

# What Works? Evidence-Based Practices in Parole and Probation

by Thomas H. Williams\*

**Editor's note:** This article was created from a paper delivered by the author at the New Developments in Criminal Justice and Crime Control Conference at the China Pudong Leader Resorts in Shanghai, China, October 18–19, 2006. The author was invited by the University of Maryland's Office of International and Executive Programs to address the history of community supervision in America and the impact of evidence-based practices. Research released this fall was added to the original presentation. For those interested in the original paper, author references, and complete citations, please see the CSOSA website at [www.csosa.gov](http://www.csosa.gov). Please also see CSOSA's podcasting and videocasting site at <http://media.csosa.gov>.

## The Community Supervision Services for the Court Services and Offender Supervision Agency

The Community Supervision Services division of the Court Services and Offender Supervision Agency (CSOSA) is responsible for the delivery of parole and probation services in the District of Columbia for offenders sentenced by the DC Superior Court. The CSS division has a total staff of 581, including 400 community supervision officers (CSOs; also called "parole/probation agents" or "parole/probation officers" in other jurisdictions) and supervisors.

The total caseload at CSS is 15,284 offenders. The average offender-CSO ratio is 50 cases to one CSO in the general supervision units, and 25 cases to one CSO in the specialized units, including those concerned with domestic violence, substance abuse, mental illness, and sexual offenses. The larger CSOSA structure provides state-of-the-art drug assessment and treatment, anger management, educational and occupational assessment and placement, faith-based counseling, and many attritional programs (see [www.csosa.gov](http://www.csosa.gov)). Some consider CSOSA

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to be one of the most public-safety-oriented and treatment-oriented parole and probation organizations in the country.

## The State of Corrections Today

Professor and criminologist Michael Tonry (2004) writes that there no longer exists an "American system" of sentencing and criminal justice. Up until 1975, indeterminate sentencing was the primary correctional approach in the United States, and this philosophy had changed little in the preceding 50 years. Tonry notes that there were broad sentencing ranges exercised at the discretion of judges, and that parole boards released offenders after individualized case reviews. The primary premise of correctional policy was offender rehabilitation with decisions and plans specific to the individual.

Many believe that there is no single correctional philosophical approach in America today. As public policy has shifted away from indeterminate to determinate sentencing, many states have abolished their parole boards. In addition, officials elected on "get tough on crime" political platforms have enacted a number of statutes, such as truth-in-sentencing statutes that require the convicted offender to serve at least 85% of his or her sentence before release.

Over the past 25 years, the number of incarcerated offenders in the United States has more than tripled. Community supervision has also experienced significant growth. As the number of offenders entering the criminal justice system has increased, so, too, has the percentage of offenders with substance abuse histories.

There is no debate that drug abuse is highly correlated with frequent criminal activity. Drug testing of arrestees in 35 cities around the United States has found that between one-half and three-quarters of all arrestees have drugs in their system at the time of arrest. Self-report data on incarcerated offenders found that more than 50% of the offenders openly acknowledged that substance use somehow contributed to the criminal activity that resulted in their current incarceration.

Despite the fact that incarceration is a unique opportunity to treat offenders with substance abuse issues, most correctional facilities are unable to meet the need for

substance abuse treatment. As a result, many incarcerated offenders return to the community under community corrections supervision without having received substance abuse treatment while incarcerated.

## "What Works": The Recidivism Debate

The great debate is about what works to reduce offender recidivism, the primary outcome measure by which the "success" of community correctional agencies is measured. The discussion began in 1975 with the publication of the landmark analysis conducted by Lipton, Martinson, and Wilks. The authors concluded that "the field of corrections has not as yet found satisfactory ways to reduce recidivism by significant amounts." The message understood by the public and many correctional officials was that "nothing works" to reduce offender recidivism.

In recent years, however, a number of studies have been published that show the effectiveness of substance abuse treatment and support the idea that correctional interventions can be effective in reducing recidivism. The Washington Institute for Public Policy (<http://www.wsipp.wa.gov/pub.asp?docid=06-10-1201>) provides a comprehensive overview of well-designed studies presenting evidence that programs for criminal offenders do, indeed, reduce recidivism. States such as Washington, Texas, and others are now providing independent assessments of the data and are proposing adult and juvenile approaches based on positive results.

These and other studies show effectiveness in reducing criminal reoffending, substance abuse use, and other related criminal justice outcomes. This body of literature has become known as the "what works" or "evidence-based practices" literature.

In an effort to share information on successful programs, the International Community Corrections Association (ICCA) sponsored a "what works" substance abuse conference in 1998. One result of the conference was a publication, *Strategic Solutions: The International Community Corrections Association Examines Substance Abuse* (Latessa, 1999). The conference addressed questions such as, "Are we assessing drug offenders effectively? What are the best

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substance abuse assessment tools? What is effective treatment? What are all the models of drug treatment that we hear about?"

### Five Focus Areas

The "what works" conference focused on five important areas, which form the foundation of the "what works" literature:

- Assessment;
- Treatment;
- Monitoring and drug testing;
- Co-occurring disorders; and
- Relapse prevention.

## The "what works" literature argues that substance-abusing offenders are not a homogeneous group—they have different natures and severities of substance abuse.

**Assessment.** The conference concluded that assessment is the key to identifying offender needs and developing appropriate strategies. The "what works" literature argues that substance-abusing offenders are not a homogeneous group—they have different natures and severities of substance abuse. In fact, nearly one-third of offenders exhibit no substance abuse problems and require only prevention-oriented intervention. Assessments should be used to identify offenders' substance abuse severity and relationship to criminal behavior. From sound assessments, programmatic approaches can be developed.

For example, at CSOSA, we developed an in-house automated risk and needs assessment instrument called the "AUTO Screener" in March 2006. This computerized tool has 12 domains (each is a screen) that capture information about the offender in both static and dynamic dimensions. Based on the offender's response to the questions, there are additional drill-down responses required. Upon completing all of the domain questions, the system will automatically recommend a supervision level and create a prescriptive supervision plan (PSP).

**Treatment.** Treatment has been found to reduce offender substance abuse and recidivism, although no one program or treatment modality has been found to be effective with all offenders. Three of the most evaluated programs, methadone maintenance, therapeutic communities,

and drug-free outpatient treatment, appear to have equivalent outcomes, while cognitive-behavioral approaches show promise for addressing the needs of low to substantially severe offenders. Lightfoot (2000) concludes that "improvements in treatment efficacy likely will require the careful matching of offender types to specialized treatments."

At CSOSA, the treatment needs of the offender are identified through the use of the AUTO Screener and CSOSA's new Reentry and Sanctions Center. CSOSA believes that addressing the offender's specific needs or deficits and closely monitoring offender risk can reduce recidivism. In

addition to a heavy emphasis on providing substance abuse treatment for offenders, CSOSA also provides or finds community resources to provide mental health treatment, sex offender treatment, and domestic violence treatment for offenders.

**Monitoring and Drug Testing.** Monitoring and drug testing of offenders is an extremely important component of "what works." Treatment is the key to prevention, but first, the offender in need of treatment must be identified. Drug testing is useful in providing additional information after an initial drug-history assessment is done and can help an offender reduce denial of drug use during the first stage of treatment. In addition, drug testing and monitoring can be an effective supervision tool in closely monitoring the behavior of offenders and can possibly deter future drug use and criminal behavior.

CSOSA's testing protocol requires that all active offenders be tested two times per week upon assignment to supervision. Two months' evidence of non-positive drug tests and compliance in going to drug testing will result in the offender's drug-testing schedule being lowered to once per week for two more months. If the offender complies fully with drug testing requirements, the offender will then go to a once monthly drug-testing schedule for the remainder of his or her supervision period.

**Co-Occurring Disorders.** Offenders with co-occurring disorders (e.g., concurrent substance abuse and mental health

problems) are at higher risk for a wide range of problem behaviors and criminal recidivism. The higher level of recidivism can be attributable to the fact that dual disorders are undiagnosed or are not adequately addressed in the environments encountered by the offenders. Comprehensive assessment of offenders is critical to identifying offenders with co-occurring disorders and placing them in appropriate treatment.

**Relapse Prevention Programs.** Cognitive-behavioral relapse prevention programs have been found to be effective in reducing substance abuse in noncorrectional populations. These programs also show promise for correctional populations. One demonstration project, implemented in collaboration with the National Institute of Justice, Bureau of Justice Assistance, and American Jail Association, found that inmates who participated in the program "remained longer in the community until rearrest, experienced fewer arrests compared to untreated controls (46% vs. 58%), and significantly reduced substance abuse" (Parks & Marlatt, 1999).

CSOSA fully understands that substance abuse relapse is expected in an offender's recovery period. As part of the offender's treatment process, a treatment relapse prevention plan is developed. Offenders can be referred to prevention programs, including community self-help groups, such as Narcotics Anonymous (NA) and Alcoholics Anonymous (AA). Upon an offender's relapse, the offender may be referred back for a substance abuse evaluation and receive more treatment.

### CSOSA and Evidence-Based Practices

The "what works" literature is still in its infancy. For the past three years, CSOSA has embarked upon a journey to educate its staff in the "what works" principles by training them in the basic tenets of evidence-based practices. Among the many building blocks that CSOSA has in place to assist in improving offender outcomes are:

- Clear goals, objectives, and critical success factors (CSFs);
- A focus on evidence-based practices;
- A series of graduated sanctions and incentives;
- Concerted efforts directed at caseload reduction for line workers;
- A focus on targeting high-risk offenders and providing programmatic services to address their needs;

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The 2004 Safer recidivism study found that the three-year recidivism rate for Safer clients who received Safer's employment services and achieved a job start was 21%. In other words, among all Safer clients who received job starts, only one in five returned to prison within three years of release from prison. The three-year recidivism rate for Safer clients who achieved 30-day employment retention was 18%, a recidivism rate that was 67% lower than the statewide recidivism rate of those

released from prison during the same period. Among those who went on to achieve 360-day retention, only 8% recidivated in a three-year period. The findings from the study speak to the important goal that Safer strives to meet with its clients in all of its program models, which is *at least* the 30-day employment retention benchmark, with an ultimate goal of 360-day employment retention.

### In Conclusion

Acting as both an intermediary and provider of direct services, the Safer Founda-

tion has assisted more than 100,000 former offenders successfully reenter society. The foundation's mission to reduce recidivism through living-wage employment has resulted in a recidivism rate that is 67% lower than the statewide rate. Safer's experience serves as a case study of an organization that, by coordinating with corrections, the community, and employers can accomplish the reintegration of formerly incarcerated offenders into the community through employment preparedness, placement, and retention. ■

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- A state-of-the-art automated case-management system that allows informed management decision making based on data analysis from the system;
- The development of real community and faith-based partnerships to assist in the offender supervision effort;
- The implementation of a victim services initiative; and
- A law-enforcement partnership to focus on offenders with high potential for criminality.

It is our vision that CSOSA will become a viable criminal justice partner that contributes to the health and well-being of the community by assisting offenders to change and to reestablish themselves as productive, law-abiding citizens in the community in a manner that is consistent with community norms.

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continuously remind the offender of discharge and what obstacles and challenges he or she faces. Staff can work with clients on these obstacles during the program and use them as learning opportunities. Staff need to help clients learn about community obstacles and ways in which to cope with them on a day-to-day basis.

**Developing a Written Relapse Prevention Plan.** It is very important that the special needs clients develop a written Relapse Prevention Plan early in their stay. The Relapse Prevention Plan is used as a training tool to work on risk factors and areas that could invite relapse (Mueser et al., 2003). In working out the Relapse Prevention Plan, offenders have access to the community to learn important community contacts while they practice their Relapse Prevention Plan. For example, our mental health clients will learn in the community how to use transport to get to the mental health centers and the doctors' offices, while understanding the places and people to avoid that might be linked to their original offense.

**Making Meaningful Contacts in the Community.** Our vision for successful dis-

charge starts during screening and becomes reality only as the client graduates and actually makes meaningful contacts in the community. Contacts in the community happen early in programming, with supervision and direction from staff so that if clients get into trouble, they have a safety net. In some cases, the safety net can be relaxed as clients show responsibility in making good decisions in the community. For many of our special needs clients, community resources need to be experienced, and experienced often. These experiences will generalize to later decisions the clients need to make after graduating from the program.

### Future Perspectives

It is vitally important to carefully watch and evaluate your program on a regular basis. Knowing your strengths and needs helps the entire team plan for improvements and ways to better meet the clients' needs. With special populations, things can change quickly due to the diversity of problems and the common turnover of staff. Change is good but can be very difficult for both clients and staff. It is important to foster a family atmosphere where change and challenge is discussed and used to make improvements. The clients' input during these periods is crucial for their health and adjustment. The

goal is to continue to find ways for clients to feel empowered and take responsibility for their programs and their behaviors. When this happens, clients start viewing staff as allies in their efforts, not as enemies.

The growth of special needs populations continues to expand in corrections. More time and attention need to be made in developing specialty assessments and curriculums that will aid in successful treatment. It is vital to look carefully at the clinical process and to make adjustments using principles that have been tried and have shown promising results.

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