related research articles, RIR will begin to feature more in-depth synthesis and analysis of the body of literature concerning specific topics in corrections. These papers offer the reader insight into the latest and best research available on the treatment and management of offenders.

The first paper, *Offender Treatment Programs: What Works and How*, presents an overview of the principles of effective intervention with offender populations. This paper discusses problems that are common to offenders, approaches to offender assessment, effective treatment modalities and the development of an overall strategy for treatment and rehabilitation. This piece also provides a broad overview of issues that will be woven throughout the other special research briefing papers featured in future editions of RIR. Forthcoming papers will expand upon themes found in this paper.

The second paper concerns the treatment and management of sex offenders. This paper discusses issues such as the assessment and evaluation of sex offenders, the success of specific approaches to treatment, aftercare in the community and coordination between agencies that are charged with the custody and supervision of these offenders. This paper provides useful and interesting insight into the challenges of dealing with this difficult population.

Finally, an index to the articles reviewed in Volume 3 (2000) of RIR is included with this issue.

Upcoming issues of RIR will include briefing papers on prison and community-based therapeutic communities, correctional education programs, aftercare and other issues. We at RIR hope that you find these papers to be informative, practical and relevant to your work in corrections.

OFFENDER TREATMENT PROGRAMS - WHAT WORKS AND HOW

by

Gary Zajac, Ph.D.

Research and Evaluation Manager

Division of Planning, Research, Statistics and Grants

A consensus has developed about the principles of effective offender treatment, reflected in a growing body of “what works” literature (see Sherman, et alii, 1997). The primary question that presently drives most of the research into correctional program effectiveness is not “does treatment work?”, but rather “what works for whom and under what circumstances?”. There is little evidence that incarceration or post-release supervision, absent any treatment interventions, actually produce positive outcomes (see MacKenzie, 2000). The research literature strongly indicates that simply monitoring offender behavior (whether in prison or after release) will produce no lasting reductions in recidivism (see Fulton, et alii, 1997). Treatment is identified as essential to reducing the rates of re-offending among inmates.

Evaluations of correctional treatment programs have repeatedly pointed out the importance of conducting comprehensive and detailed assessments of the *risk, need* and *responsivity factors* of the individual inmate (see Andrews, et alii, 1990). *Risk* refers to the likelihood that an inmate will re-offend upon release to the street. All things being equal, treatment should be targeted to moderate to high risk inmates. Low-risk offenders will probably succeed even with minimal treatment; whereas extremely high-risk offenders will probably fail regardless of the interventions offered to them. *Need* refers to the severity of a particular problem facing an inmate, such as substance abuse. *Responsivity factors* are personal characteristics that influence the success of treatment, such as level of cognitive functioning and learning styles. For example, a low functioning inmate will not likely respond well to a treatment setting that requires extensive reading or journal writing. Effective inmate treatment plans achieve a balance between these three domains, targeting treatment to inmates who are most in need of it *and* who are most likely to benefit from it.

There is also a strong consensus that effective correctional treatment programs should target problem areas that have been found to contribute to re-offending; these are known as *criminogenic needs* (see National Institute of Corrections, 1998). Critical needs include alcohol and other drug abuse, low levels of education, few job skills and little work experience, impulsivity and anti-social attitudes, beliefs and values. The anti-social needs are found to be especially related to re-offending. Interventions designed to address these needs are generally referred to as cognitive-behavioral therapy. Increasingly, correctional researchers advocate incorporating cognitive-behavioral components into all types of correctional programs, including alcohol and other drug treatment (see Gendreau, 1996).

The evaluation research on correctional treatment programs has produced some broad conclusions about how best to structure programs. Effective programs are intensive and cognitive-behavioral in nature (see Gendreau, 1996; MacKenzie, 2000). An intensive program is one that lasts from three to twelve months, and which occupies at least half of the offender’s time while in the

program. The actual length of a program is driven by the specific behavioral objectives targeted by the program. A cognitive-behavioral program is one that is designed to remedy an offender's anti-social cognitions, values, and behavioral patterns. Such programs place a strong emphasis on problem solving, reasoning, self-control and behavior modification.

The integration of programs is also increasingly seen as a critical part of the correctional treatment process. Many inmates enter the correctional system with a host of needs, such as a long history of substance abuse, low educational achievement, little or no job experience, poor socialization, criminal thinking patterns, etc. Addressing these needs in a coordinated and comprehensive manner will reduce the likelihood of recidivism. Effective programs build upon one another and reinforce a common set of pro-social skills, contributing to successful inmate reentry.

A continuum-of-care treatment model is emphasized in the correctional evaluation literature (see Gendreau, 1996). In this model, treatment is begun in prison, and continues with aftercare programs upon release of the inmate to the street. Aftercare includes interventions such as relapse prevention, designed to assist the inmate in applying the skills learned in the prison-based treatment setting to the street. Effective aftercare programs help offenders understand that treatment in prison is only the first step, and that they will be expected to continue to use the tools acquired in treatment for the rest of their lives. There is a compelling body of evidence that a continuum-of-care model produces significant reductions in recidivism (see Wexler, et alii, 1999).

The link between aftercare and employment has also been explored. Employment is seen as especially critical, given the need of ex-offenders both to earn a living and to reenter the social mainstream. A comprehensive approach to assisting inmates with reentry to the community and with preparing them to find and keep a job is identified as essential to reducing recidivism rates (see Wexler, 2001). Program integration is emphasized here again, as an intensive job readiness intervention may do little for an offender still engaged in significant anti-social thinking patterns.

A good model of an intensive, behavioral treatment program is a residential therapeutic community (TC) for the treatment of alcohol and other drug abuse. A growing body of research supports the conclusion that TC's are a highly effective approach to treating addicted inmates.

Research on the Amity prison TC in California found that only 27 percent of inmates who completed both the TC and aftercare returned to prison within three years of release, compared to 75 percent of similar inmates who had no such treatment (Wexler, et alii, 1999). A cost-benefit analysis conducted on this program by the California legislature concluded that if the impacts of this TC could be replicated more broadly throughout the California prison system, projected prison expansion over the next seven years could be reduced by 4,700 beds, for an annual savings of over \$80 million (Mullen, et alii, 2001).

An evaluation of the KEY-CREST prison TC and community aftercare program in Delaware found that inmates who completed all phases of treatment had a rearrest rate of only 31 percent after three years, compared with 71 percent for similar inmates without treatment (Martin, et alii, 1999).

A separate evaluation also found that inmates who had completed KEY-CREST had significantly higher levels of employment and legitimate income after release than was the case for untreated ex-offenders (Butzin, et alii, 1999).

Studies of the Kyle New Vision ITC prison-based TC in Texas concluded that this program had a significant impact on the most severely addicted inmates. The three year reincarceration rate for inmates who completed all phases of ITC treatment was 26 percent, compared with 52 percent for similar inmates who had no treatment (Knight, et alii, 1999). A cost-effectiveness analysis conducted as a companion piece to this evaluation concluded that, given the reductions in recidivism that resulted from completion of the prison-based treatment and aftercare, this regimen is a cost-effective alternative to providing no treatment to seriously addicted inmates (Griffith, et alii, 1999).

Based upon the success of these and other TC's, researchers have concluded that an integrated continuum of corrections-based TC treatment works best for seriously drug-involved offenders (see Inciardi et alii, 1994; Martin et alii, 1999). This continuum involves three stages of TC treatment, tied to an inmate's changing correctional status: prison→work release→release to the community. The first stage of treatment consists of a prison-based TC designed to modify deviant lifestyles and behavior patterns. Ideally, this stage lasts 9-12 months. The second stage is a transitional TC, such as a therapeutic community work release center, with a program composition similar to that of the traditional TC. In Pennsylvania, this would equate to release to a Community Corrections Center (CCC) while continuing to participate in treatment. In the third stage, clients have completed treatment in a CCC and are living in the community. Treatment in the third stage can involve outpatient counseling and group therapy.

Educational and vocational programs are also increasingly identified as important for reducing recidivism rates among inmates. While the body of evaluation inquiry into these types of programs is not yet as definitive as is the case with substance abuse treatment, the overall trend of this research is promising. The Correctional Education Association is presently conducting studies of prison-based education programs in four states (including Pennsylvania). Preliminary results from their study in Maryland indicate that the recidivism rate for inmates who participated in educational programs while incarcerated was 31 percent, compared with 38 percent for inmates who had no educational programming. This translates into a potential cost savings of approximately \$24 million (Corrections Education Association, 2001).

Similar research in the Texas state prison system found that inmates who had achieved literacy as a result of prison-based education had a recidivism rate of 19 percent two years after release, as opposed to a 30 percent rate for inmates who remained illiterate. Prison GED programs also produced significant decreases in recidivism. The impact of prison-based vocational training was less clear. (Martinez and Eisenberg, 2000).

In general, though, the available research on vocational education provided in prisons indicates that these programs are effective in reducing recidivism. Research has also shown that programs that begin job search assistance and preparation for employment prior to leaving prison,

and continue assistance after release, hold promise for reducing recidivism. As discussed above, this may be even more important for offenders with a high-risk for recidivating (MacKenzie, 2000).

Clearly, while more research is needed into the effectiveness of all types of correctional education programs, the existing evidence suggests that education and vocational training do contribute to an overall strategy of treatment. Again, these educational interventions should be based upon a valid assessment of an inmate's educational needs and be linked to a comprehensive plan of treatment for the inmate.

In sum, the existing body of evaluation literature on correctional treatment supports the conclusion that treatment can reduce recidivism rates and produce other positive impacts for many offenders. There is also increasing focus in the evaluation literature on the importance of aftercare following TC treatment, both within the institution and on the street. Clearly, an intensive, comprehensive and integrated treatment regimen in prison, coupled with follow-up care, offers a reasonable chance for rehabilitation of criminal offenders.

Sources

- Andrews, Donald A.; Zinger, Ivan; Hoge, Robert D.; Bonta, James; Gendreau, Paul and Cullen, Francis T. 1990. "Does Correctional Treatment Work? A Clinically Relevant and Psychologically Informed Meta-Analysis." *Criminology*, 28, 369-404.
- Butzin, Clifford A.; Scarpitti, Frank R.; Nielsen, Amie L.; Martin, Steven S. and Inciardi, James A. 1999. "Measuring the Impact of Drug Treatment: Beyond Relapse and Recidivism." *Corrections Management Quarterly*, 3(4), 1-7.
- Corrections Education Association. 2001. "CEA Releases Preliminary Findings of Multi-State Recidivism, Education Study." *Correctional Education Bulletin*, January, 1-6.
- Fulton, Betsy; Latessa, Edward J.; Stichman, Amy; and Travis, Lawrence. 1997. "The State of ISP: Research and Policy Implications." *Federal Probation*, December.
- Gendreau, Paul. 1996. "The Principles of Effective Intervention with Offenders." In Harland, Alan T. (ed.). *Choosing Correctional Options That Work: Defining the Demand and Evaluating the Supply*. Thousand Oaks, CA: Sage.
- Griffith, James D.; Hiller, Matthew L.; Knight, Kevin; Simpson, D. Dwayne. 1999. "A Cost-Effectiveness Analysis of In-Prison Therapeutic Community Treatment and Risk Classification." *The Prison Journal*, 79(3), 352-368.
- Inciardi, James A.; Martin, Steven S. and Lockwood, D. 1994. "Therapeutic Communities in Prison and Work Release: Some Clinical and Policy Implications." *Therapeutic Community*:

Advances in Research and Application, 259-267.

- Knight, Kevin; Simpson, D. Dwayne and Hiller, Matthew L. 1999. "Three Year Reincarceration Outcomes for In-Prison Therapeutic Community Treatment in Texas." *The Prison Journal*, 79(3), 337-351.
- Martin, Steven S.; Butzin, Clifford A.; Saum, Christine A. and Inciardi, James A. 1999. "Three Year Outcomes of Therapeutic Community Treatment for Drug-Involved Offenders in Delaware: From Prison to Work Release to Aftercare." *The Prison Journal*, 79(3), 294-320.
- Martinez, Alma I.; and Eisenberg, Michael. 2000. *Does Educational Achievement in Prison Lead to Lower Post-Release Recidivism Rates?* Texas Department of Criminal Justice And the Texas Department of Public Safety.
- MacKenzie, Doris L. 2000. "Evidence-Based Corrections: Identifying What Works." *Crime and Delinquency*, 46(4), 457-471.
- Mullen, Rod; Rowland, James; Arbiter, Naya; Yablonsky, Lew and Fleishman, Bette. 2001. "California's First Prison Therapeutic Community: A 10-Year Review." *Offender Substance Abuse Report*, 1(2), 17-30.
- National Institute of Corrections. 1998. *Public Protection Through Offender Risk Reduction: Putting Research into Practice*. Washington, DC: U.S. Department of Justice.
- Sherman, Lawrence W.; Gottfredson, Denise; MacKenzie, Doris; Eck, John; Reuter, Peter and Bushway, Shawn. 1997. *Preventing Crime: What Works, What Doesn't, What's Promising*. Washington, DC: U.S. Department of Justice, Office of Justice Programs.
- Wexler, Harry K. 2001. "An Integrated Approach to Aftercare and Employment for Criminal Justice Clients." *Offender Substance Abuse Report*, 1(2), 17-25.
- Wexler, Harry K.; Melnick, Gerald; Lowe, Lois and Peter, Jean. 1999. "Three-Year Reincarceration Outcomes for Amity In-Prison Therapeutic Community and Aftercare in California." *The Prison Journal*, 79(3), 321-336.

TREATING AND MANAGING THE INCARCERATED SEX OFFENDER

by
Bethany Gardner
Research and Evaluation Analyst
Division of Planning, Research, Statistics and Grants

Sex offenders present unique treatment and management challenges to corrections professionals. These offenders have a “special” status in the popular and political mind, and their treatment and disposition often become controversial issues. While there is an array of information available regarding treatment for these offenders, there is not necessarily a clear consensus on how best to assess, treat and manage them.

Research by Gallagher, et alii. (1999) assesses and summarizes existing research on the effectiveness of sex offender treatment programs, both within prisons and in the community. The authors conclude from their analysis that the evaluation research literature supports the effectiveness of some approaches to sex offender treatment. Cognitive-behavior approaches seem to hold the greatest promise for rehabilitating these offenders. Cognitive-behavior therapy assists clients in recognizing false beliefs, identifying the problems with those beliefs, and replacing them with a set of acceptable beliefs. Therapists must deal with the thinking that led to the offense before they can attempt relapse prevention. Researchers also agree that there is currently too much reliance on “talking cures”, even in cognitive-behavior therapy, and that more focus should be on skill building, actively working on problem solving and an individualized long-term treatment plan.

Assessment of risk, need and responsivity to treatment is identified as critical to the development of treatment plans for sex offenders. Such assessment should be provided by valid and reliable instruments that can produce an objective picture of an inmate’s problems. Instruments are available for this purpose, such as the Multidimensional Assessment of Sex Aggression (Knight, Prentky, & Cerce, 1994), which is considered a very comprehensive assessment of antisocial behavior, anger and sexual proclivities. While it seems clear that the treatment of sex offenders can produce some reductions in recidivism, more study of this treatment is needed before we can safely identify what works best for this population.

In the case of sexual offending, deviant sexual preferences, choice of victim, early onset of sex offending, and prior sex offense must be assessed, particularly among child molesters (Hanson & Bussiere, 1996). Researchers in this area (Hanson & Bussiere, 1996; Quinsey et al., 1995) have also identified factors that should be assessed in the future. Some of these are lack of empathy toward the victim, denial and minimization, deviant sexual fantasies, unfulfilled intimacy needs, association with other sex offenders, access to victims, and the interaction of psychopathy and deviant sexual arousal.

Most research cited recidivism as a key measurement. Hanson and Bussiere’s (1996) comprehensive meta-analysis of 61 sex offender studies concluded that less than 20 percent of sex offenders are found to have committed another sexual offense. Those who did re-offend were found to have more prior sexual offenses, deviant sexual interests - being interested in boys and

victimizing strangers - and had not completed their treatment. It is widely accepted that this is an underestimate. Many offenses are undetected and the rates can only increase with longer follow up periods. Knowing who is more likely to re-offend may contribute to risk assessment issues and release decisions. [NOTE: Pennsylvania's state recidivism rates are 47.3% for Forcible Rape, and 30.7% for Other Sexual Offenses. These rates include all re-offenses since the department does not keep specific statistics by offense category.]. The recent amendment to the Judicial Code (House Bill 47 of 2000) that will require sexual offenders to attend and participate in Department of Corrections counseling or therapy programs should have an impact on sex offender recidivism in Pennsylvania.

Most corrections practitioners and researchers agree that the successful management of sex offenders lies in the combination of effective treatment and intensive, long-term supervision. While many members of communities feel the only safe option is continued incarceration, the reality is that most convicted sex offenders are released from custody back into their community. Therefore, it is important that treatment programs in corrections make a difference in the way sexual offenders behave while incarcerated to prepare for their release and subsequent community supervision. This is where cognitive-behavior therapy plays an important role in identifying and changing offender norms. It is also vital for supervising officers to maintain clear chronological case notes that detail an offender's progress, or lack thereof, in supervision and treatment. Current and complete information also fosters communication among other members of the supervision team and can serve as a foundation for the formal and informal case management discussions. The vast majority of literature cites the need for continued supervision and treatment upon release from incarceration. "The research shows that treatment can decrease re-offense by eight percent and community supervision is cost effective," stated Scott Matson, Research Associate with the Center for Sex Offender Management (Center for Sex Offender Management, 2000).

The California Department of the Youth Authority implemented the Continuum of Care model in 1994 to provide better coordination of institutional treatment and parole supervision services to at-risk sex offenders. The Continuum of Care program included Institutional Treatment Programs, Community Parole Supervision, and Program Evaluation and Research.

Statistics from the first three years of providing Continuum of Care services to sex offenders have highlighted the following trends: 1) none of the offenders who have completed the program have been arrested for any subsequent sexual offense; 2) the relapse-prevention model and other treatment principles appear to be effective in reducing future sexual victimizations by these offenders; 3) sex offenders are more capable of changing their inappropriate sexual behaviors than previously thought; and 4) treatment needs to be individualized because deficits vary across persons and cultures. [NOTE: It is advisable to collect data on re-offenses by sex offenders for longer than a three-year period to obtain more accurate recidivism rates]

Most convicted sex offenders are released from the custody of the criminal justice system into the community at some point following sentencing or after a term of incarceration. Therefore, a comprehensive and cohesive network of interventions must be in place to control their manipulative

and sexually deviant behaviors. In numerous jurisdictions, criminal justice agencies and community organizations have successfully forged partnerships, recognizing the enormous potential for impacting crime and reducing costs when agencies share information, develop common goals, create compatible internal policies to support these goals, and join forces to analyze problems and create responsive solutions (Center for Sex Offender Management, 2000).

In Portage County, Wisconsin, a supervising adult contract has been designed to help in this process. Supervising adults can be clergy, church members, human service workers, teachers, etc., depending on when and where an offender's contact with a child will occur. In addition to the supervising adults, the program includes weekly offender reporting to his/her agent, random home visits, sex offender treatment program, other required treatment programs and collateral contacts with spouses, children, teachers, employers, parents, extended family, friends, etc. All offenders released from an institution are initially placed in a halfway house or under electronic monitoring.

In summary, research on sex offender treatment programs repeatedly stresses the link between assessment and treatment planning. Assessment of risk, need and responsivity to treatment are important elements of any sex offender treatment program. The combination approach of long-term continued supervision and treatment appears to be the most successful in treating and rehabilitating sex offenders. It is also advisable to collect long-term data on sex offenders to determine a more accurate recidivism rate and to assist with planning and evaluation efforts.

Sources

Center for Sex Offender Management. 2000. *Community Supervision of the Sex Offender: An Overview of Current and Promising Practices*. Silver Spring, MD.

Gallagher, C.A.; Wilson, D.B.; Hirschfield, P.; Coggeshall, M.B. and MacKenzie, D.L. 1999. "A Quantitative Review of the Effects of Sex Offender Treatment on Sexual Reoffending." *Corrections Management Quarterly*, 3(4), 19-29.

Hanson, R.K. and Buissiere, M.T. 1996. *Predictors of Sexual Offender Recidivism: A Meta-Analysis*. Ottawa, Canada: Solicitor General, Public Works and Government Service.

Knight, R.A.; Prentky, R.A. and Cerce, D.D. 1994. "The Development, Reliability and Validity of an Inventory for the Multidimensional Assessment of Sex and Aggression." *Criminal Justice and Behavior*, 21(1), 72-94.

Quinsey, V.L.; Rice, M.E. and Harris, G.T. 1995. "Actuarial Prediction of Sexual Recidivism." *Journal of Interpersonal Violence*, 10(1), 85-105.

Index to Research in Review - Volume 3 - 2000

Alcohol and Other Drug Treatment Therapeutic Community Evaluations

- James D. Griffith, et alii. 1999. "A Cost-Effectiveness Analysis of In-Prison Therapeutic Community Treatment and Risk Classification." *The Prison Journal*, 79(3), 352-368. (Numbers 1&2).
- Kevin Knight, et alii. 1999. "Three-Year Reincarceration Outcomes for In-Prison Therapeutic Community Treatment in Texas." *The Prison Journal*, 79(3), 337-351. (Numbers 1&2).
- Steven S. Martin, et alii. 1999. "Three-Year Outcomes of Therapeutic Community Treatment for Drug-Involved Offenders in Delaware." *The Prison Journal*, 79(3), 294-320. (Numbers 1&2).
- Harry K. Wexler, et alii. 1999. "Three-Year Reincarceration Outcomes for Amity In-Prison Therapeutic Community and Aftercare in California." *The Prison Journal*, 79(3), 321-336. (Numbers 1&2).

Miscellaneous

- Marc Mauer. 1999. *Race to Incarcerate*. New York: The New Press. (Numbers 1&2).
- Richard Rogers, et alii. 2000. "Prototypical Analysis of Antisocial Personality Disorder: A Study of Inmate Samples." *Criminal Justice and Behavior*, 27(2), 234-255. (Numbers 1&2).

Reentry Issues

- Michelle Gaseau. 2000. "Making Offender Job Placement Work." *The Corrections Connection News Center*, August, 4 pp (Number 3).
- Greg Little, et alii. 1999. "Successful Ten-Year Outcome Data on MRT – Treated Felony Offenders Show Significantly Lower Reincarceration Rates in Each Year." *Cognitive Behavioral Treatment Review and CCI News*, 8(1), 1-2. (Number 3).
- Joan Petersilia. 2000. "Challenges of Prisoner Reentry and Parole in California." *CPRC Brief*, 12(3), 4 pp. (Number 3).
- Jeremy Travis. 2000. "But They All Come Back: Rethinking Prisoner Reentry." *Sentencing and Corrections*, Number 7, 1-9. (Number 3).
- "Reducing the Threat of Recidivism." *RPI Report: The Newsletter of the Reentry Partnerships Initiative*, Issue 1(July 2000), 1-2. (Number 3).

Sex Offender Issues

- R. Karl Hanson and Andrew J.R. Harris. 2000. "Where Should We Intervene? Dynamic Predictors

of

Sexual Offense Recidivism.” *Criminal Justice and Behavior*, 27(1), 6-35. (Numbers 1&2).

Stephen Porter, et alii. 2000. “Profiles of Psychopathy in Incarcerated Sexual Offenders.” *Criminal Justice and Behavior*, 27(2), 216-233. (Numbers 1&2).