Excerpts from the 2005 Connecticut Judicial CSSD "Framework for Recidivism Reduction Through Evidence-Based Practice"

Assess Offender Risk and Needs

There exists today validated offender risk and need assessment tools that can predict the actuarial risk of each offender to recidivate, as well as identify the offender's criminogenic need levels that lead to or cause crime. The six primary criminogenic need areas or dynamic risk factors are as follows:

- Dysfunctional family relations
- Anti-social peers
- Substance abuse
- ♦ Low self-control
- Anti-social attitudes and values
- Callous personality

Appropriate And Effective Treatment Services Can Be Identified

The International Community Corrections Association through its monograph series project has recently provided a summary of the research on the effects of correctional practices and treatment services. At this point in the development of correctional interventions, we can conclude the following with a degree of confidence:

Punitive correctional practices do not appear to have much overall deterrent effect on either the offenders to whom they are applied, or to potential offenders, who might be motivated to avoid risking them.

The research evidence does not indicate that routine probation or parole supervision practices or intensive supervision models have significant effects on subsequent offense rates.

Despite their intuitive appeal, self-discipline and challenge programs have not been found to be very effective for reducing future criminal behavior.

Restorative Justice Programs such as community service, restitution, and victim-offender mediation, have had very little positive effects on recidivism.

Educational, vocational, and employment programs have produced positive but only modest reductions in recidivism.

Cognitive-behavioral treatment that addresses the deviant thinking patterns (characteristic of many offenders) has consistently been found to be an effective rehabilitative strategy for both juveniles and adults.

Behavior modification programs that are designed to shape and maintain appropriate behaviors until they are incorporated into the habit pattern of the offender, have been effective in reducing recidivism.

Multi-modal programs that target a variety of offender criminogenic and other risk factors have shown that they are amongst the most effective at reducing recidivism.

Excerpts from the 2005 Connecticut Judicial CSSD "Framework for Recidivism Reduction Through Evidence-Based Practice"

The more effective correctional programs involve relatively structured treatment and skill training regimens as their primary component, rather than centering on offender-provider relationships.

Well implemented programs that deliver a relatively high dose of treatment tend to be more effective with high-risk offenders.

Despite the evidence that many programs in principle can be effective, actually configuring, implementing, and maintaining these programs is difficult.

<u>Treatment Models And Approaches That Are Research Supported</u>

Treatment That Targets Criminogenic Needs

Targeting High Risk Offenders

Cognitive-Behavioral Therapies

Aggression Replacement Training

Reasoning And Rehabilitation Program

Moral Reconation Therapy

Thinking For A Change Program

Cognitive Self-Change Program

Controlling Anger And Learning To Manage It (CALM Program)

Motivational Enhancement Therapy

Treating Alcohol Dependence Program

Pathways to Change Program

Interpersonal Communication Skills Training

Functional Family Therapy (juvenile offenders)

Multi-Systemic Therapy (juvenile offenders)

Brief Strategic Family Therapy (juvenile offenders)

Multi-dimensional Family Therapy (juvenile offenders)

Community Reinforcement and Family Training (CRAFT)

Treatment Models And Approaches That Are Not Research Supported

Targeting low risk offenders

Targeting non-criminogenic needs

Punishment sanctions only

Shock probation

Boot camps

Scared Straight

Drug testing only

Home detention with electronic monitoring only

Encounter type program models

Insight-oriented psychotherapy