

FROM THEORY TO PRACTICE

What Works in Reducing Recidivism?

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“**W**hat Works” is not a program or an intervention, but a body of knowledge based on over thirty years of research that has been conducted by numerous scholars in North America and Europe. Also referred to as evidence-based practice, the *What Works* movement demonstrates empirically that theoretically sound, well-designed programs that meet certain conditions can appreciably reduce recidivism rates for offenders. Through the review and analysis of hundreds of studies, researchers have identified a set of principles that should guide correctional programs.

The first is the risk principle, or the *who* to target – those offenders who pose the higher risk of continued criminal conduct. This principle states that our most intensive correctional treatment and intervention programs should be reserved for higher-risk offenders. Risk in this context refers to those offenders with a higher probability of recidivating. Why waste our programs on offenders who do not need them? This is a waste of resources, and more importantly, research has clearly demonstrated that when we place lower-risk offenders in our more structured programs, we often increase their failure rates, and thus reduce the overall effectiveness of the program. There are several reasons this occurs. First, placing low-risk offenders with higher-risk offenders only serves to increase the chances of failure for the low risk. For example, let’s say that your teenage son or daughter did not use drugs, but got into some trouble with the law. Would you want them in a

program or group with heavy drug users? Of course you wouldn’t, since it is more likely that the higher risk youth would influence your child more than the other way around.

Second, placing low-risk offenders in these programs also tends to disrupt their prosocial networks; in other words, the very attributes that make them low risk become interrupted, such as school, employment, family, and so forth. Remember, if they do not have these attributes it is unlikely they are low risk to begin with. The risk principle can best be seen from a recent study of offenders in Ohio who were placed in a halfway house or community based correctional facility (CBCF). The study found that the recidivism rate for higher risk offenders who were placed in a halfway house or CBCF was reduced, while the recidivism rates for the low risk offenders that were placed in the programs actually increased.

The second principle is referred to as the need principle, or the *what* to target – criminogenic factors that are highly correlated with criminal conduct. The need principle states that programs should target crime producing needs, such as anti-social attitudes, values, and beliefs, anti-social peer associations, substance abuse, lack of problem solving and self-control skills, and other factors that are highly correlated with criminal conduct. Furthermore, programs need to ensure that the vast majority of their interventions are focused on these factors. Non-criminogenic factors such as self-esteem, physical conditioning, understanding one’s culture or history,

and creative abilities will not have much effect on recidivism rates. An example of a program that tends to target non-criminogenic factors can be seen in offender-based military style boot camps. These programs tend to focus on non-criminogenic factors, such as drill and ceremony, physical conditioning, discipline, self-esteem, and bonding offenders together. Because they tend to focus on non-crime producing needs, most studies show that boot camps have little impact on future criminal behavior.

The third principle is the treatment principle, or the *how* – the ways in which correctional programs should target risk and need factors. This principle states that the most effective programs are behavioral in nature. Behavioral programs have several attributes. First, they are centered on the *present* circumstances and risk factors that are responsible for the offender's behavior. Second, they are *action* oriented rather than talk oriented. Offenders do something about their difficulties rather than just talk about them. Third, they *teach* offenders new, prosocial skills to replace the anti-social ones like stealing, cheating and lying, through modeling, practice, and reinforcement. Examples of behavioral programs would include structured social learning programs where new skills are taught, and behaviors and attitudes are consistently reinforced, cognitive behavioral programs that target attitudes, values, peers, substance abuse, anger, etc., and family based interventions that train families on appropriate behavioral

techniques. Interventions based on these approaches are very structured and emphasize the importance of modeling and behavioral rehearsal techniques that engender self-efficacy, challenge of cognitive distortions, and assist offenders in developing good problem-solving and self-control skills. These strategies have been demonstrated to be effective in reducing recidivism. Non-behavioral interventions often used in programs would include drug and alcohol education, fear tactics and other emotional appeals, talk therapy, non-directive client centered approaches, having them read books, lectures, milieu therapy, and self-help. There is little empirical evidence that these approaches will lead to long-term reductions in recidivism.

Finally, a host of other considerations will increase correctional program effectiveness. These include targeting responsivity factors such as a lack of motivation or other barriers that can influence someone's participation in a program; making sure you have well trained and interpersonally sensitive staff; providing close monitoring of offenders' whereabouts and associates; assisting with other needs that the offender might have; ensuring the program is delivered as designed through quality assurance processes; and providing structured aftercare. These program attributes all enhance correctional program effectiveness.

If we put it all together, we have the *who*, *what*, and *how* of correctional intervention, also known as "*What Works*."