Washington State Department of Corrections

Evidence-Based Practices Proviso (EBPP)

March 1, 2014

Completed by:

Zachary Hamilton, Ph.D., Jacqueline van Wormer, Ph.D.,

& Christopher Campbell, M.A.

Institute for Criminal Justice Research

Department of Criminal Justice and Criminology,

Washington State University

Executive Summary

The Legislatively funded Evidenced-Based Practices Proviso (EBPP) sought to investigate the current use and future development of corrections-focused programming and services. The proviso stipulated that a consultant, Washington State University (WSU), provide project expertise with regard to the Washington State Department of Corrections provision of programming that follows a Risk-Needs-Responsivity model (p. 105 3ESSB 5034.SL). The project scope of work outlined four deliverables, namely: Program Discovery, Program Description, Program Categorization, and Implementation of Recommendations. This interim report provides findings related to the first two deliverables of Program Discovery and Program Description.

Deliverable 1 - Inventory of state funded programs currently in use by the WADOC

Using the meta-analytic study "Inventory of Evidenced-Based and Research-Based Programs for Adult Corrections" (Drake, 2013), a list of reviewed programs was assembled through an examination of Washington State Institute for Public Policy (WSIPP) sources. Given the sheer amount and detail of reviewed and provided programs, WSU devised a methodology to assemble and examine relevant programs and practices. Using a decision tree analysis, the list of WSIPP reviewed sources was cross-walked with WADOC provided programming to identify four areas (Paths) of project interest, including programs: 1) reviewed by WSIPP that are not provided by WADOC, 2) reviewed by WSIPP that the WADOC currently provides, 3) not reviewed by WSIPP and not provided by WADOC, and 4) not reviewed by WSIPP in which WADOC does provide. Those programs that were reviewed by WSIPP that the WADOC currently provides (Path 2), became the focus of the second deliverable.

Deliverable 2 - Describe programs utilized by the WADOC

Although programs may provide a similar name or scope of service provision, it is important to examine the set of components delivered to ensure that apples are compared to apples. For programs categorized in Path 2, a list of components was assembled from WSIPP reviewed studies to use as criteria for comparison to WADOC programs. WSU then gathered and reviewed WADOC program manuals, surveyed program staff, and conducted a thorough literature review to identify process and descriptive information of WADOC provided programs. Six overarching program categories were identified, which included the following:

1. Offender Change
2. Substance Abuse Treatment
3. Sex Offender Treatment
4. Transition Programming
5. Correctional Industries
6. Correctional Education

Results of Deliverable 2 provide a summary of intended program effects based on our review of the literature. A breakdown of each WADOC focus and findings of each program is also

provided. Specifically, we isolate the differences between positive, negative, and neutral findings for each program. Next, comparisons were completed, which focused on three areas: purpose/focus of the program, intended population (by both the program and study reviewed), and program components (dosage and techniques involved). Survey findings were then used to examine if programs were observed by staff (primarily program managers) to meet general criteria outlined for effectiveness. Findings revealed that, even at this early stage, a number of WADOC programs can be definitively identified as evidence-based. These programs include:

- Therapeutic communities for substance abusers and co-occurring disorders,
- Sex offender treatment, and
- GED preparation courses.

Moving Forward – Deliverable 3

The outlined tasks of the Proviso contained several unforeseeable limitations to be addressed with additional research efforts in the weeks to come. WSU has presently identified several programs provided by the WADOC that were not included as part of WSIPP's review. Similarly, even for those programs reviewed, many are perceived to be evidence-based practices but due to a lack of "apples to apples" comparison with WSIPP reviewed studies, we cannot definitively indicate that the WADOC versions of certain programs met the stated criteria. WSU will look to extend our literature search in a targeted method, seeking out known evidence-based program data sources and gathering evidence on additional, intermediate outcomes. As part of Deliverable 3, we intend to collaborate with WSIPP to operationalize the reviewed programs as either "Evidenced-Based", "Research-Based", "Promising Practices", or "Consensus-Based". WSU will also engage correctional program staff to provide additional information that may serve to guide the classification process. A final report will be created, summarizing the findings and making recommendations for future use of programs evaluated.

I. Introduction

In 2013, the Washington State legislature funded the Evidence Based Practices Proviso project, which required the Washington State Department of Corrections (WADOC) to contract with an outside consultant to inventory all current programs and identify those which are "evidence-based", "potentially promising" and those that should be phased out. Researchers at Washington State University (WSU) were contracted to serve as the consultants to facilitate and provide project expertise on the implementation of community and prison based offender programming that follows a risk-needs-responsivity model (p. 105 3ESSB 5034.SL).This report is being submitted by researchers with the Washington State University Department of Criminal Justice and Criminology (DCJC) and the Institute for Criminal Justice Research (ICJR) in response to a request for an interim report on the first two deliverables completed for *Program Discovery* and *Program Description* of the EBPP.

II. Deliverable 1 - Program Discovery

The intent of Deliverable 1 was to provide an inventory of state funded programs currently in use by the WADOC. To create a list of programs utilized, WSU was provided with a database of all programs used and available for use by WADOC in the 2013 fiscal year. Additional programs that that were available but not used in the past fiscal year were also identified and recorded. This comprehensive list composed the project's working database.

As the project focus was on programs funded through state appropriations, several programs contained within the list did not meet this criterion. Some examples of these program types include: holiday/event service provisions and general jobs programs (without a vocational training/certification component). As part of this initial task, WSU researchers reviewed all programs and removed those programs that were "temporary" in nature or not eligible for state

funding considerations. In addition, WSU researchers also identified the location of service provision (i.e. facilities and/or community location of provision which are designated in the appendix by the number of sections offered for simplicity of table), the manner in which the programs are currently administered, and the selection criteria and enrollment of programs' participants. The detailed list of programs is provided in Appendix I.

Decision Tree Analysis

Next, using WSIPP's meta-analytic "Inventory of Evidenced-Based and Research-Based Programs for Adult Corrections" (Drake, 2013), a list of reviewed programs was assembled through an examination of WSIPP sources. This list of sources was cross-walked with the WADOC provided programming to identify four areas of project interest, including programs: 1) reviewed by WSIPP that are not provided by WADOC, 2) reviewed by WSIPP that the WADOC currently provides, 3) not reviewed by WSIPP and not provided by WADOC, and 4) not reviewed by WSIPP in which WADOC does provide. These four categories formed the basis of the "Repository of Evidence" to be assembled as part of Deliverable 3 (to be completed July, 2014).

Path 1

To prioritize the program description review needed for Deliverable 2 the four categories were further analyzed and broken down to form the Decision Tree Analysis of Eligible Programs displayed in Figure 1. Studies reviewed by WSIPP that are not WADOC programs (Path 1) were examined for effects. If positive effects are noted then the studies were further examined to identify if a DOC population was used. If the studies reviewed in Path 1 did not use a DOC population, they will be identified as potential WADOC "promising practices" but are not directly comparable. For Path 1 studies with positive effects which use a DOC population, the program will be recommended for potential future implementation. No programs within Path 1 are included as part of Deliverable 2 as they are not used by the WADOC and do not require further description.

Figure 1. Decision Tree Analysis of Eligible Programs
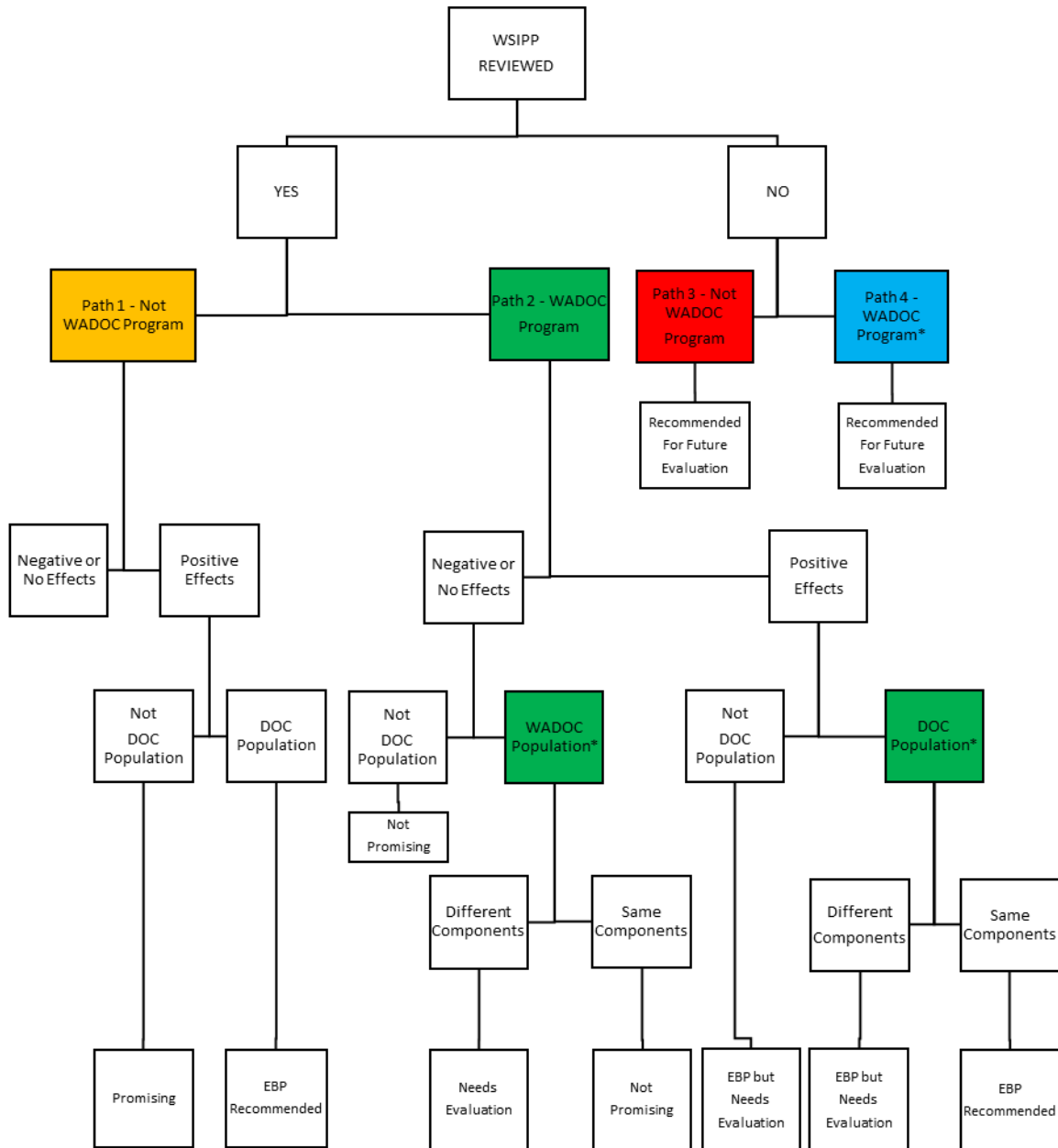
Path 2

Studies reviewed by WSIPP and that focus on a program currently used by the WADOC comprise Path 2. Again studies were examined for positive and negative/no effects. Those demonstrating negative/no effects were examined for population specificity. If a DOC population was not the source of the study population the path ends, the program is identified as "not promising" and will not be examined further as a focus of Deliverable 2.

Those programs with negative/no effects that do use a WADOC population are the focus of Deliverable 2. As the subject of Deliverable 2, program manuals and survey results are analyzed to identify if the program used by the WADOC differ in any substantial way from those programs reviewed by WSIPP. It is foreseeable that the programs provided by WADOC actually provide additional services, implemented by better trained staff, delivered for longer durations, or a variety of other component differences that would provide for increased positive effects not identified in studies reviewed by WSIPP. If program components and delivery are indeed found to differ following the analysis conducted in Deliverable 2, it will be recommended that the program be the subject of a future evaluation. However, if the program is identified to have the same, or nearly identical, components as those described in the WSIPP reviewed studies[1], we will conclude the program to be "not promising" and recommend it be phased out.

Positive study effects may also be identified in Path 2. If the population of the program reviewed was not a DOC population, WSU will recommend that the WADOC program be the subject of future evaluation to examine if the positive program effects identified by WSIPP reviewed

---

[1] Conclusions of whether or not a program is "evidence-based" can be made using the WSIPP meta-analysis because their criteria in choosing a study met the definitional criteria of "evidence-based practice". The primary disadvantage to this is that there are many programs that may be research-based or promising practices but, were left out of the analysis because the evaluating study did not have enough methodological rigors.

studies translate to the WADOC program currently in use. These programs, however, will not be the focus of program description as part of Deliverable 2.

Finally, for those programs with positive effects, in which a DOC population was utilized, an examination of program components will be analyzed as part of Deliverable 2. Again, manuals and survey results will form the basis of the evaluation, where programs identified as *not* possessing the same components as those programs reviewed by WSIPP will be recommended for future evaluation to establish if positive program effects persist despite component differences. Programs possessing the same, or nearly identical, components as those studies reviewed by WSIPP, will be labeled as "evidence-based" and will be recommended for future use as part of deliverable 3.

Paths 3 & 4

Programs that were not reviewed by WSIPP and are not currently used by the WADOC represent Path 3. Efforts are currently underway to examine additional sources of evidence not examined as part of WSIPP's meta-analysis (Drake, 2013). Two data sources to be explored include the National Institute of Corrections Evidenced-Based Practices database and The National Registry for Evidenced-Based Programs and Practices (NREPP). If programs with positive effects are identified they may be recommended for future consideration by the WADOC. These programs will not be the subject of Deliverable 3's analysis.

Finally, programs currently used by the WADOC that were not the subject of programs reviewed by WSIPP are part of Path 4. WSU will examine these program components and survey providers as a part of the analysis conducted in Deliverable 2. Similar to Path 3, WSU will seek out additional findings related to programs not reviewed by WSIPP. If additional evidence is found and the examination of program components is deemed relevant, we will then make a determination of recommended future use.

Deliverable 1 Summary

To review, the process of program description required a relatively exhaustive and intricate evaluation of two sources of data, those studies reviewed by WSIPP and the programs provided by the WADOC. This cataloging procedure comprised of an inventory of both data sources and a detailed cross-walk of current evidence and program provision. With Deliverable 1 complete, we proceed with the discussion of the program descriptions for those identified to require component evaluation. Readers should note the paths described above in Figure 1. Those paths identified with an asterisk are the focus of Deliverable 2. To further examine the cross-walk between WSIPP reviewed studies and WADOC programs provided; we encourage readers to examine Appendix II for more details.

III. Deliverable 2 - Program Description

Deliverable 2 required WSU Researchers describe each program utilized by the WADOC with the intent to identify the program components. These components are then compared to those of WSIPP reviewed programs. As noted, EBPs may have a specific content focus and delivery of services that contributes to its effects on reoffending (either positive, neutral or negative). Linking the components to WADOC programs is a key task in identifying if EBPs are being delivered as designed. It is also necessary to identify if programs being delivered, and judged by the WSIPP review to not be an EBP, are being provided differently and (potentially more effectively) by WADOC as compared to studies reviewed.

For those programs that fall under Paths 2 and 3 we sought to link components to the program designs described in the literature. Research efforts consisted of reviewing manuals, surveying program staff, and conducting a thorough literature review to identify process and descriptive information of each program. This section begins with a discussion of the survey. Each program and its perceived design are described. We then conclude with the results of the analysis of WADOC programs and their components.

Survey of Programs

In addition to the review of manuals and policies, WSU Researchers created and executed a survey focused on assessing program operations. This survey was built after a careful review of the risk/needs/responsivity and principles of effective interventions literature (see text box) (Gendreau, 1996; Gendreau, French and Gionet, 2004; Andrews and Bonta, 2010). This review of materials allowed WSU researchers to create a survey based on an empirical understanding of "what works" with offenders in reducing recidivism and improving behaviors. On-going research continually highlights that programs which yield positive outcomes have certain key components present, such as matching offenders to programs based on risk/need; focusing resources on criminogenic needs rather than sanctions; quality assurance protocols; proper levels of training and coaching; and buy-in/support from upper management (Lowenkamp, Latessa & Smith, 2006). Programs that manage to adhere to the principles exhibit

> **Principles of Effective Interventions (Gendreau, 1996)**
>
> 1) Programs should be intensive and behavioral in nature.
>
> 2) Programs should target the criminogenic needs of offenders and should use standardized assessments to identify the risk/need/responsivity issues of offenders.
>
> 3) Programs should match the characteristics of the offender, therapists, and program.
>
> 4) Program contingencies and behavioral strategies should be enforced in a firm but fair manner.
>
> 5) Programs should have well-qualified and well-trained staff who can relate to the offenders.
>
> 6) Programs should provide relapse prevention strategies and should adhere to a high degree of advocacy and brokerage with other agencies in the community.

reductions in recidivism ranging from 25% to 80%, with an average reduction of 50 percent (Andrews, Singzer et al., 1990).

The survey was completed by WADOC Program Managers assigned to a large variety of offender change, specialized treatment, substance abuse treatment, educational, vocational, and transitional programs. Given the restricted timeline of this project, staff were only given one week in which to complete the survey. There were a total of 46 survey questions that were designed in a manner to collect information about the program process, management and adherence to the Principles of Effective Intervention. Questions covered the following general areas:

1) Length of program; targeted behavior change (e.g. relapse prevention; skills training; trigger work)

2) Use of risk and needs assessment for program placement decisions; use of other tools to assess program fit; referral process

3) Qualification of assigned program staff; matching of staff to program (selection process);

4) Use of positive and negative reinforcers; frequency of incentives; use of inmate input to guide program changes

5) Tenure of staff; initial and on-going training of staff; quality assurance procedures

6) Transition planning; type of behavioral programming offered

The majority of questions were presented in a Yes/No/Unknown format with opportunity for written discussion about the respondents answer. Other questions (e.g. type of behavioral intervention offered) allowed the respondent to select "all that apply" answers. The coded information was then matched to the review of the manuals, policies and procedures to assist in determining the "fit" of the program within the evidence-based and promising practice framework,. This survey information provided a deeper understanding of the daily operations of the programs, and provided WSU Researchers with an important "inside tool" to go beyond the stated program functions via manual review, and to assess current program strengths and challenges.

There are limitations associated with this survey that are worthy of consideration. This project has been limited in scope by an aggressive timeline that did not allow for on-sight observation of programs or follow-up contacts/calls with WADOC Program Managers. Such a process allows for researchers to compare what is reported on the survey versus actual operations. Given that only a survey was completed, with no confirmation of information, it is possible that some survey items were interpreted differently across staff members, that actual operations vary as compared to information reported, that challenges within programs are not accurately captured nor reported, and that key conditions associated with positive outcomes may not be accurately reported. Even with these limitations present, we are confident that the survey information provides a stronger level of understanding of the true operations of diverse WADOC program efforts.

Program Design

To organize the review and streamline readers understanding of components, programs were categorized based on similarities of provision. Following the analysis of WADOC programs, six overarching program categories were identified, which include the following:

1. Offender Change
2. Substance Abuse Treatment
3. Sex Offender Treatment
4. Transition Programming
5. Correctional Education
6. Correctional Industries

Within each of these categorical clusters of program types, several associated studies were reviewed by WSIPP. The section below provides a brief description of each program type.

1) Offender Change

The *Offender Change* categories of programs consist of interventions designed to change criminal thinking patterns. These programs are universally guided by theories of behavioral change

(i.e. social learning). Based on WSIPP's review, this is further broken down into "Cognitive Behavioral Therapy" and "Domestic Violence Perpetrator Treatment" programs. Cognitive Behavioral Treatment (CBT) has been repeatedly found to provide beneficial results toward reducing recidivism (Landenberger & Lipsey, 2005; Pearson et al., 2010).

The name brands of such programs vary (i.e. Thinking for a Change (TFAC), Moral Recognition Therapy (MRT), Reasoning and Rehabilitation), but a consistency of philosophy is central to each. The crux of CBT is that anti-social behavior is learned and that pro-social behaviors can be taught and when applied in the community, have the potentially ameliorate criminal behavior. A second tenant of CBT is that of "active learning" to change current behavior patterns, rather than the psychodynamic focus on prior events. CBT programs, such as TFAC, teach offenders to use problem solving skills through a structured series of lessons to be provided over the course of several weeks. Interpersonal communication skills are developed and attempts offenders are taught to confront criminal thinking patterns that lead to anti-social behaviors. Specialized forms of CBT have also been developed to direct focus toward a particular type of criminal thinking. Aggression Replacement Training (ART) is one such example focused on pro-social behaviors, impulse control and moral reasoning with a directed focus of reducing aggression.

Domestic violence treatment may be perceived as a more specified type of CBT. As expected, the intended audience is those convicted of domestic violence. Viewed as a behavior that is often committed repeatedly before a conviction occurs, programs attempt to restructure offender thinking patterns in an effort to break the cyclical of perpetrator behaviors. Common elements have been identified (see VAWnet, 2000), including programs that: prioritize victim safety as well as batterer accountability; substantial facilitator criteria must be met; protocol usually includes partner contacts (i.e. termination dates and at risk warnings; batterers pay for services; participants are assessed for a variety of risks; intervention by way of group counseling is preferred; program

duration standards suggest 24-26 weeks; and couples counseling is seen as inappropriate. Although a general observation of individual studies reveals mixed findings of effectiveness, the results of several meta-analyses reveal that those subjects that receive treatment tend to do better (Taylor et al., 2001).

2) Substance Abuse Treatment

Across many modes of functionality, substance abuse treatment, when delivered with known standards, has been identified to be an effective treatment, with directed effects for decreasing drug use/relapse and, in turn, recidivism (NIDA, 2006). There are three types of program modalities commonly observed, including but not limited to: psychodynamic, network therapy, and cognitive-behavior therapy. These modalities can be provided through a variety of mediums, such as: individual, group, and family therapy. There are two primary forms of treatment provision, inpatient and outpatient treatment, which have been adapted to be provided both in prison and in the community. Inpatient treatment may involve detoxification, rehabilitation or a combination of both. What differentiates it is that participant resides within the treatment facility 24 hours a day, while outpatient treatment provides for the participant to receive sessions and return to their residence. Typically a mixture of individual and group counseling is used. Inpatient treatment the treatment intensity is typically greater and used for those subjects who have been unsuccessful at prior attempts in outpatient programs. Due to the freedoms associated with outpatient care, participants are able to remain with the families attend work and other responsibilities. Both in and outpatient treatment commonly place an emphasis on group therapy and attendance in AA meetings, which help transition participants back into community life, while they continue to attend regular meetings as a form of aftercare.

Therapeutic Communities (TCs) are a specialized and intensive form of residential treatment, which utilize cognitive behavioral techniques and have been found to be one of the most effective treatments for criminal justice populations (Prendergast et al., 2004). Traditional TCs consist of 30 to several hundred beds in a facility and the duration is relatively long by comparison to most treatments (15-24 months). Staff are trained clinicians, many of which often have recovery experiences of their own and may have previously attended as TC as a participant. For TCs drug use is seen as one manifestation of deviant behavior resulting from an impeded personality development. Thus, TCs are viewed as advantageous for criminal justice population, as the aim is on "lifestyle change", which consists of abstinence of substance use, eliminating antisocial behaviors, development of vocational skills, and prosocial values and attitudes. Participants go through multiple phases from orientation to reentry, in which, by the end, they are student-teachers and assist in the treatment of newer participants (De Leon, 1997). TCs have been successful at reducing reoffending for both in-prison and community-based programs.

Finally, those individuals with co-occurring mental health issues, traditional modalities of substance abuse treatment are not as conducive to participants' needs. In previous decades treatments would be provided separately and sequentially. Following the creation of co-occurring disorder treatments, both issues are addressed simultaneously and are provided both as inpatient and outpatient interventions (Sacks et al., 2008). Therapeutic communities modified for use for participants with co-occurring disorders have been sparingly evaluated but found to be effective for the purposes of reducing recidivism post-release (Sacks et al., 2012).

3) Sex Offender Treatment

Until recently, findings of sex offender treatment were mixed, with some claiming no effect (Harris, Rice, & Quinsey, 1993). There is a growing consensus that current, more contemporary

treatment programs can lower an offender's risk of sexual reoffending when appropriate modalities (i.e. cognitive behavioral or systemic) and program fidelity is adhered (Gallagher et al., 1999; Hanson et al., 2002). Programs seek to identify criminogenic needs (i.e. deviant sexual arousals), to address the "offense cycle" or common offending pattern and triggers. Treatment typically consists of a mix between psycho-educational groups, individual therapy and several of hours of group and individual counseling per week. Effective programs can be found as both in-prison and community versions of treatment regimens. Program durations vary but typically range from six to 12 months. Additional positive effects are often identified when treatment is paired with aftercare or relapse prevention (Hall, 1995), where, like substance abuse treatment, participants seek to prevent future behaviors by identifying triggers and coping skills used to mitigate risks.

4) Transitional Programming

In an effort to elevate prison crowding and increase public safety, community supervision enhancement interventions were created and became a popular alternative to traditional incarceration and parole in the 1980s and 90s. These intermediate sanctions and supervision enhancements come in a variety of forms, including: Intensive supervision/surveillance, electronic monitoring, case management, RNR directed supervision, vocational/educational programming, and work release. Varying levels of effectiveness have been identified for each strategy and some function better when two or more strategies are combined.

Surveillance programs such as Intensive Supervision Programs (ISP) and Electronic Monitoring (EM) have received lackluster results when provided singularly as an alternative to incarceration (Deschenes, 1997). Many of the goals are similar to traditional community corrections supervision, including: punishing offenders, protecting public safety, facilitating employment, and ensuring restitution is paid. The driving concept of these programs is to deprive offenders' access to the

influences and triggers of criminal behavior that are more readily available outside of their residence or place of employment and supervise them in a more cost efficient community environment. Typically used for high risk offenders, the primary process is typically a graduated supervision strategy. Participants transition through phases consisting of house arrest to varying levels of monthly contact with community corrections officers. The commonly cited issues of ISPs are referred to as "supervision effects" or "observation effects", where a higher frequency of contacts typically results in more frequent observations of violations of supervision conditions (i.e. failed drug tests, missing scheduled contact) but not increased rates of criminal behavior (Descehenes, 1997; Hamilton, 2010). Thus, programs will often violate or revoke participants more frequently for non-criminal behavior, which is indicative of program failure. As a result, "supervision only" programs are often seen as ineffective and inefficient with regard to costs. However, positive results have been identified when surveillance programs, such as ISP and electronic monitoring, are paired with treatment and/or intervention provisions and case planning for moderate/high risk offenders (Hanley, 2002; Jolin and Stipak, 2007).

Another type of transitional program makes attempts to implement community supervision practices that are evidenced based. The previously described ISP programs focused only on surveillance, using reduced caseloads to provide greater frequency of observation. While surveillance alone has not been found to be an effective strategy, others argue that these programs can be effective when offenders are appropriately matched to evidenced based treatments. This group of programs is referred to here as Risk, Need and Responsivity (RNR) programs. These programmatic models require supervision officers to use a risk assessment tool to assign the appropriate level of supervision contact frequency. Higher risk offenders are then screened for more intensive treatments and interventions based on assessed needs and supervision officers match offenders to appreciate treatments in which they will be most responsive. Motivation to comply and attend is a

trained skill of officers that guide the case management of the offender. In a select few analyses research has identified that the training of supervision officers in evidence based supervision practices that are responsive for higher risk offenders, in combination with reduced caseloads, can be an effective model for reducing recidivism among moderate/high risk offenders (Jalbert et al., 2011; Taxman, 2008). Others point to the training and use of "core correctional practices" (as outlined by Dowden & Andrews, 2004) such as: Active Listening, Role Clarification, Effective Use of Authority, Effective Disapproval, Effective Reinforcement, Effective Punishment, Problem Solving, and Teaching, Applying, and Reviewing the Cognitive Model. Three related programs STARR, STICS and EPICS were each created around these ideals and findings have indicated that clients of officers trained in said skills had lower recidivism rates than those of untrained officers (Robinson, et al., 2011; Bonta et al., 2011; Latessa et al., 2013).

Finally, work release programs have been in used for several decades and offer an alternative to incarceration which focuses on vocational stability. Although many means of delivery exist, the crux of programs is the perception that criminal behavior's strong tie to access to legal employment. The typical work release program is designed as graduated sanctions for inmates nearing their sentence end. Often transferred to a specialized center or a minimum security prison facility, offenders are allowed to leave the facility during work hours and return to the facility upon completion of their shift. This allows for a smoother transition to community life as offenders reenter with employment and a means to pay their bills and restitution. Although positive findings have been found generally for work release programs, it has been suggested that the impact is seen more narrowly with regard to those offenders that previously were found to commit "income-generating" crime (i.e. drug and property offenses), while other offender types (i.e. violent offenses) do not show strong positive effects (Berk, 2008; Drake, 2007).

5) Correctional Education

Low education achievement has been identified as a primary risk for future criminal behavior. Risk assessments often utilize education as an item of interest, noting that increasing one's education level provides an associated decrease in risk of recidivism. An additional function of education programs is resocialization, connecting offenders with prosocial norms while simultaneously utilizing captive time productively. Nearly all state and federal prisons offer educational opportunities (Harlow, 2003). These programs offer a variety of skills, including: basic reading, writing, and life skills training (Cecil, Drapkim, Mackenzie & Hickman, 2000). The common service provision is through adult basic education (ABE) and adult secondary education (ASE). ABE programs are designed for those offenders reading below a ninth grade level; where those that meet reading expectations move on to ASE programming. Both programs are used in preparation for general education development exams (or GED). This system of educational provisions has been commonplace for many decades inside prisons nationally; where Harlow (2003) identified that over a quarter of state prisoners complete their GED during incarceration.

State mandates and accreditation differ with regard to programming hours needed to complete each level. Curriculum of state sponsored programs also differ by state. Not as universal in their provision, many states also offer postsecondary education, allowing participants to achieve an associates or baccalaureate degree. Although few studies have been completed on the effects of post-secondary education, modest effects have generally been identified for the provision of education programming during correctional supervision (Bouffard, MacKenzie & Hickman, 2008).

6) Correctional Industries

Human capital theory suggests that job attainment and retention are directly linked to the provision of job skills that can be directly tied to employment opportunities in the community (Sedgley et al., 2010). Incarceration (and to a lesser extent supervision generally) reduces

opportunities for human capital by pausing, or delaying, offenders opportunities to develop career-based skills and credentials. Programs that offer employment within an inmate's period of incarceration are often considered under the umbrella of correctional industries. Separate from prison labor, programs often produce goods and services for both the state and private sectors. These programs reduce correctional operating costs through the sale of inmate produced goods (Maguire, Flanagan and Thornberry, 1988). However, some have suggested that correctional industries may not be the most efficient use of offender time, given that products produced and skills acquired are sometimes nontransferable to community settings (i.e. the making of signs or license plates).

Thus, programs that attempt to combine the impact of education and employment are used to increase the sustainability of success upon community reentry and have been a suggested model for the last 20 years (Bushway & Reuter, 1997 Gendreau, 1993; Andrews et al., 1990). Correctional industries that provide a career-based model of skill development by sequentially, or simultaneously, providing GED programming with vocational training and apprenticeships have been identified to be most effective in reducing post incarceration employment (Bouffard, MacKenzie, & Hickman, 2008). Labor ranges from highly skilled craftsmanship (i.e. sheet metal apprenticeships) intensive routine tasks (i.e. assembly line). Certification is a primary goal of these programs, allowing participants to return to the community with necessary documentation for immediate eligibility for skill based occupations (i.e. HVAC repair, welding, electrical, carpentry, etc.) (Smith et al., 2006).

The National Correctional Industries Association (NCIA) has developed guidelines and programmatic curriculum to assist providers in development and implementation of evidence-based programming and assure state compliance with legislative mandates. Although program content varies from state to state, typically programs seek to instill soft skills (i.e. regular work attendance, punctuality, and cooperation with fellow co-workers) and hard skills (i.e. trade certified skills such as

welding) (Smith et al., 2006). Large scale evaluations of correctional industries programs indicate reductions in arrests, convictions and incarceration, as well as an increase in participants becoming tax-paying citizens upon reentry as compared to non-participants (Sedgley et al., 2010; Smith et al., 2006). Evaluations of Washington State programs revealed similar findings with regard to increased wages earned, greater proportions of participants obtaining employment, and reductions in recidivism behavior (Drake, 2003; 2005).

Component Analysis - Method

While there are aspects that are indeed found to be common among certain programming types as discussed above, identifying evidence for specific existing programs requires more precision. In order to connect the WADOC programs to evidence provided by WSIPP, each study used in WSIPP's meta-analysis were broken down by focus and finding. Program specifics are integral to isolate differences between positive, negative, and neutral findings for a program. Simply put, in order to know if a program is actually based in evidence, then the elements that make up that program must be derived from and delivered through proven theory and practice. For instance, to expect a program that is found to be effective in a methodologically-sound study to also be effective in a different setting, it is important to deliver it in the same manner, duration, technique, and to a similar population.

Given this importance of program specifics, we took note of any program characteristics available in each of the WSIPP studies. Though the level of detail in program description varies, the majority supplied enough information to make a comparison. The primary comparisons focused on three areas: purpose/focus of the program, intended population focused (by both the program and study reviewed), program components (dosage and techniques involved). The intended purpose is important, as many programs are designed to impact a certain characteristic in the target population and therefore, have rather precise expectations in terms of outcome. For instance, many programs for chemically dependent offenders have virtually the sole purpose of stopping the cycle of

---

Component Analysis

Primary Comparison Areas:

1) Intended purpose/focus of the program

2) Population focused on (by both the program and study reviewed)

3) Program components (dosage and techniques involved)

Component Matching Criteria:

1) Matched – at least 90% of the programmatic components were identical to that of the WSIPP study with positive effects

2) Partial Match – between 50 and 90% of the programmatic components were identical

3) No Match – less than 50% of components were identical

---

addiction. In such cases, the intended outcome is the reduction of drug use, or even more so, hard narcotic (e.g., cocaine, heroin, etc.) use reduction. Many evaluations of chemical dependency programs for offenders, however, measure effectiveness with regard to recidivism reduction. With drug use being the primary outcome intention of a program, using recidivism as a measure for the program's evaluation may be misleading and not indicative of planned effect. As a result, we take note of the intended purpose to provide a greater understanding of evidence used to determine effectiveness.

Closely associated with the program's designed intent is the population for whom it is created. The expectation is that by fulfilling the needs of a certain population, the program will then reduce criminal behavior specific to that population. A common example is found when examining the distinction between probationers and parolees. As probationers are characteristically different than those who are recently released from prison, a program developed with probationers would not necessarily meet the needs of higher risk participants. Therefore, if a program designed and tested on probationers has been modified for reentering offenders, the program would likely need a direct evaluation to determine its effect in alternative populations. Similar issues would arise when a program or study focus is on jail inmates, which are often including a range of misdemeanors, rather than the DOC's aim (i.e. felonies). Without a relevant population comparison, the connection could be determined to be partially matched, meaning a study sample was comprised of only portions of WADOC offenders (any adult felon, including prison inmates and post-release populations).

Lastly, and perhaps the most importantly, are program component areas. Component areas essentially refer to the dosage (duration and intensity) and skills or techniques employed in the program. An example of component areas would include days per week of attendance and weeks per

---

Evidence-Based Components

Offender Change – Cognitive Behavioral Therapy:

1) Social Learning / Cognitive Distortion Model Focus

2) Critical Thinking

3) Cognitive Restructuring

4) Role-Playing / Modeling

5) Problem Solving Skills

6) Moral Development

7) Emotional / Anger Management

8) Group Delivery Preferred

8) Group Size: 5 – 10 people

9) 80 – 100 or more hours of treatment time of approximately 20, 2 hour sessions

10) Completion of Program

session, type of setting (group or individual), and therapeutic techniques or approach (e.g., cognitive restructuring, moral development, or aversion therapy) the program utilizes.

Based on a cursory examination of other program evaluation tools (i.e. CPC/CPAI) and our preliminary analysis of WADOC program component distributions, we crafted a criterion for cut points to evaluate the degree of program component matches. For each of the component areas, the strength of the comparison between WSIPP reviewed and WADOC programs were classified as:

(1) Matched – at least 90% of the programmatic components were identical to that of the WSIPP study with positive effects;
(2) Partial Match – between 50 and 90% of the programmatic components were identical
(3) Not Matched – less than 50% of components were identical.

Partial connections are however, do not neatly fall in to the outlined pathways as either "not promising" or "evidence-based" determinations. Therefore, a label of "partially" for any category falls in-between conclusions and will be framed as "potentially promising" but will need of further evaluation. The remainder of this section details the connection of WSIPP evidence and WADOC programs using the described component analysis parameters.

Component Analysis: Findings by Program Category

1) Offender Change

As mentioned studies reviewed by WSIPP fell into two areas "cognitive behavioral" and "domestic violence" intervention. On the whole, 32 studies of cognitive behavioral therapy (CBT) programs were reviewed by WSIPP covering approximately 11 different programs. Of the 11 programs, only four WADOC programs were matched or partially matched to five studies: Moral Recognition Therapy, Cognitive Behavioral Change, Thinking for a Change, and Anger Control Training or Alternatives to Aggression (see Appendix II for breakdown of all program matches). None of these four WADOC programs were matched on all three comparison areas to the studies reviewed by WSIPP. Of all of the CBT programs, only the WADOC programs Cognitive Behavioral Change (CBC)/ Evidence Based Corrections (EBC) were not directly connected by name in any

study. Rather, the study referenced general CBT elements that can *reasonably* be deemed to connect with that offered by CBC/EBC which are general CBT approaches to offender change. The remaining three are name-brand programs that are known nationally and have a widely used manual.

Populations used in the reviewed CBT studies only matched the WADOC population once (CBC), and partially matched for the rest which focused solely on probationers. Components of two WADOC programs matched WSIPP reviewed studies' components (MRT and TFAC). However, there was insufficient information in the reviewed study to connect CBC components definitively. Anger Control Training or Alternatives to Aggression were only matched partially to the components of the WSIPP reviewed study. This is due to the study focusing on the brand-name program known as Aggression Replacement Training (ART). WADOC programs only use a select few components found within ART. Positive effects were found only among studies of TFAC and the study of ART. Others were mixed (TFAC – one of two studies), and no effect (of general CBT approaches and MRT). Details of comparison matches are provided in Table 1.

Table 1 – Offender Change Component Comparison

Compatible WADOC Programs	Matches WADOC Program	Matches WADOC Population	Matches WADOC Components	Study Impact on Recidivism	Number of Compatible Studies
MRT (all forms - 36 sites)	YES	PARTIALLY	YES	NO EFFECT	1
CBC (3 sites) EBC (19 sites)	YES	YES	PARTIALLY	NO EFFECT	1
TFAC (19 sites)	YES	PARTIALLY	YES	MIXED	2
	YES	PARTIALLY	YES	POSITIVE	
ANGER CONTROL TRAINING (1 institutional site) ALTERNATIVES TO AGGRESSION-MH (1 institutional site)	YES	PARTIALLY	PARTIALLY	POSITIVE	1

Additional information was assessed from gathered survey data. Results indicate that EBC and TFAC programs were piloted, have specifically trained staff, and maintain procedures for quality assurance. CBC on the other hand, is not known to have staff screening and training for specific modality. Similarly, the survey revealed that CBC participants apparently are not referred to the program based on the risk and needs of the offenders, while EBC, TFAC, and MRT are. Both MRT and CBC were noted as not having quality assurance procedures in place. All other survey measures for the programs were found to be positive among these programs including having a manual or curriculum, having a high completion rate of 65% or more, and having trained, tenured staff. One program not included in the comparison of WSIPP studies but was surveyed, is Standardized Stress and Anger Management. It was found to be positive on almost measures as well, though indicated to not use positive/negative reinforcers during treatment, and was of short duration.

There were seven studies reviewed by WSIPP for domestic violence programming. Only one study had a compatible WADOC sample

---

Evidence-Based Components

Substance Abuse – Inpatient Treatment:

1) CBT Components such as cognitive restructuring and role playing with anti-drug focus

2) Drug and Alcohol Education – Effects on physical, mental, and social wellbeing

3) Relapse Prevention Training / Planning

4) Group Therapy Structure (approx. 6-10)

5) Multiple Days per week for between 90 and 180 days

Therapeutic Community (Gender neutral, non-COD):

1) CBT Curriculum with Relapse Prevention focus

2) Group interpersonal /confrontational therapy

3) Graduated progression through phases

4) Role-Playing / Modeling

5) Between 6 and 12 months of treatment

6) Reentry Planning

Modified Therapeutic Community (Women /COD):

1) TC Components with Abuse Counseling

2) Assertiveness Training (Women)

3) Healthy Relationship Education (Women)

4) Posttraumatic Stress Disorder Counseling

5) Co-Occurring Education/Therapy (COD)

6) Institutional/Community Outreach (COD)

population. Subsequently, domestic violence programs practiced by WADOC do not match those evaluated by the WSIPP studies. The WSIPP studies focused on approaches to domestic violence that did not match the MRT approach employed by the WADOC. The survey noted that the MRT approach partially targets the appropriate needs of participants and partially uses positive and negative technical reinforcers, though practices quality assurance procedures.

2) Substance Abuse

Based on the WSIPP review, substance abuse treatment was broken down into three sub-categories of treatment type and setting: community, incarceration, and treatment for offenders with co-occurring disorders. Treatment in the community included two studies of outpatient treatment and four studies of inpatient that could be compared to those delivered by WADOC contracted private community providers. For the outpatient and inpatient treatment, there was not enough information supplied by reviewed studies to match relevant components of WADOC programming, and study results were mixed (one positive, one negative/no effect). Two studies conducted by WSIPP included the effectiveness of the Washington Drug Offender Sentencing Alternative (DOSA) application which was found to be positive for drug offenders, but not for property offenders. Details of comparison matches are provided in Table 2.

Table 2 −Community-Based Substance Abuse Treatment Component Comparison

Compatible WADOC Programs	Matches WADOC Program	Matches WADOC Population	Matches WADOC Components	Study Impact on Recidivism	Number of Compatible Studies
OUT-PATIENT (37 sites)	YES	PARTIALLY	PARTIALLY	POSITIVE	2
	YES	PARTIALLY	PARTIALLY	NEGATIVE	
DOSA	YES	YES	YES	NO EFFECT	2
	YES	YES	YES	POSITIVE	
INTENSIVE OUT-PATIENT (38 sites)	YES	YES	PARTIALLY	NO EFFECTS	2
	YES	PARTIALLY	PARTIALLY	POSITIVE	

Incarceration-based treatment includes inpatient/intensive outpatient and therapeutic communities. There were three types of WADOC inpatient treatment that could be adequately compared to the WSIPP reviewed studies. These programs provided partial component matches and largely matched on population. Two of the three studies that evaluated inpatient treatment were found to be positive, with the third finding no effects. In addition to the inpatient treatment, two WADOC therapeutic communities were compared (one male and one female) and were found to match in terms of components. For the female TCs two of the three studies were found to be positive in effect, with one having no effects. Nine out of the 13 studies for male TCs found positive effects of the treatment.

One last area of substance abuse treatment includes prison-based treatment for offenders with co-occurring disorders (mentally ill with chemical abuse issues). For co-occurring disorder (COD) treatment there were four studies that could be compared with the WADOC COD therapeutic community, all of which were partially matched on components and finding positive effects in the evaluation. One study could be compared to the COD outpatient treatment, which provided a partial component match, and was found to have no effect. Details of comparison matches are provided in Table 3.

Table 3 –Incarceration-Based Substance Abuse Treatment Component Comparison

Compatible WADOC Programs	Matches WADOC Program	Matches WADOC Population	Matches WADOC Components	Study Impact on Recidivism	Number of Compatible Studies
INTENSIVE OUTPATIENT (14 sites)	PARTIALLY	NO	PARTIALLY	POSITIVE	
	YES	YES	PARTIALLY	NO EFFECT	3
CDT INTENSIVE DAY (2 sites)	YES	YES	PARTIALLY	POSITIVE	
THERAPEUTIC COMMUNITY (Female – 1 site)	PARTIALLY	YES	YES	NO EFFECT	
	PARTIALLY	YES	YES	POSITIVE	3
	PARTIALLY	YES	YES	POSITIVE	
THERAPEUTIC COMMUNITY (Male – 1 site)	YES	YES	YES	POSITIVE	
	YES	YES	YES	POSITIVE	
	PARTIALLY	YES	YES	POSITIVE	
	YES	YES	YES	POSITIVE	
	PARTIALLY	YES	YES	MIXED	9
	PARTIALLY	YES	YES	POSITIVE	
	PARTIALLY	YES	YES	POSITIVE	
	PARTIALLY	YES	YES	NO EFFECT	
	PARTIALLY	YES	YES	NO EFFECT	
THERAPEUTIC COMMUNITY (COD – 1 site)	PARTIALLY	YES	PARTIALLY	POSITIVE	
	PARTIALLY	YES	PARTIALLY	POSITIVE	
	YES	YES	PARTIALLY	POSITIVE	2
	PARTIALLY	YES	PARTIALLY	POSITIVE	
COD INTENSIVE OUTPATIENT (2 sites)	PARTIALLY	PARTIALLY	PARTIALLY	NO EFFECT	1

According to the surveys data collected, none of the programs were known to be piloted or have high use of positive/negative reinforcers during treatment. Although all of the substance abuse treatment managers indicated that participants were matched on risk/need criteria, were given skill training, maintained at least a 65% completion rate, had quality assurance procedures in place, and were guided by policy and procedures, manuals, or curriculums.

3) Sex Offender Treatment

The sex offender treatment program (SOTP) delivered by the WADOC has incarceration-based programs (CBT-based with aftercare) and one community-based program. The incarceration-based treatment was compared to six studies reviewed that were conducted in a similar setting and matched the programs studied on all areas including components. Half of the studies found no effect while the other found positive program effects. The community-based treatment possessed only a partial match with regard to treatment type and population focus, but matched on components. The study that focused on community-based SOTP found no effects however. Details of comparison matches are provided in Table 4.

Evidence-Based Components
Sex Offender Treatment:
1) CBT Components
2) Psycho-Education of Sexuality, Appropriate Sexual Behavior, and Sexual Assault Dynamics
3) Emotional Management
4) Aversion Therapy
5) Victim Awareness/ Empathy
6) Group Therapy Structure (approx. 6-10)
5) Transitional Curriculum /Support Groups

Table 4 –Sex Offender Treatment Component Comparison

Compatible WADOC Programs	Matches WADOC Program	Matches WADOC Population	Matches WADOC Components	Study Impact on Recidivism	Number of Compatible Studies
SOTP (Prison-Based – 2 site)	YES YES	YES YES	YES YES	NO EFFECT (3) POSITIVE (3)	6
SOTP (Community – 1 site)	PARTIALLY	PARTIALLY	YES	NO EFFECT	1

Surveys of SOTPs suggested that while participants are matched on risk/need criteria, given skill training, maintain at least a 65% completion rate, and guided by policy and procedures, manuals, or curriculums, the program is not known to have been piloted, does not exercise positive/negative reinforcers, and does not have quality assurance procedures in place. No responses were specific to aftercare or Spanish versions.

4) Transitional Programming

Transitional programming spans a wide range of approaches to offender reentry in the general literature and within the scope of WSIPP's review. Involving nine sub-sections, the studies reviewed by WSIPP focused on three areas: supervision, RNR training for staff, and treatment or employment training for offenders. Supervision studies focused on case management, electronic monitoring, and intensive supervision. Due to the nature of these supervision areas, there is no actual WADOC program that applies to this literature and overarching approaches to offender supervision employed by WADOC involve some aspect of each evaluated program. As a result, no specific components can be tied to this literature. The populations used in these studies do fit the application of WADOC programs, however. Therefore, conclusions regarding these areas will be dependent on broad themes of the studies' findings. For instance, case management approaches that emphasize drug offenders are covered by DOSA sentencing, which include court procedures and separate applications of graduated sanctions within community supervision. Similarly, case management involving swift-and-certain measures impact protocol for community corrections officers in their approach to technical violations. Each of these approaches have varying guidelines depending on the policy written within the agency, state statutes, and sometimes country. Nevertheless, the five studies involving swift-and-certain supervision for drug offenders, all found positive effects with probationers. In the eight studies that focused on drug offender case management without swift-and-certain, half found positive effects. The most common case

management components found among them included a need for supervision coupled with chemical dependency treatment. All programs that involved closer supervision reported higher technical violations.

Electronic monitoring (EM) in Washington is used often as an option for community corrections officials to assign or sanction offenders on supervision. The circumstances for each use are slightly different and may range in both policy parameters that are dependent on the offender's status and community corrections officer discretion. Similar to the issues surrounding case management, there are few specific characteristics of EM that could be identified as "components", which are mostly included in the use of EM in Washington. Six of the 11 studies that focused on EM use found the approach to have positive effects on reducing recidivism. Four studies found no effects of EM, and one found iatrogenic effects, indicating an increase in recidivism by those supervised with EM.

Intensive supervision practices (ISP) are similar to the previous two approaches in that the parameters of its application are dependent on policy, situation, and offender status rather than structured components like that of offender change programs. Thirteen studies that included the use of ISP were identified and examined. Among them, nine studies found negative or no effects on reducing recidivism, four found positive effects, and one mixed. Similar to the findings of the case management literature, the inclusion of treatment tended to reflect positively on the program effects. Strict supervision was often associated with iatrogenic (negative) effects and increased technical violations.

Table 5 –Transitional Programming Component Comparison

Compatible WADOC Programs	Matches WADOC Program	Matches WADOC Population	Matches WADOC Components	Study Impact on Recidivism	Number of Compatible Studies
Swift-and-Certain (No specific program)	YES	PARTIALLY	N/A	POSITIVE	1
ISP without Treatment (No specific Program)	YES	YES	N/A	NEGATIVE	4
	YES	YES	NA	NEGATIVE	
	YES	NO	N/A	NO EFFECT	
	YES	PARTIALLY	N/A	POSITIVE	
ISP with Treatment (No specific Program)	PARTIALLY	YES	N/A	NO EFFECT	5
	PARTIALLY	PARTIALLY	N/A	NO EFFECT	
	PARTIALLY	PARTIALLY	N/A	MIXED	
	YES	YES	N/A	POSITIVE	
	PARTIALLY	PARTIALLY	N/A	POSITIVE	
Electronic Monitoring (No specific Program)	NO	PARTIALLY	N/A	POSITIVE	10
	PARTIALLY	PARTIALLY	N/A	MIXED	
	PARTIALLY	PARTIALLY	N/A	NEGATIVE	
	PARTIALLY	PARTIALLY	N/A	POSITIVE	
	YES	YES	N/A	NO EFFECT	
	YES	YES	N/A	POSITIVE	
	YES	YES	N/A	NO EFFECT	
	YES	YES	N/A	POSITIVE	
	PARTIALLY	NO	N/A	POSITIVE	
	PARTIALLY	NO	N/A	POSITIVE	
Supervision with Treatment Focus (No specific Program)	PARTIALLY	YES	PARTIALLY	POSITIVE	2
	PARTIALLY	YES	PARTIALLY	POSITIVE	
	YES	YES	PARTIALLY	POSITIVE	
	PARTIALLY	YES	PARTIALLY	POSITIVE	
CCP / EPICS	PARTIALLY	PARTIALLY	PARTIALLY	POSTIVIE	5
	No	YES	PARTIALLY	POSITIVE	
	No	PARTIALLY	PARTIALLY	POSITIVE	
	No	PARTIALLY	PARTIALLY	MIXED	
	No	PARTIALLY	PARTIALLY	POSITIVE	
EMPLOYMENT TRANING GO2WORK / JOB READINESS & LIFE SKILLS TO WORK (2 sites)	YES	Requested	PARTIALLY	NO EFFECT	5
	PARTIALLY	Requested	PARTIALLY	POSITIVE	
	YES	YES	PARTIALLY	POSITIVE	
	YES	YES	PARTIALLY	POSITIVE	
	YES	YES	PARTIALLY	POSITIVE	

Another portion of transitional programming involves the training of supervision staff in the Risk-Need-Responsivity (RNR) model. This approach posits that by emphasizing the importance of cognitive behavioral practices in common interactions with offenders, community corrections personnel are able to better identify offender needs and provide adequate services. The main approaches to this training used in Washington include Motivational Interviewing (MI), and Core Correctional Practices (CCP) such as Effective Practices in Community Supervision (EPICS). Though the focus is slightly different, program trainings push to develop an understanding and application of proven components of offender change and RNR among corrections officers and case workers.

Evidence-Based Components

Core Correctional Practices:
(from Gendreau & Andrews CPAI-2000)

1) Anti-Criminal Modeling

2) Cognitive Restructuring

3) Effective Reinforcement

4) Effective Disapproval

5) Effective Authority Use

6) Problem Solving Techniques

7) Structured Learning / Skill Building

8) Quality Interpersonal Relationships

When compared to the WSIPP reviewed studies, while none specifically evaluate the use of MI, those used emphasize many elements of the overarching approach to CCP. For instance, the training of officers and staff to understand the impact and application of cognitive restructuring and problem solving techniques is found to be effective in programs such as Strategic Training Initiative in Community Supervision (STICS) as well as EPICS, both of which emphasize components of CCP. As a result, most of components used in CCP meet at least a partial match, if not a direct evaluation and therefore exact match of components. Each of the six studies used in the WSIPP meta-analysis found positive effects in reducing recidivism.

The last transitional program sub-categories is work release. WADOC uses work release in different ways depending on the offender's status such as pre-release from prison (similar to that of a halfway house) or as a partial confinement sanction to technical violators on supervision. Most are referred and contracted out to private agencies or community colleges and others include some level of chemical dependency including Alcoholics and Narcotics Anonymous. Programs reviewed by WSIPP largely overlap and can be compared with the work release operations used by WADOC. The majority of the

Evidence-Based Components
Work Release:
1) Development of Work /Schedule Plan
2) Aiding / Education of Job Search Skills
3) Relapse Prevention / Chemical Dependency Treatment
4) Requiring Maintenance of 30-40 hour a week Job
5) Structured Curfews

programs supply services that are only for case management, traditional supervision, and some provide support in finding a job. WADOC programs have such support as well as some offender change, life skills, and substance abuse treatment within the programming provided.

WADOC work release programs emphasize the reintegration of ex-offenders. Those that compare to the literature include Employment Training/Search, Go2Work, Job Readiness, and Life Skills to Work. Specific components of these programs that find support in the literature include an expectation to secure employment for a minimum of 30 hours per week, as well as maintain room and board cost requirements. Offenders who are unable to secure employment within six to eight weeks typically return to a prison facility.

Surveys on the transitional programming indicated a rather strong implementation of program designs. Responses were affirmative for targeting participants for appropriate programming, having a manual in place to guide the program delivery by tenured staff, use of positive/negative reinforcers, yielded a participant completion rate of at least 65%, and have quality

assurance procedures in place. However, three areas of concern in their implementation are: only partial participant matching to the program criteria based on offender risk and need, no indication that the programs were piloted, and staff not screened for specific treatment or educational modalities.

5) Correctional Education

Education for WADOC populations is available in three methods depending on the participant's skill level and need: basic skills, general education diploma (GED) preparation, and associates of arts (AA) courses. Basic skills programs are typically for offenders whose educational skill level is less than that of a ninth grade education. Often referred to as adult basic education (ABE) these basic skills programs focus on improving literacy and some arithmetic abilities among certain offenders. Closely linked to ABE/Basic Skills are the GED preparation courses. GED preparation is intended to complete the progress of Basic Skills to earn a GED diploma, developing student's skills from ninth through twelfth grades. All WADOC institutional corrections facilities have Basic Skills and GED preparation classes available. Associate of Arts or post-secondary courses allow for offenders to further their education beyond that of high school. Theoretically, improving the educational level of an offender can decrease their likelihood to reoffend. However, many states do not offer post-secondary education courses, and when they do, the courses are by volunteer and come without credit.

Each of these educational programs are emphasized in the literature and studied with similar populations as the WADOC. As most of these programs are standardized within the state, and partially standardized between states, the components are match concisely. The main exception is that of AA programs which are partially match that of the WSIPP reviewed studies. AA degree programs allow for a variety of courses to diversify and expand that which the offender is exposed to as any other student would have the ability to do. Subsequently, studies focusing on AA programs

do not specifically target one course or component over another, and instead emphasize the offender's participation in post-secondary education with some notation of attrition. For GED (three studies) and post-secondary education (one study), the WSIPP studies identified positive effects for participation of the program. However, for ABE programs in the lone study that was compared to WADOC Basic Skills, there were no effects found. Details of comparison matches are provided in Table 7.

Table 7 – Education Component Comparison

Compatible WADOC Programs	Matches WADOC Program	Matches WADOC Population	Matches WADOC Components	Study Impact on Recidivism	Number of Compatible Studies
GED Preparation	YES	YES	YES	POSITIVE	2
	YES	YES	YES	POSITIVE	
AA Degree Programs	YES	YES	PARTIALLY	POSITIVE	1
Basic Skills / Fast Track	YES	YES	YES	NO EFFECT	1

6) Correctional Industries

Some studies have suggested that when vocational programs are combined with educational programming, the resulting impact of the programs on recidivism is improved. It is with this in mind that correctional industries in Washington offer vocational skill training and education, in conjunction with some CBT programming. As many states have some form of correctional industries available to offenders through contracts with or are subsections of the state DOC, many components are often the same or at least very similar. However, due to Washington correctional industries applying a CBT element known as the Makin' It Work program in the vocational and educational curriculum, Washington sets itself apart from most states, and especially those focused on in the studies WSIPP reviewed. As a result, the correctional industry components only partially

match. Among the five studies that could be compared with the correctional industries programming in Washington, four found positive effects and three found no effects on recidivism. Details of these comparison matches are provided in Table 6.

Table 6 – Correctional Industries Component Comparison

Compatible WADOC Programs	Matches WADOC Program	Matches WADOC Population	Matches WADOC Components	Study Impact on Recidivism	Number of Compatible Studies
	YES	YES	PARTIALLY	NO EFFECT	
	YES	YES	PARTIALLY	POSITIVE	
Correctional Industries (210 Programs)	PARTIALLY	YES	PARTIALLY	POSITIVE	5
	YES	YES	PARTIALLY	NO EFFECT	
	PARTIALLY	YES	PARTIALLY	POSITIVE	

VI. Issues and Limitations

The initial findings in this project should be interpreted while understanding several limitations to evidentiary and component connections. First, this report contains an analysis of *only* the literature found and reviewed by WSIPP, as directed by Legislative Proviso. While the WSIPP criteria are optimal for selecting methodologically strong studies to include in their meta-analysis, it is only one area from which we can draw evidence-based conclusions. There are a number of other areas through which this report's analysis could be expanded by including other systematic reviews of the literature to triangulate and further support recommendations for programs. It is suggested that such triangulation occur prior to the completion of this project.

Second, specific components and programs are omitted from this analysis. By and large, this is due to justifiable methodological thresholds for meta-analyses, differences in populations focused on in the literature and in the creation of certain programs as mentioned above. As a result there are a number of WADOC programs that are not included in this report (see Appendix IV). Third, by

solely relying on the components stated in the WSIPP reviewed studies, the component analysis does not include all possible evidence, for all possible program components. As it is merely a common practice rather than a requirement that studies include a description of the program being evaluated; hence, study provided descriptions vary widely in terms of detail. Subsequently, many leave out specifics needed to conduct a component comparison. Triangulation of the literature and source-designated components (program creators) would also help remedy this shortcoming.

VII. Discussion and Recommendations:

As evidence-based practice has become a driving mission of state corrections across the nation, expectations of what it means to have an "evidence-based" has become increasingly important. Recent efforts to define and adequately identify evidence in criminal justice research have been noted, through in such way as the creation of fidelity tools like the CPAI and the CPC. Expanding on these tools in conjunction with WSIPP's evidence-based definitions and collection of literature, WSU researchers have isolated core components of WADOC programs as they are meant to be delivered and provide a brief synopsis of how some are actually practiced. Ultimately, this report lays the groundwork for identifying which WADOC programs are based in empirical evidence and therefore, should be continued, and which lack support to justify additional resources.

To properly complete conclusions of programmatic evidence, WSU first incorporated WSIPP's meta-analysis findings on program-type and effect size, and then used subsequent component and survey analyses detailed in this report. Given the completion of these procedures it can be noted, even at this early stage, that a number of WADOC programs can be definitively identified as evidence-based. These programs include: therapeutic communities for substance abusers in male and female incarcerated settings as well as for offenders with co-occurring disorders, sex offender treatment for male offenders in prison and community aftercare, and GED preparation

courses. These programs provided sufficient information to adequately match their components to positive empirical findings.

Therapeutic communities delivered by WADOC successfully match the components of evidence-based practices found in the WSIPP literature. A major caveat to this however, is the lack of specific evidence for the separate components found in female and COD TCs. For instance, female TCs often have some aspect of trauma and abuse treatment incorporated into the TC model, as is the case with WADOC. It is at this level only that we were able to match the components to studies noting a trauma and abuse focused treatment is available. There were no specific evaluations of the *type* of gender specific or trauma related treatment. The same is found for the mental health component of COD TCs.

Another major point to be made with regard to TC success is that TCs consist of a rather small portion of WADOC's substance abuse treatment repertoire. However, other drug treatments delivered by the WADOC had components to their programming that could not be matched to that found in the literature due to studies either not evaluating those components or a lack of component information in the studies' reviewed. Additional examinations of these programs will be discussed in a subsequent section.

Sex offender treatment programs offered by the WADOC included all components of every program evaluated under WSIPP's review. In fact, SOTP used more proven components from CBT, chemical dependency, and sex offender treatment than any other program described in the literature. The only minor caveat is the lack of evaluations on aftercare involving a Spanish translation. This is a component change that is not noted in the literature and therefore lends itself to further evaluation within the state. Similarly, further evaluation can be recommended for the isolation of both prison-based treatment components together and separate from community-based aftercare, as this is also

seldom noted in the literature. On the whole, SOTP can be recognized as an evidence-based practice.

Lastly, GED preparation courses offered by WADOC are a standardized curriculum that have been connected to components and positive results in the literature and thus, warrants a conclusion of evidence-based practice. Though having components that matched those found in the literature, Basic Skills program and ABE evaluations were not indicative of positive results in the few studies that were found to be compatible. Additionally, there were no evaluations of the Basic Skills program "English as a Second Language". The lack of literature in this area suggests the need for independent evaluation. In the same regard, post-secondary education programs yielded far too much variety in the curriculum in both the WADOC manuals as well as in the evaluation descriptions to suggest a match of components. Therefore, neither the Basic Skills nor AA Degree programs could be definitively identified as evidence-based at this time.

For a combination of the issues and limitations described above, none of the offender change, transitional, and correctional industry programs could be definitively deemed as evidence-based. Inability to recommend a definitive conclusion for these program categories is an example of the distinct need to triangulate literature on individual components. Offender change programs, particularly those of cognitive behavioral interventions, have received a great deal of attention in evaluation research. However, the specific delivery of the WADOC programs lacks the necessary and specific component support in the literature for such a conclusion. Though these programs are promising on the whole, they require further evaluation and investigation.

Similar notes can be made about transitional and correctional industries programming. Though each type is widely used and have received much attention in research, due to the ranging variety in delivery and focus of these programs, component analyses must be expanded beyond the

scope of the defined proviso/deliverable goals in order to reach a proper conclusion. Transitional programming can be identified as one program type that has some potentially evidence-based and research-based programs (e.g., work release and electronic monitoring), and yet have programs that are also associated with negative effects (e.g., intensive supervision without treatment). In the same regard, WADOC affiliated correctional industries suggest a multitude of vocational training ranging in size, specificity and scope of skills taught. Additionally, correctional industries in Washington are somewhat unique when compared to programs found in the literature, as the vocational training is coupled with CBT programs such as Makin' it Work. Again, without an extension of literature reviewed and independent evaluations, these programs' components cannot be deemed evidence-based.

Anticipated Additional Analyses Relating to Deliverable 2

As mentioned, the outlined tasks of the EBPP contained several limitations to be addressed. Some of these limitations were likely not foreseeable but, nonetheless, require additional research efforts to overcome. For one, although WSIPP made extensive effort to provide a comprehensive review of the global evidence regarding effective correctional practices, WSU has presently identified several programs provided by the WADOC, in which studies indicating empirical evidence are available but were not reviewed by WSIPP. For example, female specific offender programs such as "Moving On" and "Beyond Trauma" are noticeably absent review. Programs like these are provided by the WADOC and we feel it unwarranted to deem such programs as "not evidence-based" as a result of exclusion from the initial meta-analytic review. Similarly, programs reviewed may have met particular requirements of evidence-based practices but we could not definitively indicate that the WADOC versions met the stated criteria. We feel that an extended search for additional research findings will assist in our recommendations. WSU will look to extend our literature search in a

targeted method, seeking out known evidence-based program data sources (i.e. NREP) of those specific programs used by the WADOC but have yet to be evaluated as definitively evidenced-based. In the weeks to come we will complete this extension and consult with WSIPP as to the best and most consistent ways to incorporate additional findings.

In addition, the definitions provided by WSIPP's review restricted the evaluation of study outcomes that were not explicitly recidivism. There are additional intermediate outcomes, such as prison misconduct, community corrections violations, drug use, and employment that are of interest and will provide a more comprehensive examination of WADOC programming effects. Time permitting, WSU intends to describe the effects of WADOC programs on intermediate outcomes confirmed by the repository of evidence to be gathered. We intend to complete this and the aforementioned additional tasks that relate to Deliverable 2 while initiating the third project deliverable.

Deliverable 3 - Program Categorization

Looking forward to the next project tasks, as part of Deliverable 3, we intend to collaborate with WSIPP to operationalize the reviewed programs as either "Evidenced-Based", "Research-Based", "Promising Practices", or "Consensus-Based". Once these categorical definitions are established WSU will then score and rank each program based on component and survey content, in which a substantial portion has already been gathered as part of Deliverable 2. We will also engage correctional program staff to provide any additional information that is not captured by the current methodologies, particularly for those programs that are deemed to *not* possess a rank of "Evidenced-Based" or "Research-Based". A final report will be created, summarizing the findings and making recommendations for future use of programs evaluated. It is anticipated that these recommendations

will include a priority list of those programs that may be "phased out" as part of the WADOC

general offender change operations.

REFERENCES

Andrews, D., Zinger, I., Hoge, R., Bonta, J., Genreau, P., Cullen, F., (1990). Does Correctional Treatment Work? A clinically Relevant and Psychologically Informed Meta-Analysis. *Criminology*, 28 (3): 369-404.

Andrews, D., & Bonta, J. (2010). Rehabilitating criminal justice policy and practice. *Psychology, Public Policy, and Law,* 16(1): 39-55.

Berk, J. (2008). Does Work Release Work? Unpublished Manuscript.

Bonta, J., Bourgon, G., Rugge, T., Scott, T., Yessine, A., & Gutierrez, L. (2010). An Experimental Demonstration of Training Probation Officers in Evidenced-Based Community Supervision. *Criminal Justice and Behavior*, 38(11): 1127-1148.

Bouffard, J. A., MacKenzie, D. L., & Hickman, L. (2000). Effectiveness of Vocational Education and Employment Programs for Adult Offenders: A Methodology-Based Analysis of the Literature. *Journal of Offender Rehabilitation*, 31: 1-41.

Bushway, S. & Reuter, P., 1997. "Labor markets and crime risk factors", In: *Evidence-Based Crime Prevention*. Ed.: David P. Farrington, Doris Layton MacKenzie, Lawrence W. Sherman, Brandon C. Welsh. Routeledge.

Cecil, D. K., Drapkim, D. A., Mackenzie, D. L., & Hickman, L. J. (2000). The effectiveness of adult basic education and life-skills programs in reducing recidivism: A review and assessment of the research. *Journal of Correctional Education*, 51: 207-226.

De Leon, G. (1997). *The Therapeutic Community: Theory, Model, and Method.* Springer. New York, NY.

Deschenes, E., Turner, S., & Petersilia, J. (1995). A Dual Experiment in Intensive Community Supervision: Minnesota's Prison Diversion and Enhanced Supervised Release Programs. *Prison Journal*, 75(3): 330-356.

Dowden, C., & Andrews, J. (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(2): 203-214.

Drake, E. (2006). *Washington's Drug Offender Sentencing Alternative: An Update on Recidivism Findings*. Washington State Institute for Public Policy. Olympia, WA.

Drake, E. (2007). *Does Participation in Washington's Work Release Facilities Reduce Recidivism*? Washington State Institute for Public Policy. Olympia, WA.

Drake, E., (2013). *Inventory of Evidenced-Based and Research-Based Programs for Adult Corrections.* Washington State Institute for Public Policy. Olympia, WA.

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

Gendreau, P., Paparazzi,M., Little, T., & Goddard, M. (1993). Punishing smarter: The effectiveness of the new generation of alternative sanctions. *Forum on Correctional Research*, 5, 31-34.

Gendreau, P. (1996). Offender Rehabilitation What We Know and What Needs to Be Done. *Criminal Justice and Behavior*. 23(1): 144-161.

Gendreau, P. French, S. & Gionet, A. (2004). What works (what doesn't work): The principles of effective correctional treatment. *Journal of Community Corrections,* 13: 4-30.

Hall, G. (1995). Sexual offender recidivism revisited: A meta-analysis of recent treatment studies. *Journal of Consulting and Clinical Psychology*, 63(5): 802-809.

Hamilton, Z. (2010). Adapting to Bad News: Lessons from the Harlem Parole Reentry Court. *Journal of Offender Rehabilitation*, 50(7): 385-410.

Hanley, D. (2002). Risk differentiation and intensive supervision: A meaningful union? Unpublished doctoral dissertation.

Hanson, K., Gordon, A., Harris, A., Marques, J., Murphy, W., Quinsey, V., Seto, M. (2002). First Report of the Collaborative Outcome Data Project on the Effectiveness of Psychological Treatment for Sex Offenders. *Sexual Abuse: Journal of Research and Treatment*, 14(2): 169-194.

Harlow, C. (2003). *Education and correctional populations*. Bureau of Justice Statistics. Washington, D.C.

Jalbert, S. K., Rhodes, W., Kane, M., Clawson, E., Bogue, B., Flygare, C., Kling, R., & Guevara, M. (2011). A multi-site evaluation of reduced probation caseload sizes in an evidence-based practice setting. NCJ: 234596.

Jolin, A. & Stipak, B. (2007). Drug treatment and electronically monitored home confinement: An evaluation of a community-based sentencing option. *Crime and Delinquency*, 38(2): 158-170.

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(4): 451-476.

Latessa, E., Listwan, S., Koetzle, D. (2013). *What Works (and Doesn't) in Reducing Recidivism*. Google eBook.

Lowenkamp, C. Latessa, E., & Smith, P. (2006). Does Correctional Program Quality Really Matter? The Impact of Adhering to the Principles of Effective Intervention. *Criminology and Public Policy*, 5(3): 575-594.

Maguire, K., Flanagan, T., and Thornberry, T. (1988). Prison labor and recidivism. *Journal of Quantitative Criminology*, 4(1): 3-18.

National Institute of Drug Abuse. (2006). *Principles of Drug Addiction Treatment: A research Based Guide*. National Institutes of Health. Washington, D.C.

Pearson, F. S., Prendergast, M. Podus, D., Vazan, P., Greenwell, L., & Hamilton, Z. (2012). Meta-analyses of seven of NIDA's Principles of Drug Addiction Treatment. *Journal of Substance Abuse Treatment*, 43, 1-11.

Prendergast, M., Hall, E., Wexler, H., Melnick, G., & Cao, Y. (2004). Amity prison-based therapeutic community: 5-year outcomes. *The Prison Journal*. 84(1): 36-60.

Harris, G., Rice, M., & Quinsey V. (1993). Violent recidivism of mentally disordered offenders: The development of a statistical prediction instrument. *Criminal Justice and Behavior*, 20: 315-335.

Robinson, C., VanBenschoten, S., Alexander, M., Lowenkamp, C. (2011). A Random (Almost) Study of Staff Training Aimed at Reducing Re-arrest (STARR): Reducing Recidivism through Intentional Design. *Federal Probation*: 75, 57-63.

S. Sacks, K. McKendrick, J.Y. Sacks, S. Banks, M. Harle. (2008). Enhanced outpatient treatment for co-occurring disorders: Main outcomes. *Journal of Substance Abuse Treatment*, 34: 48–60

Sacks, S., Chaple, M., Sacks, J., McKendrick, K., & Cleland, C.M. (2012). Randomized trial of a reentry modified therapeutic community for offenders with co-occurring disorders: Crime outcomes. *Journal of Substance Abuse Treatment*, 42: 247 -259.

Sedgley, N., Scott, C., Williams, N., & Derrick, F. (2010). Prison's Dilemma: Do Education and Jobs Programmes Affect Recidivism? *Economica*. 77: 497-517.

Smith, C., Bechtel, J., Patrick, A., Smith, R., & Wilson-Gentry, L. (2006). *Correctional Industries preparing inmates for re-entry: Recidivism & post-release employment*. National Institute of Justice, Office of Justice Programs, U.S. Department of Justice. Washington, D.C. (2004-DD-BX-1001).

Taxman, F. (2008). No illusions: offender and organizational change in Maryland's proactive community supervision efforts. *Criminology and Public Policy*, 7: 275–302.

VAWnet. (2000). In brief: A review of standards for batterer intervention programs. Retrieved February 16, 2000, from http://www.vaw.umn.edu/Vawnet/standard.htm