Tasmania

Breaking the Cycle – Tasmanian Corrections Plan (2010-2020)

Best Practice in Offender Rehabilitation

> *"A best practice is a successful, goal-oriented correctional initiative that has documented its effectiveness, and impact in everyday operations. A correctional best practice need not represent a proven practice. Best practices fall on a continuum ranging from those that are well established and have clearly demonstrated their effectiveness to those that show "promise" or may be exemplary practices, but have yet to be fully evaluated and their results adequately documented. Accepting such a continuum means that it is possible to take a promising practice and work with staff to achieve excellence over time."*
>
> Dr. R.A. Wilkinson[1]

"Best practice" in offender rehabilitation currently involves a combination of evidence-based practices and empirically supported treatments[2]. Evidence based practices evolve from the interplay between research and practice and form the foundation of intervention programs designed to reduce re-offending. It is notable that rehabilitation along with deterrence and denunciation form the three sentencing principles in Tasmania. Nevertheless, methods of offender rehabilitation have varied over the years according to the political climate of the time. In 1974 following the publication of an article by Martinson in which he concluded that "nothing worked" in efforts to rehabilitate offenders the pendulum swung away from psychological/psychiatric interventions in favour of longer sentences and "hard time"[3]. This outraged many in the field and led to a flurry of counter research claims. Some time later Martinson's data was reanalysed and he recanted his claim. However, the damage was done and it took a long time before governments were once again willing to invest in offender rehabilitation.

Evidence-based practices in offender rehabilitation are derived from the "what works" literature base which was synthesised by Andrews and Bonta in 1990 to create the risk-need-responsivity model (RNR) of offender management, which is underpinned by a general personality and social learning theory of criminal behaviour which focuses on modelling and behavioural reinforcement. The primary aim of the risk-need approach to offender rehabilitation is to reduce an offender's risk of re-offending and therefore protect the

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[1] Wilkinson, (2003). Dr Wilkinson is ICPA Vice Chair, North America**;** Director, ICPA Centre for Exchanging Best Correctional Practices; and Director, Ohio Department of Rehabilitation and Correction. Wilkinson, R.A. (2003). *Correctional Best Practices: What Does It Mean In Times of Perpetual Transition?* Keynote Speech, delivered at the Fifth Annual Conference, International Corrections and Prisons Association, Miami, Florida, October 27, 2003. http://www.drc.state.oh.us/web/Articles/article91.htm

[2] Reitzel, L.R. (2205). *Best Practices in Corrections: Using Literature to Guide Interventions. Corrections Today.* Retrieved from http://www.allbusiness.com/marketing-advertising/982120-1.html on 14 August 2009.

[3] Weinberger, L.E. & Sreenivasan, S. (2003). Ethical principles of correctional psychology. In O'Donohue, W. & Fergerson, K. (Eds.), *Handbook of Professional Ethics for Psychologists*. London: Sage Publications.; Ogloff, J.R.P. (2002). Offender rehabilitation: From "nothing works" to what next? *Australian Psychologist, 37*, 245-252.

community from further harm. This model advocates the use of actuarial risk assessment tools in conjunction with professional discretion to determine an offender's risk of re-offending and posits that intervention gains and hence community safety can be achieved by:

- matching program intensity to an offender's risk of re-offending, i.e. reverse highly intensive programs for high risk offenders and provide minimal services to low risk offenders (the *risk* principle);
- focusing intervention on those factors directly related to offending behaviour, i.e. criminogenic needs, starting with intrinsic needs (the *need* principle);
- delivering interventions in a manner that matches the individual learning styles and needs of offenders (the *responsivity* principle) and;
- ensuring intervention programs are delivered as they were intended (program integrity)[4].

Addressing criminogenic risk factors is the primary goal of offender rehabilitation. A criminogenic risk factor is something that has been demonstrated to be associated with offending behaviour. These risk factors can be historical (i.e. static) and therefore unchangeable such as age of first conviction or dynamic and therefore changeable such as lack of employment. To date social scientists have consistently identified eight criminogenic risk factors, referred to as the "central eight". These include:

- a history of offending;
- antisocial personality pattern (e.g. impulsive, novelty-seeking, aggressive);
- antisocial attitudes, values, beliefs, rationalisations and identity;
- antisocial associates;
- substance abuse;
- unsatisfactory family and/or martial situation (dysfunctional or supportive of crime);
- poor performance at and/or lack of education/employment; and
- lack of involvement and satisfaction in prosocial recreational/leisure activities;

Additional risk factors may be identified on an individual basis. However, dynamic risk factors or criminogenic needs, as they are otherwise known, such as anti-social attitudes and substance abuse are the primary targets of intervention.

Responsivity refers to internal and external factors that influence an offender's capacity to participate in and benefit from intervention. Internal factors include an offender's cognitive ability, learning style, strengths, personality, gender, culture and readiness to change. External responsivity incorporates program, staff and setting characteristics, the latter two being particularly important in creating an environment favourable to rehabilitation. Research indicates that active, engaging and participatory programs delivered by appropriately qualified, trained and supervised staff that can maintain a "firm but fair" interactional style, model pro-social behaviour and develop a therapeutic alliance with offenders are most effective[5][6]. In addition, community based programs have greater benefits

[4] Andrews, D.A & Bonta, J. (2006). The Psychology of Criminal Conduct (4th ed.). LexisNexis.; Andrews, D.A. & Bonta, J. (2006-07). *Risk-need-responsivity model for offender assessment and rehabilitation. Retrieved from http://www.publicsafety.gc.ca/res/cor/rep/risk_need_200706-eng.aspx on 20 August 2009.*

[5] Birgden, A. (2008). Offender rehabilitation: A normative framework for forensic psychologists. *Psychiatry, Psychology and Law, 15,* 450–468.

[6] Dowden, C. and D.A. Andrews. (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.

than prison-based programs primarily because participants are able to apply their newly acquired skills and knowledge to the day to day activities and dilemmas they face in the community rather than in prison.

Prior to the introduction of the RNR model offender rehabilitation efforts focused on addressing offenders' psychological/psychiatric needs at the expense of their criminogenic needs in the mistaken belief that this would improve their adaptive functioning and thereby reduce re-offending. More recently thanks to the Good Lives Model (GLM) developed by Ward and colleagues there is greater recognition of the need to address both in order to create behavioural change. In essence the RNR model provides the theoretical framework within which offender rehabilitation programs and services should take place and the GLM provides the theoretical framework by which intervention programs for offenders should be designed. More specifically, the GLM posits that criminal behaviour reflects a maladaptive means of meeting human needs and desire for well being. Hence, the GLM proposes that offenders will desist from crime if given the opportunities and experiences necessary to develop the skills and knowledge to meet their needs in socially acceptable ways.

The GLM has been criticised by proponents of the RNR model on the basis that it is overly focussed on offender rights with little regard to community rights. Conversely the RNR model has been criticised for being overly focussed on community rights with little regard given to offender rights. The theory of therapeutic jurisprudence has been proposed as a means to unite the two approaches and balance offender rights with community rights from a human rights perspective[7]. Therapeutic jurisprudence is a legal theory that recognises the power of the judicial system to shape society, and advocates the use of the law, legal processes and legal actors to promote the wellbeing of individuals and communities. While it is more commonly discussed with reference to court processes it can be applied to the criminal justice system as a whole. Birgden has developed a framework for the rehabilitation of offenders in correctional settings from this perspective. In it she highlights the fact that the rehabilitation of offenders is value-laden, i.e. is assumed to be in the best interest of offenders', however she indicates that to be effective rehabilitation needs to balance community and offenders rights (safety versus autonomous decision making free from constraint or coercion), be individualised, and approached as a multi-disciplinary and multi-agency enterprise. According to Birgden community rights for protection from future harm can be achieved through application of the risk-need model of offender management, while offender rights can be upheld by application of the GLM in offender treatment programs. Unfortunately, both models assume a motivated offender, which is rarely the case, and focus solely on the role of treatment staff in offender rehabilitation[8].

Contemporary offender management is based on the recognition that imprisonment alone is ineffective in changing behaviour and can have a negative effect on inmates leading to greater recidivism and ultimately increased social, emotional and economic costs to the community. As a result, each year techniques of inmate management are increasingly professionalized, modified and improved. Three inter-dependant concepts central to contemporary inmate management regimes include:

- the structured day;
- unit management ; and
- case management

[7] Birgden, 2008.
[8] Birgden, 2008.

Collectively these three concepts form an integrated and structured approach to inmate management and rehabilitation. The aim of the structured day is to maximise offenders' involvement in purposeful activity and assist offenders to develop a pro-social lifestyle that can be transferred into the community upon release. To this end, offenders are given access to a range of constructive activities including employment, education, behaviour change programs, recreational and reintegration activities at specified times throughout the day. Offenders receive varying degrees of remuneration for work undertaken in prison industries and maintenance activities as well as participation in self development programs. It is essential that participation in programs and activities that target criminogenic needs are remunerated at or above the rate of other activities in order to maximise incentives for their completion and reinforce the value placed on rehabilitation.

Unit management reflects a decentralised approach to prison management and it plays an integral role in "dynamic" security. "Dynamic" security refers to the continuous monitoring of prison security via staff/offender interaction in order to create a safer prison environment. Unit management is a means of managing offenders, not a form of rehabilitation. It is defined as a small, self-contained, offender living and staff office area, that operates semi-autonomously within the confines of a larger correctional facility[9]. Offenders may be assigned to particular units on the basis of age, security rating, vulnerability or treatment needs. Correctional staff are typically assigned to specific units for extended periods of time and allocated a case load of offenders to manage during that time. It is their role to oversee all matters relating to that group of offenders, including discipline, rehabilitation, and security[10]. Unit management allows correctional staff to develop an intimate knowledge of individual offenders and is the vehicle through which case management operates.

Case management, which is common to community and custodial corrections settings, provides the mechanism through which behavioural change is planned and achieved. This is underpinned by careful screening, classification, orientation, thorough assessment, sentence planning, intensive intervention (therapeutic and other), and post sentence preparation and managed after care. Hence, correctional case managers play a pivotal role in offender rehabilitation. Not only are they responsible for co-ordinating the implementation of an offender's sentence or individual management plan, they are uniquely placed to influence an offender's motivation to engage in rehabilitative programs and services and assist them to internalise knowledge and skills acquired through their participation.

Motivational interviewing strategies (a client centred yet directive approach that aims to explore and resolve ambivalence about change) and pro-social modelling are proposed as mechanisms through which correctional case mangers can exert a positive influence on offender attitudes and behaviour[11]. In the first instance, correctional case managers' can enhance an offender's willingness to engage in rehabilitation programs by assisting them to make informed decisions about their participation. This involves ensuring that offenders: (1) understand their criminogenic risks and needs (offence related), and what this means in terms of their likelihood of re-offending should they chose not to participate in rehabilitation programs and services, (2) weigh up the pro's and con's of change, and (3) evaluate their

[9] U.S. Bureau of Prisons, (1977); Washington State Institute for Public Policy. (2006). *Evidence-based adult corrections program: What works and what does not.* Retrieved from http://www.wsipp.wa.gov/rptfiles/06-01-1201.pdf on 20 August 2009.;
Department of Justice. Reducing Reoffending Project Milestone 5 – Intervention Programs

[10] Houston, J. & Stefanoviæ, D. (1996). Corrections in a new light: developing a prison system for a democratic society. College of Police and Security Studies, Slovenia. Retrieved on 26 August 2009 from http://www.ncjrs.gov/policing/corr177.htm

[11] Birgden, 2004. Therapeutic jurisprudence and responsivity: finding the will and the way in offender rehabilitation. *Psychology, Crime & Law, 10,* 283-295.

rehabilitation options[12]. Autonomous decision making and motivational interviewing form the "will" and the "way" to engage offenders in their own rehabilitation[13]. Correctional staff can also enhance treatment effectiveness by using respectful communication strategies, reinforcing appropriate and pro-social behaviours displayed by offenders, assisting them to develop problem solving skills and overcome barriers to positive desired outcomes, and secure the resources such as job training that will help with their reintegration[14] into the community. This is prefaced on the assumption that correctional staff have embraced the cultural shift towards rehabilitation and have the motivational interviewing skills and knowledge about "what works" necessary to assist them in this process[15]. It also presumes that they are supported by comprehensive assessment and review processes. Hence, it is essential that efforts to rehabilitate offenders are complimented by staff training and development.

Assessment & Case Planning

Best practice in correctional assessment and case planning involves the use of fourth generation actuarial risk assessment tools that have the capacity to determine an offender's risk of re-offending, their criminogenic and non-criminogenic needs and their responsivity issues, which are then use to identify an offender's service needs. A prime example of such a tool is the Level of Service-Case Management Inventory (LS-CMI) developed by Andrews and Bonta, which is currently used by the Tasmania Prison Service, Community Corrections and Court Mandated Diversion Program. This tool assists staff to develop individualised intervention plans to assist offenders to address their criminogenic and non-criminogenic needs via the development of an individual sentence or management plan that directs service delivery throughout an offender's engagement with correctional services.

Rehabilitative Programs & Services

Offenders are not a homogeneous group as such they often present with a wide range and complex set of criminogenic and non-criminogenic needs. Prison based rehabilitation programs and services fall under six broad headings: criminogenic programs (targeted therapeutic programs that aim to address criminogenic needs and encourage behavioural change); non-criminogenic programs (these programs are supportive of an offender's reintegration but do not address an identified criminogenic need); employment (includes commercial or service industry positions); education (includes literacy/numeracy, vocational education & training, and life skills programs); recreation (includes planned activities and in cell hobbies); and administration (includes daily living tasks such as attending court or doctors appointments, visits and leave programs). These activities can be categorised according to whether they assist prisons to create an environment conducive to rehabilitation or prepare prisoners to re-enter society. The first category can be further divided into programs and services that provide basic standards of care and programs and services that seek to create a rehabilitative environment. The second category can also be split into programs and services that provide prisoners with reintegration skills and programs that seek to reduce offending behaviour. Similarly, community based rehabilitation programs and services can be categorised in the following way, those which create an environment conducive to rehabilitation and those that seek to address offending behaviour. Appendix 1 below provides an illustration of such a categorisation based on the range and

[12] Birgden, 2004.
[13] Birgden, 2004.
[14] Howden & Andrews, 2004.
[15] Birgden, 2004.

type of rehabilitation programs and services that would be required to address many offenders' needs.

A meta-analysis of 291 program evaluations undertaken in a variety of English speaking countries in the past 40 years was conducted by the Washington State Institute for Social Policy in 2006. They found that not all programs and services aimed at reducing re-offending are effective. Community based "treatment" programs produced the greatest reductions in re-offending, while programs without a treatment component such as victim-offender mediation, boot camp, intensive supervision and electronic monitoring had no effect on re-offending. On the whole, programs that addressed the irrational thoughts and beliefs that contributed to anti-social behaviour were effective. So too were drug, and sex offender treatment programs particularly those for lower risk offenders in the community. Employment, education and training programs also proved effective in reducing re-offending. More specifically, involvement in prison industries was demonstrated to reduce re-offending by approximately 8%, remedial education by 5%, employment training and job assistance in the community by approximately 5% and vocational education in prison by an impressive 12%. Refer to Appendix 2 for an overview of the results. Therapeutic programs for high risk offenders have been shown to reduce re-offending by an average of 14%[16]. While this may appear small it is considerably larger than the effectiveness reported for some well respected medical treatments and has the capacity to deliver significant cost savings to the community. This increases to an average of 19% when the need principle is adhered to and goes up to 26% when all 3 principles of risk, need and responsivity are adhered to in a community based program[17].

Treatment Programs

While the five principles of best practice espoused by Andrews and Bonta, namely risk, need, responsivity, professional discretion and program integrity can be considered generic to program delivery in correctional settings, rehabilitation programs targeting specific forms of offending behaviour such as sex offender treatment programs should also utilise empirically supported treatment methods. Research has consistently demonstrated that structured behavioural or cognitive-behavioural treatment programs designed to address offending behaviour are more effective in reducing re-offending than didactic, experimental, non-directive or psychodynamic modes of treatment[18]. Such treatment programs aim to reduce maladaptive behaviours, eliminate distorted beliefs, remove problematic desires and modify offence related thoughts and feelings[19]. Research has also indicated that group as opposed to individual therapy is more effective in reducing re-offending[20]. To be effective such treatment programs also need to adhere to the following principles of "best practice" in psychological practice: (1) treatment is offered in the least restrictive form; (2) every effort is made to avoid harm to the individual; (3) the welfare of the individual is the primary focus of treatment; and (4) the amount and type of treatment provided should balance need with possible harm[21]. Effective treatment programs also target more than one criminogenic need, provide offenders with intrinsic rewards for appropriate behaviour, include the development of support groups to assist offenders to maintain treatment gains and implement relapse

[16] Howden & Andrews, 2004.
[17] Andrews & Bonta, 2006-07.
[18] Birgden, 2008.
[19] Ward, T. & Brown, M. (2004). The good lives model and conceptual issues in offender rehabilitation. *Psychology, Crime & Law,* 10, 243 – 257.
[20] Day, A. & Howells, K. (2002). Psychological treatment for rehabilitating offenders:Evidence-based practice comes of age. *Australian Psychologist, 37*, 39-47.
[21] Glaser, B. (2003). Therapeutic Jurisprudence: An Ethical Paradigm for Therapists in Sex Offender Treatment Programs. *Western Criminology Review* 4 (2). Retrieved from http://wcr.sonoma.edu/v4n2/glaser.html on 20 August 2009.

prevention plans, are intensive in nature (i.e. 40 - 70% of an inmates time should be structured for three to nine months) and are delivered by appropriately qualified, trained and supervised staff who can develop a therapeutic alliance with offenders while maintaining a "firm but fair" interactional style[22].

Education & Training

Correctional education programs and activities such as literacy/numeracy, vocational education and training, physical fitness and life skill courses assist offenders to adjust to prison life, maintain or enhance knowledge and skills that will contribute to their employability and reintegration, target criminogenic needs and contribute to "dynamic" security. Principles of best practice in correctional education include individual assessment of educational needs and the development of educational plans to address criminogenic need; the use of evidence-based educational methods built on principles of adult learning, service provision that is congruous with community based education, training and employment opportunities; the use of registered teachers, peer tutors, accredited competency-based curriculum, quality control measures such as moderation, flexible delivery methods that cater to offenders learning needs; and involve collaboration between community and prison based educational providers[23]. It is also essential that correctional education centres be nationally registered providers of training programs in order for offenders to obtain nationally recognised qualifications that they can use or complete upon release.

The Senate Employment, Education and Training References Committee[24] also determined that correctional education should be:

- voluntary;
- empowering and culturally affirming;
- needs-base;
- offering negotiated curriculum and assessment procedures;
- providing flexible timetabling;
- adapted to individual learning styles/preferences; and
- resource-based and multi-mode.

A recent meta-analysis found that, on average, adult learners in online learning conditions performed better than those receiving face-to-face instruction[25]. This suggests the need for correctional educators to incorporate online learning courses or elements into their curriculum.

Evaluation

An often overlooked principle of best practice in offender rehabilitation is program integrity. Failure to ensure that rehabilitation programs are implemented and delivered as intended through quality assurance processes and formal evaluations has been shown to lead to

[22] Reitzel, 2005.
[23] Noad, B. (1997). General features of best practice in adult correctional education. Australian Journal of Adult and Community Education, 37, 100-105.
[24] Senate Employment, Education and Training Reference Committee (1996). Report of the inquiry in education and training in correctional facilities. Canberra: Senate Printing Unit, Parliament House.
[25] U.S. Department of Education. (2009). Evaluation of Evidence-Based Practices in Online Learning: A Meta-Analysis and Review of Online Learning Studies. Retrived on 3 Spetember 2009 from http://www.ed.gov/rschstat/eval/tech/evidence-based-practices/finalreport.pdf

increased recidivism even when they adhere to all other aspects of the RNR model as illustrated by the Green Light project in the UK. Hence, it is essential that processes are built into the system as a whole to ensure that rehabilitative programs and services are being delivered as planned and designed and are achieving their intended purpose through the collection of outcome data.

In summary, there are eight overriding principles of evidence based practice in offender rehabilitation. These are:

1. Assess actuarial risk and need
2. Enhance intrinsic motivation
3. Target intervention towards criminogenic need
4. Enhance offenders skills with directed practice
5. Provide positive reinforcement for appropriate behaviour
6. Engage ongoing support for offenders in their natural environment
7. Measure outcomes
8. Provide measurement feedback to offenders

In closing, principles of best practice in offender rehabilitation indicate that in situations where resources are limited and the primary goal of offender rehabilitation is to reduce re-offending that offender based programs and services should be prioritised according to "what works", i.e. high risk offenders should be targeted for inclusion in criminogenic programs with proven effectiveness. This necessitates organisational change in revising policies and practices in order to align with and reinforce the RNR principles. Criminal justice stakeholders must also be educated and encouraged to adopt the RNR model and associated principles in order to maximise opportunities to rehabilitate offenders and reduce crime in our community.

APPENDIX 1 – PROGRAMS & SERVICES RELEVANT TO A CORRECTIONAL SETTING

Programs which create an environment conducive to rehabilitation		**Rehabilitation programs and services**	
Basic standards of care	**Creating a rehabilitative environment**	**Re-integration skills**	**Criminogenic programs Reducing reoffending**
• Adequate food, clothing, shelter • Classification Programs (achieving safety and security of all prisoners by differentiating between groups of prisoners based on their risk and needs). • Primary medical and psychiatric care • Crisis intervention (addressing and managing the immediate needs of distressed, suicidal or self injurious offenders) • Legal Aid (providing prisoners with adequate access to legal representation). • Suicide and Self harm program • Translation/Interpreter Services	• Induction of offenders • Behavioural contracts • Environmental management strategies • Anti-bullying programs • Complaints system • Official Visitor or Ombudsman • Employment & Remuneration • Personal visits • Psychological services Chaplaincy/spirituality program • Drug and Infectious Disease program • (Information only, not cognitive). Prisoner Newsletter • Prisoner Mentoring Program • Mother & baby programs • Family/children days • Cultural events and activities • Sexual Assault Counselling • Victim-offender mediation	• Basic Living/Life Skills - Sewing - Laundry - Personal Care - Home Maintenance - Structured recreation - Time management - Resume writing - Personal goal setting - Debating - Budgeting - Computing • Community Integration Program • Personal development programs • Adventure based challenge eg. Project Hahn • Communication Skills • Social Skills • Leave programs • Parenting programs	• Preparatory program(s) • Cognitive skills program(s) • Sex offender treatment program(s) • Family violence offender program(s) • Violent offender program(s) • Alcohol and substance abuse program(s) • Driving offender program(s) • Educational programs - Literacy & Numeracy - Vocational Education & Training - Higher Education - Vocational skills - Problem solving - Critical thinking - Punctuality - Team skills - Dealing with authority - Pre-employment assistance programs • Employment Programs • Culturally appropriate programs for Aboriginal offenders

Appendix 2
Adult Corrections: What Works?
Estimated Percentage Change in Recidivism Rates
(and the number of studies on which the estimate is based)

Example of how to read the table: an analysis of 56 adult drug court evaluations indicates that drug courts achieve, on average, a statistically significant 10.7 percent reduction in the recidivism rates of program participants compared with a treatment-as-usual group.

Programs for Drug-Involved Offenders		
Adult drug courts	**-10.7%**	(56)
In-prison "therapeutic communities" with community aftercare	**-6.9%**	(6)
In-prison "therapeutic communities" without community aftercare	**-5.3%**	(7)
Cognitive-behavioural drug treatment in prison	**-6.8%**	(8)
Drug treatment in the community	**-12.4%**	(5)
Drug treatment in jail	**-6.0%**	(9)
Programs for Offenders With Co-Occurring Disorders		
Jail diversion (pre- and post-booking programs)	**0.0%**	(11)
Programs for the General Offender Population		
	-8.2%	(25)
Programs for Domestic Violence Offenders		
Education/cognitive-behavioural treatment	**0.0%**	(9)
Programs for Sex Offenders		
Psychotherapy for sex offenders	**0.0%**	(3)
Cognitive-behavioural treatment in prison	**-14.9%**	(5)
Cognitive-behavioural treatment for low-risk offenders on probation	**-31.2%**	(6)
Behavioural therapy for sex offenders	**0.0%**	(2)
Intermediate Sanctions		
Intensive supervision: surveillance-oriented programs	**0.0%**	(24)
Intensive supervision: treatment-oriented programs	**-21.9%**	(10)
Adult boot camps	**0.0%**	(22)
Electronic monitoring	**0.0%**	(12)
Restorative justice programs for lower-risk adult offenders	**0.0%**	(6)
Work and Education Programs for the General Offender Population		
Correctional industries programs in prison	**-7.8%**	(4)
Basic adult education programs in prison	**-5.1%**	(7)
Employment training and job assistance in the community	**-4.8%**	(16)
Vocational education in prison	**-12.6%**	(3)

Program Areas in Need of Additional Research & Development *(The following types of programs require additional research before it can be concluded that they do or do not reduce adult recidivism rates)*		
Case management in the community for drug offenders	**0.0%**	(12)
"Therapeutic community" programs for mentally ill offenders	**-27.4%**	(2)
Faith-based programs	**0.0%**	(5)
Domestic violence courts	**0.0%**	(2)
Intensive supervision of sex offenders in the community	**0.0%**	(4)
Mixed treatment of sex offenders in the community	**0.0%**	(2)
Medical treatment of sex offenders	**0.0%**	(1)
COSA (Faith-based supervision of sex offenders)	**-31.6%**	(1)
Regular parole supervision vs. no parole supervision	**0.0%**	(1)
Day fines (compared to standard probation)	**0.0%**	(1)
Work release programs	**-5.6%**	(4)