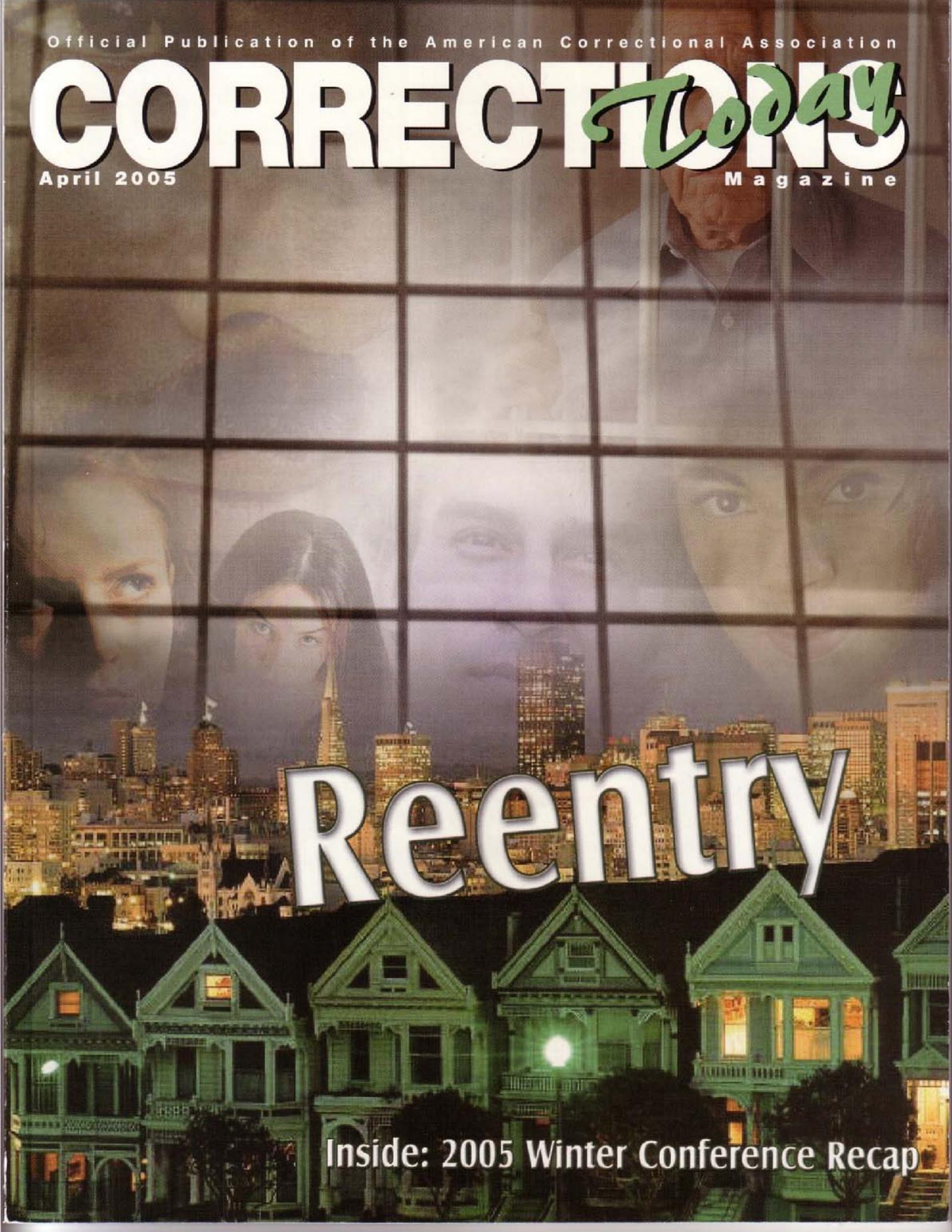


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Reentry

Inside: 2005 Winter Conference Recap



“STEP DOWN” Programs: The Missing Link in Successful Inmate Reentry

By Ralph Fretz

The sheer volume of inmates being released from federal, state and county prisons is now being recognized as a public safety issue. For example, more than 600,000 state offenders were released in 2002.¹ A significant minority of offenders reentering their communities are parole violators who have been involved in the prison-parole-prison cycle.² Released inmates face significant obstacles to successful reentry, including housing problems, lack of education, serious medical conditions, mental illness and no marketable employment skills, states Joan Petersilia in her *Journal of Community Corrections* article “Meeting the Challenge of Prisoner Reentry.”

Research indicates that evidenced-based assessment and treatment models reduce recidivism, particularly in high-risk offenders.³ A critical component of an effective reentry model is a seamless continuum of care with information about the offender’s progress being transmitted through each stage of reentry. Within the reentry continuum-of-care process, transitional or “step-down” programming in a secure setting plays a critical role. Community Education Centers (CEC), which partners with departments of corrections, parole departments and universities, has designed a reentry continuum-of-care model that incorporates step-down or transitional programming in a secure setting. The following is a description of a continuum-of-care model that includes a step-down process for offenders before they reenter their respective communities. Outcome research by Fretz and colleagues⁴ has indicated that this model is effective in reducing recidivism in a high-risk offender population.

Reentry Issues

The current research on recidivism indicates that more than two-thirds of released offenders will be rearrested within three years of their release, the Bureau of Justice Statistics reports. Almost two-thirds of the recidivists were rearrested within the first year post-incarceration. A significant portion (26.4 percent) of the offenders in the BJS

study were returned to prison within three years for violations of community supervision. The “supervision failures” have significant treatment needs as they have recently failed while in the community.

Only 7 percent of the offenders are involved with transitional facilities and community release programs prior to their release into the community, Petersilia reported. The offenders involved in transitional services have usually attained a minimum-custody risk level in the prison system. Therefore, inmates who are at the highest risk for re-offending often do not receive treatment prior to their release from custody. A significant portion of the highest risk offenders do not enter a parole supervision program; instead, they are released into their communities after their sentence has been served with no aftercare supervision or treatment.

Characteristics of Released Offenders

A snapshot of offenders expected to be released in 1999 included the following alarming statistics from BJS: 83.9 percent were involved with drugs or alcohol at the time of the offense, 24.9 percent were alcohol dependent, 24.8 percent had used drugs intravenously and 20.9 percent committed the offense for money for drugs. In terms of criminal history, 56 percent of the released offenders had one or more prior incarcerations with 25 percent having had three or more prior incarcerations, 54 percent were on community supervision (parole or probation) at the time of the arrest and 33 percent had been convicted of a violent offense. In terms of other needs, 14.3 percent of the released offenders were categorized as mentally ill and 11.6 percent were homeless at the time of arrest.

Case Example of A Reentry Offender

Thus far, this article has described offender reentry from a global or macro-level. Yet, the cor-

rections professional is faced with the task of ameliorating reentry obstacles at a micro- or "ground floor" level. The following excerpt from an initial interview with an offender occurs all too often:

Counselor: *Mr. Jones, you're getting out soon. What are your plans?*

Jones: *I don't know. I'm gonna live with my mom. She works at a hospital. She said she can get me a job.*

Counselor: *What if the job doesn't happen?*

Jones: *I don't know. I always wanted to own a club.*

Counselor: *How would you get the money to own a club?*

Jones (in an annoyed tone): *I don't know. But I'm gonna be real with you: I'm from the streets — point blank — I'm gonna do what I gotta do to make money.*

Counselor: *What do you mean?*

Jones: *I don't know. You know, I'll get work or something.*

Since the age of 16, Jones has been arrested 33 times with 16 convictions and two state incarcerations. The exchange above highlights the challenges and obstacles faced by reentering offenders and the surrounding system. Similar to many reentering offenders, Jones has a meager plan for post-incarceration employment. When asked if he has a secondary employment plan, Jones responds, with a sense of grandiosity, that he was considering opening a nightclub. When pressed by the counselor about this plan, Jones became annoyed and responded to the counselor's inquiry with a criminogenic response, suggesting that he was going to return to drug sales or some other illegal activity if he needed money. Jones then caught himself and responded with a vague answer to the counselor's question.

Jones' vague response may reflect a form of resistance, but also his lack of a realistic plan of action for his aftercare. Similar to many reentering offenders who are at high risk for recidivism, Jones has unrealistic expectations about the outside world. If these expectations continue into the release phase, he will rapidly

become angry and depressed when they are not fulfilled. His risk of recidivism will increase significantly as he feels stress with no coping skills to manage the tension.⁵ This "slippery slope" into a return to criminal activity often occurs within the first two to three months post-incarceration, states Jeremy Travis, formerly of the Urban Institute, in "In Thinking About 'What Works,' What Works Best?"

Jones' situation is a common scenario. He has multiple needs and sees few options other than returning to his old habits in order to survive "on the street." Given Jones' criminal history, his appraisal of his future, while antisocial, is realistic to him. How to work with Jones to change his criminal attitudes and design a realistic reentry plan is a challenge that confronts corrections professionals on a daily basis.

A Reentry Continuum-of-Care Model

The following is a description of four phases of offender reentry beginning with the offender's time in prison. The contention of this author is that the phases of reentry must be linked together in a continuum-of-care model for recidivism to be effectively reduced. As part of that continuum, a step-down phase plays an important role in terms of assessing the offender's current risk/need level, orienting him or her to treatment and community standards, and developing a master treatment plan. This transitional phase of reentry is considerably enhanced by institutional treatment and the seamless transmission of data from the institution to the assessment center or transitional phase of a program.

The Institutional Phase

Ideally, the rehabilitation process is initiated when the inmate enters the criminal justice system and continues throughout all phases of reentry.⁶ A comprehensive assessment of the offender's risk level and treatment needs should be administered soon after the inmate's arrival at the institution. A standardized and validated risk and needs assessment

instrument should be used to accomplish this task. The Level of Service Inventory-Revised or the newest version of this instrument is an example of a standardized risk and needs assessment inventory with sound psychometric properties.⁷ The newest version of the LSI (Level of Service/Case Management Inventory) has a case management component that is useful in tracking an offender's progress.⁸ After the offender's current risk and needs are determined, an initial continuum-of-care plan should be designed. Inmates should be encouraged through a system of clearly defined sanctions and rewards to participate in the plan.

The Step-Down Phase

The step-down phase of reentry originated from one state DOC's request that CEC develop a secure assessment and treatment program that would provide information about the offender's current risk/needs levels prior to release into a halfway house.⁹ This next recommended phase of reentry includes a step-down process in a secure setting. Taxman and colleagues¹⁰ outlined three phases of offender reentry: institutional phase, structured reentry phase and community re-integration phase. Depending on the offender's sentence, the step-down process occurs between two distinct but interrelated phases (in-prison and in-community) of the structured reentry phase.

The CEC reentry model includes the step-down phase as an integral component of the reentry process. During this phase, the offender is evaluated through a series of relevant assessment instruments whose sequence is determined through a decision tree approach with higher-risk offenders taking more tests.

Simultaneous with the assessment process, offenders are provided an orientation to treatment with an emphasis on the cognitive-behavioral treatment of criminal thinking. The process of assessment and treatment work in a synergistic fashion with the two components constantly evolving as new data emerge.

During this phase, offenders are immersed in a modified therapeutic community that prepares them for

their reentry through a number of mechanisms. For example, the step-down program is designed to reward pro-social behavior and extinguish antisocial behavior. Offenders' antisocial behavior is challenged using a procedural justice model, Travis explained. Following this model, an offender who commits an infraction in any CEC program is dealt with swiftly and fairly. CEC developed clinical intervention committees to address offender infractions in a respectful and informative manner, allowing the offender time to ask questions during the process. The reason for the rule enforcement is explained to the offender in terms he or she can understand. The consequences for antisocial behavior in a CEC program are designed to be learning experiences, not just punishment. During the step-down phase, staff address inmates as residents to denote their reentry status and move the offenders away from identifying themselves only as inmates.

The step-down assessment and treatment occurs in a secure setting so that offenders are not prematurely exposed to the rigors of the outside world before they are ready. The blend of treatment and control affords the staff an opportunity to observe offenders for a protracted period of time, not just interview behavior. CEC staff constantly observe the offenders' "walk around" behavior in order to effectively evaluate their current risk factors and treatment needs. It is postulated that the addition of offenders' observed behavior is more predictive of their post-incarceration adjustment than their history alone.

Treatment exercises in the step-down program mimic as much as possible the challenges that offenders will face in the outside world. The program exercises become a "dress rehearsal" for reentering offenders so that they can role-play new skills before being thrust onto the stage of the outside community. The secure setting along with the comprehensive assessment of the offender's current risk/needs factors allow DOC staff to separate offenders who are at high risk for failure during the community release phase from offenders who will be successful. Higher-risk offenders often have their transitional peri-

The step-down assessment and treatment occurs in a secure setting so that offenders are not prematurely exposed to the rigors of the outside world before they are ready.

od extended to monitor and assess their behavior. A subcategory of extremely high-risk inmates is recommended for placement at a higher level of custody for public safety reasons. This subcategory of offenders, often psychopathic, does not benefit from treatment and often becomes a disruptive influence in a program.

CEC has designed and developed step-down programs in six states, and reentry facilities with a step-down component are being initiated in Colorado and Wyoming. The Colorado facility is designed for prerelease and parole revocation offenders and is scheduled for opening in August; the Wyoming facility opened in January. Since each state has unique needs, the CEC continuum-of-care template is modified to address them. The blend of treatment and assessment in a secure facility sets the stage for the next level of reentry, which takes place in the community for parole violators or offenders leaving prison.

Case Example. Jones was placed at an assessment center when he was 16 months from his parole eligibility date. During his initial assessment, he was vague about his reentry goals; his unstated goal was to go back "home" as soon as possible with no planning or forethought involved. During the first month of his stay at the assessment center, Jones received three demerits and was placed on a

behavior contract following a clinical intervention committee meeting.

During their individual meetings, Jones' counselor pointed out his self-defeating behavior using his demerits as a point of entry. Initially, Jones denied that he committed the demerit behaviors, then he minimized their importance. The counselor expressed confidence that Jones had the capacity to change his antisocial behavior. After being confronted by his peers during group therapy about his demerits, Jones began to associate his demerit behavior with his criminogenic thinking. The older inmates in his group were particularly effective in "predicting his future" if he did not change his antisocial lifestyle.

The treatment of Jones' criminogenic thinking and behaviors occurred in the secure setting of the assessment center. Had he been placed directly from prison to a halfway house, it is likely that Jones' demerit behaviors would have resulted in his return to prison with an institutional infraction. His situation illustrates another advantage of using a step-down process rather than "jet-tisoning" inmates from the prison structure into a halfway house or directly into the community.

Research into the step-down process indicated that offenders with this experience are less likely to be returned to custody for disciplinary reasons from a halfway house, and less likely to abscond from a halfway house.¹¹ Surveys of halfway house personnel indicate that inmates transferred from transitional programs, similar to assessment centers, are better prepared for the structure of a halfway house than inmates sent directly from prison to a halfway house.

Community Release Phase

After the completion of the step-down program, offenders move into the community re-integration phase using as a master treatment plan the continuum-of-care plan developed during Phase 2. Information gathered during the second phase is transmitted in a seamless manner through a comprehensive packet of information that includes cognitive test results, current risk and needs instruments

findings, the counselor's rating of the behavior in the program, and a continuum-of-care or master treatment plan.

The seamless transfer of the offender's current risk factors and treatment needs is pivotal in terms of effectively working with an offender as he or she progresses through the phases of reentry. Disconnects between programs as the offender moves through the system often result in a duplication of services or a denial of services. Seamless transfer of data along the continuum of care allows staff at each reentry phase to accurately adjust the intensity of services based on the progress of the offender.¹²

Offenders assigned to CEC community alternative or release centers have their continuum-of-care plan reviewed by their counselor and facility administrator upon admission. Offenders' current reentry needs and risk factors are matched with the release center services. The halfway house treatment team periodically evaluates offenders' progress with revisions to service delivery made as necessary.

Case Example. Given Jones' assessment during the step-down phase, he was placed at a halfway house that included an initial phase of intensive substance abuse treatment followed by a work release phase.

Jones' enrollment in the family services program is an example of an effective program that was initiated during the transitional phase of his reentry and continued during his halfway house placement. Initially, Jones met with a family service counselor, the mother of his youngest child, and his child. The reason for including these people was because Jones was still involved with this woman and because he carried a picture of this child on his identification tag.

During the family services program meetings, Jones was guided on how to play with his child and form an attachment or bond with him. Initially, he appeared more interested in having his own needs fulfilled by spending time with his girlfriend rather than bonding with his child. Jones was diplomatically confronted

with the counselor's observation about the dissonance between his statements about his devotion to his child and his actual behavior. After many confrontations, Jones began to pay more attention to his child and play with him without his girlfriend's direct involvement.

Jones' participation in family services proved to be an important therapeutic activity in his reentry program. During family service meetings, he reported that he had a distant, almost nonexistent relationship with his father. Jones also acknowl-

edged that he did not know how to be a father to his son. The guidance and support that Jones received during family services increased his confidence in his parenting of his young son. Jones continued his involvement in family services during his placement at the halfway house. It is likely that the bond that he formed with his son played a significant role in his successful reentry back into the community.

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Aftercare Services

Aftercare services for the offender are developed during the step-down phase through referrals to CEC alumni services, which are provided at no cost to the offender. CEC alumni meet with offenders while they are still in the step-down phase to encourage aftercare participation. The alumni also describe their experiences of "life on the outside." Alumni services provide referrals for offenders before they go back to their communities. Also, the monthly alumni meetings anchor the ex-offender to people who have been successful at returning to their communities.

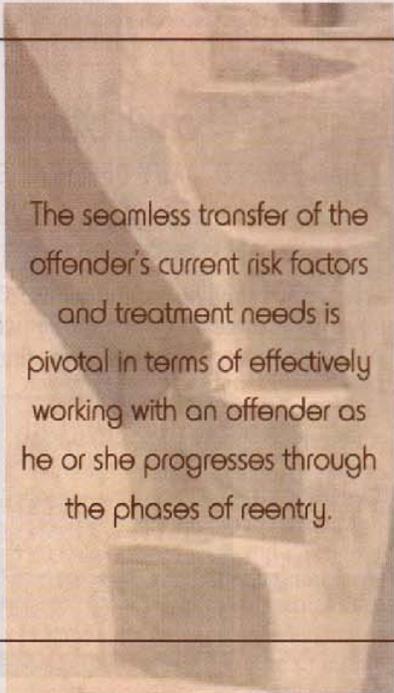
Case Example. After he completed the halfway house program, Jones participated in the CEC alumni program. The alumni services provided employment referrals and supported Jones in his pursuit of his GED. An older alumni member was assigned to mentor him when he returned to his community and accompanied him to his first few Alcoholics Anonymous meetings. Jones has been back in his community for the past two years and has been successful in remaining arrest-free during this timeframe.

Select Subpopulations: Parolees

Parole violators or "churners" are caught in the revolving door of community-prison-parole-prison. These offenders present public safety challenges because they have already been unsuccessful in their re-integration.¹³ For this population, the assessment and treatment center is frequently the last stop before their return to the community. The parole officer plays a pivotal role in the reentry process for all offenders conditionally released, but their involvement with churners is critical to the successful implementation of the reentry continuum-of-care plan.

Parole violators need special programming tailored to their unique situation. The most frequent violation of parole is correlated with a substance abuse relapse. This subpopulation has actually taken a "step back" toward returning to prison. They benefit from a comprehensive risk/needs assessment that drives their intense

treatment. The parole violators' step-back treatment is focused on relapse triggers and learning more productive ways of coping with the outside community. Parole officers are continuously apprised of the parole violator's progress in the program. A continuum-of-care plan is designed before the parole violator is released into the community. The parole officer receives an assessment package that includes a copy of the reentry continuum-of-care plan, the results of



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the risk and needs assessment, and the violator's progress in the program.

Another subcategory of reentering offenders comprises individuals who have been granted parole but have significant risk factors, including homelessness and long-term substance abuse. This group of parolees has often served a long prison sentence. Before their release into the community, these offenders often need intensive treatment of their substance abuse and criminogenic thinking. These offenders need referrals to community services, including transitional housing. Also, they are often ill-prepared for living in the community and need basic survival skills, including how to balance their finances and appropriately interact with others. While many offenders need financial

counseling and social skills training, these high-risk individuals are usually at the high end of the continuum.

Program Effectiveness

Research by Fretz et al. into the CEC continuum-of-care model has yielded promising results in terms of recidivism reduction. This research, coordinated through Drexel University and the New Jersey DOC, found that offenders who completed the continuum of care reduced their rate of recidivism by more than 30 percent in terms of rearrest, reconviction and reincarceration.

In addition, research into the CEC step-down programs has found that this type of programming reduced the rate of absconding from community release facilities. Outcome research has validated the contention that the step-down programming has provided DOCs with valuable data that can be used for appropriate community release classification of offenders, Fretz and his colleagues found.

Offenders reentering society are often minimally prepared, particularly high-risk offenders with extensive criminal histories. Providing effective reentry services through a seamless continuum of care that includes transitional programming makes fiscal sense and enhances public safety. To return offenders to their communities without tailoring the level of treatment and supervision to their risk levels increases the risk of recidivism and future victimization.

To accomplish the task of reentry effectively, the continuum-of-care reentry process must be initiated while offenders are still incarcerated, and the reentry plan should evolve as they move through the phases. Providing services in a secure setting through a step-down process allows offenders to experience a "dress rehearsal" before they are thrust onto the community stage. This step-down process serves as a "decompression chamber" for offenders as they transition from a highly secure prison environment to less secure community placement. Also, the process, with its comprehensive risk/needs assessment, separates higher-risk offenders from lower-risk

offenders. The risk of recidivism may actually increase for low-risk offenders if they are assigned to an inappropriate level of treatment.

The assessment of offenders' current risk/needs levels should occur before they are transferred to halfway houses or released back into their communities. Offenders need an orientation to the obstacles that they will face before they are exposed to them. Not preparing offenders for the stresses in the community is analogous to throwing someone in the water before he or she is taught to swim.

The successful assessment and treatment of offenders as they reenter society may be the most effective crime control available to the government. If attention is not focused on offenders' reentry needs and risk factors, then the country runs the risk of a whole new generation of offenders due to the intergenerational transmission of antisocial attitudes and antisocial role-modeling to which offenders' children will be exposed.

ENDNOTES

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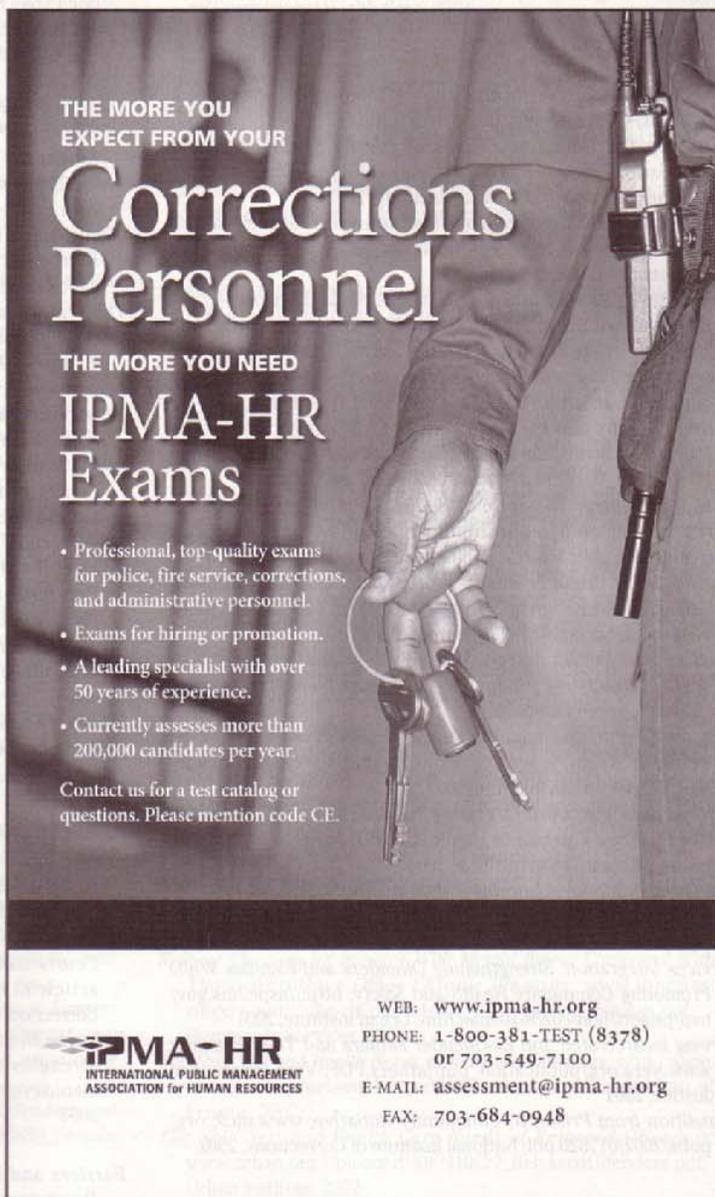
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