SEPTEMBER 2014

# Federal PROBATION

*a journal of correctional philosophy and practice*

## SPECIAL FOCUS ON: THE RESPONSIVITY PRINCIPLE IN COMMUNITY CORRECTIONS

# Federal PROBATION

*a journal of correctional philosophy and practice*

**PUBLISHED BY**
*The Administrative Office of the U.S. Courts*

**Judge John D. Bates,** *Director*

**Matthew G. Rowland**, *Chief*
*Probation and Pretrial Services Office*

*Federal Probation* ISSN 0014-9128 is dedicated to informing its readers about current thought, research, and practice in corrections and criminal justice. The journal welcomes the contributions of persons who work with or study defendants and offenders and invites authors to submit articles describing experience or significant findings regarding the prevention and control of crime and delinquency. A style sheet is available from the editor.

*Federal Probation* is published three times yearly—in June, September (on a special topic), and December. Permission to quote is granted on the condition that appropriate credit is given the author and Federal Probation. For information about reprinting articles, please contact the editor.

Subscriptions to *Federal Probation* are available from the Superintendent of Documents at an annual rate of $16.50 ($22.40 foreign). Please see the subscription order form on the last page of this issue for more information.



**EDITORIAL STAFF**

**Nancy Beatty Gregoire**, *Executive Editor*
**Ellen Wilson Fielding**, *Editor*

***Federal Probation***
*Administrative Office of the U.S. Courts*
*Washington, DC 20544*
*telephone: 202-502-1651*
*fax: 202-502-1677*
*email: Ellen_Fielding@ao.uscourts.gov*

**Postmaster:** *Please send address changes to the editor at the address above.*

# THIS ISSUE IN BRIEF

This September's issue of *Federal Probation* contains a special section on "The Responsivity Principle in Community Corrections." Responsivity, third in the Risk-Need-Responsivity (RNR) model of offender assessment and rehabilitation, has been less researched, less well understood, and therefore less widely or well implemented in the community corrections arena, where the past few decades have seen increasing efforts at most levels of community corrections to find or develop reliable dynamic risk assessment tools and evidence-based treatment and supervision methods.

Bookending this special focus section are two articles by authors well recognized as leaders in RNR research who first summarize what responsivity has meant and means and then suggest fruitful new ways to think about and apply it. In their opening article, "Reconsidering the Responsivity Principle: A Way to Move Forward," Guy Bourgon and James Bonta emphasize that "Although client attributes provide context, responsivity is…*creating an optimal learning environment for the client,*" which necessarily involves considerations of both client attributes and those of clinicians as well. The concluding article by Faye Taxman on "Second Generation of RNR: Expanding Emphasis on Responsivity," presents a (realizable) vision of an "overarching (correctional and treatment) system [that] needs to embrace these principles to support individual-level programming."

In between these are three articles concerning more localized or specific aspects of Responsivity. In "The Neglected "R"—Responsivity and the Federal Offender," Thomas H. Cohen and Jay Whetzel use data on federal offenders to discuss the relationship between federal offender demographics and responsivity, the extent to which the presence of responsivity factors varies across the federal judicial districts, and implications for possible use of Second Chance Act funds. Risdon N. Slate and Laura Usher consider opportunities to better address physical and mental health responsivity issues in "Health Coverage for People in the Justice System: The Potential Impact of Obamacare." And Ada Melton, Kimberly Cobb, Adrienne Lindsey, R. Brian Colgan, and David Melton consider what we know and don't know (and how we might come to know more) in "Addressing Responsivity Issues with Criminal Justice-Involved Native Americans."

In years to come we can expect to see much more on this topic both as it applies to community corrections in general and to federal corrections in particular. Meanwhile, we think this Special Focus section offers a solid understanding of where the Responsivity Principle comes from and how it is currently understood to operate, while sketching promising avenues for research and practice in the future—all in pursuit of the best possible outcomes for communities and the offenders who return to them.

*—Ellen Wilson Fielding*
*Editor,* Federal Probation

**SPECIAL FOCUS ON: The Responsivity Principle in Community Corrections**

# Reconsidering the Responsivity Principle: A Way to Move Forward*

*Guy Bourgon*
*James Bonta*
*Public Safety Canada*

**THE RISK-NEED-RESPONSIVITY** (RNR) model has arguably become the premier model of offender assessment and rehabilitation (Cullen, 2012; Ogloff & Davis, 2004; Polaschek, 2012). The RNR model made its published debut in 1990 (Andrews, Bonta, & Hoge, 1990), with the first empirical test of the principles published a few months later (Andrews, Zinger, Hoge, Bonta, Gendreau, & Cullen, 1990). In the Andrews, Bonta and Hoge paper, four principles were presented with respect to offender treatment. The first three principles dealt with the *who, what,* and *how* of offender rehabilitation. The risk principle stated that the intensity of treatment should be matched to the risk level of the offender, with the greatest amount of treatment services being directed to the higher-risk offender. The need principle dictated that treatment goals should be the criminogenic needs that are functionally related to criminal behavior. The responsivity principle directed service providers to use cognitive-behavioral techniques to bring about change while being attentive to individual factors such as personality, gender, and motivation. The fourth principle was the override principle, which called for professional discretion in cases where behavior could not be explained with existing knowledge.

Since 1990 the RNR model has expanded to include many more principles (Andrews & Bonta, 2010a; 2010b), but the principles of risk, need, and responsivity remain at the core. Most of the research has focused on the risk and need principles, while the research on the responsivity principle has been a poor cousin. There are many reasons for this situation, two of which are the ease of conducting research on risk and need compared to responsivity and the vagueness of the original conceptualization of responsivity by Andrews, Bonta, and Hoge (1990). In this paper, we attempt to improve our understanding of the responsivity principle and provide suggestions to furthering research on responsivity. First, however, we summarize the impact of the RNR model on correctional practice. Next, we trace the history of the RNR model with special emphasis on the responsivity principle. Following this discussion, we review how the responsivity principle has come to mean simply a consideration of client characteristics in the absence of the environment where the work takes place, such as therapist/helper characteristics and skills. We then end the article with a discussion of how we can forward a constructive research agenda on the responsivity principle.

## The Impact of the RNR Model on Correctional Practice

Today, the research support for the RNR model goes far beyond a handful of studies. There is such a breadth of research on the principles as they apply to offender assessment and treatment that meta-analytic reviews of the evidence are common. With respect to RNR-based offender assessment, we have the Level of Service (LS) family of instruments such as the Level of Service Inventory-Revised (LSI-R; Andrews & Bonta, 1995) and the Level of Service Case Management Inventory (LS/CMI; Andrews, Bonta, & Wormith, 2004). Meta-analyses of the LS literature have found the instruments to predict both general and violent recidivism (Campbell, French, & Gendreau, 2009; Gendreau, Goggin, & Smith, 2002; Olver, Stockdale, & Wormith, 2014) and prison misconducts (Gendreau, Goggin, & Law, 1997). Additional quantitative reviews of the instruments have found them applicable to women (Smith, Cullen, & Latessa, 2009) and Aboriginal offenders (Wilson & Gutierrez, 2014). In a recent meta-analysis by Bonta, Blais, and Wilson (2014), the risk-need domains measured by the LS instruments were predictive of both general and violent recidivism for mentally disordered offenders. With such evidence, the LS instruments have become the most widely used offender risk/need instruments in the United States (Vose, Cullen, & Smith, 2008), Canada (Wormith, Ferguson, & Bonta, 2013) and internationally (Bonta & Wormith, in press).

Turning to the rehabilitation literature, support for the risk principle can be found in the meta-analysis by Andrews and Dowden (2006). Over 200 treatment studies produced 374 unique effect size estimates. As expected, the mean effect size was .03 with lower-risk cases; delivering treatment services to low-risk offenders has little impact on recidivism. Treatment for higher-risk offenders yielded a mean effect size of .10. Although the meta-analysis showed only a modest effect of treatment with higher-risk cases, the authors hypothesized that this may have been due

*Correspondence addressed to Guy Bourgon, Public Safety Canada, 340 Laurier Ave. W., Ottawa, Ontario, Canada, K1A 0P8. Telephone: 613-991-2033. FAX: 613-990-8295. Email: Guy.Bourgon@ps.gc.ca. The opinions expressed do not necessarily represent the views of Public Safety Canada.

to the inexact way that risk was measured (e.g., first offender=low risk) and the way that offender risk was reported in the studies (risk could be estimated only in the aggregate for 88 percent of the effect size estimates). More recent tests of the risk principle with actuarial measures of offender risk at the individual level have been supportive of the risk principle for adult offenders (Bourgon & Armstrong, 2005; Lowenkamp & Latessa, 2005; Sperber, Latessa, & Makarios, 2013), female offenders (Lovins, Lowenkamp, Latessa, & Smith, 2007), violent offenders (Polaschek, 2011) and sex offenders (Lovins, Lowenkamp, & Latessa, 2009; Mailloux, Abracen, Serin, Cousineau, Malcolm, & Looman, 2003).

Evidence for the need principle is also extensive and comes from two sources: 1) offender assessment, and 2) offender treatment. In the area of offender assessment, Andrews and Bonta have long argued that a distinction must be made between static and dynamic risk factors (Andrews, 1982; Andrews & Bonta, 1994; Bonta, 1996; Bonta & Motiuk, 1985). Furthermore, an assessment of dynamic risk factors, particularly those dynamic factors that Andrews and Bonta (2010a) refer to as part of the Central Eight risk/need factors (Table 1), is crucial for effective rehabilitation programming. Empirical support for the predictive validity of the dynamic risk/need factors can be found in a number of meta-analytic reviews. These dynamic risk/need factors have been shown to predict recidivism for male and female offenders (Andrews, Guzzo, Raynor, Rowe, Rettinger, Brews, & Wormith, 2012), Aboriginal offenders (Gutierrez, Wilson, Rugge, & Bonta, 2013; Wilson & Gutierrez, 2014), and mentally disordered offenders (Bonta et al., 2014). We have already noted the literature on the LS instruments, which measure the Central Eight risk/need factors.

The second source of evidence for the need principle is found in the offender treatment literature. Within this literature, dynamic risk/need factors are called criminogenic needs and are viewed as the more desirable targets of treatment intervention. For example, a treatment is more likely to lead to reduced recidivism when the target is procriminal thinking rather than poor self-esteem. Dowden's (1998) meta-analytic review found that programs targeting criminogenic needs displayed a mean effect size of +.19, compared to an average effect size of –.01 for interventions that targeted non-criminogenic needs. Since then, researchers have continued to find that matching services to offender criminogenic needs is associated with reduced recidivism (Vieira, Skilling, & Peterson-Badali, 2009; Vitopoulos, Peterson-Badali, & Skilling, 2012; Wooditch, Tang, & Taxman, 2014).

The general responsivity principle, use of cognitive-behavioral techniques, has a well-established empirical record. The effectiveness of cognitive-behavioral interventions with offenders has been the conclusion of a number of meta-analytic reviews of the literature (Landenberger & Lipsey, 2005; Wilson, Bouffard, & MacKenzie, 2005). However, the research on specific responsivity has not been as extensive. The relatively little research conducted has focused on differential treatment effects as a function of the personal-biological-social characteristics of the client. Examples are offender motivation for treatment (Kennedy & Serin, 1999), gender (Hubbard, 2007), ethnicity (Usher & Stewart, 2014), and race (Spiropoulos, Salisbury, & Van Voorhis, 2014). There are very few studies on how the personal characteristics of the change agent or the specifics of the interventions impact client outcome. We will return to this issue shortly.

Adherence to the RNR model has a number of benefits. First and foremost, following the RNR principles is associated with reductions in recidivism (Andrews & Bonta, 2010a, 2010b; Koehler, Lösel, Akoensi, & Humphreys, 2013). Second, the model has practical value not only for designing new interventions (Bonta, Bourgon, Rugge, Scott, Yessine, Gutierrez, & Li, 2011; Lowenkamp, Holsinger, Robinson, & Alexander, 2014) but also for developing offender assessment instruments such as the LS instruments described earlier. Third, the RNR model provides a strong rehabilitative model with "explanatory depth" to explain why programs work (Polaschek, 2012). This is not surprising given that the RNR model is derived from an empirically rich social learning theory (Pratt, Cullen, Seller, Winfree, Madensen, Daigle, Fearn, & Gau, 2010). Finally, interventions based on RNR principles are cost-effective (Drake, Aos, & Miller, 2009; Romani, Morgan, Gross, & McDonald, 2012; Taxman, Pattavina, & Caudy, 2014).

The popularity of the RNR model, in our opinion, is well founded. Our empirical understanding of the risk and need principles is solid. Where we need more research is on the responsivity principle. Before we speak to what needs to be done, we turn to a brief summary of the origins of the responsivity principle and its present status.

## The Early History of the Responsivity Principle

The development of the RNR model and its umbrella theory, the psychology of criminal conduct, began in the 1970s. Partly as a response to Martinson's (1974) so-called "Nothing Works" conclusion, a small group of correctional psychologists in the Ottawa area began to challenge the idea that offender rehabilitation is ineffective. Two classmates who began a lifelong friendship in 1962 as psychology interns in Kingston Penitentiary, Don Andrews and Paul Gendreau, were joined by Robert Ross, James Bonta, Robert Hoge, Stephen Wormith and others to become what Paula Smith (2013, p. 71) referred to as the "Canadian School of rehabilitation." All were interested in understanding not only whether treatment can be effective in reducing recidivism but also why. Soon after Martinson's dismissal of offender rehabilitation, Gendreau and Ross published a number of narrative reviews of the literature concluding that treatment can indeed be effective (Gendreau & Ross, 1979, 1981).

The first published formulation of the responsivity principle appeared in the 1990 article by Andrews, Bonta, and Hoge. However, the intellectual roots of the responsivity principle could be found in the need to match clients to specific "therapeutic" environments (although this is generally true for all of the RNR principles, we focus here

**TABLE 1.**

*Number of Offenders in the Re-arrest During Supervision Statistics by Month*

| Criminal History |
|---|
| Antisocial Personality Pattern (early onset of antisocial behavior, procriminal attitudes, previous failure on parole/probation, history of violent behavior) |
| Procriminal Attitudes |
| Procriminal Companions |
| Family/Marital (generalized family dysfunction, marital strife) |
| Education/Employment (level of education, unemployed, conflict at work) |
| Substance Abuse (alcohol and drugs) |
| Leisure/recreation (lack of prosocial activities) |

on the responsivity principle). For quite some time, the psychotherapy/counseling literature was well aware that no one mode of therapy or type of therapist was equally effective with all clients and that the interaction of therapist, technique, and client needed to be considered (Clavert, Beutler, & Crago, 1988; Paul, 1967; Stein & Lambert, 1984); this remains an issue to this day (Norcross & Wampold, 2010).

An early illustration of differential outcomes as a function of client characteristics and treatment modality in corrections is provided by Grant's (1965) evaluation of a psychodynamic-oriented intervention with inmates. The first general finding was that client factors such as anxiousness and interpersonal maturity moderated outcome. Inmates who were less anxious, verbally skilled, and more mature benefited from the psychodynamic intervention. Second, therapist characteristics were also important. Therapists who were interpersonally skilled and more collaborative in their approach with the more difficult clients had better outcomes than therapists who were less skilled and more authoritarian.

By 1990 there was sufficient research for Andrews and his colleagues to make two general conclusions with respect to responsivity. First, cognitive-behavioral treatments are more effective than other types of treatment. And why would we expect any different conclusion? After all, behavior is learned through classical and operant conditioning and vicarious learning principles. Andrews et al. (1990) described this as the general responsivity principle. Second, as suggested by the earlier cited evidence on differential outcomes, we must consider client *and* therapist characteristics in our treatment interventions. This is what was termed *specific responsivity* and much of the description of specific responsivity dealt with client characteristics such as interpersonal sensitivity, anxiety, verbal intelligence, and motivation. There was relatively little said in the 1990 article about therapist characteristics and skills. As we will argue later, too much emphasis has been placed on client factors and not enough on therapist characteristics and skill level.

To summarize, the responsivity principle is all about delivering human services that target criminogenic needs in a way that is understandable and resonates with the higher-risk client. The goal is to optimize the client's learning of new thoughts and behaviors. Adherence to the responsivity principle requires the following two general considerations:

1. Know the client's attributes that limit and/or facilitate the client's learning style. These are bio/psycho/social factors. Examples of biological factors are race, age/interpersonal maturity, and gender. Psychological factors may include intelligence, personality (e.g., impulsive; interpersonally insensitive), emotions (e.g., anxious), and poor motivation. Examples of social factors are poverty and culture. Some client attributes may be a mix of factors (e.g., a client from a racial minority has biological factors operating and perhaps social factors in the case of minorities living in poverty).
2. Create an optimal environment conducive to learning. Learning in this context is very broad; it is the acquisition of knowledge and skills. To create such an environment, the first requirement is for the service provider to understand what client characteristics can affect his or her ability to learn. Next, the service provider creates the environment through his or her skills, language, and intervention activities that encourages client engagement in the learning activities and promotes efficient and effective client learning of what is being taught.

## Beyond Client Characteristics: Creating an Optimal Learning Environment

We believe it is time to more thoroughly consider what exactly adherence to the responsivity principle means. In other words, what is the responsivity principle attempting to achieve in its own right, distinct from adherence to the risk and need principles? To date, adherence to the RNR principles has been tested and evaluated primarily by the effects on recidivism (i.e., re-offending) and various concomitant behaviors (e.g., police contact, substance use, noncompliance with conditions, and behavioral misconduct; Hubbard, 2007; McMurran, 2009; Messina, Grella, Cartier, & Torres, 2010). However, the heart of the responsivity principle is in the environment created by those providing services. It is not just any environment; it is a "learning" environment, a place where change is promoted and initiated. The risk and need principles provide specific direction to achieve a goal of reducing reoffending (i.e., provide services to higher-risk clients *and* target needs empirically related to reoffending). Responsivity, however, is about how to deliver services that are conducive to engagement and learning. We believe that an independent test of adherence to the responsivity principle would only distally, if at all, involve its effect on reoffending.

So what evidence would one consider that tests responsivity efforts? Within a context of certain client attributes, it must be found in the learning environment created by the service provider. The first indication that a responsive environment is in place would be increases in the client's engagement in the services. Specific behavioral indicators of treatment engagement can be lower attrition rates, increased program attendance, client participation in "rehabilitative" activities (e.g., on-topic discussions, exercises, role plays, completion of homework assignments), and client acknowledgement of the personal benefits of the services received. In essence, the client wants to be involved in the services and demonstrates behaviors illustrating engagement in rehabilitative activities. A conducive learning environment begins with the engagement of the client in that environment.

The second indication of a responsive environment would be greater amounts of "learning" what is being "taught." Learning may be reflected in the recall of the materials (for example, key constructs, concepts, and skills) relevant to their own lives and circumstances, and utilization of the skills in hypothetical (for example, role play exercises) and/or real life situations outside of the treatment environment. At a minimum, the learning is *specific* to the content of the service or program where the "knowledge" or "skills" would vary depending on the treatment targets. They may include skills required to address criminogenic needs, enhancing client's strengths, and even increasing the use of community and personal resources. For example, the "learnings" may be the content of a good job resume, self-regulation of anger, using time-out, or executing a relapse prevention plan for certain targeted criminogenic needs. For non-criminogenic treatment targets, the learnings may be enhanced knowledge and practice of a cultural activity, or knowing and using self-affirmations to increase self-esteem.

With the emphasis on the creation of an environment conducive to learning, a more responsive service begins with enhanced client engagement, followed by facilitated learning of what the service is attempting to "teach," and ends in greater impacts on the treatment target(s). It is within this context of the treatment targets that there exists the potential impact on re-offending. We use the word potential for a reason. Treatment target(s) fall under the umbrella of the need principle and not the responsivity principle. If the treatment targets are criminogenic

needs, then and only then would there be an expectation that the responsive service is more efficient and potentially more effective in reducing reoffending. Reduced reoffending would be mediated through enhanced engagement and learning and targeting the client's criminogenic need. However, if the treatment target is non-criminogenic, then we would hypothesize that a responsive service, or for that matter a nonresponsive service, would have no effect on reoffending.

When "responsivity" efforts are measured simply by reduced reoffending, we miss an opportunity to gain a better understanding of responsivity; that is, identifying specific and concrete actions that we as service providers can do to create a more "responsive" environment. Responsivity is about how we promote client engagement and client learning most efficiently and effectively. As Serin, Lloyd, Helmus, Derkzen, and Luong (2013) note, there is a significant gap in the research on the process and measurement of change, particularly in regards to the various components or "learnings" inherent in the change process itself, such as basic knowledge, and the application and internalization of a program's key concepts and skills that lead to changes in need and a reduction of risk.

## Responsivity—Enhancing Engagement and Learning

Enhancing engagement and learning is not a new issue in correctional rehabilitation. For those working in the criminal justice field, it is widely acknowledged that there is a challenge to recruit criminal justice clients for treatment, retain them in the service for the program's entirety, and have them engage actively and "learn" the critical components of the service. Although a number of studies directly and indirectly evaluate different "learning environments," let us describe a few that speak directly to responsivity and its impact on engagement and learning.

Motivational Interviewing (MI) is a set of concrete and specific skills, techniques, and strategies designed to create an environment that addresses treatment failure (i.e., failure to attend, engage, complete treatment) by increasing motivation (Miller, 1985). Although today we consider increasing motivation as strengthening a client's commitment to change (Miller & Rollnick, 2014), where commitment and motivation are dynamic and internal, Miller's (1985) conceptualization was behaviorally based. Motivation was defined as "the probability of entering, continuing, and complying with an active change strategy" (Miller, 1985, p. 88) and MI focused on the processes and operations that influenced that probability. MI is about creating a "responsive" environment to enhance treatment engagement behaviors, yet it is not cognitive-behavioral therapy in the sense that its goal is to teach recovery or relapse prevention skills (Miller & Rose, 2009). Putting aside whether or not MI is effective at changing a vast array of the problem behaviors (such as substance abuse and smoking), there is ample empirical work on MI demonstrating that MI does enhance treatment engagement with non-offenders (Hettema, Steele, & Miller, 2005; Lundahl & Burke, 2009; Lundahl, Kunz, Brownell, Tollefson, & Burke, 2010) and offenders (McMurran, 2009).

Regardless of the debate surrounding the theoretical underpinnings of its construct of motivation, from a simple and pragmatic point of view, the successful implementation of MI skills, techniques, and spirit creates an "environment" that increases treatment engagement. There is also supporting evidence that MI enhances learning that takes place during treatment. From reviews on MI noted earlier, MI's effect on problem behavior is strengthened when it is added as a prelude or adjunct to a formal treatment program. What we like about MI is that it is prescriptive about what to do to create an optimal learning environment, specifying the helper's behaviors (e.g., skills, techniques, and activities employed during sessions) and informing them of what to do and how to do it while interacting with a client. The primary target—engagement rather than the more distal outcome of problem behavior change (such as substance use or re-offending)—is specific to the outcomes of responsivity.

Although the roots of MI were first published in 1985, there is much similarity between MI skills and the techniques of Core Correctional Practices (CCPs) first reported in the early 1980s (Andrews, 1979; Andrews & Kiessling, 1980). The CCPs that "change agents" use when working with offenders were the cornerstone of the responsivity principle. Delineated between a relationship dimension (e.g., warmth, empathy, and enthusiastic and non-blaming communication) and a structuring dimension (e.g., effective reinforcement, problem solving, modeling, and rehearsal), the early studies on CCPs focused on their impact on recidivism (Dowden & Andrews, 2004). Trotter (1996) and more recently probation officer training initiatives in the U.S. and Canada have focused on learning CCP, MI, and other fundamental skills and intervention techniques (EPICS: Smith et al., 2012; STARR: Robinson et al., 2012; STICS: Bonta et al., 2011). Although the results of these initiatives are promising, from a responsivity perspective these projects offer ample opportunity to identify and examine different responsivity accommodations to "learning environments" (i.e., officer-client interactions) and their impact on discrete responsivity outcomes such as engagement and client learning.

Finally, the literature on MI and CCP highlights what is often referred to as the MI spirit; a collaborative, person-centered form of guiding clients (Miller & Rose, 2009). From a responsivity perspective, the learning environment is one of collaboration to enhance client engagement and learning. Collaboration is implicated in the work on the therapeutic or working alliance. A considerable body of research illustrates the importance of the relationship between helper and client, distinct from the intervention techniques (see Horvath & Symonds, 1991, for a comprehensive review). In corrections, the work of Jennifer Skeem and colleagues is demonstrating the importance of the therapeutic alliance to offender supervision (Skeem, Louden, Polaschek, & Camp, 2007). They have found the alliance to have a significant association with client resistance, motivation, cooperation, and compliance with supervision conditions—what we consider as primary responsivity outcomes.

The working alliance may in fact be a good outcome proxy for engagement, and the focus of responsivity research can be directed to identifying the skills and activities that are required to build and strengthen such an alliance (e.g., listening, empathy, firm but fair approaches). The accumulated evidence related to engagement and learning suggests that creating and maintaining a collaborative environment (through MI, CCPs, and relationship-building skills) appears to be another general practical guideline to creating responsive environments for clients beyond the use of cognitive-behavioral techniques. Creating a collaborative environment appears to be a global characteristic of a responsive environment that facilitates engagement at a minimum and, ideally, efficient and effective learning. Much of the work with sex offenders by Marshall and colleagues highlights the importance of cooperation and collaboration (as opposed to a confrontational environment) to enhance engagement and participation in treatment (Marshall & Serran, 2000; Marshall, Ward, et al., 2005). Future

responsivity research would benefit from avoiding the myopic view that recidivism outcome is the means to evaluate responsivity efforts and place primary emphasis on the impact on client engagement and learning.

## The Interrelationship of Risk, Need and Responsivity

There are a number of instances where responsive services include efforts at addressing what are considered non-criminogenic needs. There is the work on gender responsive treatment and culturally specific programming (e.g., here in Canada, providing treatment to Aboriginal clients). The mix of gender/cultural factors and treatment targets illustrates the blurring of lines between the need principle and the responsivity principle. Specifically, if the primary question is the effectiveness of the gender/cultural factors at reducing reoffending, then the debate is about whether or not these unique needs of specific groups are criminogenic in nature (i.e., conform to the need principle). On the other hand, if the primary question is one of engagement and learning for the client involved in the service regardless of whether the program focuses on criminogenic or noncriminogenic needs, then the question asked relates to the responsivity principle.

It is recognized that female offenders are different from male offenders (Blanchette & Brown, 2006; Wright, Van Voorhis, Salisbury, & Bauman, 2012). As a consequence of the differences, treatment programs have been developed to address the unique needs of women (e.g., victimization, mental health, social and economic marginalization). It is then argued that the gender-informed program is following the responsivity principle. However, evaluations of such programs have focused on recidivism reductions, an outcome more relevant to the need principle than to the responsivity principle. Let us take as an example the difficulties in assessing the role of the need and responsivity principles with the randomized study conducted by Messina, Grell, Cartier, and Torres (2010).

Messina and her colleagues (2010) randomly assigned 115 women offenders to either a gender-responsive treatment program (GRT) or a standard Therapeutic Community treatment program (TC). The GRT and TC programs differed significantly, particularly on the needs targeted. Both programs targeted substance abuse (a criminogenic need) but GRT targeted additional women-specific needs, such as the effects of trauma and victimization (e.g., dysfunctional family relationships and sexual behavior, self-harm). Moreover, in addition to cognitive-behavioral and psycho-educational techniques, the GRT used intervention approaches that may better engage women in the counseling process (e.g., relational and experiential techniques). The three major outcomes of drug use, reincarceration, and length of stay in residential aftercare all favored the GRT group.

What can we say about this study and its adherence to the risk, need, and responsivity principles? At first glance, it appears that this study speaks largely to the need principle. Although the GRT targeted non-criminogenic needs (e.g., memories of trauma and childhood victimization), it also targeted more criminogenic needs than the TC. The women in the GRT were treated not only for substance abuse (common to both programs) but also for targeted family (of origin and intimate partners), peers (i.e., social supports), and attitudes (i.e., thinking that lead to a variety of dysfunctional and/or delinquent behaviors). The finding that the GRT women stayed longer in residential aftercare suggests a treatment dosage effect (risk principle) and greater engagement in treatment (responsivity principle). Although we do not know how much, the women in the GRT received some cognitive-behavioral treatment (general responsivity), and they were exposed to therapeutic approaches that enhanced their learning (specific responsivity).

The Messina et al. (2010) study illustrates the difficulty in distinguishing elements of responsivity, risk, and need in our research efforts. To further illustrate on a broader level, we examined the large offender treatment database of Andrews and Bonta (2010a). Selecting only those studies that adhere to the general responsivity principle (i.e., use cognitive-behavioral techniques; $k$=77), 93.5 percent of those studies also adhered to the need principle. In other words, programs that employ cognitive-behavioral interventions with offenders also tend to follow the need principle. Dissecting the independent influence of the RNR principles and in particular the responsivity principle is a challenge.

## An Agenda for Research on Responsivity

Moving forward, there is much for researchers and clinicians to do to broaden and expand our knowledge of the responsivity principle. Building knowledge about the means by which client engagement is enhanced, how learning can be optimized, and how these two factors impact on needs can provide valuable information to those responsible for designing, delivering, and evaluating human services to improve their efforts. We believe that it is time to re-direct our research efforts from "does it work" to looking inside the black box of rehabilitation with a focus on the nature and characteristics of the learning environment, including the interactions inherent in human service delivery.

We are certainly not the first in corrections to look inside the black box of treatment (Bonta, Rugge, Scott, Bourgon, & Yessine, 2008). William Marshall and his colleagues have strongly advocated examining the "therapeutic environment" and provide clinical guidance on how to engage and facilitate learning for sex offender treatment (Marshall et al., 2005; Marshall & Serran, 2010). They advocate supportive rather than confrontational approaches, emphasize approach goals rather than avoidance goals, and encourage creating a positive and collaborative environment. These factors can be tested. However, the outcomes of interest must focus on engagement and learning indicators prior to examining recidivism effectiveness.

Independent tests of responsivity within the treatment or human service would ideally compare two treatments of equitable/equivalent individuals (i.e., equal adherence to risk principle) in which both treatments targeted identical needs (i.e., equal adherence to the need principle) *but* differed on the learning environments within each program (e.g., helper's behaviors, conceptual scheme used, skills taught, etc.). Comparing different "therapeutic" environments on client engagement, learning, and change in offender needs should prove fruitful to expanding our understanding of the responsivity principle. In terms of effectiveness to reduce re-offending, a distal outcome of adherence to the responsivity principle, any impact on recidivism may be attributed to client engagement and greater client learning that then impacts targeted criminogenic needs.

There is much to be learned about responsivity, even within the well-established general responsivity principle of utilizing cognitive-behavioral approaches. Although cognitive-behavioral approaches and models share some fundamental similarities, there is substantial variability among the approaches, ranging from conceptual schemes and constructs to the fundamental skills that are emphasized. Different treatment models may also use different explanatory mechanisms and terminology. For example, Marlatt's Relapse Prevention Framework (1985) and its variations uses the concepts of "triggers," "high risk situations." and "outcome expectancies," Beck (1979) talks of "cognitive distortions" and "automatic thoughts," and Yochelson

and Samenow (1977) use the language of "thinking errors." Considering responsivity as the learning environment and its impact on engagement and learning gives rise to the possibility that the use of different key concepts, terms, and skills may enhance or diminish engagement and learning.

Our recent work with the Strategic Training Initiative in Community Supervision (STICS; Bonta et al., 2011) illustrates small but perhaps significant changes to the constructs and language of cognitive-behavioral approaches that could be empirically tested. Many if not all cognitive-behavioral interventions have labels to assist clients identifying problematic versus non-problematic thinking. They may be referred to as "thinking errors," "cognitive distortions," or "neutralizations" or many other terms, each with similar but not identical definitions and/or underlying meaning for behavior. In STICS, we made efforts to change these labels derived from formal cognitive behavioral language to labels that give rise to visual or auditory images (Rugge & Bonta, 2014). We reasoned that these changes would enhance client engagement, client learning, and client application of these terms and concepts to their own personal thinking and behavior. Even the often-used sequential organization of *antecedent stimuli—internal events—behavior—consequence* found in most cognitive-behavioral models varies in the terms used and in the underlying construct's function. For example, *antecedent stimuli* may be referred to as an "external situation," "trigger," "high-risk situation," or "activating event." The function of the *antecedent stimulus* in behavior can differ as well. It may function as a discriminative stimulus controlling certain emotions, thoughts, and/or behavior, a conditioned stimulus resulting in a conditioned emotional, cognitive, and/or behavioral response, or a signal to the individual providing information about potential reinforcement/punishment contingencies. In STICS, we shy away from such terms, instead teaching clients the term "Outside Cues" and employing it as an information or contextual signal only, having little explanatory power for an individual's thoughts, feelings, or behavior. Such simple but often overlooked examples of responsivity efforts to enhance the learning environment can be empirically tested and evaluated on client engagement and learning.

## Summary

The RNR model is one of the most widely researched and validated models of offender rehabilitation. The empirical support surrounding the risk and need principles is well grounded, particularly around the assessment of risk and need. Although research continues to explore additional potential risk/need factors, particularly for specific groups such as women, the importance of adhering to the principles when delivering human services has a firm empirical foundation. However, the research support surrounding specific responsivity pales in comparison. To date, cognitive-behavioral approaches (general responsivity) has been shown to be a more effective theoretical framework than psychodynamic or other models of "therapy" (Landenberger & Lipsey, 2005). A problem with responsivity research has been its focus on client attributes that are believed to impact rehabilitation efforts rather than on the characteristics and actions of therapists.

By placing the focus on reoffending, a distal outcome of responsivity, we have failed to more closely examine what "responsivity" fundamentally means and what adherence to the responsivity principle is trying to achieve. Although client attributes provide context, responsivity is first and foremost about our efforts to accommodate those attributes, what it is that we do. Responsivity is *creating an optimal learning environment for the client;* an environment that helps the client to engage and learn through observation, dialogue, interaction, and experience. The immediate and direct outcomes of successful responsivity efforts are enhanced client engagement in the service and its activities and enhanced client learning of "teachings" of the service. We hope that we have offered a way forward for clinicians and researchers alike by reconsidering what is meant by the responsivity principle.

## References


Andrews, D. A. (1979). *The dimensions of correctional counselling and supervision processes in probation and parole*. Toronto, ON: Ontario Ministry of Correctional Services.

Andrews, D. A. (1982). *The Level of Supervision Inventory (LSI): The first follow-up.* Toronto, ON: Ontario Ministry of Correctional Services.

Andrews, D. A., & Bonta, J. (1994). *The psychology of criminal conduct*. Cincinnati, OH: Anderson.

Andrews, D. A., & Bonta, J. (1995). *The Level of Service Inventory—Revised*. Toronto, Ontario: Multi-Health Systems.

Andrews, D. A., & Bonta, J. (2010a). *The psychology of criminal conduct* (5th ed.). Newark, NJ: LexisNexis/Matthew Bender.

Andrews, D. A., & Bonta, J. (2010b). Rehabilitating criminal justice policy and practice. *Psychology, Public Policy and Law*, *16*, 39-55.

Andrews, D. A., Bonta, J., & Hoge, R .D. (1990). Classification for effective rehabilitation: Rediscovering psychology. *Criminal Justice and Behavior*, *17*, 19-52.

Andrews, D. A., Bonta, J., & Wormith, S. J. (2004). *The Level of Service/Case Management Inventory (LS/CMI)*. Toronto, Ontario: Multi-Health Systems.

Andrews, D. A., & Dowden, C. (2006). Risk principle of case classification in correctional treatment. *International Journal of Offender Therapy and Comparative Criminology*, *50*, 88-100.

Andrews, D. A., Guzzo, L., Raynor, P., Rowe, R. C., Rettinger, J. L., Brews, A., & Wormith, S. J. (2012). Are the major risk/need factors predictive of both female and male reoffending? A test with the eight domains of the Level of Service/Case Management Inventory. *International Journal of Offender Therapy and Comparative Criminology, 56*, 113-133.

Andrews, D. A., & Kiessling, J. J. (1980). Program structure and effective correctional practices: A summary of the CaVIC research. In R.R. Ross & P. Gendreau (Eds.), *Effective correctional treatmen*t (pp. 439-463). Toronto, ON: Butterworth.

Andrews, D. A., Zinger, I., Hoge, R. D., Bonta, J., Gendreau, P., & Cullen, F. T. (1990). Does correctional treatment work? A clinically relevant and psychologically informed meta analysis. *Criminology*, *28*, 369 404.

Beck, A. T. (1979). *Cognitive therapy and the emotional disorders*. New York, NY: Penguin.

Blanchette, K., & Brown, S. (2006). *The assessment and treatment of women offenders.* Chichester, England: Wiley.

Bonta, J. (1996). Risk-needs assessment and treatment. In A. T. Harland (Ed.), *Choosing correctional options that work: Defining the demand and evaluating the supply* (pp. 18-32). Thousand Oaks, CA: Sage.

Bonta, J., Blais, J., & Wilson, H. (2014). A theoretically informed meta-analysis of the risk for general and violent recidivism for mentally disordered offenders. *Aggression and Violent Behavior*, *19*, 278-287.

Bonta, J., Bourgon, G., Rugge, T., Scott, T.-L., Yessine, A. K., Gutierrez, L., & Li., J. (2011). An experimental demonstration of training probation officers in evidence-based community supervision. *Criminal Justice and Behavior, 38*, 1127-1148.

Bonta, J., & Motiuk, L. L. (1985). Utilization of an interview based classification instrument: A study of correctional halfway houses. *Criminal Justice and Behavior, 12*, 333-352.

Bonta, J., Rugge, T., Scott, T., Bourgon, G., & Yessine, A. (2008). Exploring the black box of community supervision. *Journal of Offender Rehabilitation*, *47*, 248-270.

Bonta, J., & Wormith, S. J. (in press). Adult offender assessment and classification in custodial settings. In J. Wooldredge & P. Smith (Eds.), *Oxford handbook on prisons and imprisonment*. Oxford, UK: Oxford University Press.

Bourgon, G., & Armstrong, B. (2005). Transferring the principles of effective treatment into a "real world" prison setting. *Criminal Justice and Behavior*, *32*, 3-25.

Clavert, S. J., Beutler, L. E., & Crago, M. (1988). Psychotherapy outcome as a function of therapist-patient matching on selected variables. *Journal of Social and Clinical Psychology*, *6*, 104-117.

Campbell, M.A., French, S., & Gendreau, P. (2009). The prediction of violence in adult offenders: A meta-analytic comparison of instruments and methods of assessment. *Criminal Justice and Behavior*, *36*, 567-590.

Cullen, F. T. (2012). Taking rehabilitation seriously. *Punishment & Society*, *14*, 94-114.

Dowden, C. (1998). *A meta-analytic examination of the risk, need and responsivity principles and their importance within the rehabilitation debate*. Master's thesis, Department of Psychology, Carleton University, Ottawa, Ontario.

Dowden, C., & Andrews, D. A. (2004). The importance of staff practice in delivering effective correctional treatment: A meta-analytic review of core correctional practice. *International Journal of Offender Therapy and Comparative Criminology*, *48*, 203-214.

Drake, E. K., Aos, S., & Miller, M. G. (2009). Evidence-based public policy options to reduce crime and criminal justice costs: Implications in Washington state. *Victims and Offenders*, *4*, 170-196.

Gendreau, P., Goggin, C., & Law, M. (1997). Predicting prison misconducts. *Criminal Justice and Behavior*, *24*, 414-431.

Gendreau, P., Goggin, C., & Smith, P. (2002). Is the PCL-R really the "unparalleled" measure of offender risk? *Criminal Justice and Behavior*, *29*, 397-426.

Gendreau, P., & Ross, R. R. (1979). Effective correctional treatment: Bibliotherapy for cynics. *Crime and Justice*, *25*, 463-489.

Gendreau, P., & Ross, R. R. (1981). Correctional potency on trial: Treatment and deterrence on trial. In R. Roesch & R. R. Corrado (Eds.), *Evaluation and criminal justice policy* (pp. 463-489). Beverly Hills, CA: Sage.

Grant, J. D. (1965). Delinquency treatment in an institutional setting. In H. C. Quay (Ed.), *Juvenile delinquency: Research and theory* (pp. 29-57). Princeton, NJ: Van Nostrand.

Guttierez, L., Wilson, H., Rugge, T., & Bonta, J. (2013). The prediction of recidivism with Aboriginal offenders: A theoretically informed meta-analysis. *Canadian Journal of Criminology and Criminal Justice*, *55*, 55-99.

Hettema, J., Steele, J., & Miller, W. R. (2005). Motivational interviewing. *Annual Review of Clinical Psychology*, *1*, 91-111.

Horvath, A. O., & Symonds, B. D. (1991). Relation between working alliance and outcome in psychotherapy: A meta-analysis. *Journal of Counseling Psychology*, *38*, 139-149.

Hubbard, D. J. (2007). Getting the most out of correctional treatment: Testing the responsivity principle on male and female offenders. *Federal Probation*, *71*, 2-8.

Kennedy, S., & Serin, R. (1999). Examining offender readiness to change and the impact on treatment outcome. In P. M. Harris (Ed.), *Research to results: Effective community corrections* (pp. 215-230). Lanham, MD: American Correctional Association.

Koehler, J. A., Lösel, F., Akoensi, T. D., & Humphreys, D. K. (2013). A systematic review and meta-analysis on the effects of young offender treatment programs in Europe. *Journal of Experimental Criminology, 9*, 19-43.

Landenberger, N. A., & Lipsey, M. W. (2005). The positive effects of cognitive-behavioral programs for offenders: A meta-analysis of factors associated with effective treatment. *Journal of Experimental Criminology, 1*, 451-476.

Lovins, L. B., Lowenkamp, C. T., Latessa, E. J., & Smith, P. (2007). Application of the risk principle to female offenders. *Journal of Contemporary Criminal Justice, 23*, 383-398.

Lovins, L. B., Lowenkamp, C. T., & Latessa, E. J. (2009). Applying the risk principle to sex offenders: Can treatment make some sex offenders worse? *The Prison Journal*, *89,* 344-357.

Lowenkamp, C. T., Holsinger, A., Robinson, C. R., & Alexander, M. (2014). Diminishing or durable treatment effects of STARR? A research note on 24-month re-arrest rates. *Journal of Crime and Justice*, *37*, 275-283.

Lowenkamp, C. T., & Latessa, E. J. (2005). Increasing the effectiveness of correctional programming through the risk principle: Identifying offenders for residential placement. *Criminology and Public Policy*, *4*, 501-528.

Lundahl, B., & Burke, B. L. (2009). The effectiveness and applicability of motivational interviewing: A practice-friendly review of four meta-analyses. *Journal of Clinical Psychology*, *65,* 1232-1245.

Lundahl, B. W., Kunz, C., Brownell, C., Tollefson, D., & Burke, B. L. (2010). A meta-analysis of motivational interviewing: Twenty-five years of empirical studies. *Research on Social Work Practice, 20*, 137-160.

Mailloux, D. L., Abracen, J., Serin, R., Cousineau, C., Malcolm, B., & Looman, J. (2003). Dosage of treatment to sexual offenders: Are we overprescribing? *International Journal of Offender Therapy and Comparative Criminology*, *47*, 171-184.

Marlatt, G. A. (1985). Relapse prevention: Theoretical rationale and overview of the model. *Relapse Prevention*, 3-70.

Marshall, W. L., & Serran, G. S. (2000). Improving the effectiveness of sexual offender treatment. *Trauma, Violence & Abuse*, *1*, 203-222.

Marshall, W. L., Ward, T., Mann, R. E., Moulden, H., Fernandez, Y. M., Serran, G. S., & Marshall, L. E. (2005). Working positively with sexual offenders: Maximizing the effectiveness of treatment. *Journal of Interpersonal Violence*, *20*, 1096-1114.

Martinson, R. (1974). What works?—Questions and answers about prison reform. *The Public Interest*, *35*, 22-54.

McMurran, M. (2009). Motivational interviewing with offenders: A systematic review. *Legal and Criminological Psychology*, *14*, 83-100.

Messina, N., Grella, C. E., Cartier, J., & Torres, S. (2010). A randomized experimental study of gender-responsive substance abuse treatment for women in prison. *Journal of Substance Abuse Treatment*, *38,* 97-107.

Miller, W. R. (1985). Motivation for treatment: A review with special emphasis on alcoholism. *Psychological Bulletin, 98,* 84-107.

Miller, W. R., & Rollnick, S. (2009). Ten things that motivational interviewing is not. *Behavioural and Cognitive Psychotherapy*, *37*, 129-140.

Miller, W. R., & Rollnick, S. (2014). The effectiveness and ineffectiveness of complex behavioral interventions: Impact of treatment fidelity. *Contemporary Clinical Trials*, *37*, 234-241.

Miller, W. R., & Rose, G. S. (2009). Toward a theory of motivational interviewing. *American Psychologist*, *64*, 527-537.

Ogloff, J. R. P., & Davis, N. R. (2004). Advances in offender assessment and rehabilitation: Contributions of the Risk-Needs-Responsivity approach. *Psychology, Crime & Law, 10*, 229-242.

Olver, M. E., Stockdale, K. C., & Wormith, S. J. (2014). Thirty years of research on the Level of Service scales: A meta-analytic examination of predictive accuracy and sources of variability. *Psychological Assessment*, *26*, 156-176.

Paul, G. L. (1967). Strategy of outcome research in psychotherapy. *Journal of Consulting Psychology, 31*, 109-118.

Polaschek, D. L. (2011). High-intensity rehabilitation for violent offenders in New Zealand: Reconviction outcomes for high-and medium-risk prisoners. *Journal of Interpersonal Violence, 26*, 664-682.

Polaschek, D. L. L. (2012). An appraisal of the risk-need-responsivity (RNR) model of offender rehabilitation and its application in correctional treatment. *Legal and Criminological Psychology*, *17*, 1-17.

Pratt, T. C., Cullen, F. T., Seller, C. S., Winfree, L. T. Jr., Madensen, T. D., Daigle, L. E., Fearn, N. E., & Gau, J. M. (2010). The empirical status of social learning theory: A meta-analysis. *Justice Quarterly*, *27*, 765-802.

Robinson, C. R., Lowenkamp, C. T., Holsinger, A. M., VanBenschoten, S. W., Alexander, M., & Oleson, J. C. (2012). A random study of Staff Training Aimed at Reducing Re-arrest (STARR): Using core correctional practices in probation interactions. *Journal of Crime and Justice*, *35*, 167-188.

Romani, C. J., Morgan, R. D., Gross, N. R., & McDonald, B. R. (2012). Treating criminal behavior: Is the bang worth the buck? *Psychology, Public Policy, and Law, 18*, 144-165.

Rugge, T., & Bonta, J. (2014). Training community corrections officers in cognitive-behavioral intervention strategies. In R. C. Tafrate & D. Mitchell (Eds.), *Forensic CBT: A handbook for clinical practice* (pp. 122-136). Chichester, UK: John Wiley & Sons.

Serin, R. C., Lloyd, C. D., Helmus, L., Derkzen, D. M., & Luong, D. (2013). Does intra-individual change predict offender recidivism? Searching for the Holy Grail in assessing offender change. *Aggression and Violent Behavior*, *18*, 32-53.

Skeem, J. L., Louden, J. E., Polaschek, D., & Camp, J. (2007). Assessing relationship quality in mandated community treatment: Blending care with control. *Psychological Assessment*, *19*, 397-410.

Smith, P. (2013). The psychology of criminal conduct. In F. T. Cullen & P. Wilcox (Eds.), *The Oxford handbook of criminological theory* (pp. 69-88). New York: Oxford University Press.

Smith, P., Cullen, F. T., & Latessa, E. J. (2009). Can 14,373 women be wrong? A meta-analysis of the LSI-R and recidivism for female offenders. *Criminology and Public Policy, 8*, 183-208.

Smith, P., Schweitzer, M., Labrecque, R. M., & Latessa, E. J. (2012). Improving probation officers' supervision skills: An evaluation of the EPICS model. *Journal of Crime and Justice*, *35*(2), 189-199.

Sperber, K. G., Latessa, E. J., & Makarios, M. D. (2013). Examining the interaction between level of risk and dosage of treatment. *Criminal Justice and Behavior, 40*, 338-348.

Spiropoulos, G. V., Salisbury, E. J., & Van Voorhis, P. (2014). Moderators of correctional treatment success: An exploratory study of racial differences. *International Journal of Offender Therapy and Comparative Criminology, 58*, 835-860.

Stein, D. M., & Lambert, M. J. (1984). On the relationship between therapist experience and psychotherapy outcome. *Clinical Psychology Review*, *4*, 127-142.

Taxman, F. S., Pattavina, A., Caudy, M. (2014). Justice reinvestment in the United States: An empirical assessment of the potential impact of increased correctional programming on recidivism. *Victims and Offenders*, *9*, 50-75.

Trotter, C. (1996). The impact of different supervision practices in community corrections: Cause for optimism. *Australian and New Zealand Journal of Criminology*, *29*, 1-18.

Usher, A. M., & Stewart, L. A. (2014). Effectiveness of correctional programs with ethnically diverse offenders: A meta-analytic study. *International Journal of Offender Therapy and Comparative Criminology, 58*, 209-230.

Vieira, T. A., Skilling, T. A., & Peterson-Badali, M. (2009). Matching court-ordered services with treatment needs: Predicting treatment success with young offenders. *Criminal Justice and Behavior*, *36*, 385-401.

Vitopoulos, N. A., Peterson-Badali, M., & Skilling, T. A. (2012). The relationship between matching service to criminogenic need and recidivism in male and female youth: Examining the RNR Principles in Practice. *Criminal Justice and Behavior, 39,* 1025-1041.

Vose, B., Cullen, F. T., & Smith, P. (2008). The empirical status of the Level of Service Inventory. *Federal Probation*, *72*, 22-29.

Wilson, D. B., Bouffard, L. A., & MacKenzie, D. L. (2005). A quantitative review of structured, group-oriented, cognitive-behavioral programs for offenders. *Criminal Justice and Behavior*, *32*, 172-204.

Wilson, H. A., & Gutierrez, L. (2014). Does one size fit all? A meta-analysis examining the predictive ability of the Level of Service Inventory (LSI) with Aboriginal offenders. *Criminal Justice and Behavior*, *41*, 196-219.

Wooditch, A., Tang, L. L., & Taxman, F. S. (2014). Which criminogenic need changes are most important in promoting desistence from crime and substance use? *Criminal Justice and Behavior*, *41*, 276-299.

Wormith, S. J., Ferguson, M., & Bonta, J. (2013). Offender classification and case management and their application in Canadian corrections. In J. Winterdyk & M. Weinrath (Eds.), *Adult corrections in Canada: A comprehensive overview* (pp. 171-198). Whitby, ON: deSitter.

Wright, E. M., Van Voorhis, P., Salisbury, E. J., & Bauman, A. (2012). Gender-responsive lessons learned and policy implications for women in prison: A review. *Criminal Justice and Behavior*, *39*, 1612-1632.

Yochelson, S., & Samenow, S. E. (1977). *The criminal personality, Vol. II: The change process*. New York, NY: Jason Aronson.

# The Neglected "R"—Responsivity and the Federal Offender

*Thomas H. Cohen & Jay Whetzel**
*Probation and Pretrial Services Office*
*Administrative Office of the U.S. Courts*

**THE FEDERAL PROBATION** system's development and implementation of the Post-Conviction Risk Assessment (PCRA) marked a major milestone in its adoption of the risk, needs, and responsivity (RNR) model. Implementing a risk assessment protocol that identifies not only actuarial risk of re-offending and criminogenic needs (i.e., dynamic risk factors) but also responsivity factors was a crucial step in moving towards an RNR framework (Lowenkamp, Johnson, VanBenschoten, Robinson, & Holsinger, 2013). Within RNR, risks and needs are relatively straightforward concepts. Following the Risk Principle, the PCRA enables officers to determine which offenders present the greatest probability of reoffending and to structure supervision intensity accordingly. Application of the Needs Principle allows officers to identify and address the dynamic risks (that is, those subject to change) upon which they should focus supervision resources and strategies. While perhaps not neglected, the Responsivity Principle is a more nuanced concept and seemingly least understood. Responsivity may refer to the priority given to cognitive-based intervention in reducing recidivism (referred to as general responsivity), or it may refer to the need to tailor interventions to an individual's unique learning styles, personal characteristics, etc. (referred to as specific responsivity) (Andrews & Bonta, 2010). Even more broadly, however, responsivity factors are conceived by various community corrections scholars as barriers to offenders' successful supervision and reintegration (Andrews & Bonta, 2010). A responsivity factor may preclude an offender from participating in an intervention (e.g., CBT group), thus leaving the underlying risk factors unaddressed. This requires officers to first mitigate responsivity factors so that the work of risk reduction can begin.

Numerous factors have been highlighted as potential barriers to community corrections supervision. For example, some of the literature discusses the challenge of matching offenders with low intelligence, interpersonal anxiety, or reading, writing, and language limitations to appropriate treatment services (Andrews & Bonta, 2010). Other responsivity factors include the inability to secure reliable transportation, the lack of stable or adequate housing, or the absence of any motivation to participate in the community corrections supervision programs. In addition, probation officers might be impeded from administering an effective supervision program because the offender has mental health problems. Finally, differences between the offender and the probation officer in ethnic or cultural background might present difficulties in effective supervision. While the possibility of these responsivity factors obstructing treatment has been discussed in the literature, relatively little empirical research has been conducted on this topic (Andrews & Bonta, 2010). Specifically, there is a paucity of research examining the presence and types of responsivity factors for offenders under community corrections supervision.

This article addresses some of these knowledge gaps by providing a descriptive baseline of the presence of responsivity factors for offenders under federal post-conviction supervision. Of particular importance is how frequently responsivity barriers are present for this population and what forms they take. Moreover, we examine the distribution of responsivity factors by offender risk and supervision levels, as well as the relationship between offender demographic characteristics and responsivity. We will also explore the extent to which the presence of responsivity factors varies across the federal judicial districts. In addition to providing a descriptive overview of responsivity in the federal system, we discuss the implications of these findings, including how the Second Chance Act funds could be used to address supervision barriers,[1] and directions for future research.

[1] Before the Second Chance Act, there was no statutory authority to contract for services that could be used to address risk factors, including criminal thinking, criminal networks, and employment/education. Similarly there was no authority to assist with responsivity factors such as transportation, homelessness, or lack of child care.

*Correspondence concerning this article should be addressed to either Thomas H. Cohen (Email: Thomas_cohen@ao.uscourts.gov) or Jay Whetzel (Email: jay_whetzel@ao.uscourts.gov) at Administrative Office of the U.S. Courts, One Columbus Circle, NE, Washington, DC 20544. The authors would like to thank our following colleagues at the Administrative Office of the United States Courts for their helpful suggestions and comments: Laura Baber, Nancy Beatty, David Cook, James Johnson, and Scott VanBenschoten. Jeremy Luallen from Abt Associates provided technical guidance with the regression analysis. Lastly, this publication benefited from the careful editing of Ellen Fielding.

## Data and Methodology

For this study, we included data for 19,753 offenders who were placed on federal supervision between November 1, 2013, and March 30, 2014, and received an initial PCRA assessment. Data from the Administrative Office of the U.S. Courts' (AO) Electronic Reporting System (ERS) and Probation and Pretrial Automated Case Tracking System (PACTS) were used to examine the presence of responsivity factors for these 19,753 offenders. When conducting a PCRA assessment, officers collect information pertaining to the scored and non-scored items associated with criminal history, education & employment, substance abuse, social networks, cognitions, risk influences at home, and financial stressors.[2] The PCRA output places offenders into one of the following risk levels commensurate with the actuarial likelihood of recidivism: low, low/moderate, moderate, and high. Once an offender's risk level has been obtained, officers also have the option of an override, meaning they can place the offender into another risk category for either policy or discretionary purposes.

A responsivity module was recently added to federal probation's case management system's information about PCRA domains, risk levels, and supervision overrides. The responsivity module provides officers with the ability to indicate whether responsivity factors (including inadequate transportation, mental health, physical handicaps, homelessness, no desire to participate in programs, history of abuse or neglect, reading and writing limitations, low intelligence, language, interpersonal anxiety, ethnic or cultural barriers, child care, or "other") were present at the PCRA assessment. Before the responsivity component was added to the case management system, these potential barriers to supervision were noted in an offender's file but were not available for research or analytical purposes. Because the data is now captured electronically, we can now examine the presence of responsivity factors and their relationship to offender risk among federally supervised offenders.

Information on offender risk and responsivity was further supplemented with data from PACTS, which is a case management tool used by the AO's Probation and Pretrial Services Office for tracking persons during the pretrial or post-conviction phase of a case. By merging these data, we can examine whether responsivity factors are related to an offender's demographic characteristics. We can also explore the extent to which the presence of responsivity varies across the federal judicial districts.

There are several important limitations to this study that should be noted. First, since the responsivity module is relatively new, the figures presented in this report may underestimate offender barriers. Information on offender responsivity can only be identified if officers document them in the system. Since officers may focus primarily on assessing offender risk, it is possible that they are not systematically completing the responsivity component. Additional time will be required to assess whether the responsivity rates reported in this study represent a true estimate of this issue. It is also important to note that these data reflect the presence of responsivity factors at an offender's initial assessment. The report does not explore the responsivity factors at PCRA reassessments nor does it examine changes in responsivity factors over time.

## Findings

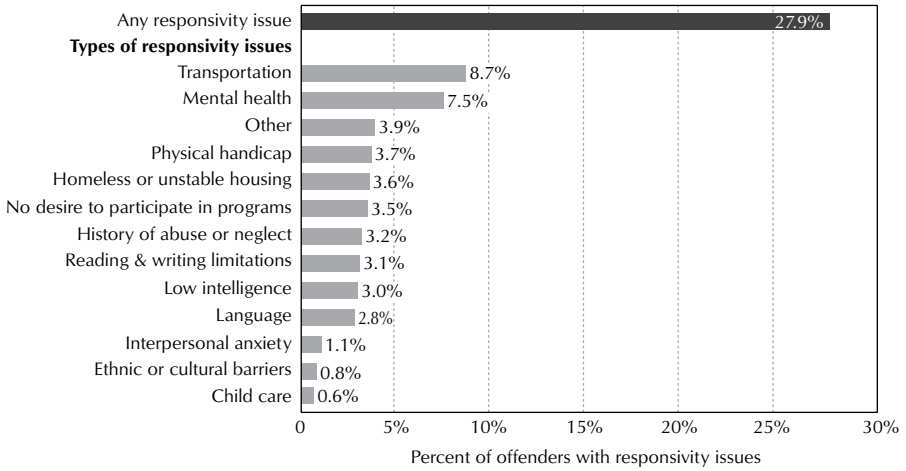
### *Presence of Responsivity Factors for Offenders Under Federal Supervision*

Initially, we examine how frequently probation officers are identifying responsivity factors for offenders under federal supervision and what types of responsivity factors are being identified. Overall, 28 percent (or 5,516) of the 19,753 offenders placed on supervision between November 2013 and March 2014 had a responsivity problem that hindered the offender's success on supervision (see Figure 1). Issues involving the ability to obtain adequate transportation (9 percent) and problems associated with mental health (8 percent) were the most common barriers. Approximately 4 percent of federally supervised offenders faced obstacles because they were physically handicapped (3.7 percent), lacked an adequate residence (3.6 percent), or refused to participate in a treatment or intervention program (3.5 percent). Officers also indicated that "other" responsivity factors were a problem for 4 percent of offenders. In addition, about 3 percent of offenders had responsivity factors associated with history of abuse or neglect (3.2 percent), reading and writing limitations (3.1 percent), low intelligence (3.0 percent), and language deficiencies (2.8 percent). Another 1 percent of offenders faced responsivity problems associated with ethnic or cultural barriers (.8 percent) or child care challenges (.6 percent).

The presence of these various responsivity factors raises issues of resource allocation within the federal system. For example, transportation was found to be a barrier for 9 percent of offenders; however, between fiscal years 2010 through 2013, courts have assisted

**FIGURE 1.**

*Presence of responsivity issues for federally supervised offenders at initial assessment, November 2013–March 2014*




Note: Includes 19,753 offenders with an initial assessment occurring between November 2013 through March 2014. Types of responsivity issues will not sum to 28% as offenders can have multiple concurrent responsivity issues. Data on presence of responsivity issues available for 100% of offenders.

[2] See Lowenkamp et al., 2013, and Johnson et al., 2011, for a technical discussion of the construction, validation, and implementation of the PCRA in the federal system.

just 2,033 offenders with transportation issues.[3] Comparatively, while mental health was found to be a barrier for 8 percent of the offender population, courts expended funds to assist 16 percent of the 81,071 offenders receiving clinical services during fiscal year 2013 alone.[4] Funds for other responsivity factors such as assistance with transitional housing have been disbursed to 1,083 offenders during the period between fiscal years 2010 and 2013. At a minimum, these findings suggest that courts and probation officers should take into account the variety of barriers that are present among offenders and direct that resources be used proportionately.

### *Relationship Between Responsivity Factors and Offender Risk and Supervision Levels*

The next part of this study examines whether, and the extent to which, responsivity varies by an offender's PCRA risk and supervision levels. The PCRA places offenders into the following risk categories: low, low/moderate, moderate, and high. These risk categories correspond with the likelihood of an offender recidivating both during and after the supervision term. Offenders scoring higher on this risk scale faced barriers to intervention far more frequently than their lower-risk counterparts. Specifically, responsivity factors were present for 55 percent of high-risk and 40 percent of moderate-risk offenders at initial assessment (see Figure 2). In comparison, responsivity factors were present for 26 percent of low/moderate and 18 percent of low-risk offenders.[5] Offenders classified in the moderate and high risk categories were also more likely to have multiple responsivity factors compared to lower-risk offenders. For example, 27 percent of offenders classified in the highest risk category had three or more responsivity factors compared to 8 percent of offenders in the lowest risk category (not shown in table).

During the risk assessment process, officers may assign supervision levels that differ from the PCRA risk categories for sex offenders, persistently violent offenders, offenders with severe mental illnesses, and youthful offenders with extensive criminal histories.[6] Moreover, officers have the discretion to make adjustments if they determine that the PCRA risk classification does not adequately represent an offender's overall risk to the community. At present, about 11 percent of all PCRA risk classifications are overridden to another (mostly higher) level.[7] Offenders supervised at the high (50 percent) and moderate (38 percent) risk levels had responsivity problems more frequently than those supervised at the lowest risk levels (16 percent).

While not surprising, the concentration of responsivity factors among offenders in the higher risk categories underscores the need to promptly provide multiple and tailored interventions for this subset of offenders. Effective supervision should entail a holistic approach where an offender's criminogenic needs and responsivity barriers are addressed simultaneously. Focusing on a high-risk offender's criminogenic needs while neglecting supervision barriers reduces the effectiveness of those interventions, because the offender's ability to participate in programs and activities meant to address those needs is compromised by various obstacles such as inadequate transportation, mental health issues, homelessness, etc.

Offenders classified on the higher end of the risk continuum were more likely to face barriers of inadequate transportation, lack of interest in program participation, mental health, and residential issues compared to their lower-risk counterparts. Among the 1,341 high-risk offenders, approximately a fifth did not have adequate transportation (22 percent) or lacked any desire to participate in interventions (20 percent) (see Table 1). In addition, 18 percent of high-risk offenders had mental health and 13 percent had residential problems serious enough to hinder successful supervision.

Offenders in the moderate-risk category faced more barriers compared to lower-risk offenders but fewer than high-risk offenders. For example, 17 percent of moderate-risk offenders lacked adequate transportation, 12 percent had mental health problems, 7 percent had residential issues, and 5 percent had negative attitudes towards treatment at the time of initial assessment.

Among offenders classified into the low/moderate risk category, less than 10 percent were reported to have problems related to inadequate transportation (8 percent) or mental health (7 percent), while under 4 percent had problems associated with being homeless (3 percent) or lacking any desire to participate in treatment programs (2 percent). Offenders in the lowest risk category were the least likely to have transportation, mental health, or homeless responsivity issues or poor attitudes toward supervision; these factors were present for 4 percent or less of low-risk offenders.

Interestingly, some responsivity factors were not associated with risk. Language problems, for instance, presented barriers for more low- (5 percent) than high-risk offenders

[3] Decision Support Systems (DSS) Report #1063, for time period 10/1/2010 to 9/30/3013.

[4] DSS Clinical Services Module.

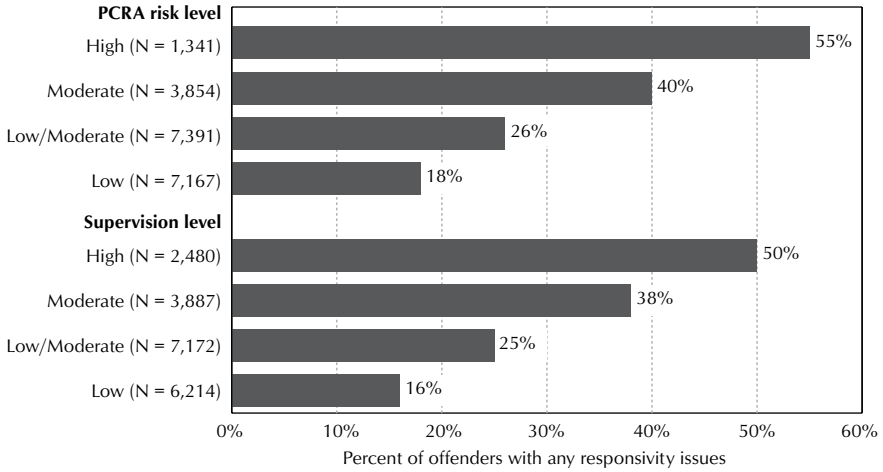
[5] For more information about the PCRA tool, see Lowenkamp et al., 2013, and Johnson et al., 2011.

[6] See *Guide to Judiciary Policy: Volume 8 Probation and Pretrial Services*. Washington, D.C.: Administrative Office of the U.S. Courts.

[7] DSS, #1194.

**FIGURE 2.**

*Presence of responsivity issues for federally supervised offenders at initial assessment, by initial Post Conviction Risk Assessment (PCRA) and supervision levels, November 2013–March 2014*




Note: Includes 19,753 offenders with an initial assessment occurring between November 2013 through March 2014. Data on PCRA risk and supervision levels available for 100% of offenders.

**TABLE 1.**

*Types of responsivity issues identified for federally supervised offenders at initial assessment, by Post Conviction Risk Assessment (PCRA) level, November 2013–March 2014*

| | Percent of offenders with responsivity issues, by risk level at initial assessment | | | |
|---|---|---|---|---|
| Types of responsivity issues | Low | Low/ moderate | Moderate | High |
| Transportation | 3% | 8% | 17% | 22% |
| Mental health | 4 | 7 | 12 | 18 |
| Other | 3 | 4 | 5 | 7 |
| Physical handicap | 3 | 4 | 4 | 3 |
| Homeless or unstable housing | 1 | 3 | 7 | 13 |
| No desire to participate in programs | 1 | 2 | 5 | 20 |
| History of abuse or neglect | 1 | 3 | 5 | 8 |
| Reading & writing limitations | 2 | 3 | 5 | 7 |
| Low intelligence | 1 | 3 | 5 | 9 |
| Language | 5 | 2 | 1 | 2 |
| Interpersonal anxiety | 1 | 1 | 2 | 3 |
| Ethnic or cultural barriers | 1 | 1 | 1 | 2 |
| Child care | – | 1 | 1 | 1 |
| | | | | |
| Number of offenders | 7,167 | 7,391 | 3,854 | 1,341 |

Note: Includes 19,753 offenders with an initial assessment occurring between November 2013 through March 2014.
Data on PCRA risk levels and responsivity types available for 100% of offenders
Percentages will not sum to 100% or those in prior figure as offenders can have multiple responsivity issues.
Types of responsivity factors sorted by most to least common as shown in Figure 1.
– Less than .05%

(2 percent). Responsivity factors associated with physical handicaps, child care, and ethnic and cultural factors were present in similar percentages of high- and low-risk offenders.

The findings shown in Table 1 further illustrate that high-risk offenders face a multitude of barriers. Officers supervising high-risk offenders may find themselves securing adequate transportation, mental health treatment, and residential placement, or tailoring interventions that are consistent with the intelligence levels, learning styles, and cultural orientations of their clients. Moreover, the need to engage offenders reluctant to participate in the supervision program might garner a significant amount of officer attention and time. Conversely, since responsivity factors are less prevalent in the lower-risk population, officers should expend less time, effort, and resources addressing barriers for those offenders.

### *Investigating Offenders Identified with "Other" Responsivity Factors*

In addition to checking specific responsivity factors, officers can check a category labeled "other." Checking the "other" response requires the officer to fill in an adjacent text field describing the specific responsivity factors impeding supervision. We investigated these "other" responsivity factors by coding 73 percent of the 771 "other" responses into the following categories shown in Figure 3.

Eighteen percent of the 771 offenders with "other" factors encountered obstacles resulting from their immigration status,[8] while 16 percent had various physical health problems.[9] Other responsivity factors included the lack of formal identification or license[10] (7 percent) and negative attitudes towards supervision (7 percent). Six percent of offenders with "other" responsivity factors had mental health problems,[11] which is a discrete responsivity factor already included in the PCRA module.

Several "other" responsivity factors were measured elsewhere by the PCRA in that they are elements associated with the general risk to reoffend. Ten percent of the 771 offenders with "other" responsivity factors abused illegal substances, 7 percent lacked formal education or were unemployed, 6 percent affiliated with criminal gangs, and 4 percent possessed criminal histories extensive enough to make them career criminals. These "other" factors are already measured by the PCRA domains associated with criminal history, education and unemployment, substance abuse, and prosocial networks.

These findings suggest that the PCRA responsivity module may need to be modified to add other factors (e.g., illegal immigration, physical health problems, no formal identification or license). In addition, some of the "other" responsivity items identified in the text fields, including substance abuse problems, gang affiliation,[12] lack of education and employment, and career criminal

[8] Courts can use Second Chance Act authority to address immigration-related concerns (e.g., paying for work permits if approved by immigration authorities). Such issues are likely to persist in post-conviction supervision. According to the federal BOP's website, 25 percent of all inmates are not U.S. citizens; 10.4 percent are serving an immigration–related offense (Federal Bureau of Prisons, 2014).

[9] The offender population has a host of health problems including cancer, high blood pressure, cholesterol, diabetes, Alzheimer's, obesity, HIV/AIDS, Hepatitis C, and poor vision and hearing. Many, if not most, lack health insurance to alleviate these issues. The Second Chance Act authority includes assistance with non-emergency medical services.

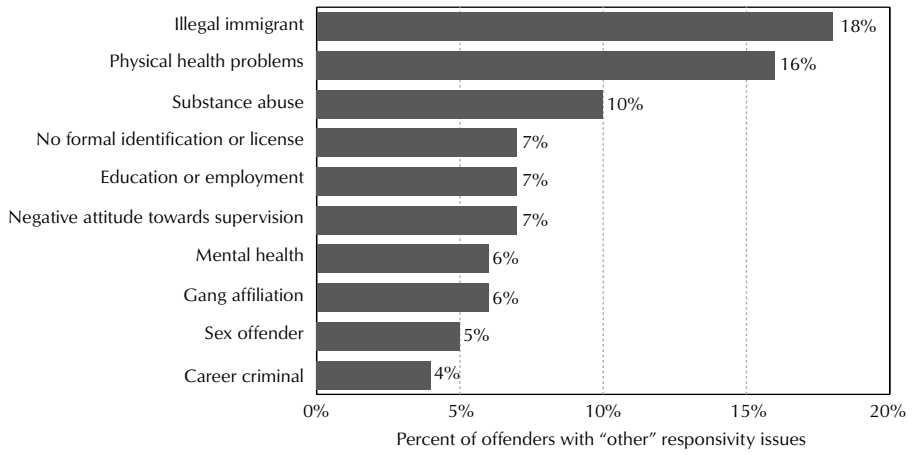
[10] Authority exists to assist with identification (e.g., by producing identity documentation accepted by motor licensing authorities) and even to assist with driving improvement classes for offenders who have lost their license.

[11] The officer narratives described a broad array of problems: Asperger's, Tourette's, Post-Traumatic Stress Disorder, Attention-Deficit Hyperactivity Disorder, as well as the mental health disorders more commonly addressed through contract treatment (e.g., schizophrenia, bipolar disorder, personality disorder). Offender mental illness is indeed complex; while generally considered a responsivity factor, some mental health disorders in combination with substance abuse are criminogenic.

[12] Officers noting gang affiliation as a responsivity factor raises the question of whether gang affiliation is simply a restatement of the criminal networks risk factor, or a unique driver or obstacle. In the text fields, officers described offenders whose entire families were entrenched in gang culture or who were heavily tattooed with gang symbols and insignia. Some courts have used Second Chance Act authority to pay for the removal of gang-related tattoos for offenders hoping to cut off gang affiliation and to become more prosocial. Some courts have also developed mentoring programs to cultivate prosocial networks for offenders with criminal peers.

**FIGURE 3.**

*Other types of responsivity issues identified for federally supervised offenders at initial assessment, November 2013–March 2014*




Note: Includes 771 offenders with initial assessments occurring between November 2013 through March 2014 identified to have "other" responsivity issues. Of these 771 offenders, 73% were identified to have the issues listed above.

history,[13] fall (according to the RNR literature) under the rubric of criminogenic needs rather than treatment barriers (Andrews & Bonta, 2010). Additional training on the responsivity principle would help officers distinguish factors that are identified as crime supporting from those constituting barriers towards treatment.

### *Relationship Between Offender Demographic Characteristics and Responsivity Factors*

Another issue we explore is whether responsivity factors are present for offenders with certain demographic characteristics. Specifically, to what extent do treatment barriers vary by an offender's race/ethnicity, age, or gender characteristics? Among federally supervised offenders with an initial assessment between November 2013 and March 2014, a higher percentage of American Indian and Alaska Native (50 percent) offenders faced responsivity problems compared to Hispanics (31 percent), white non-Hispanics (27 percent), blacks (26 percent), and Asian and Pacific Islanders (24 percent) (see Table 2). In general, Asians and Pacific Islanders have the fewest responsivity factors; moreover, similar percentages of whites and blacks dealt with responsivity factors.

According to probation officers, female offenders (31 percent) faced responsivity factors at slightly higher rates than male offenders (27 percent). Examining the relationship between responsivity and offender age shows a greater percentage of younger and older offenders having barriers to treatment than offenders in the middle age ranges. For example, 34 percent of offenders aged 20 or younger had responsivity factors, compared to 26 percent of offenders aged 35–44. Offenders aged 55 or older had responsivity problems at higher rates (32 percent) than offenders in the 25–34 (27 percent) or 35–44 (26 percent) age ranges.

Regarding the types of responsivity factors that were identified according to an offender's racial or ethnic background, American Indians and Alaska Natives were assessed to have certain responsivity factors more frequently than the other race and ethnic categories. For example, about a quarter of American Indians and Alaska Natives (26 percent) lacked adequate transportation at initial assessment, while approximately a tenth of blacks (10 percent) and whites (9 percent) had this responsivity problem (see table 3). Probation officers reported higher percentages of American Indians and Alaska Natives having cultural barriers to supervision (8 percent) than Asian and Pacific Islanders (3 percent), Hispanics (1 percent), or blacks and whites (less than .05 percent).

**TABLE 2.**

*Presence of responsivity issues for federally supervised offenders at initial assessment, by offender demographic characteristics, November 2013–March 2014*

| Offender demographics | Number of offenders | Percent with responsivity issues |
|---|---|---|
| Any offender | 19,753 | 28% |
| **Race/ethnicity**[a] | | |
| American Indian or Alaska Native | 557 | 50% |
| Hispanic, any race | 4,623 | 31 |
| White, not Hispanic | 6,916 | 27 |
| Black or African American | 6,576 | 26 |
| Asian or Pacific Islander | 518 | 24 |
| **Gender**[b] | | |
| Female | 3,644 | 31% |
| Male | 15,698 | 27 |
| **Age**[c] | | |
| 20 or younger | 254 | 34% |
| 21–24 | 1,301 | 30 |
| 25–34 | 6,137 | 27 |
| 35–44 | 5,732 | 26 |
| 45–54 | 3,534 | 30 |
| 55 or older | 2,383 | 32 |

Note: Includes 19,753 offenders with an initial assessment occurring between November 2013 through March 2014.
[a] Race and ethnicity information available for 97% of offenders.
[b] Gender information available for 98% of offenders.
[c] Age information available for 98% of offenders.

[13] Within the context of career criminal history, some officers cited offenders' "institutionalization" as a barrier. Given the lengthy sentences many federal offenders serve and the rapid pace of technological and other changes, institutionalization may also present a unique responsivity factor that officers must recognize and address.

**TABLE 3.**

*Types of responsivity issues identified for federally supervised offenders at initial assessment, by offender demographic characteristics, November 2013–March 2014*

| | Percent of offenders with responsivity issues | | | | | | |
|---|---|---|---|---|---|---|---|
| | Offender race and ethnicity[a] | | | | | Offender gender[b] | |
| Types of responsivity issues | American Indian or Alaska Native | Asian or Pacific Islander | Black or African American | Hispanic, any race | White, not Hispanic | Female | Male |
| Transportation | 26% | 3% | 10% | 7% | 9% | 9% | 9% |
| Mental health | 11 | 2 | 6 | 6 | 10 | 12 | 7 |
| Physical handicap | 5 | 2 | 4 | 2 | 5 | 4 | 4 |
| Homeless or unstable housing | 7 | 1 | 4 | 3 | 4 | 3 | 4 |
| No desire to participate in programs | 7 | 1 | 4 | 3 | 3 | 2 | 4 |
| History of abuse or neglect | 7 | 2 | 3 | 3 | 4 | 8 | 2 |
| Reading & writing limitations | 5 | 6 | 3 | 5 | 2 | 2 | 3 |
| Low intelligence | 5 | 2 | 4 | 3 | 2 | 2 | 3 |
| Language | 1 | 13 | – | 9 | 1 | 2 | 3 |
| Interpersonal anxiety | 3 | – | 1 | 1 | 2 | 2 | 1 |
| Ethnic or cultural barriers | 8 | 3 | – | 1 | – | 1 | 1 |
| Child care | 2 | 0 | – | 1 | 1 | 2 | – |
| Number of offenders | 557 | 518 | 6,576 | 4,623 | 6,916 | 3,644 | 15,698 |

Note: Includes 19,753 offenders with an initial PCRA assessment occurring between November 2013 through March 2014.
Excludes "other" responsivity issues.
Types of responsivity factors sorted by most to least common as shown in figure 1.
[a]Race and ethnicity information available for 97% of offenders.
[b]Gender information available for 98% of offenders.
– Less than .05%

Other types of responsivity factors were assessed in similar percentages for the various racial and ethnic populations under federal supervision. Nearly identical proportions of American Indians and Alaska Natives (11 percent) and whites (10 percent) were identified as having mental health issues serious enough to impede supervision. In addition, 5–6 percent of Native Americans and Alaska Natives, Asian and Pacific Islanders, and Hispanics had reading and writing limitations that were serious enough to hinder treatment. Finally, language difficulties were more likely to constitute barriers to treatment for Asians and Pacific Islanders (13 percent) and Hispanics (9 percent) than for Native American and Alaska Natives (1 percent) or white (1 percent) offenders.

The fact that half of supervised American Indians and Alaska Natives were identified as having barriers and that many of these obstacles were associated with inadequate transportation, mental health, or ethnic or cultural barriers demonstrates the challenges inherent in supervising offenders residing on Indian reservations. Specifically, many Indian reservations are beset with alcoholism, domestic violence, and poverty exceeding that of the general population (Washington Post, 2014). Though accounting for less than 5 percent of supervised offenders, American Indian and Alaska Native offenders constitute an especially problematic group requiring extensive interventions on both criminogenic needs and barriers.[14] Heavy resourcing and innovative programming is required for this population of offenders.

Hispanics offenders were more likely to have treatment barriers associated with language and reading and writing limitations compared to whites. This suggests that probation officers should take into consideration the language and writing capacities of Hispanic offenders.[15] African-Americans and whites for the most part did not differ appreciably in regards to supervision barriers.

We also found that females were more likely to face responsivity factors of serious mental health and history of abuse or neglect compared to males. Twelve percent of females and 7 percent of males were identified as having major mental health issues that impeded supervision; moreover, the presence of a severe history of abuse or neglect was found among 8 percent of female and 2 percent of male supervised offenders. Other

[14] Some federal courts are exploring integrating traditional Native American value structures with CBT delivery and the use of volunteer mentors. In a study comparing outcomes for American Indian youth entering standard inpatient drug and alcohol treatment to inpatient treatment based on a culturally responsive model sensitive (e.g., sweat lodge ceremonies, access to elders, drumming and singing), researchers found a correlation between culturally responsive treatment interventions and higher participation rates and levels of abstinence from drugs and alcohol (Boyd-Ball, 2003).

[15] Additionally, a general lack of knowledge about or distrust of the criminal justice system and an unwillingness to cooperate with authorities out of fear of deportation should be considered. It is important for all correctional staff to be able to effectively communicate with all offenders, but particularly with newly emigrated offender populations (Kane, Bechtel, Revicki, McLaughlin, & McCall, 2011).

responsivity factors that occurred at slightly higher rates for females than males are interpersonal anxiety and child care.

Therefore, mental health, a history of abuse or neglect, and child care[16] are more often responsivity factors for female than for male offenders. Federal probation officers should be cognizant of the particular types of responsivity factors associated with female offenders so that supervision interventions can be tailored accordingly.

### *Variation in the Presence of Responsivity Across the Federal Judicial Districts*

A final issue we explore in this study is the percentage of offenders with responsivity factors in 91 federal judicial districts.[17] To account for the fact that some districts may have more risky offenders than others and that these differences might contribute to the district-level disparities in responsivity rates, we made adjustments to normalize the presence of responsivity by PCRA risk levels. A discussion of the methods used to make these adjustments is available in this article's appendix.

Even when adjusted to account for offender risk, the percentage of offenders with a responsivity factor varied widely from a high of 57 percent to a low of 10 percent (not shown in table). Over 35 percent of offenders in nine federal districts had responsivity factors serious enough to impede supervision. In comparison, less than 15 percent of offenders in five federal districts were identified as such.

These findings suggest that officers in some districts are more likely to identify responsivity factors than those in other districts. Additional training on the responsivity principle could help ameliorate these disparities.

## Discussion

Responsivity is an important but under-investigated component of the RNR framework. Indeed, beyond a few succinct descriptions of the principle itself, there is minimal extant research. As an initial step, this article provides a descriptive analysis of the presence of responsivity factors for nearly 20,000 federally supervised offenders with an initial Post Conviction Risk Assessment (PCRA) between November 1, 2013, and March 30, 2014. Additionally, it highlights several programming options available through the Second Chance Act that can be used to mitigate identified responsivity factors. Clearly, officers must always address offenders' criminogenic needs as well as any responsivity factors that impede risk reduction efforts. But are there further implications or concerns, either for the supervision officer or for the system as a whole?

Each time officers complete the PCRA, they should be mindful to identify any responsivity factor that might limit an offender's ability to make positive change. Additionally, officers should be cognizant of the challenges associated with higher-risk offenders, who will typically have multiple responsivity factors and criminogenic drivers that require addressing simultaneously. Officers should likewise know what resources are available to them to address any identified responsivity factor. As noted earlier, the Second Chance Act of 2007 granted officers broad authority "to protect the public and promote successful reentry of the offender into the community."[18] Under this Act, officers can expend funds to alleviate barriers to successful supervision. Sometimes, however, officers have a desire to provide resources to address an offender's problems even if those factors are not clearly risk-related. Nevertheless, resources are limited and the risk principle demands that interventions focus on the higher-risk offender and on factors that are clearly risk-related. When and how to provide assistance in overcoming responsivity factors will depend on the offender's overall risk level and the malleability of the responsivity factor being targeted.

It is crucial to note that officers may encounter responsivity factors that are not subject to change (e.g., low intelligence) and that will have to be accommodated throughout the term of supervision. Others, such as mental health, may change only very slowly. Officers should also remain aware of emerging issues that limit offenders' opportunities to succeed. Several concerns gleaned from the "Other" category (identification, illegal status) require officers and offenders to engage with other governmental agencies (e.g., motor vehicle departments, federal immigration authorities). Some probation officers have done so proactively.

Through the PCRA, the federal probation system now has better insight into offender risk levels and criminogenic needs, as well as supervision obstacles that may be present. Additionally, courts need to know the programming options available to them to assist offenders in becoming prosocial, law-abiding, and self-sufficient.[19] Resources will always be limited, but courts should now begin the conversation on narrowing their focus to the things that reduce recidivism. That is, they should focus on which offenders receive attention and resources, and what risks and responsivity factors must be mitigated.

Training officers in the responsivity principle is critical. Specifically, the variation in identified responsivity factors across the federal judicial districts suggests the need for more training to help officers identify and respond to appropriate treatment barriers more uniformly. Moreover, as highlighted in the section examining "other" responsivity factors, training is required to assist officers in understanding the types of factors that fall under the responsivity rubric as opposed to offender characteristics that are essentially criminogenic in nature. When officers identify responsivity problems, they should be focusing on supervision barriers, not on factors such as substance abuse or criminal history that drive criminal conduct.

Finally, this article suggests avenues for future research. For example, subsequent research might examine whether responsivity factors identified at the initial assessment, such as transportation and housing, change during an offender's supervision period. Since the PCRA is a dynamic risk tool, it would be possible to measure whether some types of responsivity factors present at the initial assessment are malleable over time. It would also be interesting to investigate the extent to which responsivity factors influence changes in an offender's risk levels between assessments. For example, are high-risk offenders with certain types of responsivity factors less likely to experience a reduction in their risk characteristics compared to similarly situated offenders without these responsivity factors? These and other issues could be further explored in future studies on this topic.

[16] Courts are authorized to assist offenders with child-care expenses under the Second Chance Act.

[17] The federal judicial districts of Guam, the Northern Marianas Islands, and the Virgin Islands were excluded because they had too few offenders to produce statistically reliable estimates.

[18] 18 U.S.C. 3672. According to guidance approved by the Judiciary's Committee on Criminal Law, courts may authorize transitional services to address a higher-risk offender's long-term criminogenic needs; emergency services can be authorized to address offender's humanitarian concerns, regardless of risk level.

[19] A new Statement of Work for Second Chance Act programming, including additional services and more efficient contracting procedures, should soon be available.

## Appendix

### *Controlling for District-level Differences in Risk Composition*

Differences in offender PCRA risk composition could result in disparities in the proportion of offenders with responsivity factors across the federal judicial districts. A linear regression was employed in order to control for the differences in PCRA risk levels. The linear regression model is specified below.[20]

$$Y = \sum_{i=1}^{18} \beta_i \chi_i + \sum_{j=1}^{91} \delta_j D_j + \varepsilon$$

Where:

$Y$ is the dependent variable (= 1) if an offender has responsivity factors, and 0 otherwise.

$\chi i$ is an indicator variable (= 1) if an offender has a PCRA score equal to ($i$), and 0 otherwise. Offenders with PCRA scores of eight are treated as the reference category.

$Dj$ is an indicator variable (= 1) if an offender is in judicial district ($j$), and 0 otherwise. $\delta j$ represents the weighted average of offenders with responsivity factors in district $j$, adjusted by PCRA score.

$\varepsilon$ = Error term in model.

This approach produces a district coefficient, $\delta$, that is essentially a weighted average of the presence of responsivity factors adjusted for differences in the PCRA risk distribution across the districts. In other words, rather than reporting the raw percentages, the percentages utilized in this study have been weighted to account for the divergent risk composition of offenders in the individual judicial districts. This method resulted in relatively minor adjustments in the percentage of offenders with responsivity factors for each judicial district. The fact that the raw and weighted responsivity rates were fairly close means that most of the disparity in responsivity rates throughout the nation's federal districts cannot be explained by variation in offender risk levels.

[20] Three districts were excluded from the estimation because of their small case numbers. In addition, the constant term was omitted to make the computation of $\delta j$ simpler.

## References


Andrews, D., & Bonta, J. (2010). *The psychology of criminal conduct* (5th Edition). Cincinnati, OH: Anderson Publishing.

Boyd-Ball, A. (2003). A culturally responsive, family-enhanced intervention model. Alcoholism: *Clinical and Experimental Research*, *27*(8), 1356-1360.

Decision Support Systems, Report # 1194 (2014). *PCRA supervision level distribution.* Internal report retrieved from http://www.uscourts.gov.

Decision Support Systems, Report # 1063 (2014). *Second Chance Act expenditures—All districts*. Internal report retrieved from http://www.uscourts.gov.

Decision Support Systems (2014). *Clinical Services Module*. Internal report retrieved from http://www.uscourts.gov.

Federal Bureau of Prisons. (2014). *Inmate statistics data*. Report retrieved 7/10/2014 from http://www.bop.gov/about/statistics/

Johnson, J., Lowenkamp, C., VanBenschoten, S., & Robinson, C. (2011). The construction and validation of the federal Post Conviction Risk Assessment (PCRA). *Federal Probation*, *75*(2), 16-29.

Judicial Policy Guide. (2012). *Guide to judiciary policy: Volume 8 probation and pretrial services.* Washington, D.C.: Administrative Office of the U.S. Courts.

Kane, M., Bechtel, K., Revicki, J., McLaughlin, E., & McCall, J. (2011). *Exploring the role of responsivity and assessment with Hispanic and American Indian offenders.* Boston, MA: Crime and Justice Institute at Community Resources for Justice.

Lowenkamp, C., Johnson, J., VanBenschoten, S., Robinson, C., & Holsinger, A. (2013). The federal Post Conviction Risk Assessment (PCRA): A construction and validation study. *Psychological Services*, *10*(1), 87-96.

Washington Post. *The hard lives—and high suicide rate—of Native American children on reservations.* March 9, 2014.

# Health Coverage for People in the Justice System: The Potential Impact of Obamacare

*Risdon N. Slate*
*Florida Southern College*
*Laura Usher*
*NAMI (National Alliance on Mental Illness)*

**THE ENACTMENT AND** gradual implementation of the Affordable Care Act (ACA), the health care reform legislation familiarly known as Obamacare, has important implications for those in the justice system. While health care reform has the potential to provide health coverage for millions of Americans who are uninsured, implementation of the Act has not been without controversy, and uncertainty remains about its precise impact. However, a number of organizations and criminal justice agencies have been gearing up in an attempt to realize the potential of the Act. This article explores models that have been established for enrolling individuals involved in the justice system in health coverage through Obamacare. We will focus specifically on special populations such as people living with mental illnesses and the need for linking these individuals to treatment.

## Obamacare Expands Medicaid Coverage for Low-Income Americans

One key provision of the Affordable Care Act required states to expand the Medicaid program for low-income Americans. However, the United States Supreme Court decision on the Affordable Care Act said that states could not be required to expand Medicaid and could therefore opt out of doing so (DiPietro, 2013). As of June 10, 2014, 26 states and the District of Columbia were implementing Medicaid expansion (Kaiser Foundation, 2014).[1]

Medicaid should be distinguished from Medicare. Medicare is a federal insurance program for health care coverage of individuals who are ages 65 or older, and for individuals under age 65 with certain disabilities. Medicaid, on the other hand, offers health care coverage to the poor (Medicare FAQs, 2012). Medicaid is administered by the states in partnership with the federal government, and is funded by both state dollars and federal matching funds. The availability and amount of coverage depends on age, disability, or family status and on an individual's or family's ability to pay based on income and available resources. Benefits are paid directly to providers, not to consumers (Center for Medicare Advocacy, 2006).

In states that have expanded Medicaid, this health coverage will be available to all individuals below the age of 65, including adults without children, who have incomes up to 133 percent of the federal poverty level (FPL). Individuals and families with incomes between 133 and 400 percent of FPL will be eligible for financial assistance to help them purchase private health insurance coverage through health exchanges recently established in every state (Cardwell & Gilmore, 2012).[2] For example, based on the year 2013 figures, the 133 percent FPL for an individual was set at $15,281.70 and at $31,321.50 for a family of four (Poverty Guidelines, 2013).

## Expansion of Medicaid Could Provide Significant Benefit to the Criminal Justice System

The expansion of Medicaid is significant for the criminal justice system because an estimated 90 percent of persons entering jails in America today do not have any health insurance, with health care costs primarily incurred by states and counties (Hamblin & Heiss, 2013). In terms of health care costs shifted to states and counties, the Affordable Care Act does not eradicate what has come to be known as the "inmate exception" in traditional Medicaid. In other words, federal funds cannot be used to pay for services for individuals who are inmates (Hamblin & Heiss, 2013). While Medicaid cannot pay for treatment provided in the correctional facility, it can pay for inmates to receive inpatient treatment if the inmate needs to be

[1] In addition to the District of Columbia, the states opting for Medicaid expansion under the Affordable Care Act are Arizona, Arkansas, California, Colorado, Connecticut, Delaware, Hawaii, Illinois, Iowa, Kentucky, Maryland, Massachusetts, Michigan, Minnesota, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Dakota, Ohio, Oregon, Rhode Island, Vermont, Washington, and West Virginia. Three states (Indiana, Pennsylvania, and Utah) were still considering adoption of the Affordable Care Act as of July, and the remaining 21 states were not expanding Medicaid at this time.

[2] Individuals with incomes of $11,490 were considered at 100 percent of the federal poverty level (FPL), and for a family of four at 100 percent of the FPL the associated income level was $23,550. Percentages above 100 percent of the FPL reflect incomes that are typically associated with guidelines for health care disbursements (Federal Poverty Guidelines, 2013).

transported to a hospital or intermediate care facility (Cardwell & Gilmore, 2012).

The Affordable Care Act makes it easier for people in jails and prison—whether or not they were previously enrolled in Medicaid—to *apply* for coverage. About 11.8 million people are booked into jails each year in the United States (Minton, 2012), and at any given time approximately two-thirds of these are awaiting trial. People who have not been convicted of a crime but are incarcerated and awaiting trial are qualified to enroll in Medicaid or private health plans; if they are enrolled in private plans, they can receive coverage while awaiting trial (Regenstein & Christie-Maples, 2012). Similarly, those out on bail and awaiting trial are eligible to apply for and receive Medicaid services. Regenstein and Christie-Maples (2012) make a strong case that the Affordable Care Act should be used to provide health care to this sizeable population. They argue that coverage for this group targets a highly vulnerable population with significant physical, mental health, and substance abuse needs. By providing health insurance for this disproportionately chronically ill population, Obamacare can reduce correctional health care costs, reduce involvement in the justice system, and offer health care at low cost to states. Jails are ideally placed to enroll people in this population.

For people with mental illness or other medical conditions, Medicaid coverage means swift access to care upon their release. In states where an individual's Medicaid benefits can be suspended rather than terminated during a short jail stay, re-entrants leave jail with immediate access and receive care more quickly. Access to health coverage and an array of other services, including housing, income supports, and employment services, can reduce the risk that people with serious mental illness will decompensate, experience homelessness, or re-enter the criminal justice system. Enrollment in Medicaid is a powerful tool for ensuring better outcomes for this population.

## Immediate Access to Medicaid is Seen as a Key to Successful Reentry

Immediate access to Medicaid on release from jail or prison has long been seen as a key to successful reentry. Over a decade ago the Council of State Governments (2002) recommended that Medicaid benefits be suspended instead of terminated for people in jail awaiting disposition of their cases. Suspension means that as long as the inmate is in jail or prison, he or she remains on the Medicaid roll, but the jail or prison cannot receive any reimbursements from Medicaid for medical treatment delivered within the correctional facility (Lipton, 2001). The Council of State Governments also recommended that discharge planning should begin at booking and continue throughout detention, to make sure that health care coverage is available for detainees as soon as possible upon their release.

Federal law doesn't require that people in jails or prisons have their Medicaid benefits terminated; however, most states choose to terminate rather than suspend these benefits. As a result, even people with relatively short jail stays must apply for Medicaid on their release. Reinstating these benefits can take 6 to 12 weeks in the best of circumstances, and most people leaving jail and prison require assistance to reapply for benefits. State Departments of Corrections vary significantly in how much assistance they offer inmates applying for benefits: Some offer no assistance, while others assist with applications and connect re-entrants with medical or mental health providers (Human Rights Watch, 2003).

A number of states have implemented policies or procedures for the suspension of federal benefits, such as Medicaid, for inmates instead of the termination of such benefits.[3] In these states, inmates receive the benefit of expedited access to medical care upon return to the community, and outcomes should logically improve for this population.

## Sequential Intercept Model

For people with serious mental illness and other chronic health conditions, interacting with police is often the first step in a long cycle of involvement with the justice system. Once involved in the system, people with serious mental illness have an especially hard time getting good care and re-entering the community successfully. In an effort to help criminal justice agencies and advocates understand how to help this population, Munetz and Griffin (2006) devised the sequential intercept model, which visually represents points within criminal justice/mental health processing where interventions can help return individuals to society, link them to treatment, and prevent them from either entering or descending further into the criminal justice system.[4] The specific intercept points include police and emergency services, initial detainment and hearings, "[j]ail, courts, forensic evaluations, and forensic commitments, [r]eentry from jails, state prisons, and forensic hospitalizations, [and c]ommunity corrections and community support services" (Munetz & Griffin, 2006, p. 545).

The sequential intercept model is only effective if the professionals at each of the intercept points have been properly trained to recognize the signs and symptoms of mental illness and if there are adequate services divert persons in need of treatment in the community. For more than a decade, mental health and criminal justice organizations have been advocating for enhanced community treatment services and improved training for criminal justice employees who encounter individuals with mental illnesses in crises (Council of State Governments, 2002). In many jurisdictions, their advocacy has been realized with improvements and expansion of police training, mental health screening protocols, pretrial interventions, mental health courts, coordinated treatment of co-occurring disorders, correctional treatment, evidence-based practices, and reentry programs. However, most communities still have a long way to go to implement criminal justice reforms and create a robust community mental health system.

## Boundary Spanners

Employees on the front lines of the criminal justice and mental health systems have been referred to in the research literature as *boundary spanners* due to their ability to connect and navigate systems in an attempt to meet the multi-faceted needs of their clients (Steadman, 1992). Lutze (2014) indicates, for example, that the name community corrections officers implies that they must consider and manage the dual interests of the community and corrections worlds. These *boundary spanners* often act as *resource brokers*, identifying community resources, including mental health, housing, and vocational/employment services, and then matching those services to the needs of clients under their supervision (McCampbell, 2001; Steadman et al., 2001).

An area ripe for influence from boundary spanners is reentry from jails and prisons. Regardless of whether an inmate's benefits

[3] States that suspend Medicaid rather than terminate it for those incarcerated include Florida, New York, Minnesota, Ohio, and Oregon (Cardwell & Gilmore, 2012).

[4] The Sequential Intercept Model may be viewed at https://www.dbhds.virginia.gov/documents/Adm/080513MGArticle.pdf

have been suspended or terminated while incarcerated, he or she will need assistance with necessary paperwork.

Jails often do not offer reentry planning to those being released; the rapid turnover of inmates makes this population difficult to serve (Steadman & Veysey, 1997). Departments of Corrections (DOC) vary in their procedures for allowing their employees to serve as boundary spanners in ensuring the securing of benefits for inmates reentering society. The majority of state Supplemental Security Income and Medicaid offices refuse to receive applications from incarcerated individuals who are asking for reinstatement of benefits upon release, with DOC authorities in one state admitting that they had no idea how to assist inmates with reinstatement of benefits. Release into the community often at best results in a short-term supply of medication and an appointment slip with no follow-up (Human Rights Watch, 2003). The Council of State Governments (CSG) (2007) has identified common elements for success in ensuring access to benefits and treatment for inmates upon release: interagency involvement (boundary spanning); the establishment of new programs or agencies, sometimes with specialized caseloads for securing benefits; and identification of inmates eligible for release and discharge planning sooner rather than later in the process. The CSG also recommends specification of which agency is responsible/accountable for each component of the interagency agreements, the technological sharing of information to facilitate the release process, doing so early, and providing over a month's supply of medication to ease a releasee's transition into the community. The early linkage to treatment for someone released from custody into the community is essential, because the first six months after release from prison is when an offender is most likely to re-offend (Council of State Governments, n.d.).

The Council of State Governments (CSG) (December 17, 2013) has identified 10 ways for navigating the health insurance marketplace and linking individuals who encounter the criminal justice system to health coverage. The CSG, in boundary spanning fashion, provides customized factsheets for courts, jails, prison systems, and probation and parole officers.

## Example Programs

With the expansion of Medicaid programs in many states, it is has been projected that 4 to 6 million of the 10 million individuals jailed each year will be eligible for Medicaid, which represents one-third of the population who will be covered by the newly expanded Medicaid programs (Regenstein & Christie-Maples, 2012).

Many jurisdictions around the country have already begun enrolling people involved in the justice system in Medicaid health coverage, in jails, reentry programs, probation centers, and other sites throughout the criminal justice system. Each jurisdiction has emphasized the importance of strong collaborations between criminal justice agencies and public health service or health care provider agencies (Aungst, 2014). Sheriffs' departments and other criminal justice agencies can take the lead in bringing these partners together.

### *Cook County, Illinois*

The Cook County Jail, which serves the Chicago area, is one of the nation's largest jails. In late 2012, Illinois received permission for a Medicaid waiver allowing them to start the expansion of Medicaid early. In an effort to alleviate costs for indigent care and connect more inmates with health care, the Cook County Sheriff's Office began working with the Cook County Health & Hospitals System and a sentencing alternative program called Treatment Alternatives for Safe Communities (TASC) to enroll jail inmates in the County Care (Medicaid) system (McDonnell, 2014).

TASC, which provides case management services to people with substance abuse and mental health conditions in the justice system, began enrolling their jail diversion clients in County Care in December 2012. In April of 2013, TASC placed a team of enrollment specialists in the Cook County jail seven days per week. The enrollment specialists assist inmates during a waiting period in the booking process in enrolling in health coverage. As of July 2014, more than 16,000 applications for health care have been initiated from inside the jail. Clients can start getting services as soon as their applications are approved.

TASC reports that enrollment efforts have faced some challenges, but overall have been very successful. Despite being in a fast-paced environment with 200–300 individuals booked into the jail each day, they have found a niche which provides an opportunity to enroll any inmate who is interested in health coverage. One challenge case managers have faced is that inmates often lack identification and proof of residence. In these cases, they use the fingerprint-based identity documentation from jail booking as documentation so that the application can be completed immediately.

According to Maureen McDonnell, for criminal justice agencies considering expansion of Medicaid benefits for their clientele, implementation may initially be easier to accomplish in probation settings where social service and human service providers are already known entities to officers (Enroll America, 2014). Probation administrators in the Chicago area have initiated two pilot projects to enlist the services of probation officers in helping probationers to enroll in Medicaid and link them to treatment in the community (Council of State Governments, 2013). This same report indicated that the ultimate goal of such endeavors is to reduce recidivism and enhance the opportunities for diversion from jail. In a white paper, the Bureau of Justice Assistance (2014) has created a guide in Illinois for jail, correctional, and probation personnel to enroll justice-involved individuals with expanded Medicaid and to link them to treatment services.

### *San Francisco County Sheriff's Department*

The sheriff in San Francisco, Ross Mirkarimi, recognized the significant positive impact health insurance and access to medical care post-release would have on inmates' lives and has made obtaining health insurance for inmates a priority component of the Department's overall reentry and recidivism reduction efforts. Sheriff Mirkarimi also believes that linkage to health care will save up to $2,500 per inmate per year and could cut repeat incarceration by 20 percent (Niquette, 2014).

The San Francisco Sheriff's Department has been collaborating with the Human Services Agency, the Department of Public Health, and the Adult Probation Department since late 2013 to implement a health coverage enrollment program in the San Francisco City and County Jail. The ultimate goal is to offer health insurance enrollment assistance to all inmates so that they can leave custody with active benefits. As of July 2014, just over 350 individuals have received assistance with the enrollment process.

Challenges that have been faced so far include determining whether health insurance applications should be done on paper or online. Online enrollment can be a problem due to limited time and access to technology and obtaining follow-up documentation to complete the application. Overall, inmates are interested in enrolling in health insurance and enthusiastic about the new opportunity

to get health insurance due to the Affordable Care Act.

### *Minnesota Department of Corrections*

For the last several years, Minnesota's Department of Corrections has been working on enrolling people in prisons in Minnesota's Medicaid program. An agreement between the Minnesota Department of Corrections and the Minnesota Department of Human Services allows the Department of Corrections to submit applications to counties up to 45 days before release. Even prior to Medicaid expansion, most inmates qualified for medical assistance programs based on low income.

The Department of Corrections has specialized release planning staff. After the passage of the Affordable Care Act, the department trained approximately 20 staff members to be healthcare navigators. These navigators assist inmates with higher needs, including those with mental illness, with enrollment. This effort is part of a broader Transition from Prison to Community initiative, with all staff focused on reentry from intake.

The department faces challenges with technology. Most applications for MNSure are completed in real-time over the Internet, but inmates do not have access to that system. Filing paper applications is more time-consuming. The department has also had to work diligently to coordinate among all of Minnesota's 87 counties (Rebertus, 2014).

### *Ohio Department of Rehabilitation and Correction*

Director Gary Mohr of the Ohio Department of Rehabilitation and Correction announced at the 2014 winter meeting of the American Correctional Association that Ohio Governor Kasich shared his belief that the Affordable Care Act provides the best opportunity of reducing recidivism, decreasing crime, lessening the number of crime victims, and restoring families (ACA Plenary, 2014). Mohr contends that in his correctional career the Affordable Care Act with its expansion of Medicaid will be the largest catalyst for turning lives around in 40 years. Fifty-one mental health and drug addiction counselors are being hired and navigators are being employed so that every prisoner eligible for release in Ohio will have the opportunity to sign up for temporary Medicaid coverage for up to 60 days. This coverage will then become permanent upon linkage to community services via appointments set up by prison employees. Projections are that the Affordable Care Act will result in a savings of $18 million annually for the state of Ohio (ACA Plenary, 2014). While costs would be shifted to the federal government, estimates are that savings for Ohio, which elected to expand Medicaid, could ultimately balloon to $34 million annually and would likely affect 95 percent of the 20,000 inmates released each year in Ohio (Bernard-Kuhn, 2014).

## Conclusion

These examples are just a few of the efforts by criminal justice systems around the country to enroll people involved in the justice system in health coverage. Bernard-Kuhn (2014) indicates that similar efforts are underway in Maryland, Minnesota, and Oregon. Michigan is another state that has been acknowledged for embracing Medicaid expansion for inmates (Gugliotta, 2013). Viola Riggin, Director of Health Services for the Kansas Department of Corrections, reports that even those states which have not embraced Medicaid expansion under the Affordable Care Act, such as Kansas, may find coverage for inmates upon release under health care plans in other states (ACA Plenary, 2014). Some states, without embracing the Affordable Care Act, have allowed for a private option for health care coverage, whereby federal expansion funds can be used to purchase private insurance as part of a partnership marketplace exchange (Goodnough, 2014).

While the long-term impact of Obamacare on criminal justice systems is uncertain, there is significant opportunity to enroll uninsured people who are involved in the justice system in health coverage. Criminal justice agencies should take the lead in planning these enrollment efforts, to ensure that criminal justice systems get the most out of the opportunity to reduce cost and recidivism offered by Obamacare.

## References


ACA Plenary Session. (2014, February 1). *The patient protection and affordable care act has arrived: The impact on correctional health care delivery*. American Correctional Association Winter Conference, Tampa, Florida.

Aungst, S. Director, The Partnership for Community Excellence, California Forward. Telephone interview. February 26, 2014.

Bernard-Kuhn, L. (2014, February 18). Ohio among states pushing prisoners on Medicaid. *USA Today*. Retrieved from http://www.usatoday.com/story/news/nation/2014/02/18/ohio-inmates-obamacare/5573869/

Bureau of Justice Assistance. (2014, January). A culture of coverage for justice-involved adults in Illinois: A resource guide for implementing the Affordable Care Act for justice personnel in Illinois. Office of Justice Programs, United States Department of Justice. Retrieved from http://www2.illinois.gov/gov/healthcarereform/Documents/Health%20Benefits%20Exchange/IL%20ACA%20%20Justice%20Pop.pdf

Cardwell, A., & Gilmore, M. (2012). County jails and the Affordable Care Act: Enrolling eligible individuals in health coverage. Community Services Division of the National Association of Counties. Retrieved from http://www.naco.org/programs/csd/Documents/Health%20Reform%20Implementation/County-Jails-HealthCare_WebVersion.pdf

Center for Medicare Advocacy. (2006). *What's the difference between Medicare and Medicaid?* Willimantic, CT: Author. Retrieved from http://www.medicareadvocacy.org/Medicaid_Diff.Vs.Medicare.htm

Council of State Governments, Police Executive Research Forum, Pretrial Services Resource Center, Association of State Correctional Administrators, Bazelon Center for Mental Health Law, and the Center for Behavioral Health, Justice, and Public Policy. (2002). *Criminal Justice / Mental Health Consensus Project*. New York, NY: Council of State Governments. Retrieved from consensusproject.org/the_report

Council of State Governments. (2007). *Ensuring timely access to Medicaid and SSI/SSDI for people with mental illness releases from prison: Four state case studies*. New York, NY: Author. Retrieved from www.reentrypolicy.org/reentry/Document_Viewer.aspx?DocumentID=998

Council of State Governments. (2013). *The implications of the Affordable Care Act on people involved with the justice system*. New York, NY. Retrieved from http://csgjusticecenter.org/mental-health/publications/implications-of-the-affordable-care-act-on-people-involved-with-the-criminal-justice-system/

Council of State Governments (2013, December 17). *Ten ways to link individuals involved with the criminal justice system to health insurance: New resources* from the health insurance marketplace. Justice Center. Retrieved from http://csgjusticecenter.org/reentry/publications/ten-ways-to-link-individuals-involved-with-the-criminal-justice-system-to-health-insurance-new-resources-from-the-health-insurance-marketplace/

Council of State Governments. (n.d.). *Understand why released offenders are reoffending*. New York, NY: Reentry Policy Council. Retrieved from http://reentrypolicy.org/Report/PartI/ChapterI-A/PolicyStatement2/Recommendation2-D

DiPietro, B. (2013). *Medicaid expansion & criminal justice-involved populations: Opportunities for the health care for the homeless community*. National Health Care for the Homeless Council. Retrieved from http://www.nhchc.org/wp-content/uploads/2011/10/NHCHC-MedicaidExpansion-Justice-Final.pdf

Enroll America. (2014, April 9). The enrollment opportunity for criminal justice populations. Retrieved from http://www.enrollamerica.org/resources/webinars/the-enrollment-opportunity-for-criminal-justice-populations/

Federal Poverty Guidelines. (2013). Families USA: The voice for health care consumers. Retrieved from http://www.familiesusa.org/resources/tools-for-advocates/guides/federal-poverty-guidelines.html

Goodnough, A. (2014, February 10). In Arkansas, 'Private option' Medicaid could be derailed. *New York Times*. Retrieved from http://www.nytimes.com/2014/02/11/us/politics/in-arkansas-private-option-medicaid-plan-could-be-derailed.html?_r=0

Guggliotta, G. (2013, November 30). Michigan embraces Medicaid expansion to help inmates. *Washington Post*. Retrieved from http://www.washingtonpost.com/national/health-science/michigan-embracing-medicaid-expansion-to-help-inmates/2013/11/30/61a94a80-592d-11e3-ba82-16ed03681809_story.html

Hamblin, A., & Heiss, C. (2013, August 14). Implications of the Affordable Care Act for the criminal justice system. Webinar held by the Council of State Governments Justice Center, New York, NY. Retrieved from http://csgjusticecenter.org/wp-content/uploads/2013/08/Affordable-Care-Act-Webinar-081413.pdf

Human Rights Watch. (2003, October). *Failure to provide discharge planning*. New York, NY: Author. Retrieved from http://www.hrw.org/reports/2003/usa1003/24.htm

Kaiser Foundation (2014, June 10). State decisions on health insurance marketplaces and the Medicaid expansion 2014. Retrieved from http://kff.org/health-reform/state-indicator/state-decisions-for-creating-health-insurance-exchanges-and-expanding-medicaid/

Lipton, L. (2001). Medicaid eligibility termination plagues former inmates. *Psychiatric News*, *36*(17), 8.

Lutze, F. E. (2014). *Professional lives of community corrections officers: The invisible side of reentry*. Los Angeles, CA: SAGE Publications, Inc.

McCampbell, S. W. (2001). Mental health courts: What sheriffs need to know. *Sheriff*, *53*(2), 40-43.

McDonnell, Maureen, Director for Business and Health Care Strategy Development, TASC, Inc. (Treatment Alternatives for Safe Communities) Illinois. Telephone interview. January 16, 2014.

Medicare FAQs. (2012). What is the difference between Medicare and Medicaid? The Medicare NewsGroup. Retrieved from http://www.medicarenewsgroup.com/news/medicare-faqs/individual-faq?faqId=96bcbd38-a6d4-4054-9b6f-4ab76bb07a53

Mera, Tanya, Director of Reentry Services, San Francisco Department of Public Health. Telephone interview, February 26 2014.

Minton, T. D. (2012, April). *Jail Inmates at Midyear 2011—Statistical Tables*. US Department of Justice, Office of Justice Programs, Bureau of Justice Statistics: April 2012, NCJ 23796. Accessed online May 7, 2013 at: http://bjs.gov/content/pub/pdf/jim11st.pdf

Munetz, M. R. & Griffin, P. A. (2006). Use of the Sequential Intercept Model as an approach to decriminalization of people with serious mental illness. *Psychiatric Services*, *57*(4), 544–549.

Niquette, M. (2014, February 6). Jails enroll inmates in Obamacare to pass hospital costs to US. *Bloomberg News*. Retrieved from http://www.bloomberg.com/news/2014-02-06/jails-enroll-inmates-in-obamacare-to-pass-hospital-costs-to-u-s-.html.

Poverty Guidelines. (2013). Center for Medicaid and CHIP Services, Children and Adults Health Programs Group, and Division of Eligibility Enrollment and Outreach. Retrieved from http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Eligibility/Downloads/2013-Federal-Poverty-level-charts.pdf

Rebertus, Jolene, Corrections Program Director, Minnesota Department of Corrections. Telephone interview, July 17, 2014.

Regenstein, M., & Christie-Maples, J. (2012). Medicaid coverage for individuals in jail pending disposition: opportunities for improved health and health care at lower costs. Department of Health Policy, School of Public Health and Health Services, George Washington University. Retrieved from http://hsrc.himmelfarb.gwu.edu/cgi/viewcontent.cgi?article=1000&context=sphhs_policy_facpubs

Steadman, H. J. (1992). Boundary spanners: A key for the effective interactions of the justice and mental health systems. *Law and Human Behaviour*, *16*(1), 75-87.

Steadman, H. J., Stainbrook, K. A., Griffin, P., Draine, J., Dupont, R., & Horey, C. (2001). A specialized crisis response site as a core element of police-based diversion programs. *Psychiatric Services*, *52*(2), 219–222.

Steadman, H. J., & Veysey, B. (1997, January). *Providing services for jail inmates with mental disorders* (Research in brief). Washington, D.C.: National Institute of Justice.

# Addressing Responsivity Issues with Criminal Justice-Involved Native Americans

*Ada Melton, American Indian Development Associates, LLC*
*Kimberly Cobb, American Probation and Parole Association*
*Adrienne Lindsey, Arizona State University, Center for Applied Behavioral Health Policy*
*R. Brian Colgan, Supervisory United States Probation Officer, District of Arizona*
*David J. Melton, American Indian Development Associates, LLC*

**THE CONCEPTS OF** general and specific responsivity are integral elements of the Risk, Needs, Responsivity (RNR) supervision model. Lowenkamp and colleagues (2012) describe what would be entailed to truly individualize the delivery of correctional interventions:

> Accounting for responsivity requires that the agency vary treatment delivery depending on other (perhaps non-criminogenic) factors, commonly framed as "barriers" to treatment. Responsivity considerations are wide and varied—which is perhaps part of the reason why agencies have by and large not implemented responsivity-based processes and strategies. Language barriers, IQ, motivation, anxiety, race, and gender may all play a part in developing a plan for responsivity, which will of course require the agency to be flexible and progressive and have the capacity to evolve—rapidly if necessary (something called for below). And of course, relational style is a part of responsivity as well. Perhaps at its most basic, responsivity is about creating strategies to formulate the best response on the part of the offender (i.e., the way they respond to supervision, treatment programming, court ordered requirements, and the like).

The purpose of this article is to increase the level of understanding of correctional professionals about how the responsivity issues of Native American (NA) individuals can be effectively addressed. NA offenders are involved in criminal and juvenile justice systems handled by tribal, county, state, and federal agencies. As a result, there are several levels of justice practitioners, administrators, and policy makers that come into contact with NA supervisees at various stages of the criminal or juvenile justice system. This article focuses on how probation and parole officers (PPOs) are addressing responsivity factors of NA youth or adults on their caseloads throughout the supervision process. There are few NA-specific studies on responsivity; therefore, this article will discuss what is needed to expand knowledge in this area along with selected findings from a survey conducted by the American Probation & Parole Association (APPA) and the American Indian Development Associates, LLC (AIDA), of PPOs working with NA supervisees throughout the country. Recommendations to improve research, practice, and policy are also included.

## Risk, Need, and Responsivity Approaches with NA Supervisees

Recently published risk, need, and responsivity research with general populations has helped us to understand the importance of using risk and needs assessments to facilitate case planning and treatment interventions that are responsive to an individual's criminogenic needs or dynamic risk factors and matching the delivery of services to the ability and learning style of the individual on supervision (Andrews, Bonta, & Wormith, 2006). Together, the RNR approach has become a best-practice standard (Fretz, 2006). While general population research with RNR approaches is ongoing, the issues highlighted here identify the limitations for research with NA populations.

### *Limited Inclusion of Criminal Justice-involved NA Individuals in Studies*

Few studies have adequately included NA populations in RNR studies (Holsinger, Lowenkamp, & Latessa, 2006; Kane, Bechtel, Revicki, McLaughlin, & McCall, 2011); therefore, little is known about the effectiveness of the RNR approaches and actuarial tools being used with NA supervisees from different age and gender groups. In particular, little is known about the effectiveness of using evidence-based interventions (EBI) with this population (Archambeault, 2006; Gottschalk & Mayzer, 2009; McDonald & Gonzalez, 2006; Novins et al., 2011). However, recent studies of actuarial tools used at different criminal justice stages is helping to identify the strengths and gaps in using risk and needs assessments to match individuals with appropriate levels of supervision and interventions with different subgroups (Fennessy & Huss, 2013; Wilson & Gutierrez, 2014). These current studies highlight the important considerations of including ethnicity and other cultural factors in the original design and/or adaptions to existing actuarial tools.

### *Applicability of RNR Approaches with NA Supervisees*

General risk and need assessment tools are not created for subpopulations. Therefore, important factors or elements needed for valid predictive assumptions of risk and need and

to develop responsive case management plans and treatment interventions may be missing (Austin, 2006; Holsinger, Lowenkamp, & Latessa, 2006; Macklin & Gilbert, 2011). However, recent studies indicate that the Central Eight from the GPCSL (*general personality and cognitive social learning*), as measured by the LS (*Level of Service*) instruments, apply across age, gender, race, and ethnicity (Andrews & Bonta, 2010). Holsinger (2006) and colleagues point out the importance of one-on-one interviews between the correctional professional and the offender, emphasizing the need for extra care to be taken when assessing NA supervisees regarding relationships, communication styles, culture, and even jargon or vernacular.

### *Lack of NA-specific Risk and Needs Assessment Tools*

There are no widely known or used actuarial tools that have been developed or adapted specifically for the NA adult or juvenile supervisee population (Kane et al., 2011). This may be related to cost, or the lack of culturally informed and competent professionals to design culturally relevant tools, or the lack of training to implement such tools in largely non-Native justice systems by non-Native professionals. However, the Post Conviction Risk Assessment (PCRA) created by the Administrative Office of the U.S. Courts to identify the criminogenic risk factors for individuals under supervision has produced promising results. The procedures to create and evaluate the accuracy of PCRA are detailed elsewhere (see Johnson et al., 2011; Lowenkamp et al., 2013). As part of a PCRA evaluation, the predictive validity among various offender race categories was conducted. Overall, the evaluation revealed that the PCRA predicts arrest activity equally across the various offender race categories, including whites, blacks, Native Americans, and Asians (Lowenkamp, 2008).

### *Limitations with case planning and interventions*

Often non-Native professionals are challenged by their lack of knowledge or interaction with the NA supervisees' communities. This may be due to large caseloads and heavy workloads, the location of tribal communities that hinder development of relationships with local service providers, or the lack of knowledge about the tribal and/or cultural resources that could be included in a case plan. Studies involving criminal justice-involved NA individuals highlight the importance of identifying treatment approaches that are relevant for this population (Gottschalk & Mayzer, 2009; Kane et al., 2011). Research in this area in the fields of substance abuse and behavioral and mental health suggests that incorporating culturally competent strategies may improve effectiveness and outcomes for NA populations (Boyd-Ball, 2003; Gone & Calf Looking, 2011). However, we recommend caution in simply adapting evidence-based interventions to fit the NA population or other subgroups (Castro, Barrera Jr., & Steiker, 2010). When considering adaptations, it is important not to ignore the indigenous, tribal, or culture-based interventions that could work even more effectively with NA populations than the "evidence-based" interventions (Echo-Hawk, 2011; NICWA, 2013).

### *Participation by Criminal Justice-Involved NA Individuals in Research*

There may be reluctance at the individual or tribal level to participate in research due to past research abuses, which diminished the value of research for improving circumstances for NA supervisees (Novins et al., 2011). Studies of NA individuals in their home communities after completing their community supervision are needed. Community-based participatory research (CBPR) approaches have been effective in helping NA people and/or tribal governments to participate in research that they feel they control and that they believe is beneficial to their communities (Novins, 2009; Straits et al., 2012). CBPR approaches elevate community involvement in the research design, particularly in developing research questions and methods, collecting data, analyzing data, writing publications and disseminating data, and applying research to practice in meaningful ways. CBPR researchers point out that CBPR is more than research methods; it also has philosophical underpinnings about how research should be conducted to prioritize community needs (Sahota, 2010).

Ongoing research involving these issues is needed because it takes time to build the research evidence and develop the human and infrastructural resources to support the use of these tools and practices with NA populations, whether this involves new PNR methods, adaptations, or practice-based methods (Greenfield et al., 2013; Novins et al., 2011).

## Methods

### *Survey Methodology*

The APPA and AIDA developed a Request for Information (RFI) survey targeting community corrections personnel. The RFI was designed to elicit both quantitative and qualitative responses specific to responsivity issues of NA, or tribal-affiliated, individuals on community supervision caseloads. The APPA represents over 40,000 community corrections practitioners; they provided the target audience for the RFI. The month-long, online RFI was announced through APPA's bi-monthly electronic newsletter, *CC Headlines*, in April 2014 and was emailed to over 7,000 email addresses. At the close of the online RFI on May 22, 2014, a total of 435 people had responded to the survey.

### *Respondent Demographics*

Respondents were asked a variety of demographic questions related to their personal and professional backgrounds. The information presented below summarizes the respondent demographic information.

***Agency type***. Respondents were asked to identify what type of agency they worked for (federal, state, county, private, or tribal). Approximately 43 percent identified themselves as employed by a county/municipal agency, 26 percent as state, 22 percent as federal, 8 percent as tribal, and less than 1 percent as employed by a private community corrections agency.

***Years of service***. Respondents were asked how long they had been employed in the capacity of a probation/parole officer. Interestingly, the highest majority of respondents (34 percent) indicated that they had 15 years or more in probation and parole settings, followed by 19 percent reporting 4–7 years' experience, 15 percent with 12–15 years' experience, 14 percent with 8–11 years' experience, 13 percent with 1–3 years' experience, and 4 percent with less than one year of experience.

***Location***. Respondents were asked what state they worked in. The highest percentages of respondents were from Arizona (28 percent), New York (23 percent), and New Mexico (15 percent). Other states identified were Nebraska, Alabama, and Washington (3 percent each); California, Montana, North Dakota, Ohio, Oklahoma, Texas, and Oregon (2 percent each); Alaska, Colorado, Florida, Idaho, Indiana, Louisiana, Maryland, Minnesota, South Dakota, Utah, Wisconsin,

and Wyoming (1 percent), and Connecticut, Washington DC, Delaware, Iowa, Georgia, Kansas, Maine, Mississippi, North Carolina, Nevada, South Carolina, Tennessee, Vermont, and Virginia (.25 percent each).

S***upervision***. An important consideration was whether those responding to the RFI actually supervised NA individuals, and if so, what percentage of their caseloads consisted of this population. As respondents were primarily PPOs in non-tribal jurisdictions, low to moderate percentages were expected. Approximately 33 percent of respondents indicated that their caseload consisted of less than 10 percent of NA individuals. However, 18 percent responded that their caseload consisted of more than 75 percent NA individuals. The second-highest respondent percentage (21 percent) did not supervise any NA individuals on their caseloads. This high level of response (which included responding to the closed-ended questions, as well as providing significant comments on the open-ended questions) from individuals who do not currently have NA individuals on their caseload signifies the interest and importance of this topic among PPOs across the country.

## Survey Findings

### *Types of Responsivity*

The responsivity principle suggests that an individual's characteristics affect how they respond to treatment and interventions. Within this principle, two separate types of responsivity have been identified—general responsivity and specific responsivity.

***General responsivity***. General responsivity refers to the use of cognitive-behavioral interventions (such as Moral Reconation Therapy or other skill-based interventions) that have been shown to be effective with justice-involved populations as a group. Fifty-one percent of respondents indicated that they believed there were general responsivity factors that are more prominent with NA individuals; 19 percent believed they were not any more prominent with this population than any other; and 31 percent were unsure. Many of the respondents who believed there are prominent responsivity factors for NA populations indicated that when programs and services are tied to the culture or spiritual beliefs of their tribe, the interventions are more successful. One respondent stated, "having a working knowledge of the cultural beliefs and resources available for peer supports plays an important role when working with Native American clients." Many respondents stated that officers and programs that are knowledgeable about the role of families, ceremonies, communication styles, and tribal history help to build trust with NA individuals on their caseloads and allow them to work together to identify programs to meet their needs. Others who believed there were not general responsivity factors for NA populations indicated that individuality should be considered when recommending services and interventions—no matter what race, religion, or creed. One respondent stated, "The Native American population is not well-represented in the research. We use Cognitive Behavioral Interventions, which are shown to work in general. We can intuitively say, based on our experiences and the available research, that we believe it works for Native Americans; however, there is not enough research to say that conclusively."

***Specific responsivity***. Specific responsivity refers to individual, personal factors that can enhance the treatment response. Examples may include learning style, reading/cognition level, gender, mental health issues, etc. When asked whether respondents believed there were specific responsivity factors that are more prominent with NA individuals, 60 percent of participants indicated yes, 11 percent responded no, and 30 percent responded that they were not sure. Many of the respondents indicated that it is important to gauge how important the connection to the tribe is for each NA on a caseload and make recommendations based upon that information. Additionally, some PPOs reported that the needs may differ based upon whether a person lives on or off the reservation. Similar to responses related to general responsivity, respondents identified culture, ceremonies, spiritual beliefs, connectedness to the tribes, and family involvement as being important. Other cited factors included the impact of generational alcohol/substance abuse, lack of trust, communication styles (including language barriers), historical trauma, Fetal Alcohol Syndrome, transportation issues, and lack of employment/educational skills and opportunities.

A key topic of interest from the RFI was to gauge the importance of PPOs being knowledgeable about and responsive to general and specific responsivity issues for NA individuals on their caseloads. Also important was for PPOs to learn about the steps their agency has taken, or they have taken themselves, to become more educated on this topic. The survey invited participants to share what factors they considered when making recommendations for services and interventions for NA individuals on their caseloads. This was an open-ended question, so participants could respond with more than one factor. Table 1 describes the factors identified.

The highest percentages of federal (33 percent) and county (25 percent) respondents indicated that the level of cultural importance to the individual on supervision was a significant factor in making service and treatment recommendations, and both felt that transportation issues were the second-highest priority considered. For tribal probationers, the one officer who responded to this question indicated that having access to NA-specific programs, as well as NA providers, was most important. No responses were provided to this question by state officers.

When asked the level of flexibility PPOs felt they had in being able to adjust their supervision style based on individual responsivity factors, with 1 being "Not Very Flexible" and 10 being "Very Flexible," 56 percent of respondents felt they had between an 8–10 range of flexibility in adjusting their supervision style, 39 percent felt they had between a 5–7 range of flexibility, and 5 percent believed they had 4 and below flexibility. The highest percentages of respondents from federal (66 percent), state (63 percent), and tribal (62 percent) agencies felt they had a range between 8–10 of flexibility, while the highest percentage of county respondents felt they had between a 5–7 range of flexibility in adjusting their supervision style to accommodate responsivity factors.

The survey also asked respondents to rank on a scale of 1-10, with 1 being not strong and 10 being very strong, their perception of their agency's working relationship (shared resources and consistent problem-solving processes) with tribes in their jurisdiction. The majority of federal respondents (46 percent) indicated that the strength of their relationship fell in the 5–7 range. The remainder of federal respondents were almost evenly split between the below 4 range (24 percent) and 8–10 range (29 percent). The highest percentage of state and county respondents ranked the strength of their relationship with tribal jurisdictions as 4 and below (46 percent state and 45 percent county). In relation to the agency-level question, we asked respondents to share with us what their agency has done to help educate staff about general and specific responsivity factors of NA individuals on their caseloads. Table 2 contains the coded responses to the open-ended question by agency type.

As noted above, a high percentage of federal and county agencies have not provided training specific to NA individuals on community supervision, but these agencies do seem to be somewhat supportive of other means, such as peer-to-peer mentoring or attending tribal-specific and/or national conferences. For state officers, attending national conferences is the highest reported way agencies encourage officers to gain knowledge about supervising this population.

Often relationship-building between tribal and non-tribal colleagues occurs at the individual level and not necessarily at the agency level. Therefore, the RFI asked respondents to rank the strength of their individual working relationship (shared resources and consistent problem-solving processes) with tribal probation/parole agencies in their jurisdiction, with 1 being not strong and 10 being very strong. Thirty-eight percent of federal and state jurisdictions responded that their ranking fell between the 5–7 range, while 50 percent of county respondents ranked their personal relationships as four or below. In relation to the individual-level question, we asked respondents to share what they have done to help educate themselves about general and specific responsivity factors of NA individuals on their caseloads. In Table 3 are the coded responses to the open-ended question by agency type.

For federal PPOs, the highest percentage reported attending some kind of training (whether provided by their own agency or offered at a national conference or by a specific tribe), followed by engaging in peer-to-peer mentoring. A high percentage of state PPOs reported that talking with their tribal clients, tribal members, or tribal representatives was the primary way they educated themselves about how to best work with NA individuals on their caseload, followed by attending training events. For county officers, the highest percentage indicated that they did nothing specific to educate themselves, followed by attending training, and then talking with tribal members.

**TABLE 1.**

| Recommendation Factors | Federal | County | Tribal |
|---|---|---|---|
| Cultural importance | 33% | 25% | |
| Education | 22% | 7% | |
| Family Issues | 11% | 14% | |
| Native American programming/programs | 7% | 14% | 100% |
| Transportation | 24% | 14% | |
| Native American providers | 11% | 11% | 100% |
| Motivation | 11% | 9% | |
| Individuality | 4% | 9% | |
| Financial Issues | 11% | 7% | |
| Location | 11% | 7% | |

**TABLE 2.**

| Agency Education Support | Federal | State | County | Tribal |
|---|---|---|---|---|
| No trainings offered | 25% | 5% | 55% | 12% |
| Tribal conferences | 13% | 4% | 6% | 12% |
| Mentoring/Peer to Peer | 15% | 4% | 14% | 12% |
| Limited training offered | 13% | 11% | 5% | 0% |
| National Conferences | 7% | 40% | 8% | 12% |
| Some training offered | 7% | 7% | 5% | 12% |
| Regular training offered | 10% | 9% | 1% | 4% |
| Cultural sensitivity training | 2% | 16% | 5% | 0% |
| Tribal specific training | 7% | 4% | 1% | 12% |

**TABLE 3.**

| PPO Self-Education | Federal | State | County | Tribal |
|---|---|---|---|---|
| Attended training | 48% | 21% | 24% | 46% |
| Mentoring/Peer to Peer | 27% | 5% | 5% | 4% |
| None | 8% | 14% | 32% | 4% |
| Talk with tribal clients | 17% | 25% | 13% | 8% |
| Talk with tribal members | 8% | 16% | 15% | 8% |
| Talk with tribal representatives | 21% | 14% | 7% | 4% |
| Self-Education | 10% | 5% | 10% | 17% |
| Reading | 10% | 5% | 13% | 8% |

## Recommendations

Below are recommendations for research, policy, and practice, informed by the review of the literature and our survey findings.

### *Research and Development, Risk and Needs Assessments, and Evaluation*

***Increase culturally relevant actuarial tools.*** Increase opportunities for the design, development, implementation, and validation of actuarial tools that are culturally relevant for NA individuals. To date, there has not been a risk and need tool validated or normed for NA populations. Holsinger et al. (2006) and Kane et al. (2011) have used NA data in attempts to understand the results of current tools. Kane and colleagues included focus groups with NA practitioners and stakeholders to understand what is needed to make actuarial tools more culturally relevant. This study also identified issues with the assessment process, rather than the tools used, noting the importance of building a relationship between the probationer and the officer to obtain an accurate or more informed assessment and to address other cultural competence needs of justice professionals and providers (Shearer & King, 2004).

***Increase RNR-focused research.*** A study was done of the manualized cognitive behavioral health therapy (CBT) approach used with federal probationers in North Dakota, half of whom were NA supervisees. While this study indicated positive outcomes for NA individuals during their supervision, no follow-up research with participants was conducted to determine the long-term effectiveness of the CBT approach (Gottschalk & Mayzer, 2009). As noted earlier, tribal, state, and federal agencies handle NA supervisees

with differing criminal histories and backgrounds. These and other relevant factors should be reflected in new study efforts.

***Employ participatory research strategies.*** Increase participatory research and evaluation in partnership with tribal justice agencies to navigate the complexities of ethics, practice, and conflicting worldviews, and to increase better use of tribal or cultural-based resources, methods, and strategies. Research in a tribal context or with NA citizens requires participation and buy-in from the citizens and the program and tribal leadership. The U.S. Office of Juvenile Justice and Delinquency Prevention is currently funding an evaluation of three Tribal Green Reentry Programs that has included interviews with program staff and stakeholders, youth participants and their parents, and community focus groups with elders and parents. This collaborative evaluation is providing useful knowledge for informing program design, specifically for incorporating cultural values, strengths, and resources into programming (Lindquist, Melton, McKay, & Martinez, 2011; Melton, Martinez & Melton, in press).

***Design cultural-based programs.*** Programs incorporating culture or built upon cultural values, methods, or practices have not received sufficient evaluation to be considered evidence-based practices (EBP), which is the gold standard for program evaluation and replication. To address these concerns and to give successful programs the recognition they deserve, another standard, practice-based evidence (PBE), has emerged. PBE refers to methods and/or approaches that have longstanding usage but that have not been formally evaluated or researched. Rather, PBE outcomes are often collected through focus groups, surveys, case reviews, and self-reporting, among other methods (Echo-Hawk, 2011; NICWA, 2013). Tribal or culture-based methods and approaches, such as healing ceremonies, spirituality, hands-on cultural classes, talking circles, among others that are incorporated into case management plans or treatment interventions, fit the PBE definition.

While many of these approaches have not been evaluated, they continue to be requested and/or desired by service recipients, service providers, and tribal leaders to help NA individuals in need of intervention or support. Several fields outside of criminal justice have included PBE in preventive medicine, treatment, mental or behavioral health therapy, and substance abuse counseling (Isaacs, Huang, Hernandez, & Echo-Hawk, 2005). These practice-based interventions or treatment are drawn from and accepted by the local community where many NA individuals live. The PBE approach is an important consideration, especially when deciding on adapting an EBP or building to existing cultural-based interventions (Greenfield et al., 2013; Novins, 2009) that correspond to the local definitions of wellness and dysfunction. Program design should include ways to collect cultural performance measures that can be used to assess individual progress and program success.

### *Policy Recommendations*

***Establish cultural performance measures for programs and job performance***. Establish cultural education as a job performance measure at all levels of the criminal and juvenile justice system, with particular focus on implementing the responsivity principle for matching service delivery, i.e., types of services and by whom services are delivered. Culture is an important resource that can add to the responsiveness of case plans and treatment interventions. Probation and parole agencies should consider the following aspects in their design (Melton & Chino, 2009). First, programs should provide cultural education for agency professionals and paraprofessionals to increase their ability to become culturally sensitive, informed and competent. That is, staff should be knowledgeable about the tribal history, language, beliefs, practices, and socioeconomic and other cultural nuances of the NA individuals' tribes the agency serves, and apply this knowledge to their work. Second, programs need to incorporate interventions and remedies that reflect the culture of the tribe being served. Third, actuarial tools should be designed to help identify the NA individuals' culturally-specific needs and provide services accordingly.

There are many circumstances that contribute to some NA individuals' cultural knowledge and experience, particularly those that have been disconnected from their community or culture due to off-reservation incarceration, school, work, or military service, among other factors. It is important to make cultural resources available as they are identified through risk and needs assessments. Finally, it is important for programs to promote all cultural education, incorporate cultural interventions, and assess cultural needs in order to adequately address the needs of the NA individual to determine the most appropriate course of action.

***Develop policies that support cultural strategies***. Identify all possible policy levels to incorporate provisions that support cultural education and competence by criminal and juvenile justice practitioners, administrators, and policy makers. For example, the New Mexico Children's Code (§32A-1-8 NMSA et. seq.) mandates that the state provide access to culturally relevant treatment and services for Indian youth. Furthermore, under Article 18 Cultural Recognition (§32A-18-1-4), different justice professionals are required to receive periodic training to develop knowledge about the impact of ethnicity on a child's needs. Required training includes cross-cultural dynamics and sensitivity, child development, culturally appropriate treatment plans, alternative health practices, and three other areas. These laws are further supported by the NM State-Tribal Collaboration Act, which requires Cabinet-level agencies to develop policies that promote beneficial collaboration between the state and tribal governments, designate agency tribal liaisons, provide for culturally-appropriate training to state agency employees who work with tribes, and provide annual reporting that accounts for each agency's accomplishments under the Act.

***Increase intergovernmental relations and agreements strategies***. Establish intergovernmental relations and agreements with tribal governments that include strategies for engagement and interaction, multiple and varied communication, cross-jurisdictional and cross agency education, multidisciplinary education, peer-to-peer mentoring opportunities, and other areas to improve intergovernmental cooperation and collaboration. These relationships can also help educate tribal agencies about approaches being used by state and federal agencies and share information with non-tribal practitioners regarding the tribal history, language, beliefs, practices, and socioeconomic and other cultural nuances. This knowledge can then inform the development of cultural performance measures for programs and job performance policies described above and the impact of personal interactions between NA supervisees and their PPOs.

### *Practice Recommendations*

***Increase opportunities for cultural education and skill building***. Increase training for non-Native staff on different interviewing methods that are aimed at improving their communication and interaction skills and abilities for interviewing NA individuals.

Motivational Interviewing (MI) is one method being used to improve the responsivity of NA supervisees. MI is a person-centered communication style for assisting individuals who are ambivalent about behavior change. The style entails collaboratively pulling for individuals' internal motivations for change, as opposed to communicating in a confrontational manner and prescribing a method or rationale for change (Miller & Rollnick, 2013). MI has been widely implemented nationally and internationally, with more than 180 randomized clinical trials supporting its effectiveness with a variety of populations and targeted behaviors (Hettema, Steele, & Miller, 2005; Rubak, Sandbaek, Lauritzen, & Christensen, 2005).

A number of theorists and researchers have discussed how well MI is positioned for cultural congruence with many NA cultures (Guilder et al., 2011; Hettema et al., 2005; Villanueva, Tonigan, & Miller, 2005; Woodall, Delaney, Kunitz, Westerberg, & Zhao, 2007). This is primarily because the MI approach avoids confrontation, emphasizes supporting one's autonomy and choices, and promotes the client-centered style of communication found in the model (Hettema et al., 2005). Others point out that MI may be particularly useful for NA populations when their autonomy or choices have been restricted in some capacity, as we see with criminal justice involvement (Woodall et al., 2007). Correspondingly, others suggest MI is beneficial when one is in a precontemplative stage of change, or is ambivalent about changing, as we often see with mandated clients (such as probationers) (Guilder et al., 2011; Miller & Rollnick, 2013).

Similar to the RNR research, MI research with NA populations is scarce. Despite the limited literature in this area, in looking at the MI and NA literature more broadly, we see evidence of the effectiveness of MI with NAs in the areas of: smoking cessation, reducing alcohol consumption, engaging in HIV testing, reducing fetal alcohol syndrome rates, and other health-related behaviors (Daley et al., 2010; Foley et al., 2005; May et al., 2008; Woodall et al., 2007). Perhaps more promising were the findings from a large meta-analysis conducted by Hettema, Steele, and Miller (2005), reviewing 72 clinical MI trials, in which the researchers found that not only was MI often significantly more effective than control conditions (e.g., models such as cognitive behavioral therapy or 12-Step approaches), but it was significantly more effective with ethnic minorities than with white study participants, with an effect size of .79 versus .26, respectively. The effect was most pronounced with NA participants, as opposed to the African-American and Hispanic participants in the study samples.

The findings outlined above suggest that the utility of MI with the NA community, and corrections agencies across the U.S. have already begun MI training for line staff and others. Comprehensive MI training and coaching with PPOs could precede the use of MI with NA supervisees. The MI training literature indicates that training alone is often insufficient for sustainable implementation of an MI approach; what appears to be most effective is a combination of training, feedback (such as feedback on a recorded work sample or live observation of an interview), and ongoing coaching (Miller, Yahne, Moyers, Martinez, & Pirritano, 2004). With these findings in mind, it might be most useful for officers to: 1) attend an MI workshop or training, 2) submit work samples to a supervisor or onsite MI coach for feedback (e.g., a recording of an intake or regular office visit with a probationer, or alternatively, live observation), and 3) participate in ongoing supervision with a unit supervisor or onsite coach proficient in the use of MI. Implementing MI in officers' communications with NA supervisees by these means has the potential to break down the barriers to responsivity often created by more confrontational approaches.

***Support for officers' cultural competence.*** Adopting a culturally responsive approach with NA will involve increasing an officer's cultural competency, which SAMHSA (2009) defines as the ability to function effectively in the context of cultural differences based on five elements:

1. Awareness, acceptance, and valuing of cultural differences.
2. Awareness of one's own culture and values.
3. Understanding of the range of dynamics that result from the interaction between people of different cultures.
4. Development of cultural knowledge of the particular community served or accessing cultural brokers who may have that knowledge.
5. Ability to adapt individual interventions, programs, and policies to fit the cultural context of the individual, family, or community.

It will be important for tribal, state, and federal agencies to create opportunities to help officers become culturally informed and competent using the strategies identified in the Recommendations sections above and below.

***Increase cross-jurisdictional education aimed at building relationships***. Agencies should encourage peer-to-peer mentoring and collaboration across jurisdictional boundaries to increase knowledge about and access to culturally-based services and interventions. There are a variety of examples of how tribal and non-tribal justice agencies are exploring cross-jurisdictional relationships to better the outcomes among NA citizens involved in non-tribal justice systems. For example, joint jurisdictional courts, cross-deputization law enforcement agreements, and collaborative community supervision partnerships are becoming more prevalent to better unite agencies together for the common goal of helping tribal members access needed services and break the cycle of justice-system involvement. An excellent resource for staying abreast of current activities around cross-jurisdictional collaboration is a website funded by the U.S. Department of Justice, Bureau of Justice Assistance, Walking on Common Ground (www.walkingoncommonground.org).

***Support ongoing education for practitioners***. Agencies should continue to explore ways that PPOs can educate themselves (through online training, peer-to-peer meetings, conversations with tribal clients, members, and representatives, talking/listening sessions, etc.) to continue the dialogue and education process around what works best for NA supervisees involved in the criminal and juvenile justice system. The survey reflects that PPOs from all agency types report low levels of opportunities for training and education to work with NA individuals on community supervision caseloads.

The state of Minnesota was funded in 2012 under the Smart Probation program; their proposed target areas included exploring "a culturally sensitive supervision approach in northern Minnesota, where a disproportionate number of probationers are American Indians" (MN Smart Probation Grant Application, pg. 1). Tasks in their program included bringing in consultants to present American Indian history and trauma impacts to state PPOs and cataloging culturally-relevant resources and developing a new model for cognitive behavioral programming which included a team-teaching approach by a tribal and non-tribal representative. Other state agencies have explored similar strategies of inviting tribal representatives of tribes that they regularly supervise individuals from or work with to open the lines of communication and engage in collaborative learning opportunities designed to improve the outcomes for NAs on supervision.

***Consider responsivity issues in case planning***. It is important for PPOs to make referrals to programs and interventions that match individual responsivity factors. For example, if an individual has strong ties to and beliefs in his or her tribe's culture and practices, the person supervising that individual should seek out and incorporate into the supervision plan appropriate culturally-based programming (Cobb, Mowatt, & Mullins, 2013).

***Know your programs***. It is important for PPOs to be familiar with and knowledgeable about the programs they are using for individuals on supervision (Cobb, Mowatt, & Mullins, 2013). Programs that base their services on evidence-based practices for risk reduction (e.g., cognitive behavioral interventions) and use curricula as intended are preferred. It is also important for PPOs to understand the programs they may refer individuals to that take place within reservation borders or that are based on cultural practices (such as sweat lodges, healing circles, etc.). Having this information will help the PPO advocate for using such programs with other NA individuals on supervision.

## Conclusion

Those whose cultural heritage is NA can benefit from the ongoing refinement of the application of the RNR model and specifically the Responsivity Principle. As our survey of officers demonstrates, there is interest among officers in improving their ability to effectively engage NA individuals in order to help them change their lives, in part for gaining for those officers a greater understanding of how to work with NA individuals, their tribal communities, and tribal governments.

## References


Archambeault, W. G. (2006). Imprisonment and American Indian medicine ways: A comparative analysis of conflicting cultural beliefs, values, and practices. In J. I. Ross and L. Gould (Eds.), *Native Americans and the criminal justice system* (pp. 143-160). Boulder, CO: Paradigm Publishers.

Andrews, D., & Bonta, J. (2010). *The psychology of criminal conduct* (5th ed.). New Providence, NJ: Matthew Bender & Company, Inc.

Andrews, D., Bonta, J., & Wormith, J. (2006). The recent past and near future of risk and/or need assessment. *Crime and Delinquency*, *52,* 7-27.

Austin, J. (2006). How much risk can we take? The misuse of risk assessment in corrections. *Federal Probation*, *70*(2), 58–63.

Boyd-Ball, A. (2003). A culturally responsive, family-enhanced intervention model. *Alcoholism: Clinical and Experimental Research*, *27*(8), 1356-1360.

Castro, F.G., Barrera Jr., M., & Steiker, L.K.H. (2010). Issues and challenges in the design of culturally adapted evidence-based interventions. *Annual Review of Clinical Psychology*, *6*, 213–39.

Cobb, K., Mowatt, M., and Mullins, T. (2013). *Risk-Need-Responsivity: Turning Principles into Practice for Tribal Probation Personnel.* Lexington, KY: American Probation & Parole Association.

Daley, C.M., Greiner, K.A., Nazir, M., Daley, S.M., Solomon, C.L., Braiuca, S.L., Smith, T.E., & Choi, W.E. (2010). All nations breath of life: Using community-based participatory research to address health disparities in cigarette smoking among American-Indians. *Ethnicity & Disease*, *20*(4), 334-338.

Echo-Hawk, H. (2011). Indigenous communities and evidence building. *Journal of Psychoactive Drugs*, *43*(4), 269-275.

Fennessy, M., & Huss, M.T. (2013). Predicting success in a large sample of federal pretrial offenders: The influence of ethnicity. *Criminal Justice and Behavior*, *40*(1)*,* 40-56.

Foley, K., Duran, B., Morris, P., Lucero, J., Jiang, Y., Baxter, B., Sonleiter, N. (2005). Using Motivational Interviewing to promote HIV testing at an American Indian substance abuse treatment facility. *Journal of Psychoactive Drugs*, *37*(3)*,* 321-329.

Fretz, R. (2006). What makes a correctional treatment program effective: Do the risk, need, and responsivity principles make a difference in reducing recidivism? *Journal of Community Corrections*, Spring Edition, *15*(3), 5-8(4).

Guilder, D.A., Luna, W.A., Calac, D., Moore, R.S., Monti, P.M., & Ehlers, C.L. (2011). Acceptability of the use of Motivational Interviewing to reduce underage drinking in a Native American community. *Substance Use & Misuse, 46*, 836-842.

Gone, J. P., & Calf Looking, P. E. (2011). American Indian culture as substance abuse treatment: Pursuing evidence for a local intervention. *Journal of Psychoactive Drugs*, *43*, 291-296.

Gottschalk, M., & Mayzer, R. (2009). Final report on the manualized cognitive behavioral therapy program of the North Dakota District of the U.S. Probation and Pretrial Services.

Greenfield, B., Skewes, M.C., Dionne, R., Davis, B., Cwik, M., & Venner, C. (2013). Treatment for American Indians and Alaska Natives: Considering cultural adaptations. *The Behavior Therapist*, *36*(6), 146-151.

Hettema, J., Steele, J., & Miller, W.R. (2005). Motivational Interviewing. *Annual Review of Clinical Psychology*, *1*(1), 91-111.

Holsinger, A. M., Lowenkamp, C. T., & Latessa, E. J. (2006). Exploring the validity of the Level of Service Inventory-Revised with Native American offenders. *Journal of Criminal Justice*, *34*, 331-337.

Isaacs, M. R., Huang, L. M., Hernandez, & M. Echo-Hawk, H. (2005). The road to evidence: The intersection of evidence-based practices and cultural competence in children's mental health. Washington, DC: National Alliance of Multi-Ethnic Behavioral Health Associations.

Johnson, J., VanBenschoten, S., Robinson, C. R., & Lowenkamp, C. T. (2011). The construction and validation of the federal Post Conviction Risk Assessment (PCRA). *Federal Probation*, *75*(2), 16-29.

Kane, M., Bechtel, K., Revicki, J., McLaughlin, E., & McCall, J. (2011). Exploring the role of responsivity and assessment with Hispanic and American Indian offenders. Boston, MA: Crime and Justice Institute at Community Resources for Justice.

Lindquist, C., Melton A. P., McKay, T., & Martinez, R. (2013) Early implementation experiences of OJJDP's tribal green reentry programs. Washington, D.C: U.S. Office of Juvenile Justice and Delinquency Prevention.

Lowenkamp, C. T., Holsinger, A. M., Robinson, C. R., Cullen, F. T. (2012). When a person isn't a data point: Making evidence-based practice work. *Federal Probation*, *76*(3).

Lowenkamp, C. (2008). [Percentage of Offenders Arrested by PCRA Risk Category and Offender Race]. Unpublished raw data.

Lowenkamp, C. T., Johnson, J., VanBenschoten, S., Robinson, C. R., & Holsinger, A. M. (2013). The construction and validation of the Post Conviction Risk Assessment (PCRA). *Journal of Psychological Services*, *10*(1), 87-96.

Macklin, A., & Gilbert, R. (2011). Working with indigenous offenders to end violence. *Indigenous Justice Clearinghouse*, 1-8. Retrieved from: http://www.indigenous justice.gov.au/briefs/brief011.pdf.

May, P. A., Miller, J. H., Goodhart, K. A., Maestas, O. R., Buckley, D., Trujillo, P. M., & Gossage, J.P. (2008). Enhanced case management to prevent fetal alcohol spectrum disorders in northern plains communities. *Maternal and Child Health Journal*, *12*, 747-759.

McDonald, J. D., & Gonzalez, J. (2006). Cognitive-behavioral therapy with American Indians. In P. A. Hays and G. Y. Iwamasa (Eds.), Culturally responsive cognitive-behavioral therapy (pp. 23-45). Washington, DC: American Psychological Association.

Melton, A. P., & Chino, M. (2009). Final report: Participatory evaluation of the tribal victim assistance programs at the Lummi Nation and Passamaquoddy Tribe. Retrieved from https://www.ncjrs.gov/pdffiles1/nij/grants/228190.pdf

Melton, A. P., Martinez, R., & Melton, D. J. (forthcoming). Experiences with incorporating culture into tribal green reentry programs. Washington, D.C.: U.S. Office of Juvenile Justice and Delinquency Prevention.

Miller, W. M., & Rollnick, S. (2013). *Motivational interviewing: Helping people change* (3rd Ed.). New York: The Guilford Press.

Miller, W. M., Yahne, C. E., Moyers, T. B., Martinez, J., & Pirratano, M. (2004). A randomized trial of methods to help clinicians learn motivational interviewing. *Journal of Consulting and Clinical Psychology*, *72*(6), 1050-1062.

National Indian Child Welfare Association. (2013). Making sense of evidence-based practice versus practice-based evidence. *Honoring Innovation Report*, *12*, 1-5.

Novins, D. K. (2009). Participatory research brings knowledge and hope to American Indian communities. *Journal of the American Academy of Child and Adolescent Psychiatry*, *48*, 585-586.

Novins, D., Aarons, G. A., Conti, S. G., Dahlke, D., Daw, R., Fickensher, A., Fleming, C., Love, C., Masis, K., & Spicer, P. (2011). Use of the evidence base in substance abuse treatment programs for American Indians and Alaska natives: Pursuing quality in the crucible of practice and policy (pp.1-12). Retrieved from http://www.implementationscience.com/content/6/1/63.

Rubak, S., Sandbaek, A., Lauritzen, T., & Christensen, B. (2005). Motivational interviewing: A systematic review and meta-analysis. *British Journal of General Practice*, *55*, 305-312.

Sahota, P. C. (2010). Community-based participatory research in American Indian and Alaska Native communities. (pp. 1-27). Washington, DC: National Congress of American Indians, Policy Research Center. Retrieved from: http://www.ncaiprc.org/files/CBPR%20Paper%20FINAL.pdf

Shearer, R. A., & King, P. A. (2004). Multicultural competencies in probation—Issues and challenges. *Federal Probation*, *68*, 1. Retrieved from: http://www.uscourts.gov/uscourts/federalcourts/pps/fedprob/2004-06/competencies.html

Straits, K. J. E., Bird, D. M., Tsinajinnie, E., Espinoza, J. G., Goodkind, J., Spencer, O., Tafoya, N., & Willging, C. (2012). Guiding principles for engaging in research with Native American communities, *Version 1*. Albuquerque, NM: UNM Center for Rural and Community Behavioral Health & Albuquerque Area Southwest Tribal Epidemiology Center.

Substance Abuse and Mental Health Services Administration, United States Department of Health and Human Services (2009). Culture card: A guide to build cultural awareness—American Indian and Alaska Native. Washington, DC.

Villanueva, M., Tonigan, J. S., & Miller, W. R. (2007). Response of Native American clients to three treatment methods for alcohol dependence. *Journal of Ethnicity in Substance Abuse*, *6*(2), 41-48.

Wilson, H. A. & Gutierrez, L. (2014). Does one size fit all?: A meta-analysis examining the predictive ability of the Level of Service Inventory (LSI) with aboriginal offenders. *Criminal Justice and Behavior*, *41*, 196-219.

Woodall, W. G., Delaney, H. D., Kunitz, S. J., Westerberg, V. S., & Zhao, H. (2007). A randomized trial of a DWI intervention program for first offenders: Intervention outcomes & interactions with antisocial personality disorder among a primarily American Indian sample. *Alcoholism: Clinical and Experimental Research*, *31*(6), 974-987.

# Second Generation of RNR: The Importance of Systemic Responsivity in Expanding Core Principles of Responsivity*

*Faye S. Taxman*
*Center for Advancing Correctional Excellence!*
*Department of Criminology, Law and Society*
*George Mason University*

**THE RISK-NEEDS-RESPONSIVITY** (RNR) model of contemporary evidence-based practices is the main framework that judicial and correctional agencies are actively pursuing and implementing. The risk principle (i.e., use criminal justice risk to determine level of programming and control) and the need principle (i.e., target drivers of criminal behavior that are both dynamic and directly related to recidivism) have been well articulated. However, more attention needs to be directed to the second *R* in RNR—responsivity. Responsivity requires using evidence-based correctional and treatment programs, including tailoring programming to the risk, needs, psychosocial functioning, and strengths of the individual offender. Despite growing acceptance of the value of using validated risk and need assessment instruments, including a convergence that these tools should inform key decisions, many unanswered questions remain about responsivity. Two especially pressing ones are: 1) What decision criteria should be used to further integrate risk and need principles into practice? and 2) What type of programs should be in place to meet the risk-need profiles of offenders? Answers to these questions can advance the practice of responsivity, including the promise of reducing recidivism. Responsivity is not just about recidivism reduction but more directly about increasing the receptivity of offenders to programming. Correctional and treatment programs should be designed to address individual crime-producing behaviors.

As the RNR model has rolled out over the last two decades, the principles have evolved to help translate theory into practice, "simplify" the model, and create guidelines to apply in practice. A number of "myths" have also emerged, often as a result of attempting to oversimplify the principles. These myths focus on the risk principle, the need principle, factors that affect recidivism, and the importance of the environment on community and institutional staff decisions and offender change. The **myths** that require challenging are:

(a) All high-risk offenders should be placed in programs;
(b) All low-risk offenders should not be placed in programs;
(c) Programs should be separate from justice supervision or requirements;
(d) Generic programs are suitable for all offenders regardless of criminal behavior or criminogenic needs;
(e) Offenders with criminogenic needs related to antisocial behaviors/attitudes/values are the same as high-risk offenders; and
(f) Psycho-social functioning should not be considered unless there is a direct link to recidivism.

In this article, the myths are reviewed and they are then used to identify a set of core principles that can guide the implementation of specific responsivity for community and institutional corrections and treatment organizations.

The principle of responsivity relates to research on *what works for whom?* and on *what increases engagement to treatment?* More specifically, it emphasizes how programs can most efficiently affect the prospects for offender change. (Note: "Programs" is used very broadly to include treatment programming, services, and social controls such as curfews, drug testing, etc.). The literature on responsivity is limited compared to the literature on the risk and need principles. The principles of responsivity need to better integrate both clinical science and empirical studies. Responsivity requires assigning offenders to appropriate programs or correctional interventions to improve both short-term and long-term outcomes, including initiation of treatment, participation in treatment, retention in treatment, and reductions in negative behaviors such as drug use, mental health symptoms, and offending.

## A. The Principles of Responsivity: General, Specific, and Systemic

Responsivity is currently described as having two key components that affect what type of programming should be offered (general responsivity) and what type of individuals should be assigned to the programs (specific responsivity, matching to improve alignment between program and individual). A third area of responsivity, systemic, is seldom stated but deserves attention. Systemic responsivity is having the appropriate programming in place

*Acknowledgements: The RNR Simulation Tool is funded by the Bureau of Justice Assistance (2009-DG-BX-K026). All material and opinions are those of the researchers and not the government agency.

(at the agency, jurisdiction, or institutional level) to address the configuration of risk and needs profile of the offender population.

### *General Responsivity*

General responsivity draws from the systematic and meta-analysis literature that consistently identifies cognitive-behavioral interventions, which are based on a social learning model, as more effective in reducing recidivism than other interventions, including social controls, intensive (control-oriented) supervision, general treatment, and other practices (see Andrews & Bonta, 2010; Landenberger & Lipsey, 2005; Nagin, Cullen, & Jonston 2009). Correctional interventions should employ cognitive, social learning methods to affect both the attitude and behavior of offenders. Social learning processes affect cognitions and behavior by helping individuals:

(a) Develop awareness of their problems,
(b) Learn skills to better manage decisions and make decisions,
(c) Define and then practice prosocial modeling,
(d) Use appropriate reinforcement and disapproval strategies, and
(e) Learn problem-solving strategies.

The social learning approach facilitates the needed social, interpersonal, and cognitive skill enhancements to affect changes in attitudes and behaviors associated with criminal behavior. The theory behind general responsivity is that both the environment and processes of the intervention allow the individual to grow and change, while allowing for periods of relapse. Sometimes referred to as a human service environment, general responsivity relies on the notion that the criminal justice and treatment environment should foster trust and embrace small incremental change as a means to achieve more sustained change. In addition, it should recognize relapses as part of the process of change. General responsivity has been well-stated and generally well understood due to the availability of meta-analyses and systematic reviews.

### *Specific Responsivity (Tailoring)*

Specific responsivity is more complex, with a number of pieces yet to be fully defined or tested. Specific responsivity operates at the individual level, with principles about how programs should be tailored based on the factors embedded in the risks, needs, psychosocial functioning, and strengths of the individual. In the field of intervention science, specific responsivity is typically referred to as tailoring, or the need to take into consideration individual-level characteristics that affect the likelihood of success in programming. Success focuses primarily on more short-term changes such as initiating treatment or engaging in treatment. Tailoring is essential because the same interventions are not equally effective for all types of offenders. That is, some interventions work better for males than females, others better for clients with mental health disorders as opposed to those that do not have such symptoms. At the individual level, the emphasis is more on how to facilitate a commitment to change, which is generally measured by the likelihood that the offender will initiate, engage, and complete a program. The ingredients for tailoring can be determined by theory or studies on *what works for whom*. While Andrews and Bonta (2010) refer to learning style, gender, personality, and motivation as individual-level factors, other factors have emerged in the treatment literature, including mental health functioning, housing stability, economic stability, and physical location.

Research on potential moderators of program effectiveness can be useful in specifying the factors that should be considered in treatment placement decisions. First, borrowing from clinical science, psychosocial functioning affects the degree to which an individual can become committed to the change process. Psychosocial functioning includes mental health status, homelessness, and economic depravity (e.g., lack of food, economic means for transportation), which impact daily decisions and choices. Second, physical location of residence, particularly in communities with concentrated disadvantages or concentration of individuals involved in the justice system, is another factor that affects response to programming and services. Finally, differences in gender, culture, and age may affect reaction and commitment to change. Essentially, knowledge of these factors can be incorporated into treatment matching or placement decision-making criteria that advance the use of individual level factors to strengthen programs and their ability to facilitate change.

Initiation and engagement in programming are important factors, since they indicate that the person is starting to make a commitment to change. Framing specific responsivity around these factors should facilitate longer-term success. Garnick and colleagues (2007) find that offenders who start treatment and attend frequently shortly after becoming involved in the justice system (in this case arrest) are less likely to recidivate. By identifying the characteristics of offenders who engage in making a commitment to change and the characteristics of those who do not make a commitment to change, it is possible to modify the selection criteria for various programs and help ensure that placements maximize the potential for success. When offenders are not initially motivated to engage in treatment, it is possible to address their commitment to change through using motivational enhancement therapy or pre-treatment sessions that address ambivalence-related issues.

Tailoring redirects attention to the core components that advance, accelerate, or facilitate individual-level change. In fact, specific responsivity focuses more on *how* the programming or environment can be adapted to achieve commitment to treatment than on longer-term outcomes. Specific responsivity is more concerned with short-term (proximal) outcomes than with longer-term (distal) recidivism-based outcomes. However, achieving long-term change is unlikely without first achieving short-term treatment goals.

### *Systemic Responsivity*

A third, relatively new concept of responsivity, systemic, focuses, as its name suggests, on the system level. Systemic responsivity refers to having an array of programming available in a given jurisdiction that matches the risk-need profile of the individual offenders. As noted above, general responsivity refers to the nature of the clinical intervention and environmental factors to facilitate quality programming, and specific responsivity refers to the capability to match programming to known factors about individuals. Note that both of these principles assume that programming may exist and that it is possible for programming to be consistent with the unique needs of individuals. The principle of systemic responsivity, derived from these assumptions, states that the jurisdiction should have a range of programming available to meet the needs of individuals. This includes programming that directly targets criminogenic needs such as substance use disorders, criminal thinking, economic-related needs (e.g., employment or educational), interpersonal skill development, and social skill development. Specific responsivity also specifies attention to other related factors that affect the psychosocial functioning of an individual, such as mental

health services, housing, and food security. In addition, responsive, evidence-based systems require case management services to complement programming in stabilizing the individual so he or she can participate in programming. The RNR framework has now been included in new initiatives (such as Justice Reinvestment or the California Realignment—AB109) to expand programming (whether it be a prison facility, pretrial office, probation/parole office, district, city, county, or state).

A responsive system also requires programming that varies the dosage to suit the needs of the population. Low-to-moderate risk offenders with fewer criminogenic needs or destabilizers require less programming than offenders with more complex risk and needs combinations. Recent research indicates that matching clients to programs with varying levels of programmatic dosage levels based on risk can result in increased reductions in recidivism (Bourgon & Armstrong, 2005; Sperber, Latessa, & Makarios, 2013a). Although the exact nature of dosage hours has not been well-defined in the research literature, practical guidelines recommend 0–99 hours of programming for low risk; 100–199 hours for moderate risk; and 200 or more hours for high-risk offenders (Sperber, Latessa, & Makarios, 2013b).

Systemic responsivity has four major components that can affect the overall potential for recidivism reduction by ensuring a sufficient number of offenders placed in appropriate programming, yielding an impact on the overall recidivism rate in a jurisdiction (instead of impacting the probability of a particular offender recidivating) (Taxman, Pattavina & Caudy, 2014). The four components of the systemic principle are: 1) a sufficient number of diverse programs available in the prisons, probation/parole, or jail settings (availability rate); 2) a sufficient percentage of offenders who can partake in programming during their period of incarceration or supervision to facilitate behavior change (participation rate); 3) a sufficient percentage of offenders who can access programming (access rate); and (4) programming offered that is consistent with the risk-needs profile and specific responsivity factors to ensure that recidivism is impacted (responsivity rate). The systemic responsivity principle places emphasis at the unit level to ensure that there is sufficient range of programming available to impact the recidivism rate. As shown in Figure 1, this principle is drawn from the basic principles about how the provision of treatment can affect recidivism rates. If the base recidivism rate is around 60 percent and an estimated 10 percent of the offender population can access programming, then the impact of programming is minimal. But as the percentage of offenders in programming increases, the potential for impacting the recidivism rate grows. When programs employ the RNR principles, there are better outcomes than when these principles are not used (see Taxman, Perdoni, & Caudy, 2013. A commitment to expand (appropriate) programming can improve the systemic impact on the recidivism rates.

## B. Assembling the RNR Puzzle

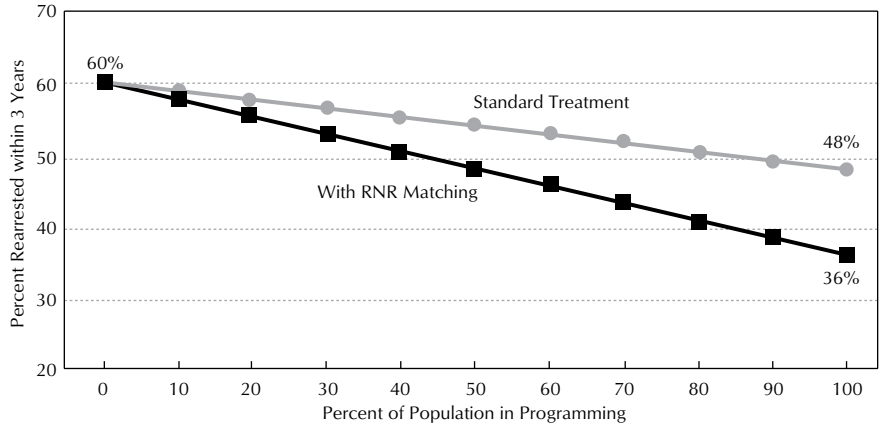
The RNR framework typically focuses on the risk and need principles as the primary targets for programming. While the original research summarized in *The Psychology of Criminal Conduct* (Andrews & Bonta, 2010) presented the key risk factors as independent of each other, recent research suggests that the "central eight" core dynamic risk factors overlap. This complicates both the identification of the primary dynamic individual factors that should be used to make placement decisions and the demand on programming to handle multiple target behaviors. Given that specific responsivity includes several other conditions that affect receptivity to programming, programming must also incorporate both dynamic risk and other non-criminogenic factors to achieve the desired goals. Emerging from the RNR model are three factors: static risk factors, criminogenic needs/dynamic risk factors, and stabilizers/destabilizers. Stabilizers (and their counterpart destabilizers, which may be embedded in specific responsivity), are now additional considerations to the initial RNR framework. These additions address the psychosocial functioning that affects treatment receptivity. Below we review the basic definitions and concepts behind these drivers of responsivity at the general, specific, and systemic levels. We also cover some of the nuisances that often complicate the application of these principles in a responsivity framework.

### *Risk*

Risk refers to the likelihood that an individual will be involved in criminal behavior in the future. As a statistical concept, risk is commonly measured based on past involvement in the justice system, but some assessments combine both static and dynamic factors to predict risk. Typical static risk factors include age of first arrest, number of prior arrests, number of prior incarceration experiences, number of infractions in prison, number of escapes, and other indicators of involvement in the justice system. The history of criminal justice involvement (static risk) is consistently identified as one of the most robust predictors of recidivism.

Risk is fundamentally different from needs. Risk is generally calculated to predict the likelihood of recidivism, placing individuals into categories defined by level of risk. To use risk-related information, the categories can identify the intensity of controls and treatments needed to address the risk the individual presents. However, by itself risk does not identify the specific areas where intervention might change the probability that someone will engage in future criminal behavior. Risk does not reveal whether a person has a drug addiction, family conflict,

**FIGURE 1.**
*Population Impact in Hypothetical Jurisdiction (N=10,000)*




See Taxman, Pattavina & Caudy, 2014, for further discussion of this graph.

gang involvement, or other factors more likely to be revealed through attention to criminogenic needs. To prevent criminal behaviors from reoccurring, interventions should address dynamic risk or needs.

### *Criminogenic Needs*

Andrews and Bonta (2010) identified eight dynamic risk factors, commonly referred to as criminogenic needs, that should be considered when determining how to effectively intervene with offenders. These needs are factors that are both dynamic (able to be changed) and related to recidivism (directly or indirectly, with those that are indirectly related often found in the specific responsivity category). The eight RNR factors are:

a) A history of antisocial behavior (criminal justice risk, as defined above),
b) Antisocial personality pattern,
c) Antisocial attitudes/thinking,
d) Antisocial associates,
e) Family/marital problems,
f) Lower levels of education or poor employment history/prospects,
g) Lack of prosocial leisure activities, and
h) Substance use.

Together, these needs are referred to as the "central eight." Andrews and Bonta (2010) also identified from this list a group of four primary needs (including antisocial personality, attitudes/thinking, associations, and history of antisocial behavior) that are more predictive of criminal behavior than the remaining four dynamic needs. Yet, recent literature illustrates inconsistencies among this list of criminogenic needs, particularly the emphasis placed on the "primary four" (Ainsworth & Taxman, 2013; Wooditch, Tang, & Taxman, 2014) and the failure to consider substance abuse disorder as a primary need for some offenders (Marlowe, 2009; Taxman, 2014). A recent literature review (Wooditch, Tang, & Taxman, 2014) discusses the current state of knowledge about each of the eight areas, including a discussion of how the measurement of the concept affects the findings from individual studies. Criminogenic needs (along with destabilizers) are more of an indication of problem severity.

### *Stabilizers (Destabilizers)*

While criminogenic needs are directly related to offending behavior, a number of other known factors affect individual-level outcomes in the justice system (such as completion, recidivism, etc.) or in treatment programming. These factors relate to lifestyle stability or decision making and daily functioning of an individual. Examples of stabilizing or destabilizing factors include mental health, housing stability, food security, and geographical location of the person's residence. **Mental health** functioning is not considered a criminogenic need, because having such a condition does not predispose someone to engage in criminal behavior (Skeem et al., 2014), even though offenders in the justice system suffer from mental health disorders at rates at least two times greater than the general population (ranging from anxiety disorders to bipolar disorders (Feucht & Gfroerer, 2011; James & Glaze, 2006). Few empirical studies find that the presence of a mental health condition is a direct predictor of criminal conduct, but they do find that mental health functioning impacts technical violations (Eno Louden, Skeem, Camp, & Christensen, 2008). Thus, mental health functioning may negatively impact the performance of offenders in programs and can increase risk for technical violations due to failure to complete conditions and mandated treatments.

Another area affecting the functioning of an individual is stable **housing**. Housing status (that is, having a secure place to live) does not directly predict recidivism, but instability in housing makes it more difficult to comply with conditions and attend programming, and a focus on finding housing may affect other daily decisions. Addressing housing needs may improve offender performance on community supervision and within community-based treatment. Studies find a reduction in individuals' alcohol consumption and other negative behaviors associated with having stable place to live (Collins, Malone, Clifasefi, Ginzler, Garner, et al., 2012).

Recent research studies find that living in certain areas increases the likelihood of recidivism due to several factors such as the concentration of offenders in certain communities, increased law enforcement, or other community risk factors (Byrne, 2009; Byrne & Pattavina, 2006; Kubrin & Steward, 2006). Another factor related to the community is the ease of access to treatment services. Hipp and colleagues (2010) determined that parolees who live within two miles of treatment agencies are less likely to recidivate than those who do not have easy access to treatment services.

In the original specific responsivity principle, gender is identified as a factor. Many consider risk and needs assessment to be gender neutral or applicable to both men and women; the same is true for treatment programming. However, others contend that the instruments and/or programs were developed for men and then applied to women. Van Voorhis and colleagues (2010) identify several factors that might be included in risk and needs assessment instruments to tailor them for women, including scales pertaining to relationships, depression, parental issues, self-esteem, self-efficacy, trauma, and victimization. In general, the study finds that parental stress, self-esteem and self-efficacy, family support, and educational assets are correlated with recidivism, but relationship dysfunction and victimization are not consistently related to recidivism. The study found that some gender-responsiveness added value to the more general gender-neutral instruments. There is some controversy in the field about whether there is a need to add these gendered elements to risk and needs assessments (see Jennings et al., 2010). Given the poor economic status of many women offenders, along with other needs, women may need more services to address self-efficacy, parenting, substance abuse, and trauma. The study also finds that "high-risk" women are actually those with more serious needs, such as relationship issues, mental health, and substance use disorders, and these needs should be addressed to have an impact on recidivism (Van Voorhis et al., 2010).

Specific responsivity also includes age, developmental issues, and developmental challenges. Age is clearly linked to offending/reoffending rates with the well-recognized-crime curve (see Cohen, Piquero, & Jennings, 2010; Farrington, 1986; Hirschi & Gottfredson, 1983; Moffitt, 1993; Quetelet, 1831/1984; Thornberry, 1997). In fact, offending declines with age for all offenses (National Research Council, 2007, p. 26). Age is complicated by emotional maturity, which plays a major role influencing the attitudes and values of offenders. Intellectual deficits refers to the ability of an individual to understand the material accessible in treatment. Similar to mental health disorders or co-occurring disorders, awareness of intellectual deficiencies requires programming to be tailored to the population. For example, going through skill development at a slower pace and repetitive presentation of skills may be necessary, since learning new skills is a slower process that requires many reinforcements. These types of responsiveness (such as age and emotional

and intellectual delays) require attention to build self-efficacy of the individual.

While stabilizers (the strengths that an individual presents) and destabilizers are indirectly referenced in the original RNR model, clinical science and recent research illustrate the importance of including destabilizers or stabilizers as tailoring factors. A person with more stabilizers (strengths) is less distracted by the need to address survival needs (such as food, housing, mental health, and employment). The more the destabilizers, the greater the demands on a person, and therefore the more comprehensive the case management and tailoring programming must be to bring about sustainable change. The presence or absence of stabilizers is important in terms of assigning individuals to treatment programs or tailoring the programs to better meet individual needs. More attention paid to the intersection of risk-need-stability factors improves the holistic impact of better programming.

### *Offense-Specific Responsivity Issues*

Even though the RNR framework does not directly reference offending behaviors, attention to specific offenses should be included in the RNR framework to address the required treatment and/or control appropriate to address the offending behaviors. Certain offenses have behaviors that require inclusion as part of specific responsivity guidelines. For example, many sex offenders must be registered by law, which should be incorporated into programming. For violent offenders, aggression and callousness (which is embedded in criminal thinking) may need to be addressed in specialized programming that deals with control-related issues. For domestic violence offenders, intimate partner violence programs may need to incorporate restraining orders or programming for either perpetrators or victims. Drunk drivers may need attention to responsible driving, use of restraints such as interlock systems, and emphasis on responsibility as well as alcohol treatment. These are several examples of offense-specific issues that may need specific components in programming of the individual. Adding offense-specific factors into programming will enhance the tailoring by making it consistent with the law and known offense-specific behaviors.

## C. Responsivity: Determining Responsivity Patterns

As previously discussed, a number of myths have evolved regarding the RNR principles. In this section, we clarify some of the myths that affect specific responsivity. There is a need to distinguish the main drivers of criminal conduct to differentiate between types of offenders.

### *Clarify Substance Dependence, Use, and Drug Dealers/Traffickers*

There is considerable debate about the degree to which substance abuse is or is not a primary criminogenic need. As recently noted by Taxman (2014), the measurement of substance abuse may cloud its relationship to recidivism. Many third-generation risk and needs assessment tools do not integrate clinical diagnostic criteria (e.g. is the person dependent or an abuser?), classifying any type of user as an abuser, and the tools often do not indicate the drug of choice. Both of these criteria make important distinctions about the relationship between drug abuse and recidivism. For example, in a meta-analysis of 30 primary studies on drugs and crime, drug users are reported to have higher odds of offending than for non-drug users; and the drug of choice affected recidivism (Bennett, Holloway, & Farrington, 2008). The odds of offending were about six times greater for crack users than for non-crack users (OR=6.09); about 3 times greater for heroin users (OR=3.08) than non-opioid users, about 2.5 times greater for cocaine users (OR=2.56) than non-cocaine users; and about 1.5 times greater for marijuana users (OR=1.46) than non-marijuana users (Bennett, Holloway, & Farrington, 2008). (Note: This study does not address polydrug users; each drug is treated separately, and the category of non-drug users refers to those who do not use a specific substance.)

If studies disentangle the drug of choice and type of user, substance abuse can be considered a primary criminogenic need when: (a) the dependent individual is involved in crime as a means to acquire drugs; (b) drug use is part of other criminogenic needs but substance abuse treatment can address the issues; and (c) the chronicity of the drug use affects daily decision-making and behaviors. An individual's cravings and compulsive behaviors are related to offending behaviors, but drug use that is related to lifestyle factors (e.g., friends, peers) is not directly related to criminal behavior. Additionally, individuals (who are not dependent or abusers) involved in distributing drugs require programming that addresses the criminal entrepreneur (lifestyles) issues rather than drug-use behaviors.

### *Criminal Thinking vs. a Criminal Lifestyle*

The term criminal thinking (and values and attitudes) is usually associated with a subculture of criminal lifestyle. Conceptually, they differ in that criminal thinking is supportive of criminal behavior such as mollification, callousness, cutoff, entitlement, power orientation, sentimentality, superoptimism, cognitive indolence, discontinuity, confusion, defensiveness, externalization of blame, devaluing authority, insensitivity to the impact of the crime, cold-heartedness criminal rationalization, antisocial intent, identification as a criminal, emotional disengagement, justifying, grandiosity, to name a few. A criminal lifestyle can involve other factors such as criminal peers, family history of justice involvement, incarceration, and antisocial attitudes. Interventions for criminal thinking might focus on internationalization of values and attitudes, whereas interventions for criminal lifestyle might address both internal and external factors to reduce offending.

### *Risk May Not Always Trump Needs*

The risk principle is generally referred to as the driver for programming. A frequently stated "evidence-based practice (EBP) fact" is that criminal justice risk factors should determine the intensity of programming, with higher-risk offenders assigned to more intensive programs. The emphasis on risk comes from studies that confirm that risk is a stronger predictor of recidivism than any dynamic needs (Austin, 2006; Baird, 2009). Many have inferred that risk should drive who gets placed in programming; however, risk cannot indicate what type of factors should be treated—whether substance abuse, criminal thinking, antisocial peers, etc. The general assumption is that criminogenic needs are correlated with risk level and that higher-risk offenders are more likely to have more severe criminogenic needs than moderate- to low-risk offenders. This has translated into the notion that lower-risk offenders do not

have any criminogenic needs or criminal lifestyle issues.[1]

In Table 1, we use data from a jurisdiction that is involved in a study of systemic responsivity.[2] According to their standardized risk and needs assessment tool, 26 percent of minimal risk and 35 percent of low-risk offenders exhibit either criminal thinking or a substance dependency problem. (The jurisdiction has four categories for risk.) Offenders with minimal or low risk classifications who display criminal thinking or dependency needs have rates of recidivism similar to those of higher-risk offenders with similar needs patterns. Regardless of risk level, offenders with criminal composite and drug dependency have a relatively equal likelihood of recidivating. While risk is important, certain needs must be addressed to reduce recidivism. The more severe the criminogenic needs (in terms of criminal thinking and drug dependency), the more likely the individual should be placed in programming that addresses specific target behaviors. Needs vary considerably across the risk category, illustrating the need to update the risk and need principles.

## D. Systemic Responsivity and Treatment Matching

Treatment matching is the notion that offenders should be placed into appropriate programs based on their risk-needs-stabilizer profiles. Treatment-matching strategies generally aim to assign individuals to programs that can achieve the desired outcome through the least-restrictive setting and resource intensity (Gastfriend, Lu, & Sharon, 2000). This is a complicated process in most human service fields, and in community and institutional correctional settings it is even more complicated, because punishment is part of the decision-making process in matching to appropriate programs and services. The dual goals of programming and punishment create a treatment-matching dilemma in corrections.

Treatment matching does not require a single-target intervention; rather it refers to placing an individual offender in a program consistent with his or her risk, needs, and stabilizing factors. A program may target one specific criminogenic need or may address several needs as part of an intensive therapeutic change process. A responsive jurisdiction should aim to have access to programming across this continuum. Special attention should be paid to responsivity factors to increase the likelihood that the individual will engage in programming. Specific responsivity factors also require systems of care to access to a diverse array of support services to address mental health issues, trauma, low literacy, unstable housing, and various other destabilizers. Identifying the number and type of destabilizers helps in assessing the level of program structure and intensity of services (dosage) that will facilitate behavioral change.

Based on the research literature on the offender population, the following numbered list outlines major criminogenic needs relative to risk and stabilizers (see Crites & Taxman, 2013, for the research support for each category of programming). This list identifies the type of target behaviors that should be addressed in programming to reduce recidivism.

1. Dependence on "hard" drugs—heroin, cocaine, amphetamines, and methamphetamine—where the drug use is directly associated with criminal behavior (Bennett, Holloway, & Farrington, 2008), should be treated before other issues, such as criminal thinking or social skills. Treatment should focus on addressing dependence on hard drugs through cognitive behavioral therapy. For offenders with a higher risk level and/or more destabilizers, programs may need to include cognitive restructuring to address criminal thinking or criminal lifestyles and interpersonal and social skills interventions. Regardless of risk level, all substance-dependent offenders should be treated by these intensive programs. In addition to cognitive behavioral therapy, the research literature recommends medications for alcohol and opioid dependence to help reduce the cravings that interrupt treatment progress. For offenders with higher risk levels who are dependent and have other criminogenic needs, as well as destabilizers, the dosage (level and intensity of the programming) should be increased.
2. Criminal thinking composites including history of antisocial behavior, antisocial personality pattern, antisocial associates, and antisocial cognitions (Andrews & Bonta, 2010), require intensive cognitive behavioral programming. This array should include those who are engaged in illicit behavior to make money, such as drug trafficking and property crimes. (Note: Drug traffickers should not be considered drug offenders.) These criminal cognitions drive how individuals interact with others. Programming needs to focus on helping offenders increase self-control, reduce antisocial thinking, and increase prosocial connections to provide a link to improved functioning. Many moderate- to high-risk offenders, due to their entanglement in a criminal lifestyle and destabilizers, require interpersonal and social skills to augment the cognitive decision-making.

[1] Risk-need assessment instruments have different ways to score the risk and need factors. Some use a total score and others use a score for each substantive area (i.e., risk, need, (de)stabilizers, etc.). There is a controversy in the field about the scoring of the instrument, with some contending that this allows the risk and need to be indicated in a score (even if risk is more heavily weighted) and some contending that a combined score elevates the risk level for all offenders. The advantage of a total score is the ease of scoring; the advantage of different scores for risk and various needs is that it is easier to identify targets for treatment programming.

[2] This jurisdiction is one of the sites using the RNR Simulation Tool. For more information about the study and translational tools, see www.gmuace.org/tools.

**TABLE 1.**
*Comparison of Recidivism Rates for Different Risk-Need Profiles*

| Risk Level | Primary Need | Prevalence | Recidivism at 3 years |
|---|---|---|---|
| High | Other need, < 2 needs | 44.6 | 25.1 |
| | Criminal Thinking Composite | 41.0 | 29.6 |
| | Drug Dependence | 14.4 | 33.5 |
| Moderate | Other need, < 2 needs | 55.2 | 20.2 |
| | Criminal Thinking Composite | 31.0 | 31.7 |
| | Drug Dependence | 13.9 | 25.6 |
| Low | Other need, < 2 needs | 64.7 | 18.0 |
| | Criminal Thinking Composite | 23.6 | 27.8 |
| | Drug Dependence | 11.7 | 25.0 |
| Minimal | Other need, < 2 needs | 73.4 | 15.2 |
| | Criminal Thinking Composite | 15.2 | 15.4 |
| | Drug Dependence | 11.4 | 23.6 |

3. Substance abusers (not dependent), individuals with destabilizers and those with fewer criminogenic needs, who are moderate to lower risk, are best served by programs that focus on self-improvement and self-management. Increasing problem-solving skills and self-control can help individuals resist social pressures to continue offending behavior (Botvin & Wills, 1984; Botvin, Griffin, & Nichols, 2006). In total, these programs should focus on improved problem solving and attention to lifestyle-related issues that affect behavior.
4. Social and interpersonal skills programming is needed for offenders with family issues, dysfunctional relationships, and perhaps several destabilizers. The goal is to help improve interpersonal relationships by reducing conflict and developing more positive relationships through structured counseling. Focusing on appropriate behavior can help improve relationships and reduce criminal offending (Andrews & Bonta, 2010). For the most part, these programs should be for moderate- to low-risk offenders with at least one criminogenic need.
5. Life skills programming is designed to improve employment, education, housing, and general life functioning. These programs focus on life skills such as financial stability, occupational training, or education, target predominately low risk individuals, and have a dosage of about 100 hours.

In Table 2, systemic responsivity can improve treatment matching. An assessment of available programs in our study jurisdiction finds that the majority of available programming (34.1 percent) is for substance abusers (generally outpatient counseling groups), even though the risk-needs assessment data finds that only 14 percent of offenders require such programming. This means there is too much programming available—with a surplus of 20.3 percent of offenders served by these programs. The largest needs for programming are those that target criminal cognitions or lifestyles, and these happen to be the least available programming. This gap analysis illustrates the importance of systemic responsivity in ensuring that programming can be accessed to reduce recidivism.

## E. The Second Generation of RNR Framework

If the RNR framework is going to yield reductions in recidivism, then responsivity should be reframed to address receptivity and accessibility to treatment from the individual and system perspective. In this article, I reviewed many of the original themes of the RNR framework and have illustrated the need for systemic responsivity based on the following principles:

(a) Placement in appropriate programs should be determined by the needs of the individual, with risk used to assess intensity and structure of the program;
(b) Programming should not be generic but rather targeted to the specific criminogenic factors that affect further involvement in criminal behavior; and
(c) Psycho-social functioning ((de) stabilizers) should be considered to ensure that programming addresses factors affecting the change process.

Together, these principles represent the need to restate the original RNR principles in terms of both general responsivity and tailoring issues.

### *General and Systemic Responsivity*

Since correctional and treatment programs are part of a system that provides services, they should be responsive to ensure that individual programs are successful. The overarching (correctional and treatment) system needs to embrace these principles to support individual-level programming. A responsive system must have programming that varies along a continuum, in regards to intensity and target of programming. Program intensity refers to a combination of dosage (typically measured as total hours of therapeutic programming), frequency of program contact, program setting, and the degree of intervention needed to bring about the desired change. Target on this continuum refers to the behaviors or needs the program is designed to address. Programs can be offered as part of phases for a single non-criminogenic need (e.g., employment, education) or multiple criminogenic needs (e.g., antisocial associates, criminal thinking, and substance abuse). Interventions may be brief (e.g., low dosage, infrequent sessions) or highly intensive (e.g., residential setting, dosage at high levels of 300 hours, addressing multiple criminogenic needs), depending on the complexity of the individual's risk, needs, and destabilizer profile (see Polaschek, 2011, for three-tiered conceptualization of correctional programming).

Towards this goal, the following are core principles of **Systemic Responsivity**:

1. The system should offer a broad array of programming that targets various problem severities found in the risk-needs profile of offenders. At a minimum, programs addressing the following criminogenic needs should be provided: substance dependence (including treatment for co-occurring disorders), criminal thinking, criminal lifestyle, psychosocial functioning with comorbid conditions, social and interpersonal skill development, and life skills.
2. Assessment (validated risk and needs assessment instruments) protocols should assess co-morbid conditions ((de) stabilizers) that may affect treatment participation and adherence to criminal justice outcomes. Since many offenders suffer from mental health disorders and economic depravity-related problems, these factors should be acknowledged in making treatment placement decisions. Dosage should be increased based on the number and type of conditions present.
3. Offenders should be placed in programs based on their needs profiles, with programming addressing factors that

**TABLE 2.**
*Program Gaps Based on Risk-Need Profiles*

| Program Target Behavior | % Services Available | Recommendations based on Risk-Need Offender Profile | Gaps in Programming (– is surplus + is Unmet Need) |
|---|---|---|---|
| Substance Dependent | 16.1% | 13.3% | –2.8% |
| Criminal Cognitions | 1.2% | 31.5% | +30.3% |
| Substance abuse with some criminogenic needs | 34.1% | 13.8% | –20.3% |
| Social and Interpersonal Skills | 26.1% | 20.0% | –6.1% |
| Life skills | 9.0% | 4.6% | –4.4% |

contribute to criminal behavior. Treatment matching will improve system outcomes by ensuring that offenders are offered services based on their criminogenic needs and (de) stabilizers. Placing offenders in programs due to the convenience of the location, available slot, or other factors not based on the specific needs of offenders is not an effective treatment-matching strategy. If the programming an individual needs is not available, then the individual should not be placed in programming. Using principles of therapeutic jurisprudence, placing someone in a therapeutic program that is not suitable may create unintended harm.

4. Case management services, which are needed to address destabilizers, should accompany treatment programming to ensure that the system is addressing potential factors that negatively affect receptivity and participation in treatment. Case management services are needed to address instability in housing, mental health functionality, and other factors.
5. Program intensity or dosage should be determined by the severity of problem behavior and risk level. More intensive programs should be designated for those who are at medium to high risk for offending and those who have more complex needs.

**General Responsivity** or the general principles that guide treatment programming:

1. A social learning environment can facilitate offender commitment to change. A social learning environment allows the offender to learn new skills, addresses factors that contribute to criminal behavior, ensures that treatment provides offenders with skills to problem solve and to manage risk behaviors, and facilitates decision-making about risky "people, places, and things." The environment should exist in both criminal justice and treatment programming.
2. Criminal justice actors should use social learning components in a similar fashion as treatment programming to reinforce treatment. That is, the social learning environment extends to both treatment providers and justice agencies. When justice agencies use these social learning components, the impact on reducing recidivism is greater.
3. Responsivity requires adaptability. If an initial treatment or control placement does not appear to facilitate individual-level change, it may be necessary to revise the case plan and dig deeper into why the initial strategy was not successful. It is also essential to balance accountability with treatment goals, keeping in mind that the offender change process is gradual.

### *Tailoring*

As previously indicated, the intervention science field uses the concept of tailoring for the modifications made to a core intervention curriculum to address the main target behaviors that influence a person's motivation, commitment to treatment, ability to absorb intervention-related material, and likely success from treatment. Tailoring uses key empirical information to adjust programming to increase the degree to which the program matches the individual needs and improves the likelihood of positive outcomes. These are core principles of tailoring:

1. The number of destabilizers in a person's life should be an indicator of the type of pre-treatment activities the individual should be involved in to facilitate engagement and commitment to change.
2. The type of drug offender should be considered, with those addicted to drugs placed in programs that address addiction, those involved in the drug-trafficking business placed in programs that address criminal thinking or lifestyles, and those who use drugs as part of their lifestyle placed in programs that address self-improvement and self-management.
3. Co-morbid conditions should be considered in tailoring program components to the individual. Identifying co-morbid conditions facilitates better engagement in treatment and outcomes.

This article has reviewed responsivity in all its various forms. Two new concepts were introduced: systemic responsivity and tailoring. Tailoring refers to specific responsivity at the individual-level factors, and it includes a broad array of non-criminogenic and destabilizing factors that affect behavioral progress. Tailoring cannot be effectively put into place without systemic responsivity, where appropriate programs and capacity exist in a jurisdiction. The RNR framework needs to embrace systemic responsivity as a major emphasis to achieve reductions in recidivism.

## References


Ainsworth, S.A., & Taxman, F.S. (2013). Creating simulation parameter inputs with existing data sources: Estimating offender risks, needs and recidivism. In F.S. Taxman & A. Pattavina (Eds.), *Simulation strategies to reduce recidivism: Risk need responsivity (RNR) modeling in the criminal justice system*. New York: Springer.

Andrews, D. A., & Bonta, J. (2006; 2010). *The psychology of criminal conduct* (5th ed.). Cincinnati, OH: Anderson Publishing Co.

Andrews, D. A., Bonta, J., & Wormith, J. S. (2006). The recent past and near future of risk and/or need assessment. *Crime and Delinquency*, *52*(1), 7-27.

Austin, J. (2006). How much risk can we take? The misuse of risk assessment in corrections. *Federal Probation*, *70*(2), 58-63.

Baird, C. (2009). *A question of evidence: A critique of risk assessment models used in the justice system*. Special Report. Washington, DC: National Council on Crime & Delinquency.

Bennett, T. H., Holloway, K., & Farrington, D. P. (2008). The statistical association between drug misuse and crime: A meta-analysis. *Aggression and Violent Behavior. 13*(2), 107-118.

Bourgon, G., & Armstrong, B. (2005). Transferring the principles of effective treatment into a "real world" prison setting. *Criminal Justice and Behavior*, *32*(1), 3-25.

Botvin, G.J., Griffin, K.W., & Nichols, T.D. (2006). Preventing youth violence and delinquency through universal school-based prevention approach. *Prevention Science*, *7*, 403-408.

Botvin, G.J., & Wills, T.A. (1984). Personal and social skills training: Cognitive-behavioral approaches to substance abuse prevention [pp. 8-49]. In Catherine S. Bell and Robert Battjes (Eds.). *Prevention research: Deterring drug abuse among children and adolescents*. NIDA Research Monograph. Rockville, MD: Department of Health and Human Services.

Byrne, J. (2009). *Maximum impact: Targeting supervision on higher-risk people, places and times. Public Safety Performance Project*. The PEW Center on the States.

Byrne, J., & Pattavina, A. (2006). Assessing the role of clinical and actuarial risk assessment in an evidence-based community corrections system: Issues to consider. *Federal Probation, 70*(2), 64-67.

Cohen, M. A., Piquero, A. R., & Jennings, W. G. (2010). Monetary costs of gender and ethnicity disaggregated group-based offending. *American Journal of Criminal Justice*, *35*, 159-172.

Collins, S. E., Malone, D. K., Clifasefi, S. L., Ginzler, J. A., Garner, M. D., Burlingham, B., et al. (2012). Project-based Housing First for chronically homeless individuals with alcohol problems: Within subjects analyses of two year alcohol use trajectories. *American Journal of Public Health*, *102*, 511-519.

Crites, E., & Taxman, F.S. (2013). The responsivity principle—Determining the appropriate program and dosage to match risk and needs. In F.S. Taxman & A. Pattavina (Eds.), *Simulation strategies to reduce recidivism: Risk need responsivity (RNR) modeling in the criminal justice system*. New York: Springer.

Eno Louden, J., Skeem, J., Camp, J., & Christensen, E. (2008). Supervising probationers with mental disorder: How do agencies respond to violations? *Criminal Justice & Behavior*, *35*, 832-847.

Farrington, D. P. (1986). Age and crime. In M. Tonry & N. Morris (Eds.), *Crime and justice: An annual review of research*, vol. 7. Chicago: University of Chicago Press.

Feucht, T. E., & Gfroerer, J. (2011). Mental and substance use disorders among adult men on probation or parole: Some success against a persistent challenge. Rockville, MD: SAMHSA, Center for Behavioral Health Statistics and Quality.

Garnick, D. W., Horgan, C. M., Lee, M. T., Panas, L., Ritter, G. A., Davis, S., & Reynolds, M. (2007). Are Washington Circle performance measures associated with decreased criminal activity following treatment?. *Journal of Substance Abuse Treatment*, *33*(4), 341-352.

Gastfriend, D.R., Lu, S.H., & Sharon, E. (2000). Placement matching: Challenges and technical progress. *Substance Use & Misuse 35*(12-14), 2191-2213.

Hirschi, T., & Gottfredson, M. R. (1983). Age and the explanation of crime. *American Journal of Sociology*, *89*(3), 552-584.

James, D. J., & Glaze, L. E. (2006). *Mental health problems of prison and jail inmates* (BJS Special Report Document 2). Washington, D.C.: U.S. Department of Justice.

Jennings, W. G., Maldonado-Molina, M. M., Piquero, A. R., Odgers, C. L., Bird, H., & Canino, G. (2010). Sex differences in trajectories of offending among Puerto Rican youth. *Crime & Delinquency*, *56*(3), 327-357.

Kubrin, C. E., & Stewart, E. A. (2006). Predicting who reoffends: The neglected role of neighborhood context in recidivism studies. *Criminology*, *44*, 165-197.

Hipp, J., Petersilia, J., & Turner, S. (2010). Parolee recidivism in California: The effect of neighborhood context and social service agency characteristics. *Criminology*, *48*(4), 947-979.

Landenberger, N., & Lipsey, M. (2005). The positive effects of cognitive behavioral programs for offenders: A meta-analysis of factors associated with effective treatment. *Journal of Experimental Criminology*, *1*, 451-476.

Marlowe, D. W. (2009) Evidence-based policies and practices for drug-involved offenders. *The Prison Journal*: *91*(3): 27-47.

Moffitt, T. E. (1993). Adolescence-limited and life-course-persistent antisocial behavior: A developmental taxonomy. *Psychological Review*, *100*(4), 674-701.

Nagin, D., Cullen, F., & Jonston, C. (2009). Imprisonment and reoffending. *Crime and Justice*, *38*(115), 1-91.

National Research Council. (2007). *Parole, desistance from crime, and community integration.* Committee on Law and Justice, Division of Behavioral and Social Services and Education. Washington, D.C.: The National Academies Press.

Polaschek, D. L. (2011). Many sizes fit all: A preliminary framework for conceptualizing the development and provision of cognitive-behavioral rehabilitation programs for offenders. *Aggression and Violent Behavior*, *16*, 20-35.

Quetelet, A. (1984). *Research on the propensity for crime at different ages.* S. F. Sylvester (Trans.). Cincinnati, OH: Anderson. (Original work published 1831.)

Skeem, J. L., Winter, E., Kennealy, P. J., Eno Louden, J., & Tatar, J. R., II (2014). Offenders with mental illness have criminogenic needs, too: Toward recidivism reduction. *Law and Human Behavior*. Advance online publication. doi: 10.1037/lhb0000054.

Sperber, K. G., Latessa, E. J., & Makarios, M. D. (2013a). Examining the interaction between level of risk and dosage of treatment. *Criminal Justice and Behavior*, *40*, 338–348.

Sperber, K. G., Latessa, E. J., & Makarios, M. D. (2013b). Establishing a risk-dosage research agenda: Implications for policy and practice. *Justice Research and Policy, 15*(1), 123–142.

Taxman, F. S. (2014). Substance abuse is sometimes a primary criminogenic need and sometimes a secondary criminogenic need. *Perspectives, 38* (2), 48-56.

Taxman, F. S., Pattavina, A., & Caudy, M. (2014). Justice reinvestment in the US: The case for more programs. *Victims & Offenders*, *9*(1), 50-75.

Taxman, F. S., Perdoni, M., & Caudy, M. (2013). The plight of providing appropriate substance abuse treatment services to offenders: Modeling the gaps in service delivery. *Victims & Offenders*, *8*(1): 70-93.

Thornberry, T. P. (1997). Introduction: Some advantages of developmental and life-course perspectives for the study of crime and delinquency. In T. P. Thornberry (Ed.), *Developmental theories of crime and delinquency: Advances in criminological theory*, vol. 7 (pp. 1-10). New Brunswick, NJ: Transaction.

Van Voorhis, P., Wright, E.M., Salisbury, E., & Bauman, A. (2010). Women's risk factors and their contributions to existing risk/need assessment: Current status of a gender-responsive supplement. *Criminal Justice and Behavior*, *31*: 261-90.

Wooditch, A., Tang, L., & Taxman, F. S. (2014). Which criminogenic need changes are most important in promoting desistance from crime and substance use? *Criminal Justice and Behavior*, *41*(3), 276-299.

# Does the Risk of Recidivism for Supervised Offenders Improve Over Time? Examining Changes in The Dynamic Risk Characteristics for Offenders under Federal Supervision

*Thomas H. Cohen, Scott W. VanBenschoten**
*Administrative Office of the U.S. Courts*

**OVER THE PAST TEN** years, the United States federal probation system has undergone numerous conceptual and structural changes in moving toward an outcome-based approach that emphasizes crime reduction (Alexander & VanBenschoten, 2008; IBM Strategic Assessment, 2004). In 1925 the Federal Probation Act gave the U.S. Courts authority to appoint federal probation officers with responsibility for supervising offenders sentenced to a term of straight probation or paroled from federal prisons or military authorities (U.S. Courts, 2014). After the abolishment of federal parole in 1984, probation officers became responsible for supervising offenders for a period of time (usually two to three years) following the expiration of their incarceration term (Judicial Policy Guide, 2012; Latessa & Smith, 2011).

In the early 2000s, the federal probation system underwent a comprehensive strategic assessment. The report emerging from that assessment recommended that the system be guided by outcome-based measures (IBM Strategic Assessment, 2004). Following this strategic assessment, a working group within the U.S. Courts developed policies that laid the groundwork for transforming the post-conviction supervision system. Through the guidance of this working group, one of the primary outcomes of federal supervision was defined as the protection of the community through the reduction of risk and recurrence of crime (that is, recidivism), both during and after an offender's supervision period (Hughes, 2008). To meet the key goal of recidivism reduction, three major principles had to become guiding tenets of federal probation: Officers should work most intensively with high-risk offenders (the risk principle), focus on the criminogenic needs of higher-risk offenders (need principle), and match treatment modalities with the ability and learning styles of offenders (responsivity principle) (Lowenkamp, Johnson, VanBenschoten, Robinson, & Holsinger, 2013; AOUSC, 2011; Andrews & Bonta, 2010; Van Voorhis & Brown, 1996; Andrews, Bonta, & Hoge, 1990).

The U.S federal probation system has attempted to embrace the use of the risk, needs, and responsivity model (hereinafter referred to as the RNR model) for supervising offenders with the aim of reducing recidivism and protecting the general community. Crucial to adopting the RNR model was implementing a risk assessment instrument that contained both static (e.g., characteristics that do not change over time such as criminal history) and dynamic (e.g., characteristics amenable to change, such as substance abuse problems) risk factors to accurately identify offenders most likely to commit new crimes and ascertain criminogenic characteristics that, if changed, could reduce the likelihood of recidivism (Lowenkamp et al., 2013; Andrews & Bonta, 1998). This instrument would also have the capacity to assess whether the effective application of treatment might be hindered by responsivity issues such as offender intelligence, levels of anxiety, mental health disorders, transportation difficulties, or child care issues (AOUSC, 2011). The implementation of the federal Post Conviction Risk Assessment (PCRA) instrument represents one of the primary efforts to integrate elements of the RNR model into the U.S. probation system.

The PCRA is an actuarial risk assessment tool developed for the federal probation system that identifies offenders most at risk of recidivism, ascertains which dynamic criminogenic needs should be addressed, and provides information on those obstacles that would prevent the successful implementation of a supervision and/or treatment regime (AOUSC, 2011). Because probation officers required training before they could utilize this actuarial risk tool, the PCRA was implemented in stages starting in 2010. Presently, the PCRA has near-universal implementation throughout the federal system, with more than 95 percent of offenders released to supervision over the past 12 months having a PCRA assessment (Decision Support Systems, #1009).

Data from the PCRA allows us to explore, for the first time, the nexus between actuarial

*Correspondence concerning this article should be addressed to Thomas H. Cohen, Administrative Office of the U.S. Courts, One Columbus Circle, NE, Washington, DC 20544. Email: Thomas_cohen@ao.uscourts.gov. The authors would like to thank our following colleagues at the Administrative Office of the United States Courts for their helpful suggestions and comments: Laura Baber, Nancy Beatty, David Cook, James Johnson, Christopher Lowenkamp, and Matthew Rowland. We are especially grateful for the substantive review provided by Professor Faye Taxman at George Mason University. Howard Snyder from the Bureau of Justice Statistics assisted with the decomposition analysis. Lastly, this publication benefited from the careful editing of Ellen Fielding.

risk assessment and the supervision of offenders in the federal system. Specifically, we can examine what proportion of federally supervised offenders are classified along the spectrum from high to low risk of reoffending and how the static and dynamic risk characteristics differ for high-, medium-, and low-risk offenders. Most crucially, since the PCRA is a dynamic risk tool, in this article we will analyze whether the risk levels of offenders under federal supervision are increasing or decreasing over time. In other words, to what extent are the dynamic criminogenic risk characteristics of offenders changing and how are they changing for offenders in this study? Another significant issue examined in this article is whether changes in risk are related to success under supervision. Basically, are offenders with decreasing risk levels seeing the successful completion of their supervision terms more frequently compared to their counterparts with stable or increased risk levels?

In this article, we will first briefly summarize the development of actuarially based offender risk assessment instruments and then describe the development and implementation of the PCRA in the federal system. Afterwards, we will explicate the research questions the article attempts to address and the data/methods utilized in the current research. We will discuss major findings and their implications and conclude by suggesting directions for future research.

## History of Risk Assessment Tools

The assessment of offender risk has evolved over time from decisions based on clinical judgment to ones grounded on actuarial risk tools. For much of the twentieth century, probation officers would apply their best judgment to gauge offender risk (Lowenkamp et al., 2013; Andrews & Bonta, 2010; Connolly, 2003, Bonta, 1996). This method of assessing risk began to change in the 1970s with the emergence of second-generation risk assessment techniques using actuarial approaches.[1] These second-generation instruments relied almost exclusively on unchangeable or static risk factors (e.g., criminal history) and hence were unable to assess whether offenders were improving or worsening during their supervision periods (Lowenkamp et al., 2013). Addressing this limitation led to the development of third-generation actuarial devices capable of both measuring an offender's static criminogenic factors and tracking an offender's dynamic criminogenic characteristics (e.g., substance abuse issues, unemployment problems, prosocial connections, etc.) that, when changed, have the potential to reduce the likelihood of recidivism. During the past several years, fourth-generation risk assessment instruments that allow officers to tailor interventions towards an offender's learning styles and abilities (i.e., responsivity factors) have become increasingly common (Lowenkamp et al., 2013; Johnson et al., 2011; Bonta & Andrews, 2007; Bonta & Wormith, 2007). These instruments also seamlessly integrate an offender's criminogenic needs and responsivity factors into a probation office's case management system, allowing for the more efficient implementation of a treatment or intervention regime (Andrews et al., 1990).

## Development of the Post Conviction Risk Assessment (PCRA) Instrument

Adopted by the federal probation system during the last several years, the PCRA contains elements inherent in third- and fourth-generation risk assessment tools by incorporating several aspects of the risk, needs, and responsivity model (Lowenkamp et al., 2013; Johnson et al., 2011). The PCRA replaced the Risk Prediction Index (RPI), which had been used by federal probation officers to assess offender risk since the late 1990s (Federal Judicial Center, 1997). The RPI was a second-generation risk tool that, while able to adequately predict risk of reoffending, relied on static predictors to determine offender risk and hence could neither identify the dynamic criminogenic needs that were amenable to change nor assess barriers to addressing those needs (Lowenkamp et al., 2013; AOUSC, 2011; Johnson et al., 2011). While the PCRA represents an improvement over the RPI, it does not fall entirely under the fourth-generation risk assessment rubric, because information generated by this tool is not currently integrated into the federal probation case management system. Efforts at complete integration are currently being explored and should occur sometime in the near future.

Several data sources, including federal presentence reports, criminal history record checks, and information from the Probation/Pretrial Services Automated Case Tracking System (PACTS), were used to construct and validate the PCRA (Lowenkamp et al., 2013; Johnson et al., 2011). Derived from a review of the empirical literature on predicting criminal behavior, several data elements associated with criminal history, substance abuse, family associations, and attitudes towards supervision were analyzed at the bivariate and multivariate levels to see which statistically predicted whether an offender would be arrested for a new crime after the start of his or her supervision period (Lowenkamp et al., 2013; Johnson et al., 2011; Andrews & Bonta, 2010; Gendreau, Little, & Goggin, 1996; Simourd & Andrews, 1994).[2] Ultimately, five general domains related to criminal history, education/employment, substance abuse, social networks, and cognitions (i.e., attitudes towards supervision) were incorporated into the PCRA. Each of these general domains contains specific scored items that were both theoretically and statistically shown to be correlated with offender recidivism.

A total of 6 static predictors related to criminal history and 9 dynamic predictors related to education/employment (3 predictors), substance abuse (2 predictors), social networks (3 predictors), and cognitions (1 predictor) were incorporated into the PCRA. Each scored predictor was assigned a value of one, if present, with the exception of prior arrest (3 potential points) and age at intake (2 potential points).[3] Officers score each of the 15 PCRA risk categories through interviews, document reviews, and presentence reports at the beginning of the supervision period.[4] In theory, offenders can receive a combined PCRA score ranging from 0 to 18. These continuous scores translate into the following four risk categories: low, low/moderate, moderate, or high. These risk categories inform officers about an offender's likelihood of recidivism and provide guidance about the level of supervision that should be imposed on a particular offender (Lowenkamp et al., 2013; AOUSC, 2011; Johnson et al., 2011).

[1] It should be noted that some of the earliest actuarial risk assessment tools were utilized in the 1920s for paroled offenders (see Andrews & Bonta, 2010; Burgess, 1928).

[2] See Lowenkamp et al., 2013, and Johnson et al., 2011, for a technical discussion of the construction, validation, and implementation of the PCRA in the federal system.

[3] Assigning scores ranging from zero to three may seem counterintuitive to current trends that involve the development of weighted risk assessments; however, there is significant evidence to support the argument that this method still outperforms clinical approaches and is more robust across time and sample variations (McEwan, Mullen, & Mackenize, 2009: Gottfredson & Snyder, 2005).

[4] Before officers are allowed to utilize the PCRA, they must attend an in-person training course and pass an online certification test. Once certified, officers are required to re-certify annually (AOUSC, 2011).

In addition, the PCRA contains 41 items that are rated but not currently scored by the officer. These unscored items are not yet part of the risk calculation and include information about the major PCRA domains. Moreover, factors related to an offender's learning styles, abilities, and barriers to treatment (i.e., responsivity factors) are included among the non-scored items. Some of these non-scored factors may eventually be incorporated into the PCRA risk score, depending upon what future research shows concerning their efficacy to predict recidivism and assist in an offender's supervision plan (Lowenkamp et al., 2013) Other non-scored factors, especially those related to responsivity, will probably not be integrated into the risk score; rather, they are there to help officers devise an effective case management plan.

A final item that is not included in an offender's PCRA risk prediction but is used to inform officers about an offender's criminogenic thinking styles involves information generated from the Offender Section of the PCRA. This section measures criminal thinking through a self-administered questionnaire that is based heavily upon the Psychological Inventory of Criminal Thinking Styles (PICTS). Developed using data from a population of offenders serving in the Federal Bureau of Prisons, the PICTS is used to assess an offender's criminal thinking styles (Walters, 2013; 2012; Walters, Hagman, & Cohn, 2011).

Since the PICTS was developed and normed from a population of federal prisoners, this instrument measures criminal thinking styles relative to other criminals and not the general population. It is an 80-item offender-administered questionnaire that attempts to gauge whether an offender possesses eight thinking styles associated with the support and maintenance of criminal activity: mollification, cutoff, entitlement, power orientation, sentimentality, super-optimism, cognitive indolence, and discontinuity (Walters, 2013; 2011).[5] Most important, the PICTS sums these eight criminal thinking styles into a "general criminal thinking" score, which is used to identify offenders with elevated criminal thinking at the highest and most general level. Several studies have shown that the general criminal thinking score is the most "reliable, stable, and valid measure on the PICTS and is often the PICTS indicator used to predict institutional adjustment and recidivism" (Walters, 2013: 42). The PICTS was slightly modified for use in federal probation and renamed the Offender Section of the PCRA. This section is used to identify whether an offender has attitudes or cognitions associated with criminal thinking, and hence can be used to inform officers that an offender's "criminal thinking" should be targeted for intervention; it is currently not part of the scored PCRA items.

## Research Methods

### *Research questions*

With the development and implementation of the PCRA, we can for the first time analyze a variety of rich research issues that had previously not been answerable for offenders under federal supervision. Specifically, we can explore the risk levels and static and dynamic characteristics of offenders under federal supervision, the presence of criminal thinking among various types of offenders, and the malleability of an offender's dynamic crime-supporting needs. Moreover, we can examine which dynamic criminogenic factors most contribute to the increase or decrease of an offender's risk level over time and whether changes in risk are related to success under supervision (i.e., the offender's supervision term ends without being revoked). With these issues in mind, the following research questions will anchor this study.

- How many federally supervised offenders fall into the high, moderate, low/moderate, or low risk classifications according to the PCRA?
- What are the static and dynamic risk characteristics of offenders under federal supervision? How much do these characteristics vary by an offender's risk classification?
- To what extent does an offender's overall risk level decrease or increase during their supervision period? Specifically, how many offenders move from a high to a lower risk classification between their first and second assessments? Conversely, do the risk levels of lower-risk offenders remain stable or worsen during their supervision period?
- What dynamic criminogenic factors most influence the movement of offenders across risk categories? Among the dynamic PCRA risk factors of education/employment, substance abuse, social networks, and cognitions, which are the most important for change in offender risk?
- What does the Offender Section of the PCRA tell us about the presence of elevated criminal thinking among federally supervised offenders? What role does criminal thinking have in whether an offender's overall risk level increases or decreases during supervision?
- Are changes in risk related to supervision outcomes? Are offenders with improving risk classifications witnessing fewer revocations of their probation terms compared to offenders whose risk classifications remain the same or worsen?

By addressing these research questions, we will be able to explore the crucial issue of how much an offender's dynamic criminogenic characteristics and risk levels are changing over time. Interestingly, there have been relatively few empirical investigations of this topic published in the correctional literature. Some of the studies that have used risk assessment instruments for the purpose of tracking dynamic criminogenic factors over time include Howard and Dixon's (2012) multi-wave study of released violent offenders in Great Britain; Brown, Amand, and Zamble's (2009) assessment of male Canadian prisoners over a three-month period, and Schlager and Pacheco's (2011) examination of changes in total and subcomponent LSI-R scores for offenders under community supervision in New Jersey.[6] While the few existing studies have demonstrated some promising findings, their limitations include relatively small study populations (fewer than 200 offenders) and the fact that changes in an offender's dynamic criminogenic needs were not examined across the different risk categories. In other words, these studies did not examine whether the dynamic criminogenic needs of high-risk offenders changed to a greater extent than those of low-risk offenders. The extant study will attempt to further our knowledge by tracking a larger population of offenders placed on federal supervision and examine changes according to an offender's initial risk classification. Details about the study population follow.

### *Study population*

The current study is drawn from a national population of 21,152 offenders placed on federal supervision between May 2010

[5] For more information about the exact definitions of these specific criminal thinking styles see Walters (2013) and AOUSC (2011). For information about the validity and reliability of the PICTS as a means of measuring criminal thinking, see Walters (2013; 2011).

[6] See also Wooditch, Tang, and Taxman (2014); Jones, Brown, and Zamble (2010); Quinsey, Jones, Book, and Barr (2006); and Olver, Wong, Nicolaichuk, and Gordon (2007) for other examples of studies examining the movement of an offender's dynamic risk factors over time.

and December 2011. About 80 percent of these offenders were placed on supervised release, meaning that they had finished an incarceration term under the Federal Bureau of Prisons, while the remainder had been sentenced to a term of straight probation. To examine which offenders had multiple PCRA assessments and track changes in the dynamic factors over time, these 21,152 offenders were tracked from May 1, 2010, through October 31, 2013. During this time, all offenders had at least one PCRA assessment, 73 percent had at least two PRCA assessments, and 37 percent had at least three PCRA assessments (Figure 1). An average of 9 months separated the first from the second PCRA and 17 months separated the first and third PCRA. For the most part, the time periods between PCRA assessments align with judicial policy, which advises that second assessments occur within approximately 6 months of the supervision start date and that third assessments take place within 18 months after an offender's supervision term commences (Judicial Policy Guide, 2012).

The fact that about one-fourth of offenders in the study population never received a second PCRA assessment and three-fifths did not receive a third PCRA assessment illustrates the attrition problem inherent in examining changes in offender risk over time. Offenders may not receive another PCRA assessment for numerous reasons. For example, nearly three-fifths of offenders without second PCRA assessments had their supervision term revoked (18 percent) or received a successful termination (39 percent) prior to their subsequent assessment (not shown in figure). This attrition problem is intrinsic to many studies tracking the performance of offenders regarding their risk levels and will be further detailed in the discussion section. At present, it's important to note that the findings focus on changes in risk for only those offenders who remained under supervision long enough to receive a second and/or third PCRA assessment. They are not applicable to those offenders removed from the study before they were re-assessed.

## Results

### *Examining the risk distribution, criminal thinking styles, and presence of static and dynamic risk factors for supervised offenders*

Figure 2 depicts the risk distribution for federally supervised offenders and the presence of criminal thinking for these offenders. According to the PCRA, 78 percent were classified as either low (41 percent) or low/moderate (37 percent) risk, while the remaining 23 percent fell into the moderate (18 percent) or high risk (5 percent) classification categories.[7] The low-risk distribution skew of federally supervised offenders aligns closely with the risk distribution patterns that have been generated by the RPI since the late 1990s. Basically, both the RPI and PCRA show most federally supervised offenders falling into the lower end of the risk continuum in terms of their likelihood of reoffending (Johnson et al., 2011).

According to the Offender Section of the PCRA, approximately 20 percent of the study population had some form of elevated criminal thinking. This section revealed that 16 percent of supervised offenders had moderately elevated levels and 5 percent had highly elevated levels of criminal thinking. The majority of federally supervised offenders are not shown to have elevated criminal thinking, because the instrument used to measure criminal thinking was normed against a study group of inmates within the Federal Bureau of Prisons and not against the general public. Hence, elevated criminal thinking means that the individual's criminal thinking is significantly greater than the thinking of an average criminal serving time in federal prison.

The next part of this study examines the static and dynamic PCRA risk factors and the extent to which these characteristics vary by the low, low/moderate, moderate, or high risk classification categories. Table 1 shows the scored static and dynamic risk predictors for offenders by their initial risk classifications. Among the static criminal history risk predictors, the PCRA indicates that 76 percent of all supervised offenders have a misdemeanor and/or felony arrest history and 63 percent have a pattern of committing varied offenses. Fewer offenders had a history of committing violent offenses (41 percent) or violating their supervision conditions (36 percent).

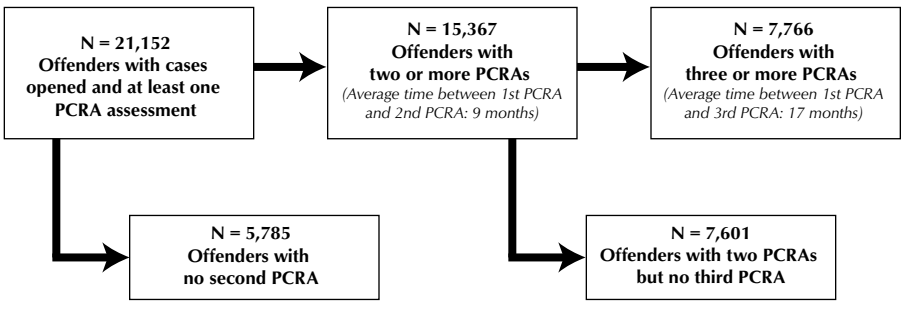
Concerning the dynamic scored factors (i.e., those factors that could potentially change), the PCRA shows that nearly three-fourths of all offenders were either single, divorced, or separated at the start of their supervision period, while approximately two-fifths had less than a high school degree[8] or were unemployed when supervision commenced. Interestingly, less than a fifth of all supervised offenders had current drug (17 percent) or alcohol (9 percent) problems. Finally, poor motivation towards supervision, which the literature shows is strongly correlated with recidivism (see Andrews & Bonta, 2010), was present for 8 percent of offenders.

Not surprisingly, offenders classified in the higher risk categories have more substantial criminal histories than their lower-risk

[7] The judicial policy allows officers to assign supervision levels different from the PCRA risk categories (Judicial Policy Guide, 2012). Data on actual supervision levels were not made electronically available until the beginning of 2013 and hence could not be used for the current study cohort.

[8] Offenders with only a GED and no other degrees are also counted as higher risk, as the research shows that GED degrees by themselves are correlated with higher rates of recidivism (Gendreau, Little, & Goggin, 1996).

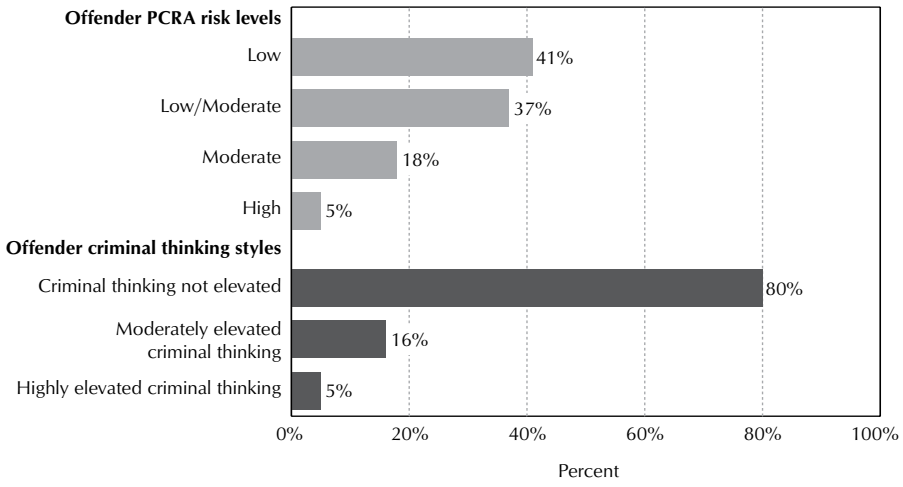
**FIGURE 1.**
*Flow of offenders placed on federal supervision with multiple Post Conviction Risk Assessments (PCRAs)*




Note: Figure includes 21,152 offenders placed into federal supervision between May 2010 and December 2011 Offenders included in study if their first Post Conviction Risk Assessment (PCRA) assessment occurred within three months of their supervision start date or within six months of their pre-supervision start date.

**FIGURE 2.**

*Classification of offenders placed on federal supervision by Post Conviction Risk Assessment and Criminal Thinking Styles*




Note: Includes 21,152 offenders placed into federal supervision between May 2010 and December 2011. Post Conviction Risk Assessment information available for 100% of the 21,152 supervised federal offenders. Criminal thinking information available for 88% of the supervised offenders.

**TABLE 1.**

*Scored Post Conviction Risk Assessment (PCRA) characteristics for offenders placed on federal supervision, by PCRA classifications*

| | | Percent of offenders, by initial risk classification | | | |
|---|---|---|---|---|---|
| **Scored PCRA characteristics** | **Any offender** | **Low** | **Low/ Moderate** | **Moderate** | **High** |
| **Criminal history**[a] | | | | | |
| Prior misdemeanor and/or felony arrest | 76% | 44% | 96% | 100% | 100% |
| Prior violent offense | 41 | 8 | 51 | 80 | 91 |
| Prior varied offending pattern | 63 | 25 | 86 | 98 | 99 |
| Prior violations while on supervision | 36 | 4 | 44 | 78 | 91 |
| Prior institutional adjustment | 21 | 5 | 21 | 47 | 71 |
| **Education & employment** | | | | | |
| Less than high school or has only GED | 42% | 18% | 48% | 73% | 87% |
| Currently unemployed | 40 | 27 | 39 | 63 | 81 |
| Recent unstable work history | 34 | 15 | 33 | 65 | 87 |
| **Drugs & alcohol** | | | | | |
| Current alcohol problem | 9% | 3% | 8% | 18% | 42% |
| Current drug problem | 17 | 4 | 16 | 37 | 67 |
| **Social networks** | | | | | |
| Single, divorced, separated | 74% | 57% | 82% | 92% | 96% |
| Unstable family situation | 18 | 9 | 17 | 31 | 58 |
| No positive prosocial support | 15 | 5 | 13 | 31 | 68 |
| **Cognitions** | | | | | |
| Lacks motivation to change | 8% | 3% | 6% | 16% | 47% |
| **Number of offenders** | 21,152 | 8,665 | 7,822 | 3,713 | 952 |

Note: Includes 21,152 offenders placed into federal supervision between May 2010 and December 2011. Information on scored PCRA items available for 99.5% to 100% of supervised offenders.
Un-scored Post Conviction Risk Assessment items not shown.
[a]Offender age at intake PCRA scoring factor not shown.

counterparts. The percentage of offenders with a history of violent offending increases by risk category: 8 percent for low, 51 percent for low/moderate, 80 percent for moderate, and 91 percent for high risk offenders. Higher-risk offenders also had a greater number of prior arrests than their lower-risk counterparts. The percentage of offenders with 8 or more prior arrests starts at 1% for low-risk offenders and then rises incrementally to 35 percent for low/moderate-risk offenders, 69 percent for moderate-risk offenders, and 82 percent of high-risk offenders (not shown in table).

As with criminal history, moderate and especially high-risk offenders scored higher in the dynamic PCRA risk domains associated with education/employment, substance abuse, social networks, and cognitions in comparison to their lower-risk counterparts. Regarding employment, for example, 81 percent of high-risk and 63 percent of moderate-risk offenders were unemployed at their first PCRA assessment, compared to 39 percent of low/moderate- and 27 percent of low-risk offenders. Not surprisingly, offenders were also more likely to manifest current drug abuse problems if they were classified in the high- (67 percent) or moderate- (37 percent) risk categories than their low/moderate- (16 percent) or low-risk (4 percent) equivalents. Finally, nearly half (47 percent) of high-risk offenders had poor motivation towards supervision compared to offenders in the moderate- (16 percent), low/moderate- (6 percent), or low- (3 percent) risk categories.

Table 2 focuses on the items in the PCRA that are rated but not scored.[9] To reiterate, these are items completed by the officers but not actually utilized in the risk assessment calculation. Some of these are test questions that might be added later to the risk score. The majority of non-scored PCRA items focus on substance abuse issues, social networks, and the presence of several other risk factors. High-risk offenders have significantly more issues related to job stability, using substances in ways that are related to disruption in the work, school, or home environments, or using substances despite continued social problems compared to their lower-risk counterparts. Moreover, high- and moderate-risk offenders were more likely to lack a permanent residence, have criminal risks present at home, deal with

[9] In addition to the non-scored PCRA items shown in Table 2, the PCRA identifies several responsivity-related factors, including offender intelligence, physical handicaps, reading and writing limitations, mental health issues, etc. These responsivity factors were not available for the current analysis.

financial stressors, or associate with negative peers than offenders in the low/moderate- or low-risk categories.

Finally, this table provides information on the presence of criminal thinking, as measured by the Offender Section of the PCRA, for offenders at the different risk levels. To reiterate, the criminal thinking scores are not incorporated directly into the risk assessment; however, they are used to inform officers that an offender's "criminal thinking" should be targeted for intervention. The presence of criminal thinking increases incrementally with risk classification. Approximately a tenth of low-risk, a third of moderate-risk, and two-fifths of high-risk offenders had criminal thinking. Hence, a third or more of moderate- or high-risk offenders are identified as being above the norm, relative to other federal offenders in their criminal thinking patterns.

**TABLE 2.**

*Non-Scored Post Conviction Risk Assessment (PCRA) characteristics for offenders placed on federal supervision, by PCRA classifications*

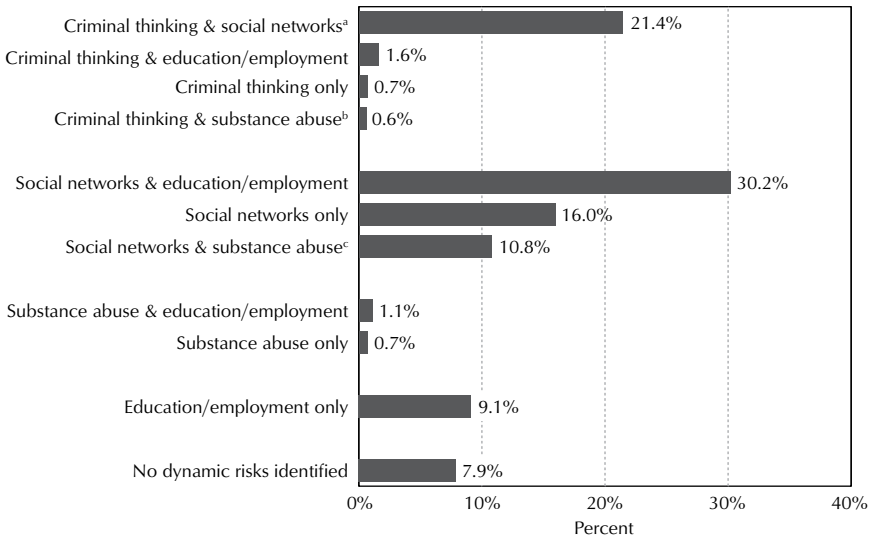
| Non-scored PCRA characteristics & criminal thinking styles | Any offender | Percent of offenders, by initial risk classification | | | |
|---|---|---|---|---|---|
| | | Low | Low/ Moderate | Moderate | High |
| **Criminal history** | | | | | |
| Juvenile arrest | 29% | 8% | 34% | 56% | 70% |
| **Education & employment** | | | | | |
| Multiple jobs past year | 51% | 38% | 53% | 70% | 80% |
| Employed less than 50% over past two years | 53 | 33 | 57 | 80 | 90 |
| **Drugs & alcohol** | | | | | |
| Drug use related to disruption at work, school, or home | 28% | 12% | 32% | 47% | 61% |
| Drug use in physically hazardous conditions | 22 | 12 | 26 | 34 | 44 |
| Drug use led to legal problems | 43 | 22 | 51 | 67 | 80 |
| Drug use continued despite social problems | 32 | 12 | 38 | 54 | 68 |
| **Social networks** | | | | | |
| Does not live with spouse or children | 65 | 53 | 68 | 76 | 79 |
| Lacks family support | 9 | 5 | 8 | 13 | 31 |
| Associates with negative peers or no friends | 17 | 7 | 16 | 31 | 55 |
| **Cognitions** | | | | | |
| Has antisocial values | 14% | 5% | 13% | 28% | 57% |
| **Other factors** | | | | | |
| Lacks permanent residence | 34% | 24% | 37% | 44% | 60% |
| Criminal risks present in home | 11 | 6 | 11 | 18 | 34 |
| Financial stressors present | 37 | 21 | 37 | 62 | 81 |
| Does not engage in prosocial activities | 29 | 17 | 29 | 46 | 69 |
| **Offender criminal thinking styles** | | | | | |
| Elevated criminal thinking | 20% | 9% | 22% | 34% | 40% |
| Moderately elevated criminal thinking | 16 | 8 | 17 | 25 | 27 |
| Highly elevated criminal thinking | 5 | 2 | 5 | 8 | 13 |
| **Number of offenders** | 21,152 | 8,665 | 7,822 | 3,713 | 952 |

Note: Includes 21,152 offenders placed into federal supervision between May 2010 and December 2011.
Information on non-scored PCRA items available for 95% to 100% of supervised offenders.
Criminal thinking information available for 88% of supervised offenders.
Scored PCRA items not shown.

Figure 3 examines the most prominent dynamic criminogenic characteristics for offenders in the study cohort. When probation officers assess offenders for the purpose of supervision planning, they are encouraged to tailor those plans according to the most prominent criminogenic needs identified by PCRA. The PCRA uses hierarchical rules driven by both theory and research to rank those needs by order of importance. Research shows that the most effective treatment strategies focus first on changing criminal thinking, followed by addressing social networks, treating substance abuse problems, and assisting in job placement or educational attainment (Andrews & Bonta, 2010; Andrews, Bonta, & Hoge, 1990; Gendreau, Little, & Goggin, 1996). Hence, if the assessment indicates that an offender has criminal thinking, social network, and substance abuse issues, it encourages officers to address criminal thinking and social networks before substance abuse by displaying them in the appropriate order.

The most commonly occurring dynamic criminogenic factors are a combination of criminal thinking and social network issues. Social networks were the primary dynamic factor for 57 percent of offenders and elevated criminal thinking was the primary dynamic factor for another 24 percent of offenders. Interestingly, elevated levels of criminal thinking were rarely a problem by themselves, but were typically associated with social networks or substance abuse problems. For those offenders for whom poor social networks were the primary criminogenic factor, these problems were frequently accompanied by education/employment or substance abuse issues. The remaining offenders had either education/employment issues alone (9 percent) or no dynamic needs (8 percent) that required addressing. According to the PCRA, relatively few offenders (2 percent) have only substance abuse as their primary or only criminogenic need. In fact, substance abuse problems typically were conjoined with other criminogenic factors involving negative supervision attitudes, elevated levels of criminal thinking, and poor social networks.

**FIGURE 3.**
*Top two dynamic Post Conviction Risk Assessment (PCRA) characteristics for offenders placed on federal supervision*




Note: Includes 21,152 offenders placed into federal supervision between May, 2010 and December, 2011. Information on dynamic PCRA factors available for 100% of offenders.
Criminal thinking identified through both the cognition and criminal thinking sections of the PCRA.
[a] 83% of offenders with criminal thinking and social network problems also had education/employment issues, and 34% of offenders with criminal thinking and social network problems also had substance abuse issues.
[b] 76% of offenders with criminal thinking and substance abuse problems also had education/employment issues.
[c] 76% of offenders with social networks and substance abuse problems also had education/employment issues

### *Exploring changes in risk levels and examining which dynamic risk characteristics change the most during an offender's supervision term*

For the remainder of this article, we will examine the extent to which the risk levels of supervised offenders are changing over time. Specifically, the next several figures and tables examine which dynamic criminogenic factors most contribute to the increase or decrease of an offender's risk levels and whether changes in risk are related to the successful completion of supervision terms.

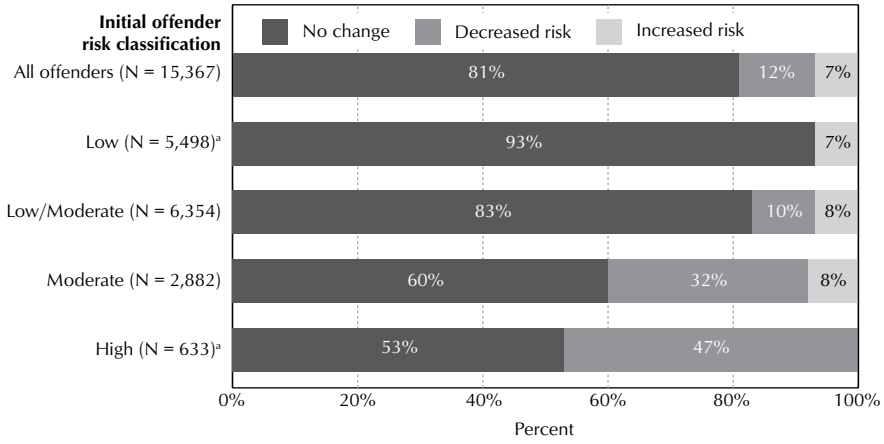
Figure 4 explores changes in the risk classification (i.e., the percentage of offenders moving from a higher to lower risk category or vice versa) for supervised offenders between their first and second PCRA assessments. Overall this figure indicates that many high-risk offenders improve by moving to a lower risk level in a subsequent assessment. Among offenders initially classified as high risk, 47 percent had moved to a lower risk level in their second assessment; moreover, 32 percent of moderate-risk offenders were reclassified into a lower risk group at their second assessment. For offenders initially placed into the low/moderate- or low-risk categories, relatively few manifested increasing PCRA risk classifications. Only 7–8 percent of low- or low/moderate-risk offenders saw a worsening of their risk classification. The reclassification of many high-risk offenders into lower-risk categories, combined with the relative stability of offenders initially marked as low-risk, represents an encouraging finding.

Figure 5 shows similar, though more pronounced, movements in the risk classifications among offenders with at least three PCRA assessments. Approximately two-thirds (65 percent) of high-risk and about half (47 percent) of moderate-risk offenders were moved to a lower risk category in their third assessment. For offenders in the low/moderate- or low-risk categories at initial assessment, nearly 90 percent saw no changes or improvements in their PCRA risk classifications between assessments. Finally, the percentage of offenders with increased risk classifications ranged from 8 percent of moderate to 12 percent of low- or low/moderate-risk offenders.

One factor that influences whether an offender's PCRA risk classification increases or decreases over time is the presence of elevated levels of criminal thinking. The relationship between criminal thinking and changing PCRA risk levels is explored in Table 3. This table shows that offenders with elevated levels of criminal thinking were more likely to receive increased risk classifications between their first and second assessments compared to offenders without criminal thinking. For example, low-risk offenders with elevated criminal thinking were nearly twice as likely to be placed in a higher PCRA risk category by their second assessment (12 percent) compared to low-risk offenders without elevated criminal thinking (7 percent).[10] Conversely, a larger

[10] $\chi^2(1) = 15.76$, $p < .001$.

**FIGURE 4.**
*Changes in risk classification for offenders placed on federal supervision with at least two Post Conviction Risk Assessment (PCRA) evaluations*




Note: Includes 15,367 offenders placed into federal supervision between May 2010 and December 2011 with at least two PCRA assessments. The 5,785 offenders with only one PCRA assessment during the study period were excluded from the figure.
[a]Offenders with the lowest PCRA risk classification cannot receive a decrease in their PCRA risk level and offenders in the highest risk classification cannot receive an increase in their PCRA risk level.

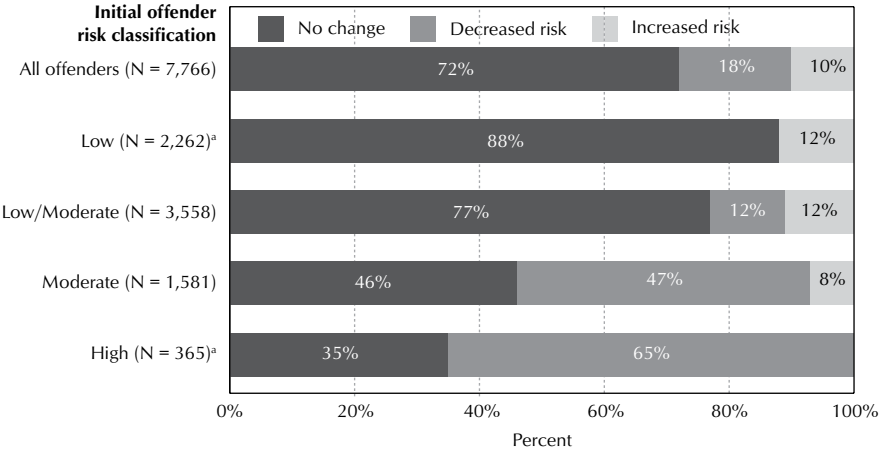
percentage of moderate-risk offenders without elevated criminal thinking (34 percent) were reclassified into a lower PCRA risk category by their second assessment than moderate-risk offenders with elevated criminal thinking (28 percent).[11] High-risk offenders without elevated criminal thinking were also more likely to be placed into a lower risk category by their second assessment (51 percent) compared to their high-risk counterparts with elevated criminal thinking (43 percent).[12]

[11] $\chi^2(2) = 18.08$, $p < .001$.

[12] These differences tested at the .10 but not at the .05 level. $\chi^2(1) = 3.34$, $p = .068$.

**FIGURE 5.**

*Changes in risk classification for offenders placed on federal supervision with at least three Post Conviction Risk Assessment (PCRA) evaluations*




Note: Includes 7,766 offenders placed into federal supervision between May 2010 and December 2011 with at least three PCRA assessments. The 13,386 offenders with fewer than three PCRA assessments during the study period were excluded from the figure.

[a]Offenders with the lowest PCRA risk classification cannot receive a decrease in their PCRA risk level and offenders in the highest risk classification cannot receive an increase in their PCRA risk level.

**TABLE 3.**

*Changes in Post Conviction Risk Assessment (PCRA) classification for offenders placed on federal supervision, by offender criminal thinking styles*

| Initial offender PCRA risk levels & offender criminal thinking styles | Number of offenders | Percent of offenders with changes in PCRA risk classification | | |
|---|---|---|---|---|
| | | No change | Decreased risk | Increased risk |
| **Low** | | | | |
| Criminal thinking not elevated | 4,045 | 93% | –% | 7% |
| Elevated criminal thinking | 452 | 88 | – | 12 |
| **Low/moderate** | | | | |
| Criminal thinking not elevated | 4,544 | 83% | 10% | 7% |
| Elevated criminal thinking | 1,329 | 83 | 7 | 11 |
| **Moderate** | | | | |
| Criminal thinking not elevated | 1,821 | 60% | 34% | 7% |
| Elevated criminal thinking | 905 | 61 | 28 | 11 |
| **High** | | | | |
| Criminal thinking not elevated | 377 | 49% | 51% | –% |
| Elevated criminal thinking | 220 | 57 | 43 | – |

Note: Includes offenders placed into federal supervision between May, 2010 and December, 2011 with at least two PCRA assessments. Information on criminal thinking styles available for about 90% of offenders with multiple PCRA assessments.

– Not applicable as offenders with the lowest PCRA risk classification cannot receive a decrease in their PCRA risk level and offenders with the highest risk classification cannot receive an increase in their PCRA risk level.

The next several tables examine which of the dynamic PCRA factors most affect the movement of offenders across risk categories. Basically, these tables measure how changes to the dynamic criminogenic factors of education/employment, substance abuse, social networks, or cognitions influence changes in risk levels over time.

Offenders initially classified as high risk experienced the greatest changes in their dynamic risk predictors by their second assessment, with those factors related to employment or substance abuse improving more than the social networks or cognitions domains (see Table 4). For example, according to the PCRA, approximately 80 percent or more of high-risk offenders were either currently unemployed (79 percent) or lacked a recent stable work history (87 percent) at their initial assessment. By their second assessment, the percentage of currently unemployed high-risk offenders had declined to 49 percent,[13] and the percentage of these offenders with a recent unstable work history had decreased to 66 percent.[14] Regarding drug abuse, 67 percent of high-risk offenders had current drug abuse problems at their first assessments, a figure reduced to 45 percent when the next assessment occurred.[15] A similar pattern for high-risk offenders occurred with the alcohol abuse characteristic, which declined from 44 percent to 29 percent between PCRA assessments.[16]

High-risk offenders also saw improvements in their social network and cognition domains; although significant, these changes were not as extensive as the improvements in the domains of employment and substance abuse. Concerning cognitions, the proportion of high-risk offenders with poor motivation towards supervision declined from 42 percent to 34 percent during the period between assessments.[17] The social network factors of instability in the family and social support also

[13] $t(632) = 13.91$, $p < .001$. Since the PCRA characteristics of the same group of offenders are being measured at two different points, we performed repeated measures of t-tests involving paired samples to assess whether these differences were statistically significant. Although t-tests typically measure differences in means across two different time points or groups, these tables show percentages rather than mean scores. Since all the dynamic PCRA factors listed in these tables have scores of 0 or 1, the percentages can be readily converted into mean scores for the purposes of a t-test.

[14] $t(632) = 11.49$, $p < .001$.

[15] $t(632) = 10.94$, $p < .001$.

[16] $t(631) = 8.81$, $p < .001$.

[17] $t(631) = 3.99$, $p < .001$.

**TABLE 4.**
*Individual Post Conviction Risk Assessment (PCRA) characteristics for offenders placed on federal supervision between their first and second assessments, by initial risk classification*

| Scored dynamic PCRA characteristics | PCRA characteristics of offenders at their 1st and 2nd assessments, by initial risk classification | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | Low | | Low/Moderate | | Moderate | | High | |
| | 1st PCRA | 2nd PCRA | 1st PCRA | 2nd PCRA | 1st PCRA | 2nd PCRA | 1st PCRA | 2nd PCRA |
| **Education & employment** | | | | | | | | |
| Less than high school or has only GED | 18% | 18% | 47% | 47% | 73% | 71% | 86% | 83% |
| Currently unemployed | 26 | 21 | 38 | 26 | 63 | 39 | 79 | 49 |
| Recent unstable work history | 15 | 15 | 33 | 26 | 65 | 50 | 87 | 66 |
| **Drugs & alcohol** | | | | | | | | |
| Current alcohol problem | 3% | 3% | 8% | 7% | 18% | 13% | 44% | 29% |
| Current drug problem | 4 | 5 | 16 | 14 | 37 | 30 | 67 | 45 |
| **Social networks** | | | | | | | | |
| Single, divorced, separated | 59% | 60% | 82% | 81% | 92% | 90% | 96% | 93% |
| Unstable family situation | 9 | 10 | 16 | 17 | 30 | 29 | 57 | 50 |
| No positive prosocial support | 5 | 5 | 13 | 11 | 30 | 26 | 64 | 54 |
| **Cognitions** | | | | | | | | |
| Lacks motivation to change | 3% | 5% | 6% | 9% | 15% | 18% | 42% | 34% |
| Number of offenders with at least 2 PCRAs | 5,498 | 5,498 | 6,354 | 6,354 | 2,882 | 2,882 | 633 | 633 |

Note: Includes offenders placed on federal supervision between May 2010 and December 2011 who received at least two PCRA assessments. Criminal history PCRA characteristics not shown as these factors are relatively static.
Information on changes in individual PCRA scores available for 99% to 100% of 15,367 offenders with at least two PCRA assessments.
Percentages may differ from Table 1 as population examined narrowed to include offenders with at least two assessments.
Non-scored PCRA items not shown.

improved for high-risk offenders; with the percentage of these offenders without positive prosocial support networks declining from 64 percent to 54 percent[18] and the percentage in unstable family situations decreasing from 57 percent to 50 percent.[19] The factors that changed the least were education and marital status. Relatively few high-risk offenders acquired additional education or changed their marital status by their second assessment.

Offenders initially classified as moderate risk also witnessed improvements in most of their dynamic PCRA domains. Similar to their high-risk counterparts, moderate-risk offenders saw the most substantial changes in the dynamic characteristics of current employment, recent job stability, and existing drug problems. For instance, over three-fifths of moderate-risk offenders (63 percent) were unemployed at their first assessment, while approximately two-fifths (39 percent) of these offenders were still unemployed at the second assessment.[20] Moderate-risk offenders experienced less progress in the social networks, cognitions, and education domains.

The fewest changes occurred amongst those offenders classified in the low or low/moderate risk categories. This is not surprising, as the overall risk classifications for most low- and low/moderate-risk offenders remained unchanged during their supervision periods. Despite this relative stability, the largest improvements occurred in unemployment, which decreased for both sets of offenders.

An examination of changes in the dynamic PCRA domains between the first and third assessments produces similar but more pronounced results. Specifically, high- and moderate-risk offenders saw substantial improvements in the employment and substance abuse domains, while changes in the education, marital status, family stability, and cognitions domains were less considerable. Both moderate- and high-risk offenders, however, did experience sizeable improvements in the social support domain. The percentage of high-risk offenders without prosocial support networks declined from 63 percent to 42 percent from the first to the third PCRA.[21] There were fewer notable changes in the dynamic PCRA domains for offenders in the low- or low/moderate-risk categories (see Table 5).

### *Decomposing the influence of individual PCRA predictors on the movement of offenders across risk categories*

The next component of this analysis uses decomposition methods to examine the influence of individual PCRA predictors on the movement of offenders across risk categories. The decomposition approach works by calculating the percentage contribution of each scored PCRA factor to the reclassification of offenders into different risk categories. We compute changes in the aggregate scores for each PCRA factor from one assessment to the next and then calculate how much changes in these individual factors contribute to the total changes in an offender's risk classification. By decomposing changes in the aggregate PCRA scores, we can examine the contribution of each PCRA factor to the reclassification of offenders. The actual decomposition equations are provided in the article's appendix.

[18] $t(632) = 5.99$, $p < .001$.

[19] $t(632) = 4.41$, $p < .001$.

[20] $t(2881) = 24.10$, $p < .001$.

[21] $t(364) = 7.50$, $p < .001$.

**TABLE 5.**

*Individual Post Conviction Risk Assessment (PCRA) characteristics for offenders placed on federal supervision between their first and third assessments, by initial risk classification*

| Scored dynamic PCRA characteristics | PCRA characteristics of offenders at their 1st and 3rd assessments, by initial risk classification | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | Low | | Low/Moderate | | Moderate | | High | |
| | 1st PCRA | 3rd PCRA | 1st PCRA | 3rd PCRA | 1st PCRA | 3rd PCRA | 1st PCRA | 3rd PCRA |
| **Education & employment** | | | | | | | | |
| Less than high school or has only GED | 20% | 20% | 48% | 47% | 74% | 70% | 86% | 80% |
| Currently unemployed | 26 | 17 | 37 | 21 | 63 | 30 | 80 | 38 |
| Recent unstable work history | 15 | 15 | 32 | 23 | 63 | 37 | 87 | 52 |
| **Drugs & alcohol** | | | | | | | | |
| Current alcohol problem | 2% | 4% | 7% | 6% | 18% | 10% | 47% | 20% |
| Current drug problem | 5 | 6 | 16 | 13 | 36 | 21 | 67 | 27 |
| **Social networks** | | | | | | | | |
| Single, divorced, separated | 62% | 62% | 82% | 80% | 91% | 87% | 96% | 90% |
| Unstable family situation | 9 | 11 | 16 | 18 | 29 | 27 | 55 | 41 |
| No positive prosocial support | 5 | 5 | 12 | 11 | 29 | 20 | 63 | 42 |
| **Cognitions** | | | | | | | | |
| Lacks motivation to change | 3% | 7% | 6% | 10% | 14% | 17% | 40% | 31% |
| Number of offenders with at least 3 PCRAs | 2,262 | 2,262 | 3,558 | 3,558 | 1,581 | 1,581 | 365 | 365 |

Note: Includes offenders placed on federal supervision between May 2010 and December 2011 who received at least two PCRA assessments. Criminal history PCRA characteristics not shown as these factors are relatively static.
Information on changes in individual PCRA scores available for 99% to 100% of 15,367 offenders with at least two PCRA assessments.
Percentages may differ from Table 1 as population examined narrowed to include offenders with at least two assessments.
Non-scored PCRA items not shown.

For those offenders with a lower risk classification by their second assessment, the decomposition analysis shows that changes in the domains of education/employment and substance abuse contributed more than changes in social networks and cognitions to the movement of offenders across risk categories (see Table 6).[22] Among high-risk offenders reclassified into the moderate or low/moderate risk levels, the education/employment factors contributed to 40 percent of this downward change, while the substance abuse factors accounted for 28 percent of this change. Changes in the combined domains of changes in education/employment and substance abuse accounted for 68 percent of the decreased risk for high-risk offenders.

Decomposition methods show that changes in education/employment and substance abuse have similar effects for moderate or low/moderate offenders. Among low/moderate- or moderate-risk offenders, changes in the education/employment factors accounted for slightly over half (52 percent) of their decreased risk classification. Changes in the substance abuse factors contributed to 22–25 percent of their reclassification toward lower risk. Taken together, approximately three-fourths of the downward reclassification in risk for moderate-or low/moderate-risk offenders can be explained by changes in the education/employment and substance abuse domains.

In comparison to education/employment and substance abuse, the PCRA factors associated with social networks and cognitions contributed less to improved risk levels between assessments. About a third of the decrease among high-risk offenders reclassified at lower risk levels can be explained by changes in offender social networks or cognitions. For moderate- or low/moderate-risk offenders, 24–27 percent of reduced risk classifications are accounted for by changes in social networks or cognitions. Moreover, within the education/employment domain, changes in employment contributed most to the reduction in offender risk. Education, by itself, accounted for only 1–2 percent of the movement of offenders to lower risk categories.

When examining offenders with increased risk classifications, the influence of the PCRA factors varies by the initial risk classification. For example, the PCRA domain of criminal history had an influential role in the elevation of low-risk offenders to higher risk levels. Increased criminal history factors contributed to nearly 40 percent of the movement of low-risk offenders to a higher risk category. Among all the criminal history predictors, prior violations while under supervision and prior arrest were the most influential; these two factors combined accounted for 22 percent of the reclassification of low-risk offenders to an elevated risk category. Basically, this finding implies that some low-risk offenders are picking up new arrest charges and these charges are being recorded at the next assessment. Criminal history, however, was not as important for moderate-risk offenders receiving higher risk classifications. For moderate-risk offenders with increased risk classifications, changes in an offender's attitudes towards supervision (i.e., cognitions) (23 percent) and current

[22] The PCRA factors associated with criminal history had no impact on the movement of offenders to lower risk levels, as criminal history scores cannot improve between assessments.

drug problems (15 percent) alone accounted for almost 40 percent of the movement into a higher risk category.[23]

### *Examining whether changes in risk were associated with improved supervision outcomes*

Table 7 examines whether offenders with improved risk classifications were revoked from supervision less frequently than their counterparts whose risk classifications remained the same or increased. Analyzing this issue allows us to begin exploring if improving risk classifications actually result in better supervision outcomes. We examined revocations rather than re-arrest outcomes because at the time this analysis was conducted re-arrest data were not available. Unlike arrests, revocations are an imperfect measure of offender misconduct because they depend on the supervising officer who has responsibility for recommending revocation (Baber, 2010). This imperfect measure of offender behavior, however, still represents a useful approach for evaluating the real-world impacts of changes in PCRA risk categories between assessments.

The findings in Table 7 show that the lowering of risk does correlate with better supervision outcomes, at least for revocations. High-risk offenders who remained in the same risk category, for example, were two times more likely to be revoked (35 percent) compared to high-risk offenders with decreased risk classifications (15 percent). Among moderate-risk offenders, 38 percent were revoked if their risk classification increased and 19 percent had a revocation if their risk classification remained unchanged; however, for those moderate-risk offenders with a decrease in their risk levels, 9 percent were revoked. The same pattern of reduced risk levels being associated with decreased revocation rates also held for low/moderate-risk offenders. The percentage of offenders in the low/moderate-risk category revoked was eight times higher if their risk classification increased (25 percent) compared to low/moderate-risk offenders with a decrease in their risk classification levels (3 percent). Even low-risk offenders were five times more likely to be revoked if they were reclassified into a higher risk level (9 percent) compared to their counterparts with no changes between assessments (2 percent).[24]

[23] It should be noted that decompositions examining the contribution of the individual PCRA factors to the reclassification of offenders into different risk categories were also conducted for offenders with three PCRA assessments. These decompositions produced results that generally mirror the decompositions for offenders with two PCRA assessments.

[24] Chi-Square tests showed statistically significant differences in revocation rates by changes in risk levels at the .001 level for all reported percentages shown.

**TABLE 6.**

*Decomposing individual contribution of Post Conviction Risk Assessment (PCRA) characteristics to changes in risk classification for offenders placed on federal supervision, at second assessment*

| | Offenders with decreased risk classification, by initial risk level[a] | | | Offenders with increased risk classification, by initial risk level[b] | | |
|---|---|---|---|---|---|---|
| **Scored PCRA characteristics** | **Low/moderate** | **Moderate** | **High** | **Low** | **Low/moderate** | **Moderate** |
| Total | 100% | 100% | 100% | 100% | 100% | 100% |
| **Criminal history** | 0% | 0% | 0% | 39% | 16% | 7% |
| Prior misdemeanor and/or felony arrest | 0 | 0 | 0 | 11 | 5 | 2 |
| Prior violent offense | 0 | 0 | 0 | 6 | 2 | 1 |
| Prior varied offending pattern | 0 | 0 | 0 | 8 | 2 | 0 |
| Prior violations while on supervision | 0 | 0 | 0 | 11 | 6 | 2 |
| Prior institutional adjustment | 0 | 0 | 0 | 2 | 1 | 2 |
| Age at intake | 0 | 0 | 0 | 1 | 0 | 0 |
| **Education & Employment** | 52% | 52% | 40% | 21% | 23% | 18% |
| Less than high school or has only GED | 1 | 2 | 2 | 1 | 2 | 1 |
| Currently unemployed | 32 | 29 | 21 | 11 | 12 | 8 |
| Recent unstable work history | 18 | 21 | 17 | 9 | 10 | 9 |
| **Drugs & alcohol** | 22% | 25% | 28% | 14% | 24% | 23% |
| Current alcohol problems | 9 | 9 | 10 | 6 | 8 | 8 |
| Current drug problems | 13 | 16 | 18 | 9 | 15 | 15 |
| **Social networks** | 21% | 19% | 21% | 16% | 21% | 29% |
| Single, divorced, separated | 5 | 3 | 2 | 4 | 3 | 1 |
| Unstable family situation | 8 | 6 | 9 | 8 | 10 | 14 |
| No positive prosocial support | 8 | 9 | 10 | 4 | 8 | 14 |
| **Cognitions** | 6% | 5% | 11% | 10% | 15% | 23% |

Note: Decomposition techniques used to assess the contribution of each scored PCRA risk characteristic to the movement of offenders into a higher or lower risk classification category. Percentages may not sum to totals because of rounding error.
See text for more details about decomposition calculations.
[a]Low risk offenders not shown as they cannot receive deceases in their risk classifications.
[b]High risk offenders not shown as they cannot receive increases in their risk classifications.

**TABLE 7.**
*Revocation among offenders placed on federal supervision with increased, decreased, or unchanged PCRA risk classifications*

| Initial PCRA classification | Change in PCRA risk classification | Number of offenders | Open Status | Case terminated | |
|---|---|---|---|---|---|
| | | | | Early or successful | Revocation or unsuccessful |
| **Low** | No change | 5,133 | 67% | 32% | 2% |
| | Increased risk | 365 | 67 | 24 | 9 |
| **Low/Moderate** | No change | 5,247 | 76% | 18% | 6% |
| | Decreased risk | 610 | 73 | 24 | 3 |
| | Increased risk | 497 | 67 | 8 | 25 |
| **Moderate** | No change | 1,723 | 72% | 10% | 19% |
| | Decreased risk | 919 | 77 | 14 | 9 |
| | Increased risk | 240 | 54 | 8 | 38 |
| **High** | No change | 337 | 59% | 6% | 35% |
| | Decreased risk | 296 | 76 | 10 | 15 |

Note: Includes offenders placed into federal supervision between May 2010 and December 2011 with at least two PCRA assessments. Information on offender revocation status available for 100% of offenders.

## Discussion

This study sought to assess how offenders' risk classifications changed during their time under federal supervision. Several issues were explored, including the risk levels and presence of criminal thinking and the different static and dynamic factors prevalent in the four PCRA risk categories. We also examined whether the overall risk levels increased or decreased for supervised offenders. Moreover, the influence of the individual PCRA domains was explored to determine which of these dynamic factors most contributed to increases or decreases in an offender's risk level. Finally, we studied the relationship between changes in offender risk levels and the supervision outcome of revocation.

We found that the majority of offenders under federal supervision (78 percent) were classified as either low or low/moderate risk at the start of their supervision period. The fact that a minority of offenders fall on the higher end of the risk distribution implies that intensive supervision need not be dispersed widely across the entire population. Rather, explicit in the RNR model is the idea that the majority of resources and personnel should be directed at the smaller percentage of offenders classified at the higher risk levels. The PCRA identifies a variety of criminogenic factors for which these offenders require interventions, including job training and placement, substance abuse treatment, and counseling in the areas of family stability and prosocial support networks. While elevated criminal thinking was present in a minority (20 percent) of all offenders, over a third of moderate- and high-risk offenders had elevated levels of criminal thinking. Since criminal thinking has been shown to be highly correlated with criminal behavior, the PCRA reinforces using various cognitive behavior techniques to target the thinking patterns and styles of offenders in these highest risk categories.

This study also found that many offenders initially placed in the highest risk categories are reclassified into lower risk levels by their next assessment. This was especially true for high-risk offenders; about half of these offenders received a reduction in risk by their second assessment and nearly-two thirds were moved into a lower risk category by their third assessment. These results show that, according to the PCRA, many high-risk offenders decrease their risk to recidivate during their supervision term. In comparison with their higher-risk counterparts, the offenders in the low or low/moderate risk categories experience relative stability in their classifications while under supervision.

For those offenders moving from a higher to lower risk level, most of these changes were driven by improvements in the dynamic factors associated with employment and substance abuse. The PCRA factors related to cognitions and prosocial support networks did not contribute to the lowering in risk classification at levels similar to employment and substance abuse because they did not change as dramatically between assessments.

Several explanations might account for why the PCRA domains associated with social networks and cognitions change less dramatically compared to employment and substance abuse. First, it is much more difficult for probation officers to alter an offender's attitude towards supervision, bring stability to an offender's family, or encourage an offender to become more deeply involved in prosocial networks than it is to provide job placement assistance or substance abuse treatment. Moreover, many federal probation offices traditionally allocate resources to and focus on assisting their clients in obtaining employment and/or seeking substance abuse treatment. Fewer resources have been apportioned to the provision of interventions that could assist in improving an offender's social networks or criminal thinking attitudes. Finally, the role of conditions imposed at sentencing could affect the types of services provided to offenders. At the time of sentencing, judges can and often do impose conditions related to obtaining employment, abstaining from illegal substances, paying fines and restitution fees, and engaging in community service. In fact, employment requirements are standard supervision conditions, and substance abuse treatment is a commonly imposed probation condition. By statute and policy, probation officers are required to focus on these various imposed probation conditions before addressing other criminogenic needs and issues that may actually be driving risk of recidivism.

For offenders with increasing risk levels, the factors associated with criminal history were important drivers for low-risk offenders, while for moderate-risk offenders, increased risks related to supervision attitudes and current drug problems were more crucial. Technical violations or new arrests led to enhanced risk classifications for offenders in the lower risk categories. Conversely, deterioration in supervision attitudes or substance abuse problems created the context to move moderate offenders into the highest risk category. Criminal history had less impact for moderate-risk offenders, as these predictors were already at relatively high levels and hence had limited potential to reclassify moderate offenders into higher risk levels.

Another major finding involves the role of elevated criminal thinking, as measured by the Offender Section of the PCRA, in determining whether offenders are reclassified into higher or lower risk levels. Basically, offenders with elevated criminal thinking received decreases in their risk classifications less frequently and

witnessed increases in their risk levels to a greater extent compared to their counterparts without criminal thinking. These findings suggest that federal probation officers should use the criminal thinking scores to inform their understanding of how offenders might behave during their supervision term.

Finally, changes in offender risk were associated with improved supervision outcomes. Specifically, offenders with decreased risk classifications were less likely to have their supervision term revoked compared to their counterparts whose risk level either remained unchanged or increased. Conversely, increases in offender risk were associated with higher rates of revocations. Hence, changes in an offender's risk classification have implications beyond the simple adjustment in risk groupings. A lowering of the risk level indicates that the likelihood of an offender recidivating has been reduced. Hence, probation officers might want to readjust downwards the amount of time and resources being devoted to offenders with decreasing risk levels. Alternatively, probation officers should pay special attention and allocate additional time and resources to those offenders reclassified into higher risk levels.

In summary, these results show that many high-risk offenders move to a lower risk category by their next assessment and that most of these changes were driven by improvements in offenders' employment and substance abuse-related characteristics. Most important, decreases in risk classifications translated into actual decreases in revocations. Those offenders experiencing decreases in their risk levels were less likely to have their terms revoked compared to offenders with stable or increased risk classifications.

While the results detailed above are encouraging, they need to be tempered by the problem of selection bias. Specifically, this study can observe only those offenders who remained under supervision for enough time to receive a second and/or third PCRA assessment. Offenders under federal supervision might not receive another PCRA assessment for several reasons. Between the first and second PCRA assessments, the offender's supervision term could have been revoked or the offender could have received an early or successful case termination. Instances where an offender's supervision term has been revoked are especially problematic, because that may result in the highest-risk offenders being removed from observation prior to their next assessment. Conversely, moderate- and high-risk offenders receiving a second assessment might possess attributes making success more probable.

Of course, there is no way of knowing how revoked offenders would have performed, because they have been terminated from federal supervision. It is possible, however, to examine whether offenders with only one assessment are substantially worse in terms of their PCRA risk factors compared to offenders with multiple PCRAs. The results of this comparison are provided in Appendix Table 1, and in general provide mixed evidence for selection effects. High- and moderate-risk offenders with multiple PCRA assessments have similar criminal history, education/employment, and substance abuse characteristics compared to their counterparts with only one assessment. The major differences between offenders with one versus multiple assessments are in the areas of cognitions and criminal thinking. Where these two factors are present, the likelihood of subsequent PCRAs decreases.

These findings imply that selection effects influence this research to a certain extent. While it's important to acknowledge these selection effects, the evidence for selection bias is not overwhelming. High- and moderate-risk offenders with multiple PCRAs still have elevated scores in criminal thinking and motivation to change compared to their lower-risk counterparts; they just are not elevated to the same extent as those of offenders with only one PCRA assessment. Moreover, while it is not possible to state how much these results would change if we had multiple PCRAs completed for the entire population, it is reasonable to expect that a sizable percentage of offenders in the higher risk categories would still see reductions in their risk classifications between assessments. It is important, however, to qualify our findings by noting that they apply only to offenders who remain under federal supervision and received multiple PCRAs during the study period.

## Conclusion

This study has produced several important findings regarding the behavior of federally supervised offenders. We have shown that many offenders initially classified at the highest risk levels moved to a lower risk category over time and that these changes were mostly driven by improvements in offenders' employment and substance abuse-related dynamic factors. We have also demonstrated that improvements in offender risk produced tangible results in terms of lower offender revocation rates during their supervision period.

While these results are promising, they also suggest future avenues of research that should be explored. In particular, it is crucial to examine whether offenders with reductions in their risk levels were arrested less frequently compared to their counterparts who witnessed either no changes or increases in their risk classifications. It's also worthwhile exploring whether changes in certain dynamic PCRA risk factors reduced the probability of new arrests to a greater extent than changes in other PCRA factors. For example, we may find that improvements in an offender's attitude towards supervision had a greater impact than obtaining employment or receiving substance abuse treatment on the likelihood of being arrested for a new crime. Finally, this study touched briefly on the relationship between criminal thinking and offender risk levels and criminal conduct. Subsequent research should explore how various patterns of criminal thinking are correlated with changes in offender risk and criminal misconduct over time.

## References

Administrative Office of the U.S. Courts (AOUSC) (2011). *An Overview of the federal Post Conviction Risk Assessment*. Washington, D.C.: Administrative Office of the U.S. Courts.

Alexander, M., & VanBenschoten, S. (2008). The evolution of supervision in the federal probation system. *Federal Probation*, *72*(2), 15-21.

Andrews, D. A., Bonta, J., & Hoge, R. D. (1990). Classification for effective rehabilitation: Rediscovering psychology. *Criminal Justice and Behavior*, *17*, 19-52.

Andrews, D., & Bonta, J. (1998). *The psychology of criminal conduct (2nd Edition)*. Cincinnati, OH: Anderson Publishing.

Andrews, D., & Bonta, J. (2010). *The psychology of criminal conduct (5th Edition)*. Cincinnati, OH: Anderson Publishing.

Baber, L. (2010). Results-Based framework for post-conviction supervision recidivism analysis. *Federal Probation*, *73*(3) 5-10.

Bonta, J. (1996). Risk-Needs assessment and treatment. In A.T. Harland (Ed.), *Choosing correctional options that work: Defining the demand and evaluating the supply* (pp. 18-32). Thousand Oaks, CA: Sage.

Bonta, J., & Andrews, D.A. (2007). *Risk-Need-Responsivity model for offender assessment and rehabilitation.* Ottawa, ON: Public Safety Canada.

Bonta, J., & Wormith, S. (2007). Risk and need assessment, in G. McIvor & P. Raynor (Eds.), *Developments in social work with offenders* (pp. 131-152). London, England: Jessica Kingsley.

Brown, S. L., St. Amand, M. D., & Zamble, E. (2009). The dynamic prediction of criminal recidivism: A three wave prospective study. *Law and Human Behavior*, *33*, 25-45.

Burgess, E.W. (1928). Factors determining success or failure on parole. In A. Bruce, E. Burgess, & A. Harno (Eds.), *Prediction and classification: Criminal justice decision making* (pp. 205-239). Chicago, IL: University of Chicago Press.

Connolly, M. (2003). *A critical examination of actuarial offender-based prediction assessments: Guidance for the next generation of assessments*. Washington, D.C.: U.S. Department of Justice, National Institute of Justice.

Decision Support Systems, Report # 1009 (2014). *Post Conviction Risk Assessment instrument and supervision levels national metrics.* Internal report retrieved from http://www.uscourts.gov.

Federal Judicial Center (1997). *RPI profiles: Descriptive information about offenders grouped by their RPI scores*. Washington, D.C.: Federal Judicial Center.

Gendreau, P., Little, T., & Googin, C. (1996). A meta-analysis of the predictors of adult offender recidivism: What works! *Criminology*, *34*(4), 575-607.

Gottfredson, D., & Snyder, H. (2005). *The mathematics of risk classification: Changing data into valid instruments for juvenile courts*. Washington, D.C.: U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention.

Howard, P., & Dixon, L. (2013). Identifying change in the likelihood of violent recidivism: Casual dynamic risk factors in the OASys violence predictor. *Law and Human Behavior*, *37*(3), 163-174.

Hughes, John. (2008). Results-based management in federal probation and pretrial services. *Federal Probation*, *72*(2), 4-14.

IBM Business Consulting Services. (2004). *Strategic assessment: Federal probation and pretrial services system*, Washington, D.C.

Johnson, J., Lowenkamp, C., VanBenschoten, S., & Robinson, C. (2011). The construction and validation of the Federal Post Conviction Risk Assessment (PCRA). *Federal Probation*, *75*(2), 16-29.

Jones, N. J., Brown, S. L., & Zamble, E. (2010). Predicting criminal recidivism in adult male offenders: Researcher versus parole officer assessment of dynamic risk. *Criminal Justice and Behavior*, *37*, 860-882.

Judicial Policy Guide (2012). *Guide to judiciary policy: Volume 8, probation and pretrial services*. Washington, D.C.: Administrative Office of the U.S. Courts.

Latessa, E., & Smith, P. (2011). *Corrections in the community*. Burlington, MA: Anderson Publishing.

Lowenkamp, C., Johnson, J., VanBenschoten, S., Robinson, C., & Holsinger, A. (2013). The Federal Post Conviction Risk Assessment (PCRA): A construction and validation study. *Psychological Services*, *10*(1), 87-96.

McEwan, T.E., Mullen, P.E., & MacKenzie, R. (2009). A study of the predictors of persistence in stalking situations. *Law and Human Behavior*, *33*, 149-158.

Olver, M.E., Wong, S.C.P., Nicolaichuk, T., & Gordon, A. (2007). The validity and reliability of the Violence Risk Scale—Sexual Offender Version: Assessing sex offender risk and evaluating therapeutic change. *Psychological Assessment*, *19*, 318-329.

Olver, M.E., & Wong, S.C.P. (2011). A comparison of static and dynamic assessment of sexual offender risk and need in a treatment context. *Criminal Justice and Behavior*, *38*, 113-126.

Quinsey, V.L., Jones, G.B., Book, A.S., & Barr, K.N. (2006). The dynamic prediction of antisocial behavior among forensic psychiatric patients: A prospective field study. *Journal of Interpersonal Violence*, *21*, 1539-1565.

Rice, M.E., & Harris, G.T. (2005). Comparing effect sizes in follow-up studies: ROC, Cohen's d, and r. *Law and Human Behavior, 29*, 615-620.

Schlager, M. D., & Pacheco, D. (2011). An examination of changes in LSI-R scores over time: Making the case for needs-based case management. *Criminal Justice and Behavior*, *38*, 541-553.

Simourd, L., & Andrews, D.A. (1994). Correlates of delinquency: A look at gender differences. *Forum on Corrections Research*, *27*, 733-764.

United States Courts. (2014). *History of federal probation and pretrial services.* Retrieved from http://www.uscourts.gov/FederalCourts/ProbationPretrialServices/History.aspx

Van Voorhis, P., & Brown, K. (1996). *Risk classification in the 1990s*. Washington, D.C.: U.S. Department of Justice, National Institute of Corrections.

Walters, G. (2013). *The psychological inventory of criminal thinking styles (PICTS).* Allentown, PA: Center for Lifestyle Studies.

Walters, G. (2012). Criminal thinking and recidivism: Meta-Analytic evidence on the predictive and incremental validity of the Psychological Inventory of Criminal Thinking Styles (PICTS). *Aggression and Violent Behavior*, *17*, 272-278.

Walters, G., Hagman, B., & Cohn, W. (2011). Towards a hierarchical model of criminal thinking: Evidence from Item Response Theory and Confirmatory Factor Analysis. *Psychological Assessment*, *23*(4), 925-936.

Wooditch, A., Liansheng L T., and Faye T. (2014). Which criminogenic needs are mostimportant in promoting desistance from crime and substance abuse?" *Criminal Justice and Behavior*, *41*(3), 276-299.

# Appendix

## Decomposing contribution of individual PCRA risk factors to changing risk levels

Decomposition methods were used to examine the contribution of the individual PCRA risk factors to changes in offender risk. The contribution of the individual PCRA domains for offenders classified into different risk categories between their first and second assessments can be expressed through the following equation. It should be noted that the item numbers shown in the equation below correspond to those displayed in the PCRA risk tool.

*ΔPCRA = Item 1.22–Item 1.21+Item 1.32–Item 1.31+Item 1.42–Item 1.41+Item 1.52–Item 1.51+Item 1.62–Item 1.61+ Item 1.72–Item 1.71+ Item 2.12–Item 2.11+Item 2.22–Item 2.21+ Item 2.52–Item 2.51+Item 3.52–Item 3.51+ Item 3.62–Item 3.61+ Item 4.12–Item 4.11+Item 4.42–Item 4.41+ Item 4.62–Item 4.61+Item 5.22–Item 5.21*

Where:

*ΔPCRA* = Change in the aggregate PCRA scores between the first and second PCRA assessments for offenders with an improved or worsened risk classification.
*Item1.22* = Aggregate score prior felony and/or misdemeanor arrest PCRA domain, time 2.
*Item1.21* = Aggregate score prior felony and/or misdemeanor arrest PCRA domain, time 1.
*Item1.32* = Aggregate score prior violent offense PCRA domain, time 2.
*Item1.31* = Aggregate score prior violent offense PCRA domain, time 1.
*Item1.42* = Aggregate score prior varied offense pattern PCRA domain, time 2.
*Item1.41* = Aggregate score prior varied offense pattern PCRA domain, time 1.
*Item1.52* = Aggregate score prior violations while on supervision PCRA domain, time 2.
*Item1.51* = Aggregate score prior violations while on supervision PCRA domain, time 1.
*Item1.62* = Aggregate score prior institutional adjustment PCRA domain, time 2.
*Item1.61* = Aggregate score prior institutional adjustment PCRA domain, time 1.
*Item1.72* = Aggregate score age at intake PCRA domain, time 2.
*Item1.71* = Aggregate score age at intake PCRA domain, time 1.
*Item2.12* = Aggregate score education PCRA domain, time 2.
*Item2.11* = Aggregate score education PCRA domain, time 1.
*Item2.22* = Aggregate score employment PCRA domain, time 2.
*Item2.21* = Aggregate score employment PCRA domain, time 1.
*Item2.52* = Aggregate score work history PCRA domain, time 2.
*Item2.51* = Aggregate score work history PCRA domain, time 1.
*Item3.52* = Aggregate score alcohol use PCRA domain, time 2.
*Item3.51* = Aggregate score alcohol use PCRA domain, time 1.
*Item3.62* = Aggregate score drug use PCRA domain, time 2.
*Item3.61* = Aggregate score drug use PCRA domain, time 1.
*Item4.12*= Aggregate score marital status PCRA domain, time 2.
*Item4.11* = Aggregate score marital status PCRA domain, time 1.
*Item4.42* = Aggregate score family situation PCRA domain, time 2.
*Item4.41* = Aggregate score family situation PCRA domain, time 1.
*Item4.62* = Aggregate score positive prosocial support PCRA domain, time 2.
*Item4.61* = Aggregate score positive prosocial support PCRA domain, time 1.
*Item5.22* = Aggregate score attitudes towards supervision PCRA domain, time 2.
*Item5.21* = Aggregate score attitudes towards supervision PCRA domain, time 1.

The equation can also be re-written into the following:

*ΔPCRA=Criminal History Total Score2–Criminal History Total Score1+ Education & Employment Total Score2–Education & Employment Total Score1+Substance Abuse Total Score2–Substance Abuse Total Score1+Social Networks Total Score2–Social Networks Total Score1+ Cognitions Total Score2–Cognitions Total Score1*

This equation can be interpreted as follows. The substance abuse component of this equation written *Item3.52–Item3.51+Item3.62–Item3.61* measures the contribution of changes in the PCRA substance abuse component to the overall change in the aggregate PCRA score between the first and second assessment. Specifically, *Item3.52–Item3.51* calculates the contribution of the change in the PCRA alcohol use domain between two time points to the total change in the PCRA score for offenders with a reclassified risk level. The term *Item3.62–Item3.61* calculates the

contribution of the change in the PCRA drug use domain between two time points to the total change in the PCRA score for offenders with a reclassified risk level, and so on.

There are several technical aspects about these decomposition methods that should be noted. First, decomposition equations were calculated separately for offenders by their initial risk levels. In other words, the decomposition equations examining offenders reclassified into a lower risk level were calculated separately for low/moderate-, moderate-, and high-risk offenders. Conversely, decomposition equations examining offenders reclassified into a higher risk level were calculated separately for low-, low/moderate-, and moderate-risk offenders. That way, the contribution of each PCRA domain to the movement of offenders from a higher to a lower risk category or vice versa can be examined separately by the individual risk groups. In addition, it should be noted that the PCRA factors associated with criminal history had no effect on the movement of offenders to a lower risk category, because criminal history cannot improve across time periods. Criminal history, however, can worsen between risk classifications as a result of a technical violation or new arrest. Hence, the decompositions show criminal history contributing to increased risk classifications, especially for lower-risk offenders.

**APPENDIX TABLE 1.**

*Comparing scored PCRA characteristics for offenders placed on federal supervision with one vs. multiple PCRAs*

| | Percent of offenders with multiple PCRAs, by initial risk classification | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | High | | Moderate | | Low/moderate | | Low | |
| Scored PCRA characteristics | One PCRA | Multiple PCRAs | One PCRA | Multiple PCRAs | One PCRA | Multiple PCRAs | One PCRA | Multiple PCRAs |
| **Criminal history** | | | | | | | | |
| Prior misdemeanor and/or felony arrest | 100% | 100% | 99% | 100% | 94% | 96%* | 40% | 47%* |
| Prior violent offense | 90 | 92 | 79 | 80 | 48 | 52* | 6 | 10* |
| Prior varied offending pattern | 99 | 99 | 97 | 98 | 81 | 87* | 22 | 26* |
| Prior violations while on supervision | 89 | 92 | 76 | 79 | 40 | 45* | 3 | 4* |
| Prior institutional adjustment | 69 | 72 | 44 | 48 | 20 | 21 | 4 | 5 |
| **Education & employment** | | | | | | | | |
| Less than high school or has only GED | 88% | 86% | 72% | 73% | 49% | 47% | 18% | 18% |
| Currently unemployed | 86 | 79* | 63 | 63 | 43 | 38* | 29 | 26* |
| Recent unstable work history | 89 | 87 | 66 | 65 | 35 | 33 | 15 | 15 |
| **Drugs & alcohol** | | | | | | | | |
| Current alcohol problem | 38% | 44% | 17% | 18% | 8% | 8% | 3% | 3% |
| Current drug problem | 67 | 67 | 35 | 37 | 16 | 16 | 4 | 4 |
| **Social networks** | | | | | | | | |
| Single, divorced, separated | 96% | 96% | 93% | 92% | 82% | 82% | 53% | 59%* |
| Unstable family situation | 60 | 57 | 35 | 30* | 17 | 16 | 8 | 9 |
| No positive prosocial support | 75 | 64* | 37 | 30* | 16 | 13* | 5 | 5 |
| **Cognitions** | | | | | | | | |
| Lacks motivation to change | 56% | 42%* | 20% | 15%* | 8% | 6%* | 2% | 3% |
| **Psychological Inventory of Criminal Thinking Styles** | | | | | | | | |
| Elevated criminal thinking | 45% | 37%* | 35% | 33% | 20% | 23%* | 8% | 10%* |
| Moderately elevated criminal thinking | 29 | 26 | 24 | 25 | 15 | 18 | 6 | 9 |
| Highly elevated criminal thinking | 16 | 11 | 10 | 8 | 5 | 5 | 2 | 2 |
| Number of offenders | 319 | 633 | 831 | 2,882 | 1,468 | 6,354 | 3,167 | 5,498 |

Note: *Chi-square test denotes significance difference at the .05 level.

# Is Project HOPE Creating a False Sense of Hope? A Case Study in Correctional Popularity

*Stephanie A. Duriez, Francis T. Cullen, Sarah M. Manchak*
*University of Cincinnati*

## Abstract

*Based in Hawaii, Project HOPE uses certain but non-severe graduated sanctions to specifically deter probationers from violating supervision conditions, especially drug use. Scholars and policy makers have trumpeted HOPE as a new model for offender supervision even though the evaluation evidence, though promising, is limited. In this context, we explore the sources of the program's "correctional popularity," which has led to its uncritical acceptance and importation to the U.S. mainland. We argue that several uncertainties about the program may potentially compromise its effectiveness in other jurisdictions, thus offering false hope as a new paradigm for effective probation supervision. Finally, we caution that correctional popularity risks exacting a high cost when promising, if not unproven, programs—such as Project HOPE—are adopted rather than alternative evidence-based treatment strategies.*

**EVERY FEW YEARS,** an intervention bursts upon the scene, is heralded as having special crime-reducing powers, and is enthusiastically implemented. Prominent examples include DARE programs for youngsters' drug prevention, scared straight for nascent delinquents, boot camps for young adults supposedly in need of a good dose of discipline, and three-strikes-and-you're-out laws for predatory recidivists. James Finckenauer (1982) has used the term "panacea phenomenon" to describe initiatives that, with very little criminological or empirical scrutiny, arise, are quickly embraced, and are imposed on the wayward with very little understanding of their true impact.

Attracting wide popularity, in and of itself, does not mean that a program is ineffective and should be abandoned. But when popularity leads to the uncritical acceptance of a program, caution is called for. In addition to asking for further critical appraisal and quality evaluations, the very source of a program's popularity needs to be unpacked. Why are so many policy makers and scholars so willing to throw caution to the wind and to jump on an initiative's bandwagon? Correctional popularity—why some programs are embraced and others are not—thus should be seen as an important area for study.

In this context, "Project HOPE"—the Hawaii Opportunity Probation with Enforcement program—warrants analysis. Though limited, there is some evidence of Project HOPE's effectiveness (Hawken & Kleiman, 2009). But this does not fully explain why the program is being trumpeted as a crime solution to be adopted widely and without concern. Indeed, statements praising HOPE abound:

> HOPE holds the promise of significantly reducing the demand for illegal drugs, crime, and prison populations across the U.S. This innovative program can be branded and promoted as a high-visibility, high impact upgrading of the nation's efforts to reduce illegal drug use and crime at the same time that it will reduce the nation's prison population. (DuPont, 2009, p. 1)

> There aren't any magic bullets that can end America's continuing battle with crime and addiction. But HOPE comes closer than anything we've seen in a long time. It has remarkable impact—cutting new arrests and failed drug tests by more than half, compared to a randomly selected control group. And it can be applied to thousands of offenders at a time. It's not a boutique program that works well with a few dozen. (Gelb, 2011, p. 2)

Notably, it is not just commentators who have jumped on the HOPE bandwagon. With the "H" in HOPE now changed from "Hawaii" to "Honest," this intervention is being implemented with amazing rapidity. As Angela Hawken—an evaluator and now advocate of Project HOPE—observes, "We know of at least 40 jurisdictions in 18 states that have implemented similar models" (quoted in Pearsall, 2014, p. 3). Wishing to spread this approach further, the American Legislative Exchange Council (2014)—known commonly by its acronym of "ALEC"—has developed model legislation for the "Swift and Certain Sanctions Act."

Again, no claim is being made that the HOPE program is necessarily ineffective. Still, although trite to a degree, there is wisdom in the saying that "when something seems too good to be true, it usually is." The risk inherent in correctional popularity is that a promising program can be prematurely oversold. It can gain the status of a *proven*, rather than of a *promising*, program. It also can cause otherwise judicious scholars and policy makers to trumpet a program for the wrong reason—not because the intervention works, but because it resonates with their worldview and thus seems "obviously" effective. Even if it works, correctional popularity can cause observers to misperceive why this is so, leading them to accept that a proposed mechanism is responsible for offender

change. In reality, other unpublicized and thus unrecognized features may be driving the program's success. Subsequent interventions may be implemented with an emphasis on the wrong "key ingredients." Finally, correctional popularity may have a high opportunity cost if a newly invented popular program of questionable effectiveness is used instead of an existing intervention that is evidence-based and of proven success.

This article thus uses Project HOPE to provide a case study in correctional popularity. The analysis will be undertaken in four sections. First, the origins and the details of the HOPE program will be presented. We also review the limited literature available on its effectiveness. Second, an attempt will be made to unpack why HOPE has become so popular, despite several theoretical and empirical limitations. Six factors will be considered that, when taken together, constructed a persuasive social reality that defined HOPE as an effective intervention. Third, we then explore why Project HOPE may be creating a false sense of hope by offering a community supervision model that may be limited in its effects, difficult to implement, and inattentive to what is now known about offender change. Fourth, we will conclude by arguing for correctional popularity to be seen as an intervention risk to be studied and guarded against. Popular programs can be effective, but popularity can trump professional skepticism and scrutiny and have a high cost for corrections.

## Project HOPE

### *The Invention of Hope*

Project HOPE was first developed in Honolulu, Hawaii, in 2004 by Judge Steven Alm in the criminal felony division. Alm (2011) noticed a pattern among the cases brought before him by the probation department. Case after case involved an offender with multiple violations who, according to the probation officer, would not be able to complete probation successfully in the community. Judge Alm concluded that offenders had come to believe that probation did not have to be taken seriously because there were no immediate substantial consequences for their violations (Hill, 2010). Indeed, ongoing deferred court dates meant that some probationers were not being brought before a judge sometimes up to a full year after a transgression was detected (Kiyabu, Steinberg, & Yoshida, 2010). With a lack of any real consequences and a court date in the distant future, probationers were coming into court with multiple violations. Judge Alm worried that offenders were thus incurring multiple probation violations that often allowed probation officers to develop a strong case for revocation and eventual prison sentence (Alm, 2011).

Judge Alm was persuaded that there had to be a better and more efficient way to deal with the probationers who were not abiding by their supervision conditions. Alm had seen innovative programs take shape and produce promising results, at least in the preliminary stages. Created by David Kennedy, one example was the deterrence-based violence prevention program CeaseFire in Boston, Massachusetts (Rosen, 2010). The goal of CeaseFire was to reduce gang violence. The first step was to provide a warning that if any member of a gang killed someone, the entire gang would face consequences. Second, any person affiliated with a gang or criminal group was offered support if he or she expressed the desire to leave. Finally, a community meeting was held in which non-gang members voiced their desire for the violence to end.

It also occurred to Alm (2011) that the solution could be as simple as applying the same concepts to probationers that he had used in his parenting. Judge Alm has described the system that was in place upon his appointment as being similar to child-rearing supervision in which parents do nothing about their child's misconduct, let a significant amount of time pass between the transgression and the punishment, and then punish them harshly for their behavior (Alm, 2010). Judge Alm believed that in his family, the use of swift-and-certain consequences for misconduct taught his son what was expected and worked to curb subsequent misbehavior (Alm, 2011).

With this new perspective, Judge Alm set out to create a system in which violations of conditions were met with a swift-and-certain punishment, proportionate to the violation. Alm understood that he could not change the probation system on Oahu on his own. Thus, as a first step, he consulted with his court staff to determine whether he had the authority to make the necessary changes. Alm and his staff concluded that the penal code's language allowed a judge to make modifications to a probation plan (Alm, 2011). This modification would become the cornerstone of HOPE: the ability to change the existing probation plan and immediately jail probationers who violated their supervision conditions. Judge Alm realized, however, that applying swift-and-certain sanctions meant that probation, law enforcement, and the prosecutor's and public defender's offices would all need to cooperate with one another. Cheryl Inouye, the supervisor of the Integrated Community Sanctions Unit (ICS), Honolulu's high-risk probation unit, agreed to change procedures by requiring both immediate enforcement and her officers to file motions directly with the court. Once the motion was filed, court staff were responsible for contacting the prosecutor's office (Alm, 2011).

Judge Alm next met with the prosecutor and public defender's offices. The prosecutor agreed to change procedure so that probation officers could notify the court directly when a probationer violated in order to expedite the process. The prosecutor also created a new fill-in-the-blank form that would be used by the judge to change the probation to include a short stay in jail if a probationer violated. The public defender realized that offenders would not expect that the rules would actually be enforced and asked that offenders be informed of the change to probation. Judge Alm agreed, and this notification became a crucial component to HOPE (Alm, 2011).

Judge Alm's final step was to solicit support from various law enforcement agencies. He first contacted the Oahu Community Correctional Center and told them that he did not expect them to see an influx in offenders, but warned that they might see the same offenders processed repeatedly. By providing the facility with this warning, Alm was trying to give it time to streamline its own intake process. To carry out the objective of keeping sanctions swift, Judge Alm approached the Hawaii High Intensity Drug Trafficking Area (HIDTA) and the United States Marshals for warrant enforcement assistance. With the agreement of the U.S. Marshals Service to serve warrants for the program and with assistance from HIDTA for any overtime funding that might be needed, Judge Alm had secured the last component to begin his new probation program (Alm, 2011). With multiple agencies on board, Judge Alm launched Project HOPE, and with each passing year the program has grown.

On the island of Oahu, there are approximately 8,000 offenders who are currently on felony probation (Alm, 2013). Half of these probationers are considered to be low risk and are therefore automatically placed on "probation as usual" (PAU) caseloads that involve minimal supervision. The remaining probationers, including the 2,000 in the HOPE program, are assessed as a higher risk

and are therefore accorded a higher level of supervision. The 2,000 HOPE probationers are supervised by Judge Alm, with assistance from 10 other felony judges who have agreed to join the program since its inception in 2004 (Alm, 2011, 2013).

## *The Organization and Process of HOPE*

### Referral to HOPE

There are three avenues by which probationers can be referred to the HOPE program. First, sex offenders are automatically placed in the HOPE program. Alternatively, probationers who have been found guilty of some other type of felony (e.g., property, violent crime) *and* are having issues with compliance on traditional supervision may be referred by either a circuit judge or the probation officer for screening. Screening entails administration of the Level of Service Inventory-Revised (LSI-R) to determine risk level and the Adult Substance Abuse Survey (ASAS) to determine whether a given probationer has issues with drugs or alcohol. Probationers are considered appropriate for HOPE if they (1) are high risk for recidivism as determined by the LSI-R, (2) show repeated problems with noncompliance and therefore show need of increased surveillance, according to the probation officer or circuit judge, and/or (3) have drug/alcohol problems listed among their top three criminogenic need areas (Wright, 2013).

### Entrance into HOPE

Once a probationer has been deemed eligible for HOPE, Judge Alm delivers a "warning hearing." As described by Judge Alm, this hearing is much more than a court proceeding where probationers learn the conditions and expectations of probation. The hearing starts with a positive message to probationers. They are told that they have support from the judge, court staff, prosecutor, defense counsel, and their probation officer, and that everyone wants to see them succeed on HOPE. The judge then explains that they should understand that they are adults and can make their own decision to either follow the rules of probation or to violate their conditions. However, he also notes that it is his responsibility as their judge to hold them accountable if they choose to violate the conditions of their probation. Judge Alm has stated that he knows that he cannot make probationers comply with their conditions, but he can provide them with the information needed to make an informed decision (Alm, 2011).

The next part of the warning hearing informs probationers of the consequence for violating their conditions—immediate arrest and jail time. This component allows the program to fulfill its objective of being a swift-and-sure probation. Unlike in the past when probationers were able to violate their conditions without any immediate consequence, HOPE probationers are warned that they will be arrested and jailed immediately following a violation, and then they actually are. Judge Alm has credited this component as the key to the effectiveness of HOPE with probationers. When some expressed doubt that jail time would serve as a deterrent for offenders who had already experienced incarceration, Judge Alm disagreed: "Yes, many people can *do* time when they have to. But human nature being what it is, they don't want to do it *today*" (Alm, 2010, p. 30; emphasis in the original). Further, probationers are warned that if they repeatedly violate the conditions of their probation, they will face a prison sentence. According to Judge Alm, the purpose of these warnings is to create accountability among probationers, something that he believes most of them have not experienced in the past (Alm, 2011).

Finally, during the warning hearing, probationers are assigned a color and number combination and told they must call in to the HOPE hotline every morning to learn which combination has been randomly selected for drug testing (Hill, 2010). If compliant over time, the probationer will be assigned a new color and number, and the testing will become less frequent. Each probationer is randomly tested a minimum of once a week in the first two months and gradually reduced to one test per month (Hawken & Kleiman, 2009; Kiyabu et al., 2010; Hill, 2010).

### Addressing Violations in HOPE

If those on probation miss a scheduled meeting with their probation officer or violate any condition of their probation, a "Motion to Modify Probation" is filed with the court, and the probationer can be sentenced to a short stay in jail (Hawken, 2010a, b). If probationers violate repeatedly, they can be ordered to serve the entire length of the prison sentence they received prior to being placed on probation (Lopez, 2012). With respect to drug testing and related violations, there are several stipulations. If a probationer does not report for a drug screening, a warrant is issued immediately. If probationers test positive at any time, they can be reassigned to a different color code, one that requires more frequent drug testing. Additionally, any probationer arrested for testing positive for drugs has the right to dispute the charges, but if results of further testing confirm the presence of illegal substances, the consequences will be more severe (Hawken, 2010a, b). Probationers who admit to their drug use before they are tested are likely to receive a significantly reduced jail sanction (e.g., less than 5 days), compared to those that do not admit to their use before being tested (e.g., 2 weeks). Repeated drug use and/or dishonesty about drug use results in increasingly lengthy jail sentences.

Repeated positive drug tests can also result in mandatory drug treatment, but probationers can also request to enter drug treatment voluntarily. By placing probationers who need or want to be in treatment, programs can concentrate their efforts on those who are most likely to benefit from treatment and preserve resources that might otherwise be wasted on individuals for whom substance use does not seem to be a central concern. In turn, this reduction in the number of probationers initially assigned to treatment allows programs to improve the quality of the treatment and extend the amount of time probationers can stay in treatment (Alm, 2013).

## *The Effectiveness of HOPE*

Does HOPE work? The answer to this question is an important one. The empirical evidence needs to be fairly presented and carefully evaluated before we can argue (as we do) that this intervention has been inappropriately and prematurely adopted by policy makers and practitioners alike. Project HOPE is designed to reduce probationers' violations while on probation, and, ideally, to reduce recidivism for new criminal behavior. It is believed that HOPE does so because it uses swift-and-certain punishment and graduated sanctions to lower noncompliance on supervision.

Thus, a proper program evaluation must pay attention to both outcome and process—and do so using a rigorous methodological approach. Ideally, HOPE would be evaluated using a randomized control trial (RCT), where offenders are randomized to HOPE or some alternative condition; this strategy helps to reduce the possibility that any effects observed are due to differences between individuals in the two groups and increase the likelihood that the effects are due to the treatment itself (i.e., HOPE). If possible, the comparison group would preferably be some comparable alternative—for example, another treatment

program that has established effectiveness. Using a comparison group that is also likely to be effective can answer for policy makers the important question, "compared to what?" If HOPE is being compared to something that is ineffective or inert, then positive results are not only likely but also will suggest only that the program being evaluated is better than doing nothing or than delivering improper or ineffective interventions. A more useful test of a program's effectiveness for policy and practice is one that compares a new intervention to other evidence-based interventions to see how well it fares in comparison. Finally, a good evaluation of any program, including HOPE, must test the program's "logic model" by exploring not only whether it works but also if it works *because of* its proposed active ingredients. For HOPE, this is swift-and-certain, graduated sanctions.

Thus far, only a few studies have examined the effectiveness of HOPE and other local adaptations of HOPE. To date, there have been only two RCTs—one completed study of the original HOPE program from Hawaii and one ongoing study in Washington State. Other evaluations have used quasi-experimental and pretest-posttest designs—weaker study designs that introduce the potential for several rival explanations for HOPE's effectiveness, undermining the confidence with which practitioners and researchers can attribute positive offender outcomes to the HOPE intervention alone. Notably, although each evaluation (described below) examines offender outcomes, none to date has conducted a formal process evaluation to test HOPE's logic model. Further, no study has yet employed a control group receiving an alternative treatment shown previously to be effective; the standard comparison thus far has been to offenders on regular supervision (also called "probation-as-usual"). The results from known outcome evaluations are detailed below.

### Positive Effects from Hawaii

The earliest evidence for HOPE's effectiveness stems from descriptive data collected by Hawaii's Office of the Attorney General on probationers' outcomes in the first year of the program. Although we could not locate anywhere in press the specific statistics, data on participants' drug tests and the number of missed probation appointments indicated to Judge Alm that he and his staff "were on the right track" (Alm, 2011, p. 21). Alm knew that the data collected by the state was not enough, and that outside research was going to be required to bring legitimacy to HOPE (Alm, 2011).

The first formal outcome evaluation of HOPE was conducted by two outside researchers not affiliated with the HOPE program. In this study, 940 HOPE probationers were compared to 77 probationers on "probation as usual" (PAU) across several primary (e.g., number of positive drug tests and no-shows to supervision appointments) and secondary (total jail and prison days, revocations, and new arrests) outcomes. After accounting for baseline differences between PAU and HOPE probationers, the researchers found that HOPE probationers were significantly less likely to have a positive drug test than PAU probationers at a 3-month and 6-month follow up. Specifically, PAU probationers were 28 percentage points higher at 3 months and 15 percentage points higher at 6 months for positive drug tests than HOPE probationers. The effects are smaller for missed probation appointments and do not seem to change much over time. For this outcome, PAU probationers were 7 and 6 percentage points higher at 3 and 6 months, respectively (Hawken & Kleiman, 2009). Of course, these findings need to be considered in light of the study limitations that the study authors either noted (e.g., short follow-up, inability to examine the sustainability of effects after probation, spillover influences into the comparison group) or did not note (but that we will discuss below).

To address some of the methodological limitations of the quasi-experimental study (i.e., a non-equivalent comparison group), Hawken and Kleiman next conducted an RCT comparing 330 HOPE to 163 PAU probationers. After a one-year follow-up, a significantly smaller proportion of HOPE probationers had negative outcomes than PAU probationers: missed supervision appointments (9 percent vs. 23 percent); positive drug tests (13 percent and 46 percent); new arrests (21 percent vs. 47 percent); revocations (7 percent vs. 15 percent); and incarceration days sentenced (138 vs. 267) (Hawken & Kleiman, 2009).

### Mixed Effects Elsewhere

In recent years, the HOPE program has gained in popularity. Although variants of this program have now been implemented in at least 40 jurisdictions (Pearsall, 2014), evaluation research has been limited and has yielded mixed results. For example, in one pretest-posttest study of 93 HOPE offenders in Saline County, Arkansas, preliminary results indicate good fidelity to the HOPE model (e.g., shortened jail time, swift and timely sanctions) and reductions in violations (*DFE Fidelity Review*, 2013). However, because no control (RCT) or comparison (quasi-experimental study) was used in this evaluation, it is difficult to attribute offender change to the HOPE program.

Other studies yield mixed effects of the HOPE program across various methodological approaches. In Anchorage, Alaska, for example, a pre-post evaluation of PACE program (Probation Accountability with Certain Enforcement) participants showed, on one hand, a reduction in positive drug tests (25 percent pre vs. 9 percent post), but on the other hand, more petitions for revocation at the post-test (Carns & Martin, 2011). Similarly, an RCT pilot study of the Washington Intensive Supervision Program (WISP) for parolees showed reductions in drug use, incarceration, and criminal activity for a small group (n = 35) of offenders over a short (6 month) follow-up, but there also was an increase in bench warrants (Hawken & Kleiman, 2011). Finally, Delaware's quasi-experimental evaluation of the Decide Your Time (DYT) program showed no significant differences in arrests and reincarceration for DYT and probation as usual participants (O'Connell, Visher, Brent, Bacon, & Hines, 2013). We will discuss the DYT program in more detail below.

## Sources of Project HOPE'S Popularity

By all accounts, Judge Alm developed an innovative program intended to address pressing problems in his jurisdiction's probation system. But many local policy shifts remain just that—local initiatives. What caused Project HOPE to become nationally known and embraced by diverse audiences as a model to be used to reform probation nationwide? We suggest that the program's "correctional popularity" is rooted in a confluence of six factors.

Again, in and of itself, a program's popularity is not unsavory. In fact, it would be unfortunate if worthy programs remained local secrets and hidden from public view. Still, we would be naïve to believe that correctional interventions are embraced only due to their demonstrated effectiveness. More often, they earn support for extra-scientific factors. In this case, beyond some promising evaluation results, Project HOPE was imported from

Hawaii by the mainland because it resonated with underlying cultural and correctional values, had strong advocacy, and was accorded legitimacy from the criminological community.

### *1. Names Matter*

The first source of HOPE's popularity comes from the genius of creating the acronym HOPE. Alm held a contest among his court staff asking for people to submit names for his new probation program. A staff member submitted the name Hawaii Opportunity Probation with Enforcement. Alm knew immediately he had a winner (Alm, 2011).

Consider the alternative—if the program had been called "HIPP" or the Hawaii Initiative to Punish Probationers. For other reasons, it is possible that HIPP might have earned some attention outside Hawaii. But in all likelihood, the name would not have struck observers as having any uplifting dimension to it. By contrast, HOPE conveys the idea that the goal is not simply to deter probationers but also to lend a helping hand so as to assist their improvement. The goal of the program thus is not to do harm but to deliver "hope." In the end, names matter because they are pregnant with meaning. They either resonate or are inconsistent with underlying value preferences. There are few Americans who are against hope!

### *2. The Appeal of Tough Love*

The second source of HOPE's popularity comes from the "tough love" approach the program takes toward offenders. The simultaneous use of a certain amount of toughness while maintaining a caring and loving approach makes the program appeal to both liberals and conservatives. This section will explain how HOPE takes this tough-love approach and how this approach appeals to conservatives (who value toughness) and liberals (who value love). Notably, HOPE is not the first correctional program whose popularity is linked to its embrace of tough love. Boot camps are one obvious example of a previous tough-love intervention that earned widespread support (Cullen, Blevins, Trager, & Gendreau, 2005). Although perhaps less apparent, restorative justice also blends elements of toughness (e.g., demands of accountability, shaming the behavior) with elements of love (e.g., forgiveness, reintegration into the community) (Levrant, Cullen, Fulton, & Wozniak, 1999; see also Braithwaite, 1989). Such programs appear to resonate with a core cultural belief.

As noted, HOPE's toughness centers around swift, certain, and proportionate consequences (Alm, 2011). By contrast, different aspects of HOPE exemplify the "love" component of the tough-love approach. HOPE participants know that the judge, court staff, prosecutor, defense counsel, and probation officer all want to see them complete HOPE successfully and become contributing members of society (Alm, 2011). Additionally, HOPE offers any participant who makes the request access to drug and alcohol treatment (Alm, 2013). Finally, violations of the conditions of probation result in punishments that are intended to be consistent and fair—not draconian. Before HOPE, probationers would violate multiple times with no immediate consequence; however, when finally brought before a judge, they often would receive a lengthy prison sentence. Now, through the use of immediate arrest, HOPE judges are able to give a punishment that is proportionate to the violation—mild at first and then escalating to the point where offenders receive their original prison sentence (Hawken, 2010a, b; Kiyabu et al., 2010). Thus, HOPE was designed to use revocation as a punishment of the last, rather than first, resort.

Project HOPE is popular because it offers something appealing to those at both ends of the political spectrum. Conservatives, who are advocates of the "tough" component of tough love, like HOPE because they see it as a punitive program that holds offenders accountable each time they violate the rules of their probation, regardless of the severity of the infraction. Liberals, the advocates of the "love" component, like HOPE because it is intended to lessen the use of imprisonment and to offer offenders the opportunity to change their lives through such avenues as treatment (Cullen & Jonson, 2012; Rosen, 2010). In other words, it gives offenders hope.

The tough-love approach towards offenders is popular not just with lawmakers but also with the American public. Research shows that Americans harbor punitive attitudes and generally support the use of imprisonment. But this punitiveness is balanced by strong support for "corrections"—the idea that efforts also should be made to save offenders from a life in crime (Cullen, Fisher, & Applegate, 2000; Jonson, Cullen, & Lux, 2013). Thus, in a poll completed by the National Council on Crime and Delinquency (Krisberg & Marchionna, 2006), the overwhelming majority of respondents, 87 percent, favored a correctional system that included rehabilitative services, rather than a correctional system that was solely based on punishment. Similarly, in a survey completed by the Pew Research Center (2003, p. 75), 72 percent of the 1,284 adults who completed the telephone interview either mostly or completely agreed with the statement that, "The criminal justice system should try to rehabilitate criminals, not just punish them."

### *3. Charismatic Leadership*

A third source of HOPE's popularity can be attributed to Judge Alm. In particular, he brings two important contributions to the table that have helped to directly contribute to the HOPE program in Hawaii. First, he has been quite effective at forging alliances with a number of criminal justice professionals. His nearly 30 years of service across a number of positions (e.g., Deputy Prosecuting Attorney for the City and County of Honolulu, United States Attorney for the District of Hawaii, First Circuit Court Judge; Alm, 2011; Walden, 2011) have helped to establish him as a leader in the Hawaiian criminal justice system and earn respect and support from his colleagues. Second, Alm has a charismatic personality. He has been described as "armed with an obvious passion, a persuasive tone, a muscular build and a no-nonsense buzz cut" (Hill, 2010), "excited… about what he's doing" (Lopez, 2012), and a "one-man-public-relations machine" (Blair, 2012). His dynamic personality and strong professional relationships have helped to push HOPE to the forefront in the discussion of community supervision. Undoubtedly, Alm is HOPE's greatest ambassador and spokesman for the program both in the State of Hawaii and at the national level, even meeting with leaders from other states to advise them and discuss their own non-traditional probation and parole program ideas (Hill, 2010).

### *4. Strong Advocacy by Researchers*

Judge Alm (2011) played another important role when he realized that initial positive evaluation results needed to be confirmed by external researchers with impeccable credentials. He knew that the data collected by the state were not enough, that outside research was going to be required to bring legitimacy to HOPE (Alm, 2011). Enter Angela Hawken, who holds a Ph.D. and the position of Associate Professor of Public Policy at Pepperdine University. Hawken

was the primary policy analyst for the cost-benefit analysis of California's Proposition 36, the statewide initiative to divert non-violent offenders away from incarceration and into community-based treatment programs (Department of Alcohol and Drug Programs, 2000). In the spring of 2006, she flew to Honolulu for a preliminary visit. In a 2013 interview with Sam Kornell of the online magazine Slate.com, Hawken admitted that she was skeptical of HOPE and of the statistics she was seeing from the pilot program. The state was reporting a 50 percent reduction in new arrests and a 70 percent reduction in drug use. Hawken thought these numbers must be flawed. "When you hear something that sounds too good to be true," she observed, "it's because *it is* too good to be true" (Kornell, 2013, p. 1; emphasis in the original).

Upon her arrival at the Honolulu jail and subsequent in-person interviews with offenders who had been in HOPE, her skepticism began to fade. Hawken told Kornell that the language of responsibility she heard from these offenders shocked her. Her curiosity had been piqued (Kornell, 2013). Hawken agreed to perform the evaluation study of HOPE and solicited the assistance of Mark Kleiman, a professor of public policy at UCLA with a strong national reputation in the area of crime control. As noted, Hawken and Kleiman (2009) reported results similar to those initially released by the state, conducting two evaluations yielding positive results. They have made their evaluation report available for consideration, although it should be noted that their study was not published in a referred journal and subjected to peer evaluation (see also Byrne, 2013).

It appears that the positive evaluation findings have persuaded Hawken and Kleiman that HOPE is an evidence-based program that should be expanded to other locations. Their advocacy is thus the fourth source of the project's popularity. Since the completion of their evaluations, they have written articles, given interviews, and delivered presentations advocating for HOPE. As the evaluators of HOPE, Hawken and Kleiman have special legitimacy. They not only know the intricacies of the program—how it works—but also can claim to show its effectiveness—that it does work. Given their credibility, their strong advocacy has almost certainly contributed to the expansion of HOPE and to further funding of research by the National Institute of Justice.

Hawken (2010a) and Kleiman (2009) are reputable scholars, and they are careful to insert the requisite caveats about the need for further replications and the challenges of implementing HOPE in other jurisdictions. Still, they seem to display an uncritical acceptance of the project and its underlying theory that scholars rooted in the correctional treatment paradigm would not share (an issue we will revisit later). Rehabilitation scholars would immediately note the dismal history of deterrence-oriented programs in corrections, because these programs do not address the empirically known causes of recidivism (e.g., antisocial attitudes), especially among high-risk offenders (Andrews & Bonta, 2010; see also Cullen, Pratt, Micelli, & Moon, 2002; Cullen, Wright, & Applegate, 1996; MacKenzie, 2006; Schaefer, 2013). They would not reject the idea that firm and fair sanctions should be part of treatment protocol, but this practice would be a secondary component, subsidiary to the delivery of therapy aimed at fixing the deficits (or criminogenic needs) leading to reoffending.

Hawken and Kleiman reverse this emphasis, embracing certainty of punishment and the theory of graduated sanctions. Their advocacy of HOPE thus is not simply for the program but for a way of thinking about how the correctional enterprise should be structured. They are inalterably opposed to the gratuitous use of severe punishments—or "brute force," as Kleiman (2009) terms it—but they believe that certainty of punishment should be the guiding theory of offender supervision. As Hawken (2010a, p. 40) argues, "the central idea of HOPE is the commonsensical one that certainty and swiftness count far more than severity in determining the deterrent efficacy of a threatened punishment." Similarly, providing rehabilitation is not the goal of their correctional model. Rather, "the HOPE approach is focused directly on reducing drug use and missed appointments rather than on drug treatment" (Hawken, 2010a, p. 46; see Kleiman, 2009, for a similar rationale for using HOPE over drug courts). Treatment should be reserved for those who ask for it and for those who repeatedly fail drug tests, much as "triage" is used for seriously wounded soldiers (Hawken, 2010a, b). In a coauthored essay, Kleiman again makes the case for deterrence over treatment:

> The Hawaii results seem to refute the claim that the nature of drug abuse makes desistance without treatment impossible. How well it will work in other jurisdictions remains to be seen, but there seems to be more reason to worry about whether the institutions of the criminal justice system in other places can work together well enough to deliver the promised swift-and-certain sanctions than about whether drug-using offenders will respond to those sanctions if they are actually put into practice. (Boyum, Caulkins, & Kleiman, 2011, p. 396)

In short, Hawken and Kleiman are advocating for a paradigm shift away from a rehabilitation model and toward a specific deterrence model in offender supervision. In a different time, it is possible that their embrace of punitiveness—even in a scaled-down version—would have been rejected by many criminologists. In fact, the opposite occurred, as an increasing number of scholars had independently begun to think along the same lines.

### *5. Gaining Legitimacy from Criminologists*

The fifth source of HOPE's popularity comes from the legitimacy garnered from being mentioned favorably in the writings of criminologists other than Hawken and Kleiman. The program's appearance has been fortuitous because it coincides with a movement within criminology to emphasize the *certainty* rather than the *severity* of deterrence. At the core of this approach is a rejection of mass imprisonment in favor of policing (to increase the risk or certainty of apprehension) and of non-custodial sanctions that are invariably applied (to increase the certainty of punishment following apprehension) (see, e.g., Durlauf & Nagin, 2011; Nagin, 2013; see also Kleiman, 2009; Robinson, 2011). Because HOPE is a certainty-based program, it has obvious appeal to scholars trumpeting certainty. Thus, Nagin (2013, p. 228) comments favorably about the initiative, noting that the "deterrence strategy of nondraconian sanctions has been applied with apparently great success in Project HOPE, an intervention heralded by Hawken and Kleiman." Other prominent scholars have similarly praised the HOPE Project for increasing not only the certainty but also the celerity of punishment (Blumstein, 2011).

### *6. Gaining Legitimacy from NIJ*

The sixth source of HOPE's popularity has come from the legitimacy the program has received from its promotion by the National Institute of Justice (NIJ). NIJ has been

involved with HOPE since 2006 when it funded the initial evaluation study (Hawken & Kleiman, 2009). The funding decision shows NIJ's support for and investment in HOPE because, according to the agency, programs and evaluations that receive funding from the agency are those "with the greatest chance of advancing the field" (www.nij.gov/nij/about). NIJ gave further legitimacy to HOPE at its 2009 conference. During a speaker series titled *What Works in Offender Supervision*, Judge Alm and Angela Hawken delivered a presentation in which they described and promoted the program. During this forum, Alm also offered his consultation services for jurisdictions interested in implementing the program.

Further promotion of HOPE by the NIJ came once Hawken and Kleiman submitted their findings to NIJ for evaluation. The agency took a series of steps to evaluate the findings and to make an overall determination of the program's effectiveness. After careful consideration by outside reviewers, NIJ rated HOPE a "promising" program, a rating that they placed on their CrimeSolutions.gov website. The rating of "promising" is a significant endorsement by NIJ. This rating conveys to researchers and practitioners that although further research into HOPE is recommended, there is indication that it can be an effective evidence-based community supervision program. In other words, HOPE accomplishes what it sets out to do—to deter probationers from violating the conditions of their probation.

After the rating of "promising" had been given to HOPE—and much to its credit—NIJ decided to support further study of the program (Robinson, 2011). Thus, in 2011, to determine if the success of HOPE could be replicated in other locations, NIJ, in conjunction with the Bureau of Justice Assistance (BJA), created a funding opportunity for any jurisdiction interested in implementing HOPE. Each demonstration site would need to meet the requirements set forth by the BJA and NIJ and be willing to have a follow-up evaluation study completed by NIJ (www.ojp.usdoj.gov/funding/hopesol).

Advocating the systematic assessment of HOPE should be seen as a good-faith effort by NIJ to provide data where the evidence base remains limited. Still, NIJ's willingness to fund follow-up evaluations has carried with it an implicit endorsement that HOPE is sufficiently credible to justify special testing. By not similarly funding assessments of alternative treatment-oriented supervision models, it lent credibility to the prospect that swift-and-certain probation was an innovation deserving of unique consideration. More broadly, the legitimacy HOPE has acquired from the NIJ through funding, promotion, and expansion has been invaluable to the program.

## A False Sense of Hope

This cautionary essay is not intended to criticize the HOPE initiative in Hawaii or those who have advocated its expansion. Rather, our comments are directed more at the larger community of policy makers, practitioners, and scholars who have been uncritical bystanders or willing accomplices to the program's sanctification. The risk of correctional popularity is that plausible programs that resonate with our core beliefs are hard to resist. In such circumstances, the sharp edge of doubt that normally is elicited by grand claims of correctional success is dulled. Almost without knowing it, everyone jumps on the bandwagon (see also Finckenauer, 1982).

Project HOPE might yet prove to be a useful tool in efforts to supervise offenders more effectively—especially drug offenders. What is striking, however, is how little criticism the program has received. Although favorable to the underlying principles of the program, Durlauf and Nagin (2011) are an exception. They observe that no evidence yet exists that Project Hope can be "replicated generally outside the small island state of Hawaii" (p. 39). They note further that the failure of past attempts to use intensive supervision to monitor offenders "should lead to circumspection in claiming that Project HOPE can be extrapolated to the rest of the United States" (p. 39). Another exception is Byrne (2013), who notes that the existing evaluation research does not provide "definitive evidence" that "combining punishment certainty and celerity" will "induce probationers to stop using drugs." He further observes that HOPE'S "entire focus on formal mechanisms of social control ignores a large body of existing research that supports the contention that informal social control mechanisms are much stronger specific deterrents than formal social control mechanisms" (p. 8). Such cautionary voices, however, remain the exception, and, more importantly, do not lead to a more systematic analysis of why Project HOPE should be viewed with a measure of trepidation. In this context, we offer seven reasons why those trumpeting Project HOPE may be offering false hope that this intervention should be the prototype to guide future offender supervision.

### *1. An Over-Emphasis on a Potentially Weak Key Ingredient*

HOPE's correctional popularity has led to an over-emphasis on a key program ingredient: the use of swift-and-certain sanctions. HOPE assumes that specific deterrence is the key to enforcing compliance with probation conditions and reducing recidivism in the short and long term. Two important considerations question the validity of this assumption and caution that sanctions may exert only weak effects on offender behavior.

First, although disputes exist, research suggests that the criminal justice system has a general deterrent effect and that focused deterrence strategies can lower offending in crime "hot spots" (Apel & Nagin, 2011; Braga & Weisburd, 2012; Durlauf & Nagin, 2011; Nagin, 2013). By contrast, little evidence exists that specific-deterrence programs are consistently effective with *correctional populations* (Andrews & Bonta, 2010; Cullen & Jonson, 2012, 2014; Cullen, Jonson, & Nagin, 2011; Cullen et al., 2002; Lipsey, 2009; MacKenzie, 2006; Schaefer, 2013; see also Farrington & Murray, 2014). Classic examples include the failure of scared straight and intensive supervision programs to prevent recidivism (Finckenauer, 1982; Byrne & Pattavina, 1992; Petersilia & Turner, 1993). In fact, ISPs tend to work only when complemented with treatment services (Paparozzi & Gendreau, 2005; Petersilia & Turner, 1993). Notably, research also suggests that compared with leniency, harsher sanctions for technical violations, such as confinement, may actually be criminogenic (Clear, Harris, & Baird, 1992; Drake & Aos, 2012). Although it is conceivable that a deterrence scheme that is exquisitely designed and performed might exert some control over offenders (see, e.g., Moffitt, 1983), the clear risk exists that correctional history will be repeated and that HOPE will prove to be at most a modest success and at worst a misguided adventure.

Admittedly, some research indicates that graduated sanctions and/or drug testing with substance-abusing offenders may produce compliance with supervision conditions and, in some instances, produce some long-term reductions in recidivism, especially when combined with treatment (see, e.g., O'Connell et al., 2013; Taxman, Soule, & Gelb, 1999). The evaluation evidence, however, is not

consistent; examples of failure also exist (Britt, Gottfredson, & Goldkamp, 1992; Cullen et al., 1996; Jones & Goldkamp, 1993). This inconsistency may be due to the lack of integrity in implementing deterrence schemes as designed (e.g., because they strain system resources) (Jones & Goldkamp, 1993).

Programs are also likely to fail if offenders receive the wrong dose of punitive "medicine." Experimental research shows that "not getting the punishment dosage just right can lead to unintended consequences" (Bonta, 2014). Too much punishment can prompt "learned helplessness and retaliatory aggression" and too little will fail to suppress the conduct (Bonta, 2014). Not all judges may be talented clinicians and not all sanctioning systems will be calibrated to be equally effective. Research also reveals that punishments that are applied in a coercive, disrespectful way, especially to offenders with few social bonds (e.g., unemployed, unmarried), can foster defiance and increased recidivism (Sherman, 1993; see also Braithwaite, 1989; Colvin, 2000). Similar to parents, staff in Project HOPE wish to sanction in a context of concern for offenders and with fairness. This orientation and organizational culture may not be present in other jurisdictions.

Further, advocates of HOPE implicitly claim legitimacy for the project by implying that it is analogous to effective parental monitoring of children. Without any citations, they assume—as do most Americans—that swift-and-certain parenting is responsible for compliant youngsters. As it turns out, this "nurture assumption," as Harris (1998) terms it, appears to be wrong or, in the least, overstated. Parental management styles (e.g., an authoritative "warm but restrictive" style) explain only a small percentage of the variation in personality and in conduct (Wright & Beaver, 2013). This is why siblings who share the same family and the same parents can turn out so differently. Of course, parents can determine the quality of their offspring's lives, restrict their friendships and choice of schools, and do damage through extreme forms of abuse. Nonetheless, a growing body of research would caution that it is problematic to ascribe powerful behavioral effects to parental management styles—whether swift and certain or otherwise (Wright & Beaver, 2013).

Second, beyond implementation challenges, the inconsistent effects of specific-deterrence interventions may be due to a more fundamental consideration: Deterrence-oriented programs have achieved only modest success, if that, because they are based on a limited theory of reoffending that dismisses as unimportant all other causal factors identified in the criminological literature. According to deterrence theory, offenders make rational choices and thus will obey supervision conditions and avoid crime if they fear being detected and sanctioned. But this perspective ignores that offenders—especially high-risk or life-course-persistent offenders—may have a strong propensity to offend that is rooted in multiple criminogenic risk factors that are acquired and develop cumulative effects over a lifetime (Andrews & Bonta, 2010; Cullen & Jonson, 2014; Moffitt, 1993). If these underlying factors are ignored—as they are in deterrence programs such as HOPE—they do not vanish. Rather, left untreated, they continue to lead offenders into crime. Put another way, a key program ingredient can only be strong if its underlying theory is correct and directs correctional staff to target for change the full range of factors implicated in offender recidivism.

As noted, it is possible that closely applied deterrence-oriented programs—especially with drug offenders, where testing can reveal noncompliance (no direct supervision is required)—can coerce short-term conformity with probation conditions. Still, it is unfortunate that advocates of these programs simply choose to ignore the readily available and expansive evidence-based treatment literature that demarcates the main sources of recidivism and how to address them (see, e.g., Andrews & Bonta, 2010; Bernfeld, Farrington, & Leschied, 2001; MacKenzie, 2006; Van Voorhis, Braswell, & Lester, 2009). Similar to medicine, treating the symptoms but not the underlying causes of a malady (in our case, reoffending) may "work" in the short term and for those who would have recovered by themselves (i.e., low-risk offenders). But in the absence of a strong human services component, these programs may well provide an inappropriate intervention to offenders who need not coercion but a treatment capable of reducing their criminogenic propensity (see Andrews, Bonta, & Wormith, 2011).

Indeed, a strong body of evidence (discussed next) suggests that change in criminal behavior results not only from effective (i.e., consistent and fair/proportional) use of punishment *and* reinforcement (see Dowden & Andrews, 2004) but also from teaching offenders new prosocial skills and behaviors. Without these other components, punishment alone is unlikely to have lasting effects. We simply cannot expect offenders to "knife off" maladaptive and antisocial behavioral patterns if we do not first teach them alternative prosocial behaviors and give them motivation (i.e., reinforcement) to adopt these strategies into their repertoires. Nevertheless, because no study to date has formally tested the mediating effects of HOPE's swift-and-certain sanctions on offenders' outcomes, we cannot know whether and how much this component is crucial for HOPE's effectiveness.

### *2. An Under-Emphasis on Active Ingredients*

The above discussion leads us to state explicitly a second source of false hope: Because HOPE places such great emphasis on swift-and-certain sanctions, it loses sight of—and correspondingly fails to emphasize—factors and practices that *do* have a very strong research base and proven effectiveness for reducing recidivism. When it comes to correctional rehabilitation, addressing the known predictors of recidivism would involve taking seriously the field's dominant treatment paradigm: the Risk-Needs-Responsivity (RNR) model developed by Andrews, Bonta, Gendreau, and fellow Canadian psychologists (Cullen, 2012a; see Andrews & Bonta, 2010; Gendreau, 1996). The RNR model proposes that the (1) highest-risk offenders should receive the most intensive services (Risk Principle); (2) services should target crime-producing risk factors (i.e., "criminogenic needs") such as antisocial thinking and peers (Need Principle); and (3) interventions must be delivered within a cognitive-behavioral framework (Responsivity Principle). This model is based on a strong theory of criminal conduct and has unprecedented empirical support that spans literally hundreds of studies across thousands of offenders (Andrews & Bonta, 2010; Gendreau, Smith, & French, 2006; Smith, 2013).

HOPE partially adheres to these principles, which may contribute to the program's success. However, this adherence appears to be more by default than by design: Because they are not explicitly identified as central to HOPE's effectiveness, strong compliance with the RNR principles and recognition of their salience in changing offenders' behavior are lacking. For example, the eligibility criteria for HOPE include attention to offender risk; however, it appears that some offenders who potentially are not at high risk for recidivism (as determined by a validated risk assessment tool

like the LSI-R) can still be accepted into HOPE because of their offense (e.g., sex offense) or their poor compliance on supervision. Delivering intensive supervision or services to low-risk offenders is contraindicated by the RNR model (Andrews & Bonta, 2010). Additionally, HOPE emphasizes drug and alcohol treatment for those who need it. Substance use is indeed a criminogenic need, but it is only one of seven of the strongest changeable risk factors for crime. To truly impact recidivism, HOPE must also target antisocial attitudes, associates, and behavioral patterns; familial relationships; problems in education and employment; and poor use of leisure time (Andrews & Bonta, 2010). In fact, the more appropriate criminogenic needs that are targeted, the better the outcomes are likely to be (see French & Gendreau, 2006).

Further, consistent with RNR principles, HOPE (and probation as usual) officers are actually trained in Motivational Interviewing (Miller & Rollnick, 2002) and in cognitive-behavioral approaches. But this important training goes largely unrecognized in most discussions about the program and thus is unlikely to be part of the technology transferred to other jurisdictions that choose to implement HOPE-like interventions. Even if these treatment components are used—whether in Hawaii or elsewhere—their impact is likely to wane if they are not monitored, discussed in regular staff meetings, and reinforced in refresher courses (Bonta, 2014).

### *3. Failure to Identify Alternative Explanations for HOPE's Effectiveness*

Because no process evaluation of HOPE has been conducted to date, we do not know for certain what may be driving the success of the HOPE program, when it has been successful. If agencies wish to optimize the effects of their correctional interventions, it is essential to get inside the "black box" of interventions to identify the "active ingredients" that are actually working to reduce reoffending. Although this fact is either ignored or mostly mentioned in passing, the HOPE model contains a number of potential "active ingredients" beyond swift and certain punishments. Even its proponents recognize this reality, arguing that an enthusiastic judge, commitment from key personnel, and close communication and collaboration between agencies are essential (see Pearsall, 2014).

Other critical features of the HOPE model also have largely been absent from descriptions and evaluations of HOPE. These features seem to have occurred more by happenstance, perhaps due in part to the deliberate and concerted effort and commitment of judges and probationers to the HOPE program and, ultimately, to HOPE probationers' success. We contend that it is likely that these components are some the "active ingredients" of the program, and that they have potentially stronger influences on offender behavior than swift and certain sanctions. Because these components are not explicitly identified as central to the HOPE model, however, other agencies cannot replicate them and fall short of the outcomes achieved in Hawaii.

First, as noted above, the HOPE structure includes some modest adherence to the three RNR principles. Research shows that program effectiveness varies directly by the degree to which it complies with these principles and thus delivers appropriate versus inappropriate treatment (Andrews & Bonta, 2010). Second, in delivering Project HOPE in Hawaii, probation staff and judges have engaged in what are known in the "what works" literature as Core Correctional Practices (CCPs) (Andrews & Kiessling, 1980; Dowden & Andrews, 2004). Specifically, judges and probation officers embrace a "firm-but-fair" interaction style with the offenders and exhibit an "effective use of authority." They clearly state rules and expectations and consistently hold offenders accountable for their misconduct, applying sanctions that are commensurate with the offense. At the same time, all those involved in delivering HOPE are invested in offenders' success and therefore likely to engage with the offenders in a manner that reflects genuine care and concern. The judge and probation officers also provide offenders with the forum to express interest in obtaining drug and alcohol treatment—and then help link offenders to this treatment. Thus, "relationship quality" and "service brokerage"—two other CCPs—are naturally occurring as a result of the program's structure and goals.

Notably, CCPs are meant to complement the RNR model and have been shown to increase the utility of RNR for offenders' outcomes (Dowden & Andrews, 2004). Thus, they potentially affect HOPE offenders' outcomes as well, and may even help to explain some of HOPE's effectiveness. For example, timely access to effective drug and alcohol treatment is likely to impact substance use and may also impact criminal offending. Additionally, high-quality relationships between offenders and officers can reduce technical violations (e.g., missed supervision or treatment appointments) and arrests (see Manchak, Skeem, Kennealy, & Eno Louden, 2014; Kennealy, Skeem, Manchak, & Eno Louden, 2012; Skeem, Eno Louden, Polaschek, & Camp, 2007).

### *4. Over-Selling the Promise of Applicability for Other Jurisdictions*

A fourth source of false hope is the challenge of creating in other locations the active ingredients that produced Project HOPE's success in Hawaii. The conditions under which HOPE was implemented in Hawaii were so specific that replicating the same conditions may prove to be difficult, if not impossible. For example, we have already explained how Judge Alm used his extensive connections within the criminal justice system in Hawaii when launching the pilot program in 2004 (Alm, 2011). Additionally, Judge Alm continues to carry the majority of HOPE probationers on his caseload (Alm, 2013). Whether the program would function as effectively under different or diverse leadership is debatable.

Further, a HOPE-type program may consume too many resources for other jurisdictions to accommodate. As explained above, there were significant changes at every level of the criminal justice system in Hawaii when HOPE was implemented. The relationships that Alm had with different agencies within the state helped to facilitate the start of HOPE using minimal funds (Alm, 2011). Other locations should not assume that this will hold true in their jurisdictions.

The fate of an NIJ-funded replication of a HOPE-like program in Delaware is instructive. Under the name "Decide Your Time" (DYT), this program "was designed to manage high risk substance-using probationers by focusing on the certainty of detection through frequent drug tests and graduated but not severe sanctions" (O'Connell, Visher, Martin, Parker, & Brent, 2011, p. 261). The start-up of this intervention, however, quickly encountered a series of unanticipated problems: too many offenders failed urine tests, too rapidly; there was strain on personnel who had to transport those failing drug tests immediately to facilities located one to two-and-one-half hours away; there was a legal requirement to accord all incarcerated offenders a medical check-up and to hold a judicial revocation hearing for offenders who exceeded the maximum of 10 incarceration days; and there was the exclusion from the program of offenders with specific conditions of probation (e.g., zero-tolerance for a single failed urine test). Efforts were

made to redesign the program. Nonetheless, although a formal evaluation report has not been issued, the preliminary results suggest that the percentage of program participants arrested for a new crime, arrested for violating parole conditions, and incarcerated (at 6, 12, and 18 months) was comparable for offenders in the DYT and standard probation groups (O'Connell et al., 2013). As O'Connell and his colleagues (2013, power-point slide 34) observe, "swift and certain sanctions can work (see HOPE)" and "swift and certain sanctions can also not work (see DYT)."

The lesson is that the "transfer of technology" from one jurisdiction to another—from Hawaii to Delaware and elsewhere—is a daunting challenge. The context in each system potentially differs in meaningful ways, including court personnel, justice system coordination, legal restrictions, offender populations, resource capacity, and sanctioning practices. If Hawaii and Project HOPE offered a perfect storm of favorable conditions, this intersection of conditions may not be possible in other locations. Before jumping on the HOPE bandwagon, it would be prudent to wait for positive replications elsewhere—even assuming that they will be forthcoming.

### *5. Delivering an Intervention That May be Inappropriate for Some Offenders*

A fifth source of false hope is that Project HOPE has been touted as a program that is appropriate for all offenders who are repeatedly noncompliant with probation. Although Hawaii's HOPE program includes a variety of offenders (sex, property, assault), its evaluation studies *have only been performed on drug-involved offenders* (Hawken & Kleiman, 2009). Therefore, we do not know whether HOPE can work for other types of offenders—that is, those who do not have a drug problem. Much of the leverage behind HOPE's operation hinges upon the frequent and random drug testing. Without this near-foolproof method to discover noncompliance, the only probation violations that will be consistently detected are those that are easily witnessed (e.g., an offender does not show up for an office appointment) or monitored by technology (e.g., electronic monitor for those on home confinement). Without the elixir of drug tests, it thus is unclear how HOPE supervision will differ from probation as usual. In short, if many probation violations are not detected, the swiftness and certainty of punishment—the key ingredient of the program—will be compromised.

### *6. Focusing on Something That Might Not Matter*

Project Hope assumes that technical violations of probation conditions are a bad thing. Such conduct leads to expensive revocations. But most important, a core assumption, if sometimes unstated, is that technical violations are a precursor to recidivism. Of course, nobody condones irresponsible behavior in which rules are flouted, with probationers repeatedly missing appointments and failing drug tests. Still, the fundamental question is whether an entire probation system—including judges, prosecutors, police, and probation staff—should be reorganized to focus its primary attention on compliance with probation conditions. Resources devoted to swift-and-certain punishment cannot be devoted, for example, to increasing probationers' low rate of participation in evidence-based programming found to reduce recidivism (see Taxman, Pattavina, & Caudy, 2014).

So, here is the concern: What if technical violations are unrelated to recidivism? The immediate difficulty is that criminological knowledge on this critical issue is limited. Still, the research that does exist suggests that focusing excessively on curtailing technical violations might be misplaced if the correctional goal is to reduce recidivism (Paparozzi & Gendreau, 2005). In their classic ISP study, Petersilia and Turner (1993) conducted a special analysis of this issue using offenders in California and Texas. Offenders on ISPs were monitored more closely and thus were detected and sanctioned more often for technical violations. However, they discovered "no support for the argument that violating offenders on technical conditions suppressed new criminal arrests" (p. 342).

In contrast, research by MacKenzie and De Li (2002) did find that probationers who carried a gun, used drugs, and engaged in heavy alcohol consumption were more involved in self-reported crime. These "high-risk behaviors" might be targets for sanctions, but sanctioning without teaching offenders new skills to change these behaviors (a point mentioned previously) is unlikely to curtail future violations or recidivism for new offenses. MacKenzie and De Li also discovered, however, that social bonds—being employed and living with a spouse—decreased criminal involvement. Jail time would seem to disrupt these important protective factors (see Sampson & Laub, 1993). Further, advocates of desistance-oriented interventions (e.g., the Good Lives Model) argue that these positive social relationships or bonds should be built through supportive, not punitive, supervision strategies (see, e.g., Porporino, 2010; Raynor & Robinson, 2009; Ward & Maruna, 2007).

The point is that it remains unknown whether technical violations are related to recidivism and, if so, which ones and for whom. Even if there is a relationship, it is unclear whether it is causal or spurious (e.g., individual traits such as low self-control could cause an offender to miss scheduled meetings and to commit crimes). Similarly, it is not established whether technical violations are best addressed through swift-and-certain punishments or through assessing criminogenic needs and responsive treatments, building quality interpersonal relationships between officers and offenders, and training officers in motivational techniques. Finally, it remains to be seen if the embrace of HOPE's specific-deterrence probation paradigm will unwittingly curtail attention to other predictors of probation success and recidivism—specifically offender strengths—that might prove crucial to a complete model of offender supervision (Porporino, 2010). With so much uncertainty, the real possibility exists that technical violations might not matter that much in probationers' recidivism and thus should be relegated to a secondary concern in any probation model concerned with reducing long-term criminal involvement.

### *7. Opening a Pandora's Box through Punishment-Oriented Probation*

The history of corrections teaches three things: First, well-intentioned reforms typically have untoward consequences; second, punitive regimens in corrections rarely are restrained in their punitiveness; and, third, deemphasizing rehabilitation produces harsh, uncaring, bureaucratic corrections. Indeed, a core lesson of the attack on rehabilitation in the 1970s and beyond is that it helped to unleash a mean season in corrections oriented to "waste management" from which American corrections is just beginning to recover (Cullen & Gilbert, 2013; Kruttschnitt & Gartner, 2005; Rothman, 2002; Simon, 1993). Prior to endorsing HOPE, policy makers and practitioners—and criminologists as well—should be aware of its potential unanticipated consequences. Three issues suggest that HOPE may be less a panacea

and more of a Pandora's Box that should remain unopened.

First, doing punishment efficiently and effectively becomes the focal point of probation. Accordingly, energies will be focused on acquiring the latest monitoring and surveillance technologies so as to increase the certainty of detection. Probation officials will meet with judges, prosecutors, and jailers to make sanctions swifter; they will not meet with service providers to increase treatment capacity and effectiveness. When hiring probation officers, the emphasis will be on their enforcement skills, not on their interpersonal talents; policing, not social work, will be valued. And when jurisdictions exhaust their ability to improve swiftness and certainty, they will seek to reduce violations and recidivism with the only component of punishment remaining in their arsenal: severity. The history of corrections teaches that when punishment fails to be effective, the lesson drawn is not that harshness does not work but rather that the costs of crime simply are not yet high enough.

Second, rehabilitation will be reduced to "triage." Only when offenders manifest clear behavioral problems will treatment be invoked. It is clear what this might be for those who repeatedly fail drug tests (substance abuse treatment will be forthcoming), but it is a mystery what triage entails for those who fail to show up for five meetings with their probation officer. In either case, rehabilitation becomes reactive rather than proactive. Officers will conduct risk assessment to learn who to watch more closely and not who needs responsive treatments immediately. More broadly, no effort will be made to create the culture, expertise, and organizational practices needed to deliver effective treatment. Nobody will be using the Correctional Program Assessment Inventory to build an agency with the capacity to undertake rehabilitation that works (Andrews & Bonta, 2010). In this regard, Paparozzi (2014) has offered this poignant observation about one swift-and-certain probation system:

> The result is that the community corrections officers violate at the drop of a hat and that violators are sanctioned for a few days, up to 30 days (presumptively; oh yes, aggravating and mitigating factors may come into play). The purpose of all of this is to "get the offender's attention." The reality is that offenders are supervised by warrant instead of supervised by risk/need assessment, case planning, an acknowledgement of the relevance of relapse, and the totality of circumstances involved in a particular case at a particular time.

Third and perhaps most important, HOPE and its likely descendants embrace a value system that is potentially disquieting. A rehabilitative probation is built on a concern for offenders and a belief that investing in them will improve their lives and public safety. Implicitly, it follows the mandate of a "Correctional Hippocratic Oath" to do no harm (Cullen, 2012b). Thus, the first principle of the RNR model is "respect for the person"; this means that "services are provided in an ethical, legal, just, moral, humane, and decent manner" (Andrews et al., 2011, p. 738). Similarly, embracing positive psychology, the Good Lives Model argues that to achieve desistance, offenders "should be given the knowledge, skills, opportunities and resources to live a 'good' life…. In short, treatment should provide them with a chance to better people with better lives" (Ward & Maruna, 2007, p. 111). As Clear and Frost (2014) point out, however, HOPE reflects instead the "punitive imperative." Clear and Frost recognize the appeal of trying "to find the optimal calibration of sanctions needed to shape the behavior of recalcitrant probationers," especially because of "the promise that less is required than ordinarily believed" (2014, p. 111). But they also caution that there "is a harsher, more unpleasant side to this argument" (p. 111). In the end, HOPE embraces the belief that "community penalties should be generally unlikable and distasteful" and "punitively repugnant" (pp. 111, 112). Even if shown to be modestly effective, is this what we wish the future of corrections to be?

## Conclusion: The High Cost of Popularity

The emergence of HOPE as a popular choice in community supervision is not without some merit. Judge Alm was not content to see offenders repeatedly violate conditions of probation and inevitably end up imprisoned. He designed a program based on clear guidelines applied in a fair and firm manner, offender accountability, certain but non-severe graduated sanctions, and support for those deserving of it. He was masterful in securing cooperation from other components of the justice system to ensure that the program would be conducted with fidelity to its principles. He also invited empirical evaluation that has produced positive findings. At the very least, he has created a model program—one that is worthy of further investigation—for the management of those on probation who are unable to comply with supervision conditions, especially drug tests.

Even so, evaluations of HOPE and its adaptations are few in number and have produced mixed results. They also are methodologically limited, in that these tests have not included various offender populations, an extended follow-up period, or direct assessments of the program's "logic model." Further, this logic model may be misguided. Theory and research would suggest that swift-and-certain sanctions are unlikely to drive HOPE's effects alone, and that other, somewhat organically occurring practices (i.e., those not explicitly emphasized, taught, or viewed as central to the model) within the HOPE program are actually more likely to explain its effectiveness.

More broadly, as Merton (1973) notes, a core norm of science is "organized skepticism." When new discoveries or startling findings are announced, science cautions against a ready acceptance. Instead, as an evidence-based enterprise, the appropriate response is to call for further study and replication. Similarly, in the pharmaceutical field, drugs with seemingly remarkable curative powers are not brought to market until properly vetted. Rushing to market on limited trials could result in a drug being ingested without sufficient study to determine if harmful side-effects might occur. In recent years, a more sobering reality has been uncovered: Many well-publicized, widely accepted experimental findings, from medicine to the social sciences, have not been replicated in subsequent research (Lehrer, 2010; Ioannidis, 2005a, b).

In corrections, such organized skepticism and reliance on careful evaluation to discern iatrogenic effects of interventions are sorely lacking—often leading to the implementation of programs that are sheer quackery (Latessa, Cullen, & Gendreau, 2002). Clearly, the HOPE program was carefully designed and did not shy away from empirical assessment. Still, it is an initiative that was widely heralded and not subjected to careful scrutiny. Due to a convergence of circumstances (reviewed above), it was seen as an important invention. The correctional audience—policy makers, practitioners, and scholars—might have paused to wonder whether a program based on a limited theory of crime that has rarely succeeded in producing effective interventions (specific deterrence) might have only limited

effects and not be effective in courtrooms not led by a charismatic judge.

In the end, correctional popularity risks having a high opportunity cost. When offenders are placed into popular but unproven programs, they are not given correctional services that are evidence-based and of proven effectiveness. Thus, when drug and other offenders are sanctioned, the issue is this: Why should they receive HOPE rather than a treatment based on the RNR model (Andrews & Bonta, 2010; Cullen, 2012a; see also Van Voorhis, 1987)? Of course, it might be possible to merge a program that attempts to diminish revocations (such as HOPE) with an evidence-based rehabilitation component. Still, HOPE has been largely celebrated not as an add-on to proven interventions but as a remarkable panacea in and of itself.

The obligation of policy makers and practitioners thus is to use the best science to intervene in the lives of offenders. Evidence that is extensive and that shows a program's reliable efficacy, not popularity, should guide how corrections is undertaken. Although experimentation with new programs such as Project HOPE should be welcomed, if not encouraged, the embrace of such fresh inventions should be cautious and not marked by unfounded hubris. Ultimately, the use of popular but ineffective programs consigns offenders to a life in crime and diminishes public safety. We owe correctional populations and the citizenry better than this.

## References


Alm, S. S. (2010, August). Hope for the criminal justice system. *The Champion Magazine*. Retrieved from http://www.correct.state.ak.us/blog/docs/alm_hope_sept-oct_p28-201.pdf

Alm, S. S. (2011). Hope for your probationers. *The Judges Journal*, *50*(1), 18-21. Retrieved from http://search.proquest.com.proxy.libraries.uc.edu/docview/859022919

Alm, S. S. (2013). A new continuum for court supervision. *Oregon Law Review*, *91*, 1181-1190. Retrieved from http://law.uoregon.edu/org/olr/volumes/91/2/documents/Alm.pdf

American Legislative Exchange Council. (2014). *Swift and Certain Sanctions Act.* Washington, DC: Author.

Andrews, D. A., & Bonta, J. (2010). *The psychology of criminal conduct* (5th ed.). New Providence, NJ: LexisNexis.

Andrews, D. A., Bonta, J. & Wormith, J. S. (2011). The Risk-Need-Responsivity (RNR) Model: Does adding the Good Lives Model contribute to crime prevention? *Criminal Justice and Behavior, 38,* 735-755.

Andrews, D., & Kiessling, J. J. (1980). Program structure and effective correctional practices: A summary of the CaVIC research. In R.R. Ross & P. Gendreau (Eds.), *Effective correctional treatment*. Toronto, Canada: Butterworth.

Apel, R., & Nagin, D. S. (2011). General deterrence: A review of recent evidence. In J. Q. Wilson & J. Petersilia (Eds.), *Crime: Public policies for crime control* (3rd ed., pp. 411-436). New York, NY: Oxford University Press.

Bernfeld, G. A., Farrington, D. P., & Leschied, A. W. (2001). *Offender rehabilitation in practice: Implementing and evaluating effective programs.* Chichester, UK: John Wiley and Sons.

Blair, C. (2012, August 31). The man from HOPE. *Honolulu Civil Beat*. Retrieved from http://www.civilbeat.com/articles/2012/08/31/16982-the-man-from-hope/.

Blumstein, A. (2011). Approaches to reducing both imprisonment and crime. *Criminology and Public Policy, 10,* 93-101.

Bonta, J. (2014, May 27). Personal communication.

Boyum, D. A., Caulkins, J. P., & Kleiman, M. A. (2011). Drugs, crime, and public policy. In J. Q. Wilson & J. Petersilia (Eds.), *Crime: Public policies for crime control* (3rd ed., pp. 368-410). New York, NY: Oxford University Press.

Braga, A. A., & Weisburd, D. L. (2012). The effects of focused deterrence strategies on crime: A systematic review and meta-analysis of the empirical evidence. *Journal of Research in Crime and Delinquency, 49,* 323-358.

Braithwaite, J. (1989). *Crime, shame and reintegration.* Cambridge, UK: Cambridge University Press.

Britt, C. L., III, Gottfredson, M. R., & Goldkamp, J. S. (1992). Drug testing and pretrial misconduct: An experiment on the specific deterrent effects of drug monitoring defendants on pretrial release. *Journal of Research in Crime and Delinquency, 29,* 62-78.

Byrne, J. M. (2013). After the fall: Assessing the impact of the great prison experiment on future crime control policy. *Federal Probation, 77(*3), 3-14.

Byrne, J. M., & Pattavina, A. (1992). The effectiveness issue: Assessing what works in the adult community corrections system. In J. M. Byrne, A. J. Lurigio, & J. Petersilia (Eds.), *Smart sentencing: The emergence of intermediate sanctions* (pp. 281-303). Newbury Park, CA: Sage.

Carns, T. W., & Martin, S. (2011). *Anchorage PACE Probation Accountability with Certain Enforcement: A preliminary evaluation of the Anchorage pilot PACE project.* Retrieved from http://www.ajc.state.ak.us/reports/pace2011.pdf.

Clear, T. C., & Frost, N. A. (2014). *The punishment imperative: The rise and failure of mass incarceration in America.* New York: New York University Press.

Clear, T. C., Harris, P. M., & Baird, S. C. (1992). Probationer violations and officer response. *Journal of Criminal Justice, 20,* 1-12.

Colvin, M. (2000). *Crime and coercion: An integrated theory of chronic criminality*. New York, NY: St. Martin's Press.

Cullen, F. T. (2012a). Taking rehabilitation seriously: Creativity, science, and the challenge of offender change. *Punishment and Society, 14,* 94-114.

Cullen, F. T. (2012b). Making corrections work: It's time for a new penology. *Journal of Community Corrections, 21*(Fall): 5-6, 15-18.

Cullen, F. T., Blevins, K. R., Trager, J. S., & Gendreau, P. (2005). The rise and fall of boot camps: A case study in common-sense corrections. *Journal of Offender Rehabilitation, 40*(3-4), 53-70.

Cullen, F. T., Fisher, B. S., & Applegate, B. K. (2000). Public opinion about punishment and corrections. In M. Tonry (Ed.), *Crime and justice: A review of research* (Vol. 14, pp. 1-79). Chicago, IL: University of Chicago Press.

Cullen, F. T., & Gilbert, K. E. (2013). *Reaffirming rehabilitation* (2nd ed.). Waltham, MA: Anderson.

Cullen, F. T., & Jonson, C. L. (2012). *Correctional theory: Context and consequences.* Thousand Oaks, CA: Sage.

Cullen, F. T., & Jonson, C. L. (2014). Labeling theory and correctional rehabilitation: Beyond unanticipated consequences. In D. P. Farrington & J. Murray (Eds.), *Empirical tests of labeling theory* (Advances in Criminological Theory, Vol. 18, pp. 63-85). New Brunswick, NJ: Transaction.

Cullen, F. T., Jonson, C. L., & Nagin, D. S. (2011). Prisons do not reduce recidivism: The high cost of ignoring science. *The Prison Journal, 91,* 48S-65S.

Cullen, F. T., Pratt, T. C., Micelli, S. L., & Moon, M. M. (2002). Dangerous liaison? Rational choice theory as the basis for correctional intervention. In A. R. Piquero & S. G. Tibbetts (Eds.), *Rational choice and criminal behavior: Recent research and future challenges* (pp. 279-296). New York, NY: Routledge.

Cullen, F. T., Wright, J. P., & Applegate, B. K. (1996). Control in the community: The limits of reform? In A. T. Harland (Ed.), *Choosing correctional interventions that work: Defining the demand and evaluating the supply* (pp. 69-116). Newbury Park, CA: Sage.

Department of Alcohol and Drug Programs, Office of Criminal Justice Collaboration. (2000). *Substance abuse and crime prevention act of 2000 (prop. 36)*. Retrieved from State of California website: http://www.adp.ca.gov/sacpa/prop36.shtml.

*DFE Fidelity Review: Saline County Arkansas*. (2013). Retrieved from http://www.arkleg.state.ar.us/assembly/2013/Meeting%20Attachments/520/I12062/Exhibit%2021%20-%20Hope%20Court%20study.pdf.

Dowden, C., & Andrews, D. A. (2004). The importance of staff practice in delivering effective correctional treatment: A meta-analytic review of core correctional practice. *International Journal of Offender Therapy and Comparative Criminology, 48*, 203-214.

Drake, E. K., & Aos, S. (2012). *Confinement for technical violations of community supervision: Is there an effect on felony recidivism?* Olympia: Washington State Institute for Public Policy.

DuPont, R. L. (2009). *HOPE probation: A model that can be implemented at every level of government*. Retrieved from Institute for Behavior and Health website: http://67.208.89.102/files/2009/10/23/IBH on HOPE Probation.pdf

Durlauf, S. N., & Nagin, D. S. (2011). Imprisonment and crime: Can both be reduced? *Criminology and Public Policy*, *10*, 13-54.

Farrington, D. P., & Murray, J. (Eds.). (2014). *Empirical tests of labeling theory* (Advances in Criminological Theory, Vol. 18). New Brunswick, NJ: Transaction.

Finckenauer, J. O. (1982). *Scared Straight! and the panacea phenomenon*. Englewood Cliffs, NJ: Prentice Hall.

French, S., & Gendreau, P. (2006). Reducing prison misconduct: What works! *Criminal Justice and Behavior, 33,* 185-218.

Gelb, A. (2011). *Enhancing public safety*. Retrieved from http://www.pewstates.org/research/analysis/adam-gelb-enhancing-public-safety-85899376745.

Gendreau, P. (1996). The principles of effective intervention with offenders. In A. T. Harland (Ed.), *Choosing correctional options that work: Defining the demand and evaluating the supply* (pp. 117-130). Thousand Oaks, CA: Sage.

Gendreau, P., Smith, P., & French, S. A. (2006). The theory of effective correctional intervention: Empirical status and future directions. In F. T. Cullen, J. P. Wright, & K. R. Blevins (Eds.), *Taking stock: The status of criminological theory* (Advances in Criminological Theory, Vol. 15, pp. 419-446). New Brunswick, NJ: Transaction.

Harris, J. R. (1998). *The nurture assumption: Why children turn out the way they do.* New York, NY: Free Press.

Hawken, A. (2010a). The message from Hawaii: HOPE for probation. *Perspectives, 34*(3), 36-49.

Hawken, A. (2010b). HOPE for probation: How Hawaii improved behavior with high-probability, low-severity sanctions. *Journal of Global Drug Policy and Practice*, *4*(3), 1-5.

Hawken, A., & Kleiman, M. (2009). *Managing drug involved probationers with swift and certain sanctions: Evaluating Hawaii's HOPE*. Washington, DC: National Institute of Justice, Office of Justice Programs. Retrieved from https://www.ncjrs.gov/pdffiles1/nij/grants/229023.pdf

Hawken, A., & Kleiman, M. (2011). *Washington Intensive Supervision Program: Evaluation report*. Retrieved from http:/seattle.gove/council/burgess/attachments/2011wisp_draft_ report.pdf.

Hill, T. (2010, June). Tough love. *Honolulu Magazine*. Retrieved from http://www.honolulu magazine.com/Honolulu-Magazine/June-2010/Tough-Love/.

Ioannidis, J. P. A. (2005a). Contradicted and initially stronger effects in highly cited clinical research. *Journal of the American Medical Association, 294,* 218-228.

Ioannidis, J. P. A. (2005b). Why most published research findings are false. *PLoS Medicine, 2,* 696-701.

Jonson, C. L., Cullen, F. T., & Lux, J. L. (2013). Creating ideological space: Why public support for rehabilitation matters. In L. Craig, L. Dixon, & T. Gannon (Eds.), *What works in offender rehabilitation: An evidence-based approach to assessment and treatment* (pp. 50-68). London, UK: Wiley-Blackwell.

Jones, P. B., & Goldkamp, J. S. (1993). Implementing pre-trial drug-testing programs in two experimental sites: Some deterrence and jail bed implications. *The Prison Journal, 73,* 199-2019.

Kennealy, P. J., Skeem, J. L., Manchak, S. M., & Eno Louden, J. (2012). Firm, fair, and caring officer-offender relationships protect against supervision failure. *Law and Human Behavior, 36,* 496-505.

Kiyabu, R., Steinberg, J., & Yoshida, M. (2010). *Hawaii's opportunity probation with enforcement (HOPE): An implementation analysis*. Unpublished manuscript, Public Administration, University of Hawai'i, Manoa, HI. Retrieved from https://www.ncjrs.gov/App/Publications/abstract.aspx?ID=255929

Kleiman, M. A. (2009). *When brute force fails: How to have less crime and less punishment*. Princeton, NJ: Princeton University Press.

Kornell, S. (2013, June 5). *Probation that works: Swift and certain punishment reduces crime—parolees love it.* Retrieved from http://www.slate.com/articles/health_and_science/science/2013/06/hawaii_hope_probation_program_reduces_crime_drug_use_and_time_in_prison.html.

Krisberg, B., & Marchionna, S. (2006). *Attitudes of U.S. voters toward prisoner rehabilitation and reentry policies*. Oakland, CA: National Council on Crime and Delinquency.

Kruttschnitt, C., & Gartner, R. (2005). *Marking time in the Golden State: Women's imprisonment in California.* New York, NY: Cambridge University Press.

Latessa, E. J., Cullen, F. T., & Gendreau, P. (2002). Beyond correctional quackery: Professionalism and the possibility of effective treatment. *Federal Probation, 66*(2), 43-49.

Lehrer, J. (2010, December 13). The truth wears off: Is there something wrong with the scientific method? *The New Yorker*, pp. 52-57.

Levrant, S., Cullen, F. T., Fulton, B., Wozniak, J. F. (1999). Reconsidering restorative justice: The corruption of benevolence revisited? *Crime and Delinquency, 45,* 3-27.

Lipsey, M. W. (2009). The primary factors that characterize effective interventions with juvenile offenders: A meta-analytic overview. *Victims and Offenders, 4,* 124-147.

Lopez, S. (2012). Hawaii finds success with tough-love approach to repeat offenders. *Los Angeles Times*. Retrieved from http://articles.latimes.com/2012/dec/01/local/la-me-1202-lopez-probation-20121202.

MacKenzie, D. L. (2006). *What works in corrections: Reducing the criminal activities of offenders and delinquents*. New York, NY: Cambridge University Press.

MacKenzie, D. L., & De Li, S. (2002). The impact of formal and informal social controls on the criminal activities of probationers. *Journal of Research in Crime and Delinquency, 39,* 243-276.

Manchak, S. M., & Skeem, J. L., Kennealy, P. J., & Eno Louden, J. (2014). High fidelity specialty mental health probation improves officer practices, treatment access, and rule compliance. *Law and Human Behavior, online first.*

Merton, R. K. (1973). *The sociology of science: Theoretical and empirical investigations* (N. K Storer, Ed.). Chicago, IL: University of Chicago Press.

Miller, W., & Rollnick, S. (2002). *Motivational interviewing: Preparing people for change, 2nd edition.* New York, NY: Guilford Press.

Moffitt, T. E. (1983). The learning theory model of punishment: Implications for delinquency deterrence. *Criminal Justice and Behavior, 10,* 131–158.

Moffitt, T. E. (1993). Adolescence-limited and life-course–persistent antisocial behavior: A developmental taxonomy. *Psychological Review, 100,* 674–701.

Nagin, D. S. (2013). Deterrence in the twenty-first century. In M. Tonry (Ed.), *Crime and Justice in America, 1975-2025* (Vol. 42 of Crime and Justice: A Review of Research, pp. 199-263). Chicago, IL: University of Chicago Press.

O'Connell, D., Visher, C. A., Brent, J., Bacon, G., & Hines K. (2013, November 21). Utilizing swift and certain sanctions in probation: Final results from Delaware's Decide Your Time program. Paper presented at the annual meeting of the American Society of Criminology, Atlanta, GA.

O'Connell, D., Visher, C. A., Martin, S., Parker, L., & Brent, J. (2011). Decide your time: Testing deterrence theory's certainty and celerity effect on substance-using probationers. *Journal of Criminal Justice, 39,* 261-267.

Paparozzi, M. (2014, May 30). Personal communication.

Paparozzi, M., & Gendreau, P. (2005). An intensive supervision program that worked: Service delivery, professional orientation, and organizational supportiveness. *The Prison Journal, 85,* 445-466.

Pearsall, B. (2014, March). Replicating HOPE: Can others do as well as Hawaii? *National Institute of Justice Journal, 273,* 1-5.

Petersilia, J., & Turner, S. (1993). Intensive probation and parole. In M. Tonry (Ed.), *Crime and justice: A review of research* (Vol. 17, pp. 281-335). Chicago, IL: University of Chicago Press.

Pew Research Center for the People and the Press. (2003). The 2004 political landscape: Evenly divided and increasingly polarized. Retrieved from http://people-press.org/http://people-press.org/files/legacy-pdf/196.pdf.

Porporino, F. (2010). Bringing sense and sensitivity to corrections: From programs to "fix" offenders to services to support desistance. In J. Brayford, F. Cowe, & J. Deering (Eds.), *What else works? Creative work with offenders* (pp. 61-90). London, UK: Willan.

Raynor, P., & Robinson, G. (2009). *Rehabilitation, crime and justice* (Rev. and updated ed.). Hampshire, UK: Palgrave Macmillan.

Robinson, L. O. (2011). Exploring certainty and severity perspectives from a federal perch. *Criminology and Public Policy, 10*(1), 85-92.

Rosen, J. (2010, January 10). Prisoners of parole. *The New York Times.* Retrieved from http://www.nytimes.com/2010/01/10/magazine/10prisons-t.html?pagewanted=all&_r=0.

Rothman, D. J. (2002). *Conscience and convenience: The asylum and its alternatives in Progressive America* (Rev. ed.). New York, NY: Aldine de Gruyter.

Sampson, R. J., & Laub, J. H. (1993). *Crime in the making: Pathways and turning points through life*. Cambridge, MA: Harvard University Press.

Schaefer, L. (2013). *Environmental corrections: Making offender supervision work.* Unpublished doctoral dissertation, University of Cincinnati, Cincinnati, OH.

Sherman, L. W. (1993). Defiance, deterrence, and irrelevance: A theory of the criminal sanction. *Journal of Research in Crime and Delinquency, 30,* 445-473.

Simon, J. (1993). *Poor discipline: Parole and the social control of the underclass, 1890-1990.* Chicago, IL: University of Chicago Press.

Skeem, J. L., Eno Louden, J., Polaschek, D., & Camp, J. (2007). Assessing relationship quality in mandated community treatment: Blending care with control. *Psychological Assessment, 19*, 397-410.

Smith, P. (2013). The psychology of criminal conduct. In F. T. Cullen & P. Wilcox (Eds.), *The Oxford handbook of criminological theory* (pp. 69-88). New York, NY: Oxford University Press.

Taxman, F. S., Pattavina, A., & Caudy, M. (2014). Justice reinvestment in the United States: An empirical assessment of the potential impact of increased correctional programming on recidivism. *Victims and Offenders, 9.* 50-75.

Taxman, F. S., Soule, D., & Gelb, A. (1999). Graduated sanctions: Stepping into accountable systems and offenders. *The Prison Journal, 79,* 182-204.

Van Voorhis, P. (1987). Correctional effectiveness: The high cost of ignoring success. *Federal Probation, 51*(1), 59-62.

Van Voorhis, P., Braswell, M., & Lester, D. (Eds.). (2009). *Correctional counseling and rehabilitation* (7th ed.). New Providence, NJ: Anderson/LexisNexis.

Walden, A. (2011, August 3). Judge Steven Alm: Justice reinvestment and the future of HOPE probation. Retrieved from http://www.hawaiifreepress.com/ArticlesMain/tabid/56/ID/4822/Judge-Steven-Alm-Justice-Reinvestment-and-the-future-of-HOPE-Probation.aspx

Ward, T., & Maruna, S. (2007). *Rehabilitation: Beyond the risk paradigm*. Abington, UK: Routledge.

Wright, J. P., & Beaver, K M. (2013). Parenting and crime. In F. T. Cullen & P. Wilcox (Eds.), *The Oxford handbook of criminological theory* (pp. 40-65). New York, NY: Oxford University Press.

Wright, T. (2013, December 30). Personal communication.

*Response to Stephanie A. Duriez, Francis T. Cullen, and Sarah M. Manchak:*

# Theory and Evidence on the Swift-Certain-Fair Approach to Enforcing Conditions of Community Supervision

*Mark A.R. Kleiman*
*University of California, Los Angeles, UCLA*
*Beau Kilmer*
*RAND Corporation*
*Daniel T. Fisher*
*John F. Kennedy School of Government, Harvard University*

*Swift-certain-fair (SCF) sanctioning improves on conventional practice in enforcing the conditions of community corrections both by substituting swiftness and certainty for severity and by increasing the predictability, and thus the perceived fairness, of the process from the offender's viewpoint. SCF can also complement, or substitute for, the expensive and laborious process of formal risk-needs assessments in the process of allocating scarce supervisory and service capacity across offenders. SCF has both firm theoretical grounding and a growing body of empirical support as a means of reducing reoffending and the time participants spend behind bars.*

**EVERY COMMUNITY SUPERVISION** program (probation, parole, pretrial release) has rules, and potential sanctions for breaking those rules. Most have loose monitoring and sporadic, unpredictable, but occasionally severe sanctions, including revocation of community supervision leading to sustained incarceration. Theory (Beccaria, 1764; Bentham, 1789; Schelling, 1960; Kleiman & Kilmer, 2009) and evidence (Bryjak & Grasmack, 1980, pp. 471-491; Paternoster, 1989; Nichols & Ross, 1990; Gendreau, 1996, pp. 144-161; Taxman, 1999) strongly support the idea that close monitoring with consistent and proportionate sanctioning works better than random severity. Stephanie A. Duriez, Francis T. Cullen, and Sarah M. Manchak (2014) criticize that idea, which they conflate with a single implementation of it: Hawaii's HOPE probation.

Swift-certain-fair (SCF) is a set of operating principles for community supervision. HOPE is one instantiation of those principles: neither the first nor the largest, though so far the most intensively studied. The question facing other jurisdictions is not whether to replicate HOPE, but whether and how to implement swift-certain-fair principles in specific community-supervision agencies (Hawken & Kleiman, 2009, p. 49; Pearsall, 2014).

Another approach to allocating attention and services among clients is assess-and-treat (A&T). A&T programs, such as ORAS, conduct an elaborate, time-intensive, and therefore expensive risk-needs (RN) evaluation using self-report and official records in order to identify the overall risk and need levels and specific needs of each subject, and on that basis assign a supervision level and treatment plan (Latessa, Lemke, Lowenkamp, Makarios, & Smith, 2010).

SCF programs also incorporate official-records data in their decision-making, but rely primarily on the offender's actual behavior under close monitoring, on the principle that the best predictor of future behavior is current behavior. This "behavioral triage" (BT) approach can be a substitute for or a complement to A&T in identifying offenders for intensive supervision and services (Hawken, 2010).

The use of drug-testing with swift and certain sanctions did not start in Honolulu. Operation Tripwire in Washington, DC, reduced rearrests and failure-to-appear rates among pretrial releasees starting in the early 1970s (Crosby, 1971; Dupont & Wish, 1992; Carver, 1993). Project Sentry was supervising probationers in Lansing, Michigan, from the early 1980s (Gallegher, 1996, 1997). In a head-to-head RCT against an A&T-based program in the DC Drug Court experiment run by Adele Harrell, an SCF program demonstrated much better outcomes at much lower cost (Cavanagh & Harrell, 1997; Cavanagh, Harrell, & Roman, 2000). The contemporaneous Project SWIFT, evaluated by Snell in Texas, has had results comparable to those of Hawaii's HOPE, though it was implemented county-wide and therefore could not be studied using RCT methods (Snell, 2007).

Examples of SCF success are not limited to illegal drugs. South Dakota's 24/7 Sobriety Program, which uses frequent alcohol monitoring with SCF sanctions, has demonstrated impressive results. Since 2005, more than 25,000 unique individuals have participated in the program, a large number for a state with roughly 650,000 adults (Kilmer & Humphreys, 2013). 24/7 Sobriety has been so successful in South Dakota that it is possible to detect effects of the program *at the county level*. In a paper published in the *American Journal of Public Health*, Kilmer et al. (2013) found that after

counties adopted 24/7 Sobriety there was a 12 percent reduction in repeat drunk-driving arrests and a 9 percent reduction in domestic violence arrests. The latter result is especially noteworthy, since most participants are not in the program for a domestic violence charge.

Thus the claim that SCF lacks empirical support (Duriez et al., this issue) does not withstand scrutiny. Rather, given the weight of evidence for the idea that properly-executed SCF programs outperform the usual system of sporadic and delayed severity, it seems reasonable to ask both what standard of empirical and theoretical support Duriez et al. think necessary before a program can be called "evidence-based" and how many currently accepted programs, including the assess-and-treat approach based on risk-needs assessment, could actually satisfy that standard.

Neither was the success of properly-implemented SCF programs as surprising as Duriez et al. make it sound; it draws theoretical support not only from the Beccaria-Bentham tradition but also from the research tradition of operant conditioning (Bryjak & Grasmack, 1980; Nichols & Ross, 1990; Rhine, 1993; Gendreau, 1996; Tonry, 1996; Bachman, Brame, Paternoster, & Sherman, 1997; Taxman, 1999; Farabee, 2005). Kleiman and colleagues, following Robert DuPont, Eric Wish, and John Kaplan (Kaplan, 1983; DuPont & Wish, 1992), had laid out the principles of SCF with respect to drug use (under the unfortunate label "coerced abstinence") in a number of publications years before the launch of the Hawaii program (Kleiman, 1992, pp. 192-1998; Kleiman & Rudolph, 1995, pp. 5-10; Kleiman, 1997; Kleiman, 2003). Duriez et al., portraying HOPE as an outlier without adequate theoretical foundations, cite none of that pre-HOPE work, nor do they mention SWIFT or 24/7.

As the article notes, Angela Hawken evaluated the A&T-based program under California Proposition 36 (Longshore et al., 2006). She reported her initial positive findings as evidence of the program's apparent succcess (Magruder, 2007). When data from later years demonstrated the program's failure, both operationally and in terms of outcomes, she reported those negative findings with equal vigor, much to the distress of the program operators. Duriez et al. also note that the data from Hawaii overcame Hawken's initial skepticism and convinced her that HOPE was successful. But they are simply wrong to report that Hawken is "uncritical." She has identified and reported problems with decreasing program fidelity in Honolulu (Hawken & Kleiman, 2012). In public presentations and in discussions with officials, Hawken has actively resisted attempts to label SCF an "evidence-based" program, insisting that more replication research is needed, even though the evidence of efficacy for SCF is much stronger than that for many programs that call themselves "evidence-based."

More empirical work remains to be done about the psychological mechanisms underlying the demonstrated efficacy of SCF when implemented with fidelity to its underlying principles. Although the early work by Kaplan, DuPont, Wish, and Kleiman (Kaplan, 1983; DuPont & Wish, 1992; Kleiman, 1992) stressed deterrence, interviews with SCF subjects make it clear that the programs also benefit from fairness and transparent goodwill (Hawken & Kleiman, 2009, p. 37), and such procedural-justice effects on offenders' attitudes and responses to rules should be included in any analysis, as should the therapeutic benefits of sustained desistance from drug-taking in the subject's normal environment, as opposed to the artificial environment of a prison or residential treatment program. The claim that SCF does *not* change antisocial attitudes (and therefore must be ineffective) is unsupported by evidence.

Contrary to the assertion in the article by Duriez et al., SCF does not attribute to its subjects rationality in the economic sense of that term. In truth, perfectly rational offenders would respond strongly to the high-severity, low-certainty, deferred threats currently delivered by the criminal justice system in the United States. SCF is offered as an alternative to that "brute-force" approach, and is designed to manage the behavior of individuals who are strongly (irrationally, in economic terms) present-oriented, impulsive, and risk-acceptant (Kleiman, 2009). The consistent and dramatic decreases in violation rates among probationers subject to SCF suggest that Beccaria and Bentham were right where Becker (1968) was wrong.

The relationship between compliance with conditions of community supervision and re-offending need not, as Duriez et al. note, be a direct one, any more than the relationship between receipt of services and re-offending. But routine, unsanctioned violation of conditions—the status quo in much of the system—tends to discredit community corrections and thus encourage legislators, prosecutors, and judges to over-incarcerate (Hawken & Kleiman, 2009, p. 6).

Specifically in the case of drug-taking, logic and empirical studies agree: People who support drug habits by committing crimes do not stop committing crimes while they keep buying expensive drugs (Gropper, 1985, p. 2).

Duriez et al. are correct when they write that the empirical results from SCF programs would not have been predicted by the "correctional treatment" paradigm. It does not follow that those results are incorrect; perhaps the "correctional treatment" approach, with its heavy reliance on risk-needs assessment, requires modification in the light of new evidence.

Duriez et al. are also correct to ask about the post-supervision effects of these programs. Long-term follow-up data from the HOPE RCT and South Dakota's 24/7 Sobriety Program will soon be released. But if, as appears to be the case, SCF programs reduce drug use, crime, and incarceration while offenders are subject to supervision, that alone can justify their use while the long-run data accumulate.

Duriez et al. cite evidence that the unsuccessful attempt to implement SCF in Delaware's "Decide Your Time" program (DYT) did not lead to improvements in outcomes (O'Connell et al., 2013). DYT was not the first implementation failure of SCF. Multnomah County's Structured Sanctions Program and Maryland's Break the Cycle also had unsatisfactory results, Multnomah County in part because the program design provided for mere warnings as the "sanctions" for the first five violations (Cavanagh & Godfrey, 1995), Maryland because the lack of judicial "buy-in" led to the threatened sanctions not being consistently delivered (Kleiman, 2009, p. 36).

Hawken and Kleiman, both in the publications cited by Duriez et al. and elsewhere, have cited those examples as illustrating the importance of program design and fidelity in generating success or failure for SCF attempts. It is reasonable to argue that swiftness, certainty, and fairness may be beyond the operational reach of some agencies; it is not reasonable to argue that poor outcomes where swiftness, certainty, and fairness are not achieved cast doubt on the validity of the program design. Very few ideas work when not properly implemented.

It is possible that swift-certain-fair is more demanding in practice than assess-and-treat, and that fidelity to plan will be correspondingly lower. It is also possible that SCF, where fairness as reflected in consistency

is central, may be more vulnerable to imperfect implementation than is A&T. If so, that suggests the importance—which Hawken has repeatedly stressed—of creating a strong fidelity-assurance component, so that every instance of deviation on the part of officials is evident to supervisors.

Duriez et al. overstate the severity of sanctions under SCF programs. In Hawaii and most other places, a first-time violator who comes in voluntarily and admits responsibility will be confined for as little as two days (Hawken & Kleiman, 2011). The sanction for a positive alcohol test in South Dakota's Sobriety 24/7 is typically a night in jail (Dupont, Long, & Talpins, 2010, p. 2). In Washington State, the first "sanction" is acceptance of a performance contract. The search for the minimum effective dose of sanctions continues, and Hawken and Kleiman have both emphasized that, when it comes to punishment, "less is more."

As Duriez et al. note, many studies of sanctions that are not swift, certain, or fair have demonstrated that such sanctions have only limited efficacy in changing behavior. From this they conclude that deterrent threats do not work. But the results from SCF programs suggest instead that *badly-designed* deterrents do not work, while well-designed deterrents do. The National Research Council report on incarceration (Travis, Western, & Redburn, 2014) notes the "strong evaluation design" of the Hawaii trial (p. 136). In a long footnote, the report points out that "the interpretation that certain but nondraconian punishment can be an effective deterrent is consistent with decades of research on deterrence." Furthermore, "That such an effect seems to have been found in a population in which deterrence has previously been ineffective in averting crime makes the finding potentially very important." Therefore, "Research on the deterrent effectiveness of short sentences with high celerity and certainty should be a priority, particularly among crime-prone populations" (Travis, Western, & Redburn, 2014, Fn. 8, pp. 136-7).

The treatment of probation-as-usual in Hawaii by Duriez et al. seems inconsistent. On the one hand, they criticize the HOPE evaluation for comparing HOPE results to probation-as-usual rather than to a program including more of what they consider evidence-based practices. Whether a specific SCF intervention is useful in any specific jurisdiction and institutional setting can be determined by an RCT comparing it with usual practices in that setting. How it would do compared with some other program is a different question.

On the other hand, Duriez et al. point out that probation-as-usual in Hawaii incorporates the evidence-based practices of cognitive-behavioral therapy and motivational interviewing, and speculate that the success of HOPE results from that fact. But the control group in the RCT showing the superior results of HOPE all benefited from CBT- and MI-trained probation officers (Hawken & Kleiman, 2009, p.11).

In all properly-conducted SCF programs so far studied, about half of all subjects never test positive when supervised under SCF (even when the program targets a heavy-using, high-risk caseload), while about one-fifth have three or more instances of detected use, thus demonstrating their need for greater attention. BT can, under some circumstances, be faster and more accurate than A&T in identifying not only high-risk subjects requiring great attention but also low-risk subjects who can safely be given minimal supervision or released from supervision entirely (Hawken, 2010).

The appropriate mix of A&T and BT in any specific circumstance is an empirical issue, not one that can be resolved by abstract reasoning alone. Hawken and Kleiman have been trying for most of a decade now to mount a trial of SCF against an A&T-based drug-court model. An experiment comparing a well-designed SCF program to a high-quality A&T program is long overdue. Criminal justice practice generally, and correctional practice specifically, have indeed suffered from a series of theoretically unjustified and empirically unsupported fads. They have also suffered from the failure to swiftly recognize and adopt valuable innovations. Given the enormous burden created by over-incarceration, the potential contribution of SCF principles to reducing that burden should not be ignored.

## References


Bachman, R., Brame, R., Paternoster, R., & Sherman, L.W. (1997). Do fair procedures matter? The effect of procedural justice on spouse assault. *Law and Society Review, 31,* 163-204.

Beccaria, C. B. (1764). *Dei delitti e delle pene* [On crimes and punishments] http://www.constitution.org/cb/crim_pun.htm

Becker, G. S. (1968). Crime and punishment: An economic approach. *The Journal of Political Economy, 76*, 169–217.

Bentham, J. (1789). *An introduction to the principles of morals and legislation*.

Bryjak, G. J., & Grasmack, H. G. (1980). The deterrent effect of perceived severity of punishment. *Social Forces*, *59*, 471-91.

Carver, J. A. (1993). Using drug testing to reduce detention. *Federal Probation, 57,* 42-49.

Cavanagh, S., Harrell, A., & Roman, J. (2000). Evaluation of the D.C. Superior Court drug intervention programs. *National Institute of Justice: Research in Brief*.

Cavanagh, S., & Harrell, A. (1997). Preliminary results from the evaluation of the D.C. Superior Court drug intervention program for drug felony defendants. The Urban Institute.

Cavanagh, D. P., & Godfrey, K. (1995). Evaluation of the Multnomah County Structured Sanctioning Program. BOTEC Analysis Corporation.

Crosby, T. (1971, January 29). Defendants to get fast drug tests. *Washington Star*, p. A1.

Dupont, R. L., & Wish, E. D. (1992). Operation Tripwire revisited. *Annals of the American Academy of Political and Social Science*, *521,* 91-111.

Dupont, R., Long, L., & Talpins, S. (2010). The South Dakota 24/7 Sobriety Project: A summary report. South Dakota Attorney General's Office, National Partnership on Alcohol Misuse and Crime, Institute for Behavior and Health, Inc., 2.

Duriez, S. A.; Cullen, F. T., & Manchak, S. M. (2014, this issue). Is Project HOPE creating a false sense of hope? A case study in correctional popularity. *Federal Probation, 78*(2), 57-70.

Farabee, D. (2005). Rethinking rehabilitation: Why can't we reform our criminals? Washington, DC: American Enterprise Institute.

Gallegher, J.J. (1996). Project Sentry final program report. Lansing, MI: Project Sentry.

Gallegher, J.J. (1997). Project Sentry quarterly program report. Lansing, MI: Project Sentry.

Gendreau, P. (1996). Offender rehabilitation: What we know and what needs to be done. *Criminal Justice and Behavior,* 144-161.

Gropper, B.A. (1985). Probing the links between drugs and crime. *National Institute of Justice: Research in brief*, 2.

Hawken, A. (2010). Behavioral triage: A new model for identifying and treating substance-abusing offenders. *Journal of Drug Policy Analysis, 3*(1), 1-5.

Hawken, A., & Kleiman, M. (2009). Managing drug involved probationers with swift and certain sanctions: Evaluating Hawaii's HOPE. National Institute of Justice, Office of Justice Programs: 6, 11, 37, 49.

Hawken, A., & Kleiman, M. (2011). Washington Intensive Supervision Program evaluation report. Seattle Government.

Hawken, A., & Kleiman, M. (2012). Changing the behavior of drug-involved offenders: Supervision that works. Research for the Real World: NIJ Interview Series.

Kaplan, J. (1983). *The hardest drug: Heroin and public policy.* Chicago, IL: University of Chicago Press.

Kilmer, B., & Humphreys, K. (2013). Losing your 'license to drink': The radical South Dakota approach to heavy drinkers who threaten public safety. *Brown Journal of World Affairs, 20*, 267-277.

Kilmer, B., Nicosia, N., Heaton, P., & Midgette, G. (2013). Efficacy of frequent monitoring with swift, certain, and modest sanctions for violations: Insights from South Dakota's 24/7 Sobriety Project. *American Journal of Public Health*, *103*(1), e37–e43.

Kleiman, M. (2003). Drug Court can work. Would something else work better? *Criminology & Public Policy 2*(2), 167-170.

Kleiman, M. (1992). *Against excess: Drug policy for results.* New York, NY: Basic Books.

Kleiman, M. (1997). Coerced Abstinence: A neo-paternalistic drug policy initiative. In L. Mead (Ed.), *The new paternalism.* Brookings Institution Press.

Kleiman, M. (2009). *When brute force fails: How to have less crime and less punishment.* Princeton, NJ: Princeton University Press.

Kleiman, M., & Rudolph, J. (1995). Breaking the cycle: Direct demand reduction in the criminal justice system. Prepared for the Office of National Drug Control Policy by BOTEC Analysis Corporation, 5-10.

Kleiman, M., & Kilmer, B. (2009). The dynamics of deterrence. *Proceedings of the National Academy of Sciences*, *106*(34), 14230-14235.

Latessa, E. J., Lemke, R., Makarios, M., Smith, P., & Lowenkamp, C. T. (2010). The creation and validation of the Ohio Risk Assessment System (ORAS)." *Federal Probation, 74*(1), 16-22.

Longshore, D., Hawken, A., Urada, D., and Anglin, M.D. (2006). Evaluation of the Substance Abuse and Crime Prevention Act. *SACPA cost-analysis report (first and second years).* Los Angeles: UCLA Integrated Substance Abuse Programs for California Department of Alcohol and Drug Programs, California Health and Human Services Agency.

Magruder, M. (2007). Prop 36 a winner says economist. *The Malibu Times.* August 15 http://www.malibutimes.com/news/article_dc8b87a7-5585-5e13-ac6c-a732178f19fc.html

Nichols, J., & Ross, L. (1990). Effectiveness of legal sanctions in dealing with drinking drivers. *Alcohol, Drugs, and Driving, 6*(2), 33-60.

O'Connell, D., Visher, C.A., Brent, J., Bacon, G., & Hines, K. (2013). Utilizing swift and certain sanctions in probation: Final results from Delaware's Decide Your Time program. Paper presented at the annual meeting of the American Society of Criminology, Atlanta, GA.

Paternoster, R. (1989). Decisions to participate in and desist from four types of common delinquency: Deterrence and the Rational Choice Perspective. *Law and Society Review*, *23*(1), 7-40.

Pearsall, B. (2014). Replicating HOPE: Can others do it as well as Hawaii? *NIJ Journal, 273.*

Rhine, E.E. (1993). Reclaiming offender accountability: Intermediate sanctions for probation and parole violators. Laurel, MD: American Correctional Association.

Schelling, T. (1960). *The strategy of conflict.* Cambridge, MA: Harvard University Press.

Snell, C. (2007). Fort Bend County Community Supervision and Corrections Special Sanctions Court Program. Fort Bend County, TX: Unpublished Evaluation Report.

Taxman, F. (1999). Graduated sanctions: Stepping into accountable systems and offenders. *Prison Journal, 79*(2), 182-205.

Tonry, M. (1996). *Sentencing matters.* New York, NY: Oxford University Press.

Travis, J., Western, B., Redburn, S. (Eds.). (2014). *The growth of incarceration in the United States: Exploring causes and consequences.* Washington, DC: The National Academies Press, pp. 136-137.

# Before Adopting Project HOPE, Read the Warning Label: A Rejoinder to Kleiman, Kilmer, and Fisher's Comment

*Francis T. Cullen, Sarah M. Manchak, and Stephanie A. Duriez*
*University of Cincinnati*

*Advocates of Project HOPE provide a spirited defense of its potential to improve probation supervision. As with unproven products that affect human lives, however, HOPE should be used only after reading its "warning label" and fully weighing its potential costs and benefits. Five warnings should be considered. Thus, the HOPE model: (1) is promising but unproven and likely applicable mainly to offenders who are tested or monitored for substance use, (2) is based on a correctional theory—specific deterrence—with mixed empirical support, (3) is vulnerable to being corrupted when implemented, (4) will cause probation departments to lose discretionary power and become mere enforcement agencies, and (5) will lead to fewer rehabilitation services for offenders who need them. Let the buyers of Project Hope beware!*

**PROBATION DEPARTMENTS** across the nation must decide what model will guide their supervision of offenders. Every once in a while, a new idea on how best to conduct probation arises. As this idea grows in popularity, the temptation exists to jump on the bandwagon and renovate an agency's methods of offender supervision. The difficulty is that correctional popularity should not be confused with correctional effectiveness. In fact, doing corrections well is a daunting challenge. Not surprisingly, most supposed panaceas do not live up to their billing and do more harm than good (Finckenauer, 1982; Latessa, Cullen, & Gendreau, 2002).

We cannot say with certainty that Project Hope is a mere correctional fad destined to fail. Indeed, if Project Hope emerges as a solid evidence-based approach, it will help to expand the menu of choices—joining the RNR model—from which probation officials can choose. In fact, corrections is improved if multiple intervention models are available (Cullen, 2012). Still, we have authored a lengthy paper in which we have demarcated our reservations about HOPE's shaky criminological foundation and about its potential ineffectiveness.

We acknowledge, both here and in our original article, that Professor Kleiman and his HOPE collaborator, Angela Hawken, are responsible scholars (an assessment we extend to Beau Kilmer and Daniel Fisher, who have joined Kleiman in commenting on our article). As evaluators of Project HOPE, Professors Kleiman and Hawken share appropriate caveats about the program, such as the need for further empirical tests and the importance of implementing swift-and-certain supervision with high fidelity (see, e.g., Hawken, 2010). Still, they find the evidence favoring Project HOPE—and its underlying swift-and-certain deterrence model—sufficiently persuasive to argue that "HOPE represents an important new model for probation operations" and that the "challenge now lies in reorganizing the criminal justice system to deliver on credible threats" (Hawken, 2010, p. 48). We see matters differently and will leave it to the readers to decide whether Project HOPE offers a legitimate alternative approach to probation supervision, or whether, based on the extant evidence, it offers a false sense of hope for meaningful and lasting recidivism reduction.

Our main concern is that Project Hope has not received sufficient critical scrutiny. Indeed, it was HOPE's growing popularity and seemingly uncritical acceptance that prompted us to write our essay. Despite the limited data available, HOPE-like programs are springing up across the nation, with 40 such programs in 18 states, and more likely on the way (Pearsall, 2014). Such correctional popularity is dangerous. When consumers of programs confuse popularity with proven effectiveness, they can adopt a program that seems widely supported but in reality is unproven. Unfortunately, corrections has no consumer protection agency. Project HOPE certainly is not snake oil being sold as an elixir for all that ails probation, but we do believe that it should come with a bright warning label listing its potential limitations and risks. Because of these uncertainties, we caution against the adoption of HOPE until more data are available and its full potential costs and benefits are fully weighed.

Correctional "products," especially because they affect human lives, should be marketed with great care. Similar to pharmaceuticals, new program models should be fully tested before being presented as evidence-based and safe to consume. In the least, much as is required in drug advertisements, they should be accompanied by a clear statement of the potential risks that are associated with their use. Such a "warning label" is needed because so many consumers of correctional products do not have the expertise to assess their empirical status. Correctional popularity often operates as a surrogate for such expertise: "If everyone else is doing this, then perhaps it is safe and best for us to do so as well." But popularity is not a substitute for demonstrated effectiveness. In this context, we believe that Project HOPE should come with five important warnings.

*First, Project HOPE is a promising but unproven program—especially for non-drug offenders*. As scientists, we must admit that we could be wrong and Professor Kleiman and his colleagues could be correct: HOPE might work. But at this point, nobody can say with any certainty that this model will prove consistently effective across diverse contexts and populations. Hawken and Kleiman's (2009) evaluation study is suggestive but not definitive. Offenders were not followed after release from probation, so no long-term effects could be demonstrated. Further, the focus was on drug-involved offenders, whose violations could be ascertained through an easily administered, foolproof test. There is no such test to detect whether a probationer has secretly committed a theft or carried a firearm. Accordingly, it is difficult to see how punishment for these and similar probation rule infractions would meet with certain or swift sanctions and thus how this model would work with other types of offenders.

*Second, the evidence behind deterrence-oriented programs is mixed.* Our article has reviewed why deterrence theory is limited, if not flawed, and pointed out that the empirical status of specific-deterrence programs in corrections is inconsistent. We might also note that multivariate studies with appropriate control variables often find that the effects of perceived certainty are modest and vary by offense type (Paternoster, 1989; Pratt, Cullen, Blevins, Daigle, & Madensen, 2006). By contrast, Professor Kleiman and his colleagues are able to cite research in favor of the swift-and-certain approach, and, admittedly, some success using graduated sanctions, especially with drug-tested offenders, has been achieved. But failures in implementation and in reducing recidivism have occurred as well. We suspect that future evaluations of programs built on the HOPE model will also yield, at best, mixed results. Our point: Project HOPE is no sure bet to work and improve probation supervision.

We are especially concerned that Project HOPE is being presented as a general model for probation supervision when it may be suited only for substance-abusing offenders who can be given drug tests or alcohol monitoring devices. Most of the positive evaluation results for the swift-and-certain model have been shown for samples of probationers charged with drug offenses or DUIs. But what about those convicted of other crimes or those whose criminality is embedded in factors that extend well beyond substance use? Achieving certainty of detection for these offenders would depend on increasing the intensity of supervision, an expensive practice that has not been shown to reduce recidivism (Petersilia & Turner, 1993). Further, swift-and-certain theory says little about why offenders will obey the law once they are off probation and no longer subject to any sanctions, swift or otherwise. It is possible that swift-and-certain probation will interrupt offenders' involvement in crime long enough that the extinction of the behavior will occur, making post-probation punishment unnecessary. But psychological research also would predict that the effects of punitive sanctions will attenuate once surveillance is no longer omnipresent and the sanctions are rarely imposed (Moffitt, 1983). In contrast, the rehabilitation model has a decided advantage with regard to sustaining treatment effects: It is oriented to changing offenders so as to reduce the criminogenic risk factors (e.g., antisocial attitudes) that underlie their recidivism not only during but also after probation.

In cautioning against the specific-deterrence approach embraced by Project HOPE, we must reiterate that we are not arguing against the reasonable enforcement of probation conditions (see Taxman, 1998). In this regard, Professor Kleiman and his colleagues note that the HOPE model draws from operant conditioning and cites Gendreau (1996) in support (see also Hawken, 2010, p. 40). And, in fact, Gendreau (1996) does explicitly favor the enforcement of "program contingencies… in a firm, fair manner" (p. 149). But here is where Gendreau—and we as well—differ from the HOPE model. As a co-founder of the RNR model, Gendreau sees contingencies as one of six features (all listed on p. 149 of his 1996 article) that are required for a successful program (e.g., use of intensive cognitive-behavior services with high-risk offenders). That is, enforcing rules is justified from a behavioral perspective only if it occurs within the context of a broader treatment model. His list of interventions that "did not reduce (and sometimes slightly increased) recidivism" included "'punishing smarter' programs or those that concentrated on punishments/sanctions, such as. . . drug testing" (p. 149). Indeed, Gendreau rejects the core component of HOPE: the near-exclusive use of threats and negative sanctions. Instead, he recommends the use of "positive reinforcers" versus "punishers by at least 4:1" (p. 149).

*Third, Project HOPE is likely to be corrupted once implemented.* Exquisitely designed punishment systems only work if they are enforced with a high fidelity—a point that Professor Kleiman and his colleagues recognize and call for. HOPE's success requires a restructuring of the criminal justice system so that there is a smooth coordination among judges, prosecutors, probation staff, drug testers, and jailers. This coordination will have to be sustained over a lengthy period of time during which the inventors of the program will be replaced by others who may or may not share their commitment to the system of threats.

Failure is not inevitable if the HOPE system is implemented as intended and then becomes firmly institutionalized—an outcome that Professor Kleiman and his colleagues seem optimistic can occur. Our prognostication is less sanguine. A clear risk exists that the necessary restructuring and coordination either will not be implemented correctly to begin with or at some point in time will become attenuated. The history of corrections teaches us that good intentions and nicely designed models tend to be corrupted and produce a range of unanticipated consequences (Cullen & Gilbert, 2013; Rothman, 2002). One challenge is that punishment fatigue will set in; it takes a lot of effort among a lot of system personnel to apply swift-and-certain sanctions day in and day out for years on end. Further, is it possible to keep punishments "fair"—that is, not severe but lenient—when the impulse to get tougher is ever-present in corrections? Many judges are former prosecutors and are elected officials in conservative counties. They may embrace severity because they believe it works or because it is politically expedient to do so. One or two heinous crimes committed by offenders given "only" two days in jail for a probation violation could evoke a call for severity. Put another way: Punishment-oriented systems almost always get harsher as time passes.

*Fourth, Project HOPE will cause probation departments to lose power and become mere enforcement agencies.* Discretion in the justice system never vanishes, but rather is reallocated. Importantly, Project HOPE is a model that seeks to take discretionary powers away from probation departments and to relocate them in a judge-controlled system of standardized sanctions. Probation officers would now make few decisions about offenders and, at best, would deliver services only if part of a specialized unit called in to give "triage" to poor-performing supervisees. In a sense, probation would become another form of policing, in which the job involves

surveillance and detection as part of a swift-and-certain punishment apparatus.

The point is that assessing Project HOPE is not just about program evaluation studies but also about how this model will justify an organizational restructuring that may change for the worse the nature of probation and redistribute power to the front end of the justice system. It is difficult to find an instance where moving discretion from treatment-oriented correctional staff to legally oriented judges and prosecutors has proven a progressive reform (Cullen & Gilbert, 2013; Rothman, 2002). Our final warning builds on this observation.

*Fifth¸ Project HOPE will likely lead to fewer rehabilitation services for offenders who need them.* Let us be clear: Professor Kleiman and his colleagues are not proposing a reduction of treatment services. They would instead argue that these services can be targeted to those offenders whose behavior (e.g., failed drug tests) shows that they need them. This prudent allocation of services could occur. But, again, the history of corrections suggests it will not. Giving punishment a priority invariably leads to a de-emphasis, if not to a rejection of rehabilitation. And, in the end, Project HOPE is a system of threats and punishments. They may be delivered in a swift-certain-fair way, but they are still punishments intended to scare offenders straight. When funds grow scarce—as they inevitably do on occasion—available resources will be allocated to ensure punishment at the expense of the now-secondary goal of offender treatment. Over time, the commitment to human services will grow weaker as staff members are hired for their enforcement rather than for their treatment capabilities. The steady movement away from rehabilitation will create a meaner and, we believe, less effective form of probation.

If asked, we would not recommend that probation departments adopt Project HOPE. Instead, we believe that there is far more evidence in favor of probation that is informed by core correctional practices and the RNR model. This approach would involve risk-needs assessment, building quality relationships with offenders, using cognitive-behavioral techniques and motivational interviewing when meeting with offenders, and focusing the most effort on the highest-risk offenders. The use of contingencies—swift, fair, and certain—might well be integrated into a supervision framework, but their use must involve a higher ratio of positive reinforcers to punishers. Shaping behavior through punishment yields only short-term compliance and does little to teach offenders the skills necessary for sustained behavioral change. The emphasis must be on teaching offenders what to do, not just what not to do. We would also recommend using the Correctional Program Assessment Inventory as a valid tool to ensure agency fidelity to appropriate intervention (Andrews & Bonta, 2010).

We will close with the question that we initially posed: Does Project HOPE offer a new model for probation or only false hope? Answering this question definitively will require the publication of a number of evaluation studies and studying over the long term whether even quality swift-and-certain punishment programs can maintain a high degree of fidelity in the face of personnel turnover, punishment fatigue, and a changing political context. Our goal was to bring a cautionary voice into the conversation—to alert probation officials and staff that an appropriate measure of skepticism about the project's popularity was warranted. If nothing else, we trust that we have provided a useful warning label that jurisdictions can consider before adopting Project HOPE as their guiding model of probation. Such an important consumer choice should not be a matter of "letting the buyer beware," but rather be carefully informed and undertaken after all risks and alternatives are considered.

## References


Andrews, D. A., & Bonta, J. (2010). *The psychology of criminal conduct* (5th ed.). New Providence, NJ: LexisNexis.

Cullen, F. T. (2012). Taking rehabilitation seriously: Creativity, science, and the challenge of offender change. *Punishment and Society, 14,* 94-114.

Cullen, F. T., & Gilbert, K. E. (2013). *Reaffirming rehabilitation* (2nd ed.). Waltham, MA: Anderson.

Finckenauer, J. O. (1982). *Scared Straight! and the panacea phenomenon*. Englewood Cliffs, NJ: Prentice Hall.

Gendreau, P. (1996). Offender rehabilitation: What we know and what needs to be done. *Criminal Justice and Behavior, 23,* 144-161.

Hawken, A. (2010). The message from Hawaii: HOPE for probation. *Perspectives, 34*(3), 36-49.

Hawken, A., & Kleiman, M. (2009). *Managing drug involved probationers with swift and certain sanctions: Evaluating Hawaii's HOPE*. Washington, DC: National Institute of Justice, Office of Justice Programs. Retrieved from https://www.ncjrs.gov/pdffiles1/nij/grants/229023.pdf

Latessa, E. J., Cullen, F. T., & Gendreau, P. (2002). Beyond correctional quackery: Professionalism and the possibility of effective treatment. *Federal Probation, 66*(2), 43-49.

Moffitt, T. E. (1983). The learning theory model of punishment: Implications for delinquency deterrence. *Criminal Justice and Behavior, 10,* 131-158.

Paternoster, R. (1989). Decisions to participate in and desist from four types of common delinquency: Deterrence and the rational choice perspective. *Law and Society Review, 23,* 7-40.

Pearsall, B. (2014, March). Replicating HOPE: Can others do as well as Hawaii? *National Institute of Justice Journal, 273,* 1-5.

Petersilia, J., & Turner, S. (1993). Intensive probation and parole. In M. Tonry (Ed.), *Crime and justice: A review of research* (Vol. 17, pp. 281-335). Chicago, IL: University of Chicago Press.

Pratt, T. C., Cullen, F. T., Blevins, K. R., Daigle, L. E., & Madensen, T. D. (2006). The empirical status of deterrence theory: A meta-analysis. In F. T. Cullen, J. P. Wright, & K. R. Blevins (Eds.), *Taking stock: The status of criminological theory* (Advances in Criminological Theory, Vol. 15, pp. 367–395). New Brunswick, NJ: Transaction.

Rothman, D. J. (2002). *Conscience and convenience: The asylum and its alternatives in Progressive America* (Rev. ed.). New York, NY: Aldine de Gruyter.

Taxman, F. S. (1998). *Reducing recidivism through a seamless system of care: Components of effective treatment, supervision, and transition services in the community.* Washington, DC: Office of National Drug Control Policy, Treatment and Criminal Justice System Conference.

# CONTRIBUTORS
## *To This Issue*

### James Bonta

Director, Corrections Research, Public Safety Canada. Ph.D., University of Ottawa. Co-author (with D. A. Andrews) of *The Psychology of Criminal Conduct* (2010).

### Guy Bourgon

Senior Researcher, Public Safety Canada. Previously, Psychologist, Rideau Correctional & Treatment Centre. Ph.D., University of Ottawa. Author of "The Demands on Probation Officers in the Evolution of Evidence-Based Practice: The Forgotten Foot Soldier of Community Corrections," *Federal Probation* (2013).

### Kimberly Cobb

Research Associate, American Probation and Parole Association. Previously, Research Administrative Coordinator, Center for Drug & Alcohol Research, University of Kentucky. M.S. in Criminal Justice, Eastern Kentucky University. Author of *Elder Panels: An Alternative to Incarceration for Tribal Members* (June, 2014).

### Thomas Cohen

Social Science Analyst, Probation and Pretrial Services Office, Administrative Office of the U.S. Courts. Previously, Statistician, Bureau of Justice Statistics. Ph.D., Rutgers University School of Criminal Justice. J.D., University of Maryland School of Law.

### R. Brian Colgan

Supervisory U.S. Probation Officer, District of Arizona. M.A., Northern Arizona University. Co-author of "Capitalizing on Collaboration in Arizona: Working Together to Advance the Use of Evidence-Based Officer Skills at All Levels of Community Corrections," *Federal Probation* (Sept. 2013).

### Francis T. Cullen

Distinguished Research Professor, School of Criminal Justice, University of Cincinnati. Ph.D., Columbia University. Co-author of *Reaffirming Rehabilitation* (2nd ed., with Karen E. Gilbert, 2013).

### Stephanie Duriez

Graduate assistant and project manager, University of Cincinnati Corrections Institute. M.S. in Criminal Justice, University of Cincinnati.

### Daniel T. Fisher

Joint MBA/MPP candidate, Harvard Kennedy School/Harvard Business School. B.A., Stanford University. Previously, Infantry Platoon Leader, U.S. Army. Author of "Community Ecosystem Analysis," *Small Wars Journal* (May 29, 2014).

### Beau Kilmer

Co-Director, RAND Drug Policy Research Center. Ph.D., Harvard University. Co-author of "Efficacy of Frequent Monitoring with Swift, Certain, and Modest Sanctions for Violations: Insights from South Dakota's 24/7 Sobriety Project," *American Journal of Public Health* (2013).

### Mark A.R. Kleiman

Professor, Public Policy, University of California, Los Angeles. Ph.D. in Public Policy, Harvard University. Co-author of *Marijuana Legalization: What Everyone Needs to Know* (Oxford University Press, June 2012).

### Adrienne Lindsey

Research Specialist Snr., Center for Applied Behavioral Health Policy, Arizona State University. Doctor of Behavioral Health (DBH), Arizona State University. Co-author of "Opportunities for Pharmacists in the Criminal Justice System," *American Journal of Health-System Pharmacy, 69*(22) (Nov. 2012).

### Sarah M. Manchak

Assistant Professor, University of Cincinnati. Ph.D., University of California, Irvine. Co-author (with Jennifer Skeem, Patrick Kennealy, & Jennifer Eno Louden) of "High Fidelity Specialty Mental Health Probation Improves Officer Practices, Treatment Access, and Rule Compliance," *Law and Human Behavior* (2014).

### Ada Melton

President, American Indian Development Associates, LLC. Tribal Affiliation, Pueblo of Jemez. Master of Public Administration, University of New Mexico.

### David Melton

Research Assistant, American Indian Development Associates, LLC. University of New Mexico, Valencia. Tribal affiliation, Pueblo of Laguna.

### Risdon N. Slate

Chair & Professor of Criminology, Florida Southern College. Ph.D., Claremont Graduate School. Lead author of *Criminalization of Mental Illness: Crisis and Opportunity for the Justice System* (2nd ed., 2013).

### Faye Taxman

Professor, George Mason University, VA. Ph.D., Rutgers University. Author of *Strategies to Reduce Recidivism* (May 2013).

### Laura Usher

Crisis Intervention Team (CIT) Program Manager, National Alliance on Mental Illness (NAMI). M.S., Rensselaer Polytechnic Institute. Co-author of *Responding to Youth with Mental Health Needs: A CIT for Youth Implementation Manual* (2011).

## Scott VanBenschoten

Chief, Program Development Branch, Probation and Pretrial Services Office, Administrative Office of the U.S. Courts. M.S.W., Virginia Commonwealth University. M.P.A., The American University. Co-author of "Training to See Risk: Measuring the Accuracy of Clinical and Actuarial Risk Assessments among Federal Probation Officers," *Federal Probation* (September 2011).

## Jay Whetzel

Program Administrator, Probation and Pretrial Services Office, Administrative Office of the U.S. Courts. Previously, Assistant Deputy Chief, U.S. Probation, District of Maryland. M.A., University of Chicago. Co-author of "Interagency Collaboration Along the Reentry Continuum," *Federal Probation* (June 2014).

**United States Government**

**INFORMATION**

Order Processing Code

***5876**

# Federal PROBATION

*a journal of correctional philosophy and practice*

Please send me _____ subscription(s) to *Federal Probation* at $16.50 each ($22.40 foreign) per year. The total cost of my order is $_____.

*Price includes shipping and handling and is subject to change.*

_____
(PLEASE TYPE OR PRINT) NAME OR TITLE

_____
COMPANY NAME ROOM, FLOOR, OR SUITE

_____
STREET ADDRESS

_____
CITY STATE ZIP CODE + 4

_____
DAYTIME PHONE INCLUDING AREA CODE

_____
PURCHASE ORDER NUMBER (OPTIONAL)

## Method of Payment

❑ Check payable to: Superintendent of Documents

❑ GPO Deposit Account _____

❑ Credit Card ❑ Visa ❑ MasterCard ❑ Discover

_____
CARD NUMBER EXPIRATION DATE

_____
AUTHORIZED SIGNATURE

**ORDER ONLINE FROM**
http://bookstore.gpo.gov

**FAX YOUR ORDER TO**
202-512-2104

**PHONE YOUR ORDER TO**
202-512-1800 or
866-512-1800

**MAIL YOUR ORDER TO**
Superintendent of Documents
P.O. Box 979050
St. Louis, MO 63197-9000

**IMPORTANT!**
Please include your completed order form with your remittance

*thank you for your order!*


**FEDERAL PROBATION**

Administrative Office
of the United States Courts

Washington, DC 20544