Evaluating Thinking for a Change within Washington Prisons: Reformational Paternalism as the Fruits of Mass Incarceration and Neoliberal Approaches to Criminal Justice

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A thesis

submitted for partial fulfillment of the

requirements for the degree of

Master of Arts

University of Washington

2023

Committee:

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Program Authorized to Offer Degree:

Sociology

University of Washington

Abstract

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This paper evaluates the Thinking for a Change program in Washington State prisons in the context of the Criminal Justice System's broader Political and Economic dynamics. In the latter half of the 20th century, the political landscape in America saw a rise in the number of incarcerated individuals due to more prolonged and harsher sentencing reforms; this, along with the spread of austerity and paternalistic neoliberalism, disproportionately affects marginalized groups such as BIPOC, the poor, substance-abusing populations, and the mentally ill. The concentration of various needs in the carceral system has led to the coalescing of government functions, academic research, and medical and mental health care provision. Interventions such as Thinking for a Change integrate knowledge from these fields. However, a lack of sociological understanding of the criminal justice system's perpetuation and harsh punishment of poverty, combined with a narrow definition of "success," hinders our ability to provide necessary services to the incarcerated population. By contextualizing Thinking for a Change and improving on past research, this project introduces alternative considerations of how paternalism and poverty governance manifest and considers the consequences of the widening net for the center of it.

Disclaimer

The author of this report (Larissa Caldeira) conducted a program evaluation of Thinking for a Change in her capacity as a Research Management Analyst 4 with the Washington State Department of Corrections. The Technical report for this work is at https://doc.wa.gov/docs/publications/reports/500-RE004.pdf . This thesis interprets the same data and analyses in that report from a sociological perspective. Any arguments or opinions expressed are that of the author and do not necessarily reflect the views of the Washington State Department of Corrections.

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Political changes in the civil rights era, such as the assassination of Martin Luther King and enforced desegregation, sparked titanic shifts in national and local politics (Alexander, 2010; Gelman, 2014). These changes fueled a need to be "tough on crime" due to the public perception of civil disorder and danger within the empirical reality of increasing rates of violent crime (Greene, 2002; BJS, 1997); this shift manifested in mandatory minimums, truth in sentencing, increased use of life sentences, three strikes laws, and use of adult court for trying juveniles (Nellis, 2023). These changes disproportionately impacted Poor communities of color (Alexander, 2010), and those communities continue to experience an uneven distribution of criminal legal system contact today (Clear, 2008; Moricette, Stolzenberg, and D'Alessio, 2023). Recent breakdowns of Jail and Prison demographics indicate that Black Americans make up just 14% of the general population but 33% of the prison population and 46% of the prison population who has served 10+ years (Carson, 2020 & 2022; Nellis, 2023). The total costs of physical incarceration are incalculable, and the non-physical mechanisms of the justice system, like fines, fees, and Legal Financial Obligations (LFOs), also disproportionately impact the poor, particularly impoverished African Americans (Harris, 2016).

The changes to sentencing laws resulting from the tough-on-crime era of politics have produced a crisis in jails and prisons regarding the scale of the incarcerated population and their needs while incarcerated. Consequently, academic studies identifying correlations between deviance and risk factors for future offending (Andrews & Bonta, 2010) have sustained rehabilitative approaches to corrections, which include educational, vocational, medical, and mental health services (Forsberg & Douglas, 2022). This attention to mental health services is particularly salient because as sentencing laws increased the time served and the volume of convictions for drug use, the US was also experiencing the de-institutionalization of the

country's psychiatric hospitals(Rhodes et al., 2000). Essentially, the country's correctional facilities were beginning to keep people for longer (i.e., older) and incarcerating individuals who otherwise would have been institutionalized (i.e., those with mental illness) (Delgado & Humm-Delgado, 2009, p. 110-131). There is a strong correlation between mental health issues and substance abuse within the incarcerated population (Bronson et al., 2017), so as a result of these dual processes, the medical and mental healthcare apparatuses had to become permanent fixtures of the criminal justice system, as prisoners are the only subset of American Society with a constitutional right to healthcare (Delgado & Humm-Delgado, 2009, p. 64). This nexus of carceral institutions' bureaucratic, political, and practical functioning highlights their continued intermingling and raises new questions regarding their relations with each other and the consequences of those relations.

Sociological Foundations of the Argument

Legal regulation in this paper is understood as an endogenous process (Edelman, 1999) of 3 components: 1) as the literal rubber-stamped letter of the law issued under governmental jurisdictions in response to some complaint or harm, 2) as the nature of individual and institutional attempts to comply with those mandates based on their interpretation of the law which in turn generate 3) new complaints and grievances initiating the first component to continue the loop. Stryker explores that cyclical process by assessing the relationship between social science and the state (1999) and the processes of legitimacy involved in that give and take (1994). Ultimately, Stryker's thought supports understanding the law as a whole "more as a rhetorical and symbolic resource than as an articulate mandate"(Edelman, 1999, p. 407; summarizing Stryker). Viewing the law as a resource institutions use to guide their practices highlights the importance of the structures and generated beliefs which guide the practices

intended to be in compliance with the law. This relational and contextually dependent process provides a framework for understanding the coalescing of medical and mental healthcare with the jail and prison system.

The political, racial, and economic tensions (grievance/complaint) which instigated the era of mass incarceration in the late ’60s via harsher sentencing laws also resulted in obligations to care for an aging and growing population (Rhodes et al., 2000). Among the subjects of attempts to house and manage this increasing population, some individuals were harmed or aggrieved, like Mr. Gamble, who initiated the legal regulation process once more. Mr. Gamble was an incarcerated individual who alleged a breach of his constitutional protection from cruel and unusual punishment when his back injury was not investigated or properly treated. Gamble’s case went up to the supreme court, which ultimately ruled that such denial of adequate medical services violated the 8th Amendment protection against cruel and unusual punishment (Marshall, 1976). This ruling established a precedent that the Constitution protects all incarcerated individuals from “deliberate indifference” towards their health, which became the essential element in determining whether the 8th Amendment was violated.

Edelman’s concept of local rationality suggests that institutions attempt to comply with their legal mandates rationally but are constrained by how rationality is defined in their particular environment (Edelman, 1999, p.411). Applying Edelman’s logic: what is considered deliberate indifference and adequate care within jail and prison systems necessarily involves the belief systems generated by medical and mental health providers, day to day functioning of the carceral apparatus, and the regulatory structures that ultimately hear and rule on potential miscarriages of justice, generating laws and policies to be then interpreted and so on. Macro trends in this

coalescing contextualize the same processes at lower levels where the beliefs guiding rational compliance in practice are more clearly discernable.

Thus, the modern correctional landscape is partially structured by the attitudes and objectives of the public, the government's regulatory response to those attitudes, and the institutions necessary for compliance with those regulatory standards. The government and taxpayers are focused on minimizing risk and keeping communities and facilities as secure as possible(McCormick, Peterson-Badali & Skilling, 2015). At the same time, individuals serve their sentences, and whether the taxpayers are aware or not, the government understands the immense expense of such a feat (Rhodes et al., 2000, p. ii). From the medical and mental health side, clinicians approach their work focused on the diagnosis and treatment for managing the illness; their primary consideration is the physical or mental health of the individual rather than security or desistance from crime (McCormick et al., 2015, p.7). Lastly, the academics in sociology and criminal justice departments are focused on the validity and accuracy of their measures to assess risk best and predict recidivism to enhance their credibility within academia and among correctional departments looking to integrate more evidence-based policies (Farabee, 2022, p.2).

Structured beliefs of the stakeholder will inform the actions of each individual attempting to comply with their responsibilities reasonably. Differing interpretations of responsibility came to light in a tragic incident reminding us of the immense human cost of incarceration. The Office of Correctional Ombuds (OCO) investigated the death of a 74-year-old with multiple chronic diseases, including Parkinson's, an aggressive neurodegenerative condition. In October 2019, this individual committed suicide in his cell.

The OCO wrote the following in their summary of the context preceding the incident:

"A Mental Health Appraisal in October 2018 identified the I/I as being high risk for suicide, and the records noted multiple attempts at self-harm. [. . .] In addition, the records demonstrate a substantial delay in care for the I/I's Parkinson's disease.[. . .]In the days leading to his death, a unit sergeant took note of the I/I's difficulty walking and gave him a walker even though one had not been prescribed (since he was never evaluated). Unfortunately, another sergeant removed the walker from the I/I since there was no HSR [Health Service Request] for it. The DOC [Department of Corrections] psychologist who reviewed this case believed that this action was the "last straw" for the I/I, and was the reason he committed suicide." (Kingsbury et al., 2020, pp.2-3; [brackets added] for clarity)

The use of the terms "last straw" and "(since he was never evaluated)" gives a chilling idea of the series of failures preceding the incident above and ought to carry the weight of this excerpt. Still, the apparent breakdown of the day-to-day management of an individual located at the nexus of old age, complex medical issues, and severe mental health issues demonstrates the necessity of understanding how each stakeholder *is* functioning and how they *perceive* their function. Using the above example, two sergeants take opposing actions that express different understandings of their role as Correctional Sergeants: one to ensure the safety and stability of the incarcerated by attending to a need that typically would not fall under their job description, and the other to ensure the safety and stability of the incarcerated by enforcing rules and policy as they are.

As the Criminal Justice System accumulates responsibility, individuals within the coalescing structures encounter each other and each other's jurisdiction of responsibility at the crosshairs of regular operations. More resources are typically helpful, but the primary concerns and goals of each of these structures do not align (McCormick et al., 2015, p.8), and a simple breakdown of still-forming links between various interests can lead to consistent breakdowns resulting in tragedies like the one above; left unexamined these formations may perpetuate

current disparities or introduce unintended effects (Wakefield, 2016, p. 17), avoiding such a fate requires an understanding of these interactions.

Neoliberal Paternalism has been used to describe the ideological and political bones of the Legal and Criminal Justice System (Schram, Fording & Soss, 2008; Scull, 2009; Wacquant, 2009, Seim & Harding, 2020). Separately, Neoliberalism is a political perspective that prioritizes the logic and rationality inherent to market forces (a.OED, n.d.), and Paternalism is the policy or practice in which subordinates have their freedoms restricted by the government under the auspices of it being in their best interests (b.OED, n.d).

Generally, research has accredited the return to a punitive strategy of corrections to a Neoliberal wave in the political climate and has focused on its role in the social control of individuals serving time in the community (Seim & Harding, 2020; Miller, 2014). Here, the focus is on a less punitive but paternalistic manifestation of neoliberal ideology within the prison population. Unlike in the community, individuals in prisons and jails live in physical custody. Such apparent paternalism in the prison setting can distract from how prison programming functions beyond the physical restrictions. The imposition of rehabilitation is a value-laden process (Day & Ward, 2010), so it follows that present-day rehabilitation approaches which intentionally integrate the stakeholders' perspectives are inherently in alliance with the neoliberal value of efficiency by capitalizing on what each stakeholder has to offer in pursuit of behavioral change among incarcerated individuals.

How these dynamics manifest in Washington State

The modern history of WADOC is an excellent example of paternalistic neoliberal attitudes and beliefs driving policy and law in the context of mass incarceration of the

marginalized. In 1999, the Washington State Legislature passed the Offender Accountability Act (OAA), which required the WADOC to classify and engage with prisoners according to their risk of future offending (RCW 9.94A.010). It directed the Washington State Institute for Public Policy (WSIPP) to assess the impact on recidivism so that the tool could be validated (Barnoski & Drake, 2007, p.1; Drake et al., 2010, p.1). The instrument used for this classification was called the Static Risk Assessment (SRA-1), described as a "triage tool" that quickly assesses the major static risk factors the literature identifies as most predictive of recidivism (Andrews & Bonta, 1994) where the highest risk individuals would then receive the Offender Needs Assessment (ONA) which is "based upon a broad social learning theory of criminal conduct supported by evidence-based practices and professional expertise. It includes 55 items which gather information related to offender characteristics, circumstances and attitudes" (assessments.com, n.d.) to determine their most pressing needs. However, this process caused individuals' assessment at the time of arriving at prison to be their status for the entirety of their stay. Since their risk and needs inform the level of DOC supervision upon release, the WADOC contracted with scholars at the Washington State University to develop a dynamic risk assessment (Hamilton et al., 2016) to administer periodically for measuring changes in risk and need levels used to assess the impacts of programming better and avoid over- or under-supervising upon release from the facility (Knoth & Hirsch, 2020, p.1).

The course of events within WADOC regarding classification and assessment does have ramifications for individuals in the community, but that is beyond the scope of this paper. The focus here is on the emergence of a reformative paternalism from political and public mandates, medical and mental health perspectives, and research practices woven together in line with the values of Neoliberal Paternalism discussed by Soss and colleagues (2011).

From the Neoliberal perspective, each of these angles provides crucial information for understanding the dynamics of prisons, jails, and the overall correctional apparatus in the U.S. If there is anything that will "work" as we define it (lowering recidivism), it would logically be the program that integrates the fundamental and practical knowledge offered by each of those three stakeholders: government/public, medical and mental health professionals, and researchers/evaluators. However, there is a potential issue with one of the pillars. It may result from well-intentioned, hastily established standards to meet the public's increasing demand for "evidence-based" practices, a designation commonly used in Substance Abuse Treatment (Stoner, 2018).

The use of language and objectives from the field of substance abuse and the utilization of criminological and sociological research to develop tools used every day in corrections is further evidence not just of the coalescing of these perspectives but also of the apparent shift in what corrections understand to be a "rational" response to the laws mandating adequate healthcare to incarcerated individuals.

The Value of Evaluating the Thinking for a Change program

Thinking for a Change is the natural product of the last decades' fusion of medical, political, and academic trends. Thinking for a Change (T4C) is a cognitive behavioral therapy (CBT) program designed in 1997 by the National Institute of Corrections (NIC). T4C incorporates central themes from cognitive behavioral psychology to target thought patterns and beliefs well understood to be criminogenic. Jack Bush, Ph.D., Barry Glick, Ph.D., and Juliana Taymans, Ph.D., were the cognitive behavioral experts who built the curriculum (Bush et al., 1997). The program consists of 22 lessons, and many states provide the program in both prisons

and community supervision settings. Research has produced mixed results. Thinking for a Change is a program that is, according to the Washington State Institute for Public Policy (WSIPP), a promising practice: not quite a recipient of the "evidence-based" designation yet, but well on its way (Wanner, 2018).

The creation of the "evidence-based" designation, its application to non-SA interventions, and its multi-institutional pursuit of standardizing correctional programming according to it arose from the aftermath of a 1974 meta-analysis, which concluded that nothing works (Martinson, 1974) due to a lack of reliable evidence supporting the efficacy of correctional programming (efficacy= reducing recidivism). In the discussion that followed the devastating rebuke of rehabilitative efforts, scholars, including Martinson himself, pointed to the methodological inadequacies of many evaluations, like having small sample sizes, selection biases, and conflicts of interest among evaluators (Farabee, 2022).

With unreliable research resulting from methodological shortcomings, potential conflicts of interest, and the current situation of corrections in historical political and institutional processes, this evaluation of T4C in Washington State prisons (Caldeira et al., 2023) offers the field of criminology, in both practice and the academy, three things:

1. It improved upon the previous research on the efficacy of this program by addressing selection bias, increasing the sample size, standardizing dosage, and engaging the concept of desistance in addition to recidivism as a worthy indicator of efficacy.

2. It offers a potential path toward having quality assurance standards regarding the "evidence-based" designation. Individuals who created the programs, and therefore have a clear interest in their success, are too often the individuals producing evidence of their efficacy (Farabee, 2022).

However, WADOC and other public institutions have access to more complete data and are not interested in continuing an expensive and ineffective program.

3. The results support the sociological perspectives that identify social determinants rather than solely personal conduct as a factor in criminal behavior and incarceration. The creation of Thinking for a Change and its implementation at the WADOC also coincide with the well-theorized shift toward neoliberalism. Focusing on T4C within prison offers data on what these policies are doing to or for the individuals at the center of a still widening net, with the advantage of extensive data enabling more than adequate sample sizes. Furthermore, the reformative potential of mental health therapies like T4C raises new questions about how paternalism manifests and interacts with the individuals we identify as the highest risk.

Literature Review

Of the limited research on T4C, evaluations had populations with multiple genders, did not account for the non-random assignment of T4C to higher-risk individuals, or studied the effect of T4C in populations for which it was not designed (i.e., tested program designed for high risk on low-risk individuals) (Golden, 2008; Lowenkamp, 2009; Bickle, 2010). The 2018 Washington State Institute for Public Policy's (WSIPP) Inventory of Evidence-Based, Research-Based, and Promising Programs (Wanner, 2018) classified T4C as a promising practice for the Washington State Department of Corrections (WADOC). WSIPP gave this designation because, while it has a well-established theory of change, showed great potential, and has reduced recidivism in conjunction with additional CBT-based programming (Bitney, 2017), there was not enough research on the specific program to warrant a higher classification of evidence-based practice. To better understand the impacts of T4C on its own and test the program on its intended

population and its role in rehabilitating individuals within the WADOC population, the WADOC has requested a program evaluation of T4C in its prisons.

At WADOC, the T4C program was introduced in April 2013 and fully implemented in prisons by November 2015. After being fully implemented, the WADOC introduced additional changes to the program's administration in 2017, which were fully implemented by January 1, 2018. Before January 1, 2018, volunteer and non-specific program administrators delivered T4C because of staffing shortages, and participants were recruited based on their risk level classification (RLC) using the Static Risk Assessment (SRA), WADOCs classification tool before the Washington ONE (WAONE), which assesses needs domains as well as risk.

With the adoption of the Washington ONE classification tool in December 2017, T4C incorporated needs domains when considering program eligibility and prioritization from then on. To be eligible for T4C at WADOC, an individual must have a moderate to high RLC and a moderate-high need in either of the following needs domains: Social Influences or Attitudes/Behaviors. By requiring moderate to high risk and a moderate to high need in one of the necessary domains, the WADOC can get T4C to the individuals who would benefit most from the intervention.

For the last several decades, the dominant approach to understanding criminal behavior, recidivism, and effective interventions has been the Risk, Needs, and Responsivity approach (RNR) (Andrews & Bonta, 2010). RNR posits that effective interventions will target well-known criminogenic thought patterns and beliefs in a way that considers the needs and disposition of an incarcerated person. The RNR serves as a foundation for eight principles of effective

intervention that emerge from the literature on correctional efficacy and intervention (Gendreau, 1996, pp. 117-130; Campbell et al., 2018, pp.2-3). They are:

1) Assess Actuarial Risk and Needs
2) Enhance Intrinsic Motivation
3) Target Interventions Using RNR
    a. The risk Principle prioritizes supervision and treatment resources for higher-risk offenders.
    b. Need Principle targets interventions to criminogenic needs
    c. Responsivity Principle: Be responsive to learning style, motivation, culture, and gender
    d. Dosage: Structure 40-70% of high-risk offenders' time for 3-9 months
4) Skill Train with Directed Practice (use cognitive-behavioral treatment methods)
5) Increase Positive Reinforcement
6) Engage Ongoing Support in Natural Communities
7) Measure Relevant Processes and Practices
8) Provide Measurement Feedback

The importance of these principles is supported by Landenberger's 2005 meta-analysis of cognitive-behavioral programs, which identified implementation quality, total hours of treatment, offender risk classification, and specific CBT treatment elements (cognitive restructuring, anger control, individual attention, and group sessions) as the factors most associated with a reduction in recidivism across all 58 of the studies considered.

Even more significant than the content of the satisfactory treatments was their implementation. Landeberger's meta-analysis also found that "What seems to most strongly

characterize effective CBT programs is high-quality implementation as represented by low proportions of treatment dropouts, close monitoring of the quality and fidelity of the treatment implementation, and adequate CBT training for the providers" (Landenberger, 2005, p. 13).

French and Gendreau (2006) conducted another meta-analysis on the efficacy of CBT-based therapies. This analysis utilized 68 studies and found that "the effectiveness of behavioral programming such as CBT is largely contingent upon how closely the RNR principles are followed in program implementation" (Strah, 2018).

With CBT and the importance of the RNR principle established, it is crucial to explore how well T4C conforms to the principles above. Landenberger identifies three principles that make a CBT intervention effective: the curriculum must have cognitive restructuring, methods for responding to and managing anger, and therapy at both the group and individual levels. The T4C curriculum (Bush et al., 1997; Bush et al., n.d.) has about two and a half of those three elements. T4C includes cognitive restructuring throughout the course (Bush, 1997, p.7), and there are methods for responding to anger in Lesson 14. The WADOC is about halfway to incorporating individual attention in addition to group work; participants are in group sessions for each lesson, individual needs, informed lesson direction, and individual questions get answered during lessons. However, individual therapy/attention is not prioritized in the T4C curriculum. While the facilitator may answer individual questions or concerns, the program focuses on group learning and improvement.

These generalized principles informed the adjustments made to WADOC's program provision leading up to the start of 2018. Specifically, reclassifying the provision of T4C under the structural umbrella of the Reentry Division changed the who and how of the program

delivery. WADOC moved away from volunteer correctional officers (COs) with instructional materials providing T4C towards a model wherein providing T4C was the only focus of a designated facilitator's responsibilities with WADOC. This change allowed for more in-depth and specialized training for providers, and the institutional structure allowed for closer monitoring of the fidelity to T4C implementation, recommendations, and standards.

Outside of WADOC, other departments of corrections and academics in criminology and criminal Justice have evaluated T4C. Under the supervision of Robert Gatchel, Ph.D., and Melissa Anne Cahill, Ph.D., at the University of South Texas, Lori Golden, Ph.D. evaluated the efficacy of Thinking for a Change on a population of 100 male and 42 female moderate to high-risk probationers compared to a control group matched on demographic variables and criminal history (Golden, 2002; Golden et al., 2008).

Individuals were observed for three months to one year after completion of the program to determine whether they recidivated. Recidivism was defined as having a technical violation of probation or a new criminal offense during the observation period. This research employed several pre and post-treatment measures to assess changes in attitudes and behavior. There were no differences in technical violations between completers and individuals in the comparison group. The attitudinal measures showed no differences in pro-criminal sentiments between the groups, an improvement of social skills among only individuals who completed T4C and individuals who dropped out, those who completed saw a significant improvement in interpersonal problem-solving skills where those who dropped out or were in the control group saw no gains (Golden, 2002, p. 3). In addition to behavioral improvements, the new criminal offense rate for group completers was 33% lower than that for the comparison group, but that difference was not statistically significant (Golden, 2002, p. 2).

While Golden's methodology and measures are robust and produce promising results, the paper indicates that to be eligible for T4C in their Texas population; the individual may have "6) no active substance abuse problem; 7) no unstable mental illness" (Golden, 2002, p. 53). The issue with this restriction is that mental health and substance abuse are heavily concurrent with criminal activity, as evidenced by two special reports published by the Bureau of Justice Statistics. The first of these special reports found that 56% of individuals in state prisons, 45% in federal prisons, and 64% in local jails meet criteria specified in the fourth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) for some mental disorder (James & Glaze, 2006).

The second special report found that 58% of state prisoners and 63% of jailed individuals met drug abuse or dependence disorder criteria (Bronson et al., 2017). With such a large portion of justice-involved individuals experiencing mental health or substance abuse issues, results from a study excluding these individuals will not adequately assess T4C within a carceral setting. When Golden published her 2002 work in the 2008 edition of the Journal of Offender Rehabilitation, the authors concluded that the results were mixed as there were statistically significant changes in attitudes and positive influences. However, the reduction in recidivism associated with T4C was not statistically significant.

In 2009 more research was published on T4C (Lowenkamp, 2009) that took a "real world" approach, meaning corrections practitioners rather than someone affiliated with the development of the program administered the intervention. Independent verification meant that the results of this study reflect the impact of T4C more accurately in standard correctional settings. Lowenkamp identifies the splitting of Golden's population into completers, dropouts, and the comparison group as a potential for bias and chooses to lump dropouts and completers

into one group. While this method does reduce the bias of the dropout group being at higher risk, it muddies the water in terms of understanding the impact of T4C by removing consistent dosage in the treatment population, making the conclusions drawn from the treatment group much less reliable.

Additionally, the sample in their study got its control population from individuals who went on probation in the same timeframe as the treatment population but were not referred to T4C (Lowenkamp, 2009, p.7). There is no mention of matching procedures in the methods section. Using individuals not referred to T4C introduces selection bias since referral to T4C is not random. With the dosage of T4C varying within the treatment population and selection bias in the treatment vs. control groups, the "real world" evaluation results violate sampling assumptions and cast doubt on the validity of their results.

The year following the publication of Lowenkamp's article, the Ohio Department of Rehabilitation and Correction (ODRC) published its review of the T4C program that "uses a quasi-experimental, non-random, two group pre-test post-test design, and it explores intermediate outcomes that examine whether the program has influenced participant's self-assessment of their social problem-solving skills and approaches and their acceptance of criminal attitudes." (Bickle,2010, p. i). This study is an improvement over Lowenkamp's 2009 study because instead of selecting the control group from probationers not referred to T4C, ODRC drew its comparison population from individuals on the T4C waiting list. This evaluation showed that correctional delivery of the T4C program was successfully changing the attitudes and beliefs in its population but is only the first in a three-part series of research projects where parts 2 and 3 will assess T4C impact on in-prison behavior and post-release recidivism respectively (p.1).

Lastly, this research should have considered other programming but did not due to unreliable data entry. WADOC faces this issue regarding total hours, but leaving out other programming may exaggerate the observed impact of T4C in this population because WADOC prioritizes higher-risk individuals for programming (Drake, Aos, and Barnoski, 2010)). Strong evidence suggests a significant benefit when a combination of programs is delivered (Hsieh et al., 2021). So, in the case of high-need and high-risk individuals receiving multiple programming opportunities, the positive effects attributed to T4C may be due to the combination of programs they receive.

Given the somewhat mixed bag of results for the efficacy of T4C, research concerning delivery formats was published in the International Journal of Offender Therapy and Comparative Criminology (LaPlant et al., 2020). The researchers' findings on changes in attitudes and beliefs were consistent with Golden, Lowenkamp, and the ODRC; exposure to T4C is associated with improvements in criminogenic thought patterns and beliefs. LaPlant and associates add to previous findings that those improvements to needs and beliefs were of equivalent magnitude across all the tested delivery modalities, including offender-led groups (pp. 12-14). The finding is that diverse delivery modalities are something to keep in mind as we progress and make recommendations.

This WADOC study improves on previous research by standardizing the T4C treatment dose (i.e., not including dropouts), focusing on the target population of moderate to high-risk individuals, using a physical return to prison as an inmate to measure recidivism, accounting for the completion of other types of programming, and has a whole three-year follow-up period. However, the WADOC evaluation does not have pre and post-treatment measures of social attitudes and behaviors and thus cannot quantify the individual-level changes among completers.

Lastly, this is one of the first studies looking at T4C delivery in prisons and measuring post-release recidivism, as other projects were looking at delivery in the community or had yet to advance to assessing recidivism.

Data

This research utilizes historical WADOC operational data stored in the Offender Management Network Information (OMNI), focusing specifically on criminal sentences, admissions, and programming participation. T4C is offered in multiple WADOC facilities, most of which are facilities for males. As a starting point, all male individuals incarcerated with WADOC for at least six months and released between January 1, 2015, and December 31, 2019, comprised the initial data pull (n=24,266). This pool was split into two groups: 1. those individuals who were exposed to T4C for the first time (assigned to the program n= 1,767) and 2. those who were not exposed to the T4C program (n= 15,568). From there, the exposed T4C population was narrowed by removing those assigned to T4C before January 1, 2015, and any individuals who attended but did not complete the program for any reason.

Since T4C is designed for high and moderate-risk individuals, the treatment and population groups are not randomly selected. T4C treatment is not randomly assigned, introducing selection bias to statistical analyses. By calculating the probability of exposure to T4C based on the eligibility criteria discussed earlier, a control population is constructed with close to the same probability of receiving the intervention as the actual treatment population. This process is Propensity Score Matching (PSM). PSM was used to exclusively match those moderate-high-risk T4C graduates (treated) to moderate-high-risk non-T4C graduates (control) with a similar propensity to take T4C. A propensity score is a conditional probability that, in this

case, represents the probability of being exposed to T4C given an individual's profile of variables used for matching.

An individual was removed from consideration if they completed T4C before the admission within the study's time frame (i.e., if an individual was released from prison in 2016 and again in 2018 and completed T4C during both periods of incarceration, they would only be included in the 2015-2017 delivery group population and excluded entirely from the 2018-2019 population). From the resulting populations, individuals who completed T4C were marked as members of the treatment group and matched to one from the pool marked as control with the closest *propensity score* to the treated individual within the same racial category and RLC level.

Methods

The variables used to assess propensity score were age at release, race, risk level classification, length of a prison stay, and need domain.[1], and criminal history profile. The criminal history profile is a series of eight binary variables indicating whether the individual had a count in their active Jurisdiction.[2] in each category. Categories include Murder, Manslaughter, Robbery, Drug Offense, Sex Offense, Assault, Property, and Other/Unknown.

After matching on relevant variables, the 2015-2017 group resulted in an n=1,629 with the Control n=771 and Treated n=858, and the 2018-2019 group had an n=1,069 with Control n=525 and Treated n=544. These data were analyzed using the chi-square test of independence, odds ratio, survival analysis, and binomial regression. P-values are reported for each of these statistics.

A chi-square test of independence assessed whether there were statistically significant differences in recidivism between treatment and control groups; this was used to establish an initial indication of the strength of the relationship between T4C completion and recidivism that could be further refined. The odds ratio calculation was a clarifying test, as its value indicates a directional comparison between treatment and control groups. Survival Analysis was employed to detect evidence of desistence, the idea that moving away from criminal attitudes and behaviors is a process that will necessarily include periods of progress and setbacks (Szifris, 2018). When considering desistence, the question changes from "Did they 'fail'(recidivate)?" to more nuanced questions such as "How long until they returned?" and "Is there a difference in the reasons control vs. treatment groups returned?" Lastly, binomial regression controlled for other factors likely to influence recidivism, like whether an individual had completed other types of programming while incarcerated and their age when released to the community.

After these tests and considerations, we can adjudicate between the following hypotheses:

> H^0: Completion of the T4C program is not significantly associated with a difference in recidivism.
>
> H.A.: Completing the T4C program is statistically significantly associated with a difference in recidivism.

FINDINGS

Descriptive Statistics

Below are the resulting distributions for control and treatment groups in the Old(2015-2017), New(2018-19) populations, and Old vs. New delivery methods populations on the variables used for matching.

Table 1. Distributions of study populations by Delivery Method and Treatment vs. Control on PSM Variables

	Old 2015-2017 (n=1,629)		New 2018-2019 (n=1,069)	
	Treatment	Control	Treatment	Control
RACE/ETHNICITY				
Asian/Pacific Islander	1.90%	1.80%	4.60%	4.60%
Black	16.70%	17.30%	15.30%	15.20%
Hispanic	9.20%	9.60%	11.40%	11.40%
North Am./AK Native	3.50%	3.60%	5.50%	5.30%
Unknown	< 1%	<1%	<1%	<1%
White	68.50%	67.60%	63.10%	63.20%
RLC LEVEL				
MOD	10.00%	9.90%	4.40%	4.50%
HIGH (non-violent)	16.20%	16.00%	20.20%	19.80%
HIGH (violent)	73.70%	73.90%	75.40%	75.60%
AGE AT RELEASE				
Under 25	4.00%	6.00%	7.00%	9.00%
25-34	37.90%	34.50%	37.70%	39.80%
35-44	34.30%	29.60%	36.80%	29.90%
45-54	18.40%	22.70%	14.70%	16.40%
55-64	5%	6.40%	3.50%	4.60%
65+	<1%	<1%	<1%	<1%
PRISON STAY				
<2 years	23.40%	32.70%	54.00%	60.60%
2-5 years	66.70%	56.90%	42.70%	32.80%
5-10 years	9.90%	10.50%	3.10%	6.70%
10+	0.00%	<1%	<1%	<1%
CRIME TYPE				
Assault	42.80%	42.50%	47.40%	51.80%
Drug	38.10%	42.30%	41.90%	45.70%
Manslaughter	1%	<1%	<1%	<1%
Murder	<1%	<1%	0.00%	0.00%
Other/Unknown	28.40%	30.50%	33.80%	36.40%
Property	47.50%	50.60%	45.60%	41.90%
Robbery	10.10%	11.50%	7.00%	5.10%
Sex Offense	16.80%	17.60%	11.60%	9.30%

Table 2 – Recidivism Percentages by Delivery Method and Experimental Group

	Old (2015-17)		**New (2018-19)**		**Combined (2015-19)**	
	Treated	Control	Treated	Control	Treated	Control
Returned	246 (28.7%)	241 (31.3%)	151 (27.8%)	157 (29.9%)	397(28.3%)	386(30.7%)
No Return	612 (71.3%)	530 (68.7%)	393 (72.3%)	368 (70.1%)	1,005(71.7%)	871(69.3%)

Table 2 indicates relatively consistent recidivism rates for corresponding treated and control groups. Further statistical testing explores whether these differences (between treatment and control and between old and new treatment groups) exist.

Table 3 breaks down why individuals returned to prison in more general categories, treating each category as its own 100% unit (i.e., of the treated individuals who returned to prison from the old population, 74.3% were returning with a new sentence).

Table 3 – Reasons for Return by Delivery Method

	Old(2015-17)		**New(2018-19)**	
	Treatment	Control	Treatment	Control
New Sentence	68.30%	74.20%	63.60%	73.90%
Revocation or Re-classification	31.30%	25.80%	36.50%	26.10%
Other	<1%	0.00%	0.00%	0.00%

Of all individuals who returned to prison within three years of release from both populations, 52.9% returned on a new sentence, and 16.1% returned on a CCI/CCJ return.[3],

and 10.3% due to DOSA re-classification.[4] The remaining 20% consisted of revocations with new sentences, violations and returns with new sentences, and other categories comprising less than 1% of recidivists.

Bivariate findings

Table 4 - Weighted Chi-Square Results

Population	Chi-Square Value	P-Value	Weighted Chi-Square
Old Tx (2015-2017)	0.231	0.631	Y
New Tx (2018-2019)	0.176	0.675	Y
New vs. Old	0.137	0.711	N

*Signif. codes: p< 0 '***' 0.001 '**' 0.01 '*' 0.05 '.' 0.1 ' ' 1*

The chi-square significance test incorporating propensity score weights for the 2015-2017 population (Olmos & Govindasamy, 2015) indicates a non-statistically significant relationship between recidivism and T4C with an X^2= 0.231 and 0.05 < p = 0.631. The weighted chi-square in the 2017-2019 population was 0.176 and 0.05 < p=0.675. Since the old and new treatments were not matched to each other, a weight using propensity scores is unavailable. The unweighted chi-square test between old and new treatment types was X^2=0.137 and 0.05 < p = 0.7113, indicating no statistically significant relationship between recidivism and the method of T4C delivery. Based on these results, we fail to reject the null hypothesis. In other words, this test has insufficient statistical evidence to refute the claim that treatment and control groups have similar recidivism rates.

The chi-square test, however, does not indicate the direction of a relationship like an odds ratio test. The odds ratio test compares the sample to measure the association between exposure and outcome. An odds ratio of 1 indicates equal odds between groups. If the ratio is less than one, that group is *less* likely than the comparison group, and if it is greater than 1, the group is *more* likely to have a particular outcome than the comparison.

Table 5 - Odds Ratio and P-value for each group and CI

Population	**Odds Ratio**	**Lower Limit**	**Upper Limit**	**P-Value**
Old Tx (2015-2017)	*0.884*	*0.715*	*1.093*	*0.255*
New Tx (2018-2019)	*0.9*	*0.691*	*1.174*	*0.438*
New vs. Old	*1.046*	*0.824*	*1.33*	*0.711*

*Signif. codes: p< 0 '***' 0.001 '**' 0.01 '*' 0.05 '.' 0.1 ' ' 1*

The odds ratio for the old treatment (2015-2017) was 0.88, with a p-value of 0.255. This finding suggests that individuals in the sample who completed T4C had 88% odds of recidivating compared to the control participants. However, with such a significant p-value, we must fail to reject the null hypothesis. Even though the data indicates that the treated population has lower odds of recidivating, the high p-value suggests that this difference could easily be the product of chance.

For the new treatment method (2018-19), the odds ratio was 0.9 and had a p-value of 0.438. Thus, we fail to reject the null hypothesis that T4C treatment via the new delivery method is significantly related to recidivism compared to no treatment. The same conclusion can be drawn when comparing old and new treatment deliveries to each other, where the odds ratio was

1.04 and p=0.711. This further supports failing to reject the null hypothesis that completion of T4C programming is not significantly associated with reducing recidivism. Nevertheless, like the chi-square test of independence, the odds ratio does not control for the effects other variables, like additional programming, may have on recidivism.

It is well documented in criminal Justice that additional programming, assessed risk, employment, age, etc., are all associated with an increased likelihood to recidivate (Andrews & Bonta, 2010). So, the above tests, while informative, do not paint a holistic picture of T4Cs' role in recidivism or desistence in a moderate to high-risk prison population.

Desistence is a concept related to, but distinct from recidivism: where recidivism is a yes/no one-time measurement with no account for changes in crime type or severity, desistence is the concept that cessation of criminal behavior is a learning and behavioral process, and failure (i.e., recidivism) is expected in any learning process and maybe a better indicator of efficacy than recidivism (Golden, 2002). So, how would one assess if something "works" if recidivism is to be anticipated? From a desistence perspective, one may look at the time between release and recidivism, consider age changes and differences, or look at trends of criminal behavior rather than individual instances.

Survival Analysis

To consider desistence, I conducted a survival analysis for all three groups. Survival analysis assesses the expected duration of time to an event, such as death or incarceration. For this study, survival analysis considers a return to prison as the event. In figures 1, 2, and 3, the survival curves, where 1= TREATED comparing populations and delivery method showed no significant difference in the time to recidivism between control and treatment populations in

either timeframe and no significant difference in time to recidivate between the old and new treatment delivery methods.

A Cox analysis is an adjacent method to survival analysis and can consider other hazards (risk factors) relevant to the outcome. For example, smoking would be an additional hazard for death in a survival analysis of people recovering from some medical intervention. For our purposes, risk level classification, length of stay, and age at release are all relevant considerations in recidivism. A Cox analysis of the survival models controlling for age at release, RLC, and length of stay also resulted in non-significant coefficients, buttressing the conclusion that there is not a significant difference in how long an individual is likely to "survive" in the community based on the timeframe or delivery method.

Figure 1 – Survival Analysis of Old Treatment 2015-17

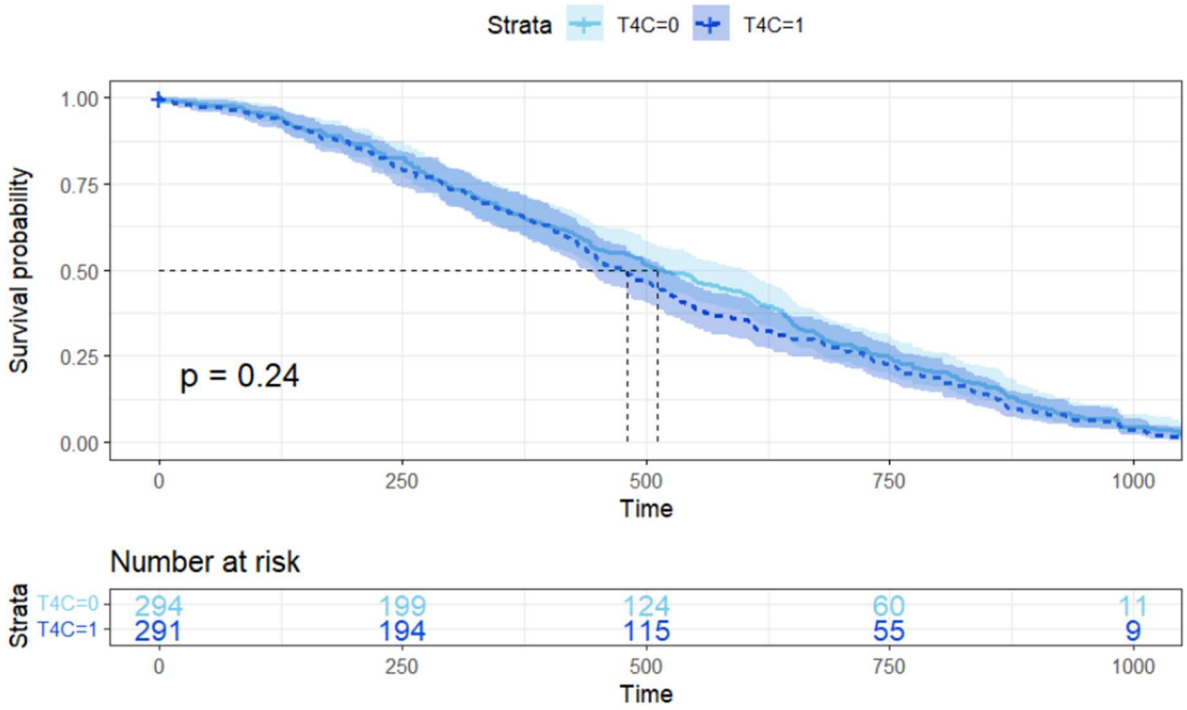

Figure 2. Survival Analysis of New Treatment 2018-19

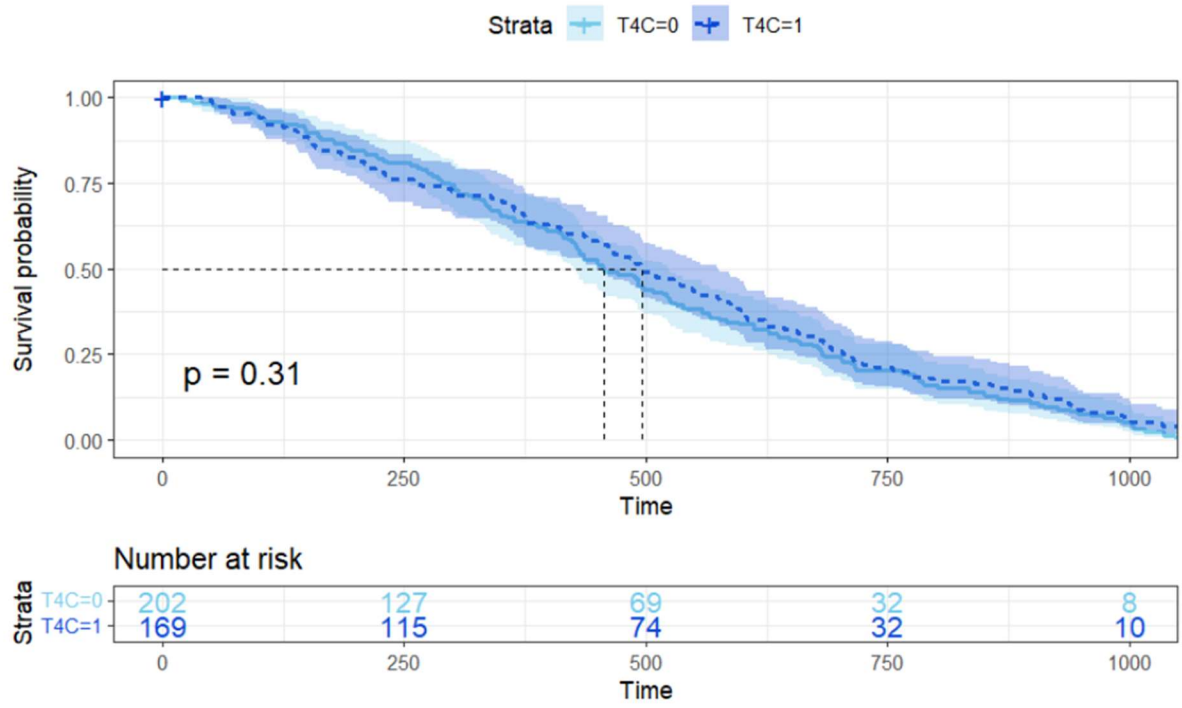

Figure 3. Survival Analysis of Delivery Method

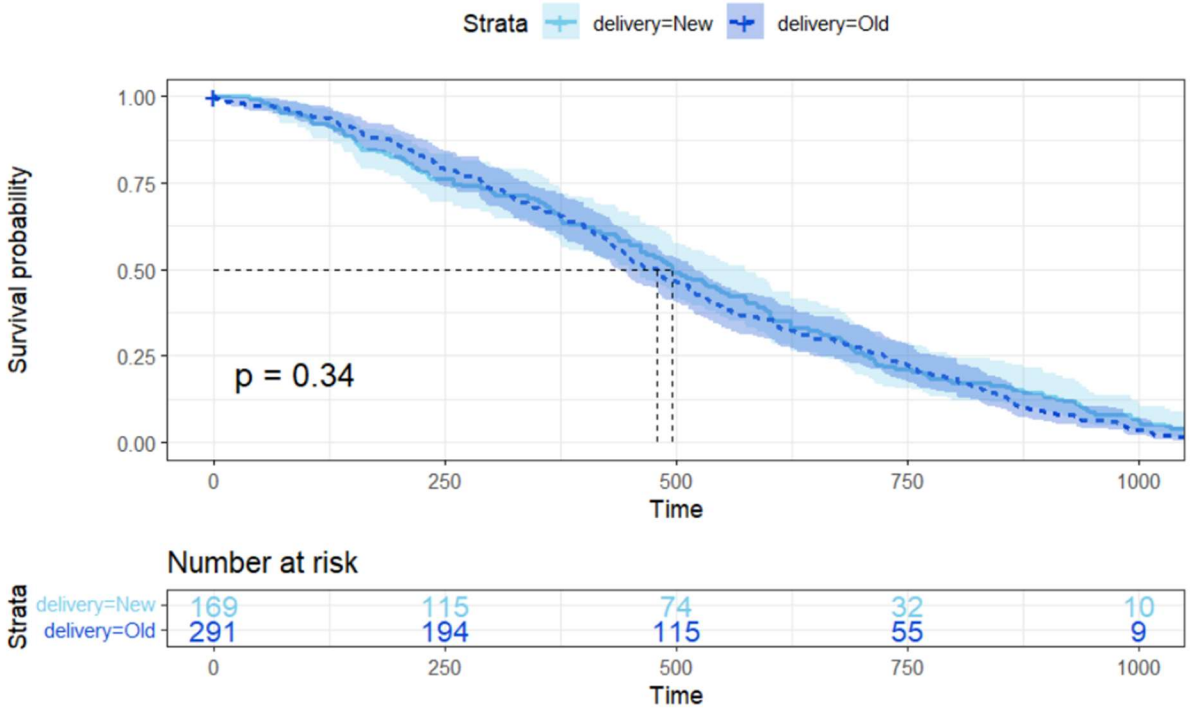

Table 6 – Cox Regression results for Old Delivery (2015-17)

	coefficient	Exp(coef)	SE(coef)	z-value	p-value
T4C	1.118 e-01	1.118 e+00	9.106 e-02	1.221	0.222
Age at Release	-5.115 e-03	9.949 e-01	5.217 e-03	-0.98	0.327
RLC	-3.795 e-02	9.628 e-01	9.935 e-02	-0.382	0.703
Prison Stay Length	-6.156 e-05	9.999 e-01	9.685 e-05	-0.636	0.525

*Signif. codes: p< 0 '***' 0.001 '**' 0.01 '*' 0.05 '.' 0.1 ' ' 1*

Table 7 – Cox Regression Results for New Delivery (2018-19)

	coefficient	Exp(coef)	SE(coef)	z-value	p-value
T4C	-1.131 e-01	8.931 e-01	1.184 e-01	-0.955	0.34
Age at Release	-4.073 e-03	9.959 e-01	6.303 e-03	-0.646	0.518
RLC	-7.996 e-02	9.232 e-01	1.251 e-01	-0.639	0.523
Prison Stay Length	9.196 e-06	1.00 e+00	1.311 e-04	0.07	0.944

*Signif. codes: p< 0 '***' 0.001 '**' 0.01 '*' 0.05 '.' 0.1 ' ' 1*

Table 8 – Cox Regression Results for New vs. Old Treatment

Control Variable	coefficient	Exp(coef)	SE(coef)	z-value	p-value
T4C	-0.127	0.881	0.108	-1.174	0.241
Age at Release	-0.012	0.988	0.006	-2.02	0.043*
RLC	-0.026	0.974	0.105	-0.253	0.801
Prison Stay Length	-0.00007	1	0.0001	-0.569	0.569

*Signif. codes: p< 0 '***' 0.001 '**' 0.01 '*' 0.05 '.' 0.1 ' ' 1*

Regression Analyses

Binomial regressions were the final tool used to assess T4C. Binomial regressions are modified general linear models where the link function is a binomial distribution, and the coefficients indicate a change in the log odds of a binary outcome when all else is held constant. A binomial distribution has only two possible outcomes (i.e., recidivism or no recidivism). A link function translates a non-linear relationship to a mathematically linear one so that a linear model can be fit without making off-base estimations. Log odds are an expression of probability. Probability is the likelihood something will or will not happen, odds express the ratio between the probability of success and probability of failure, and log odds are the logarithm of the odds. Log odds are essential to the link function mentioned earlier because the coefficients will be in log odds.

The final regression for each group contained controls for RLC and age at release, two variables strongly associated with the likelihood of recidivism. Each group's regression also contained the programming categories most strongly associated with recidivism when only considering T4C and programming. Increased dosage and diversity in programming are associated with more significant changes in recidivism (Hsieh et al., 2021). They are necessary to consider when assessing the impact of a single program such as T4C.

Table 9. Regression Results Old Treatment 2015-2017

Control Variable	Coefficient (S.E.)	Z-Value	P-value
T4C	*-0.16962(0.07994*)*	*-2.124*	*0.0336**
RLC	*0.67924(0.03654***)*	*18.589*	*<2e-16 ****
Age at release	*-0.03973(0.00245***)*	*-16.214*	*<2e-16 ****
Education programming	*-0.20113(0.05181***)*	*-3.882*	*0.000104****
Family Focused Programming	*-1.01055(0.08409***)*	*-12.018*	*<2e-16 ****
Mental Health Life Skills Programming	*0.07506(0.04272)*	*1.757*	*0.078893*
Substance Abuse Treatment	*0.52999(0.04337***)*	*12.219*	*<2e-16 ****

*Signif. codes: p< 0 '***' 0.001 '**' 0.01 '*' 0.05 '.' 0.1 ' ' 1*

The regression for the old delivery method ultimately controlled for RLC, age at release, substance abuse treatment, and whether they had done any programs during the incarceration in the following categories: family, education, mental health/life skills, and substance abuse treatment. This regression shows the T4C coefficient as -0.1696 and a p-value of 0.034, statistically significant at the 0.05 level. These figures translate to a statistically significant 18% decrease in the odds of recidivating when controlled for another program, RLC, age at release, and length of a prison stay.

Table 10. Regression Results from New Treatment 2018-2019

Control Variable	Coefficient (S.E.)	Z-Value	P-value
T4C	*-0.20138(0.09822*)*	*-2.05*	*0.0403**
RLC	*0.28729(0.03290***)*	*8.732*	*<2e-16 ****
Age at release	*-0.01195(0.00221***)*	*-5.409*	*6.34e-08****
Family Programming	*0.44039(0.06306***)*	*6.983*	*2.88e-12****
Substance Abuse Treatment	*0.80818(0.04807***)*	*16.182*	*<2e-16 ****
CBT/EBP programming	*0.61551(0.04303***)*	*14.306*	*<2e-16 ****

*Signif. codes: p< 0 '***' 0.001 '**' 0.01 '*' 0.05 '.' 0.1 ' ' 1*

The regression for the new delivery method (2018-2019) controlled for RLC, age at release, length of a prison stay, Family programming, substance abuse treatment, and non-T4C CBT and evidence-based programs. The T4C coefficient in this regression is -0.2 with a p-value of 0.04, statistically significant at the 0.05 level. These figures translate to T4C having a statistically significant 22% decrease in recidivism odds compared to the control group.

Table 11. Regression Results Delivery Method

Control Variables	Coefficient (S.E.)	Z-Value	P-value
Dummy for delivery (1=new)	*-0.165(0.133)*	*-1.237*	*0.216143*
RLC	*0.518(0.115***)*	*4.499*	*4.499 6.82e-06 ******
Age at release	*-0.025(0.007***)*	*-3.587*	*0.000335 ******
Days T4C to release	*-0.001(0.0003*)*	*-2.567*	*0.010266 **
Substance Abuse Treatment	*0.533(0.132***)*	*4.028*	*5.64e-05 ******

*Signif. codes: p< 0 '***' 0.001 '**' 0.01 '*' 0.05 '.' 0.1 ' ' 1*

The regression comparing the old delivery method to the new one controlled for RLC, days between T4C completion and release, age at release, and substance treatment programming. The T4C coefficient in this regression is -0.165 with a p-value of 0.216, which is not statistically significant. These figures indicate that the new method of delivery decreases the odds of recidivism, but the reduction is not statistically significant.

Overall, the results suggest that participation in T4C programming is reducing recidivism in our target population, benefitting both incarcerated individuals and Washington communities, and is some evidence of medical and mental health care principles benefitting the rehabilitation process.

Limitations

Most research on T4C has been done on field populations. The available evaluation of samples from a prison environment does not control for other programming effects (Bickle, 2010) or does not evaluate T4C's impact on recidivism, but rather its impact on post-treatment prison behavior and delivery modality (LaPlant, 2010). As a result, these statistically significant and positive results are the first to be produced from a study accounting for so many of the limitations in the preceding literature.

This project could not evaluate a dosage of T4C other than a "COMPLETED" status due to data entry for program tracking that required us to remove dropouts from the treatment and control populations. Similarly, other programming was controlled for using a binary indicator by program category. A "1" indicated that the individual completed at least one program in that category during their incarceration, an individual with five completed programs in one category would show as a 1, the same as an individual with only one program in that category completed.

Another area for improvement is the accuracy of our recidivism calculations. While we only sampled individuals who had completed the T4C program before any programming disruptions from the COVID-19 Pandemic, for anyone released after February 2017, the three-year follow-up period contained time during which Washington state courts, corrections facilities, and public health systems were in states of emergency. For 1-2 years after the outbreak of COVID-19, in-person check-ins for the field moved to the phone, the court was delayed time and again, and non-carceral options were prioritized so that breakouts in prison facilities would be more easily contained. There is a backlog of cases, and many are being dismissed; this likely delayed a return to prison or DOC finding out about any new crimes.

Furthermore, an individual may or may not release to community supervision at the end of their prison stay. While 98.3% and 96.2% of treated and control individuals, respectively, went straight to supervision, it is worth noting that those portions have regular contact with Community Corrections Officers and are required to abstain from activities that, in other circumstances, are not criminal (i.e., consuming alcohol). Increased contact with corrections personnel and high behavioral standards increases the opportunity of being caught violating terms of supervision. It decreases the necessary behavioral threshold to be placed back in prison.

Discussion

On the significant but small results

While statistically significant, the improvement detected in this analysis is relatively small. In the Spring 2022 edition of the *Journal of Community Justice,* David Farabee discusses the work of Gottfredson et al. (2006), suggesting that the statistically significant decrease in recidivism they found in drug courts was "less of a milepost of how far we have come than a sobering reminder of how far we have to go" (Farabee, 2022, p.10).

While the distance ahead is not disputed, the path forward regarding how and what we evaluate deserves consideration; we need not trudge forward as we are, searching for and accepting the marginal impacts these studies are detecting. Farabee's omen does not share that Gottfredson and colleagues also observed that recidivism appeared to be a step-wise function of the level of drug court implementation: "For all four components, subjects who received more services were re-arrested less often than subjects who received fewer services. Comparisons of the high implementation group with the lower implementation group(s) produced significant differences for three of the four program components." (Gottfredson et al., 2006, p. 85). While

this does not change the magnitude of the small change, and The deflating realization of a marginal yet significant impact does not mean that T4C or drug courts are not worthwhile. Instead, it suggests that the way we are defining success or failure, even determining whether we will fund (Farabee, 2022) these singular programs, is unreasonable. While understandable, the universal quest for the equivalent of a magic wand that eliminates criminal behavior threatens our opportunity to build an equitable Criminal Justice System that optimizes the insights of all the relevant disciplines involved with criminal justice and incarceration.

Recidivism is a crucial but downstream measure from the completion of a program.

While T4C represents a coalescing of the knowledge from what I consider the three primary stakeholders in rehabilitation: it is just one program. It took robust statistics to isolate T4C's impact on just recidivism and obtaining recidivism measures requires long observation periods. Alternatively, shorter-term measures like pre and post-intervention assessments would give insight into the program's efficacy with less noise from the other multi-level social and economic factors that influence recidivism. In that case, the most reliably effective interventions from a given field can be prioritized for the risk/need domain that other disciplines have been able to identify.

In other words: if reality is a more complex picture where "delinquency [arises] from many sources and by several processes." (Haynie & Osgood, 2005, p. 1125), addressing only one of those sources (even if the approach is carefully crafted and implemented like T4C at WADOC) will not yield the statistical inversion everyone is hoping. T4C utilizes principles of CBT to change antisocial attitudes and improve people's relationships with their social circles. Some measures can be done pre and post-treatment to assess any changes along those domains.

Golden (2002) included pre and post-treatment measures in their assessment of T4C, and those who completed saw a significant improvement in interpersonal problem-solving skills, whereas those who dropped out or were in the control group saw no gains (Golden, 2002, p. 3).

Suppose we have a program designed with specific therapeutic principles (Landenberger, 2005) to target specific dimensions for which we have measures (WAONE); in that case linking our determination of efficacy solely to its effect on recidivism, a nebulous term in the literature, is comparable to linking your determination of a chair legs efficacy to the continued stability of the chair: what holds the chair up is solidity and presence of multiple components. Similarly, to understand and facilitate the success of an incarcerated individual, practitioners, and academics in all the involved fields need to start recognizing how what they bring to the table complements each other's work; that should also include sociology and integration of system-level critiques and perspectives.

Instead of asking which of these programs works or if combining all of the perspectives into one program will work, future research may ask, "What combination of programming is associated with lower recidivism?"

The Neoliberal Approach and its Effect on Rehabilitative Programming

We know from sociological thought that the genesis of formal deviance is nuanced, arising from several interacting and nested social mechanisms and interests, which disproportionately affect those experiencing mental illness, racial inequality, economic inequality, or substance abuse (Nellis, 2023; Prins, 2014). It follows, then, that what will reverse that course is interventions delivered with nuance considerate of their individual needs and risks.

In response to the Offender Accountability Act, Washington followed that rational line of thought: implementing the "evidence-based" Static Risk Assessment and Offender Needs Assessment. The WADOC further refined this strategy after WSIPP validation of SRA and ONA by having scholars from Washington State University introduce dynamic risk elements to the assessment that they would then administer periodically. Further, they implemented Thinking for a Change: a program developed by *Psychologists*, to target thinking patterns that *academics* have identified as *risks* for returning to prison among the most *at-risk* prisoners through the use of Cognitive Behavioral Therapy principles. Each of these steps was taken with the goal of complying with the law, ensuring efficient use of tax dollars, and reducing recidivism. Each of these steps also extended the reach of the State's mechanisms of control over the individual.

Given how far downstream recidivism is from program completion and the context that this analysis has numerous advantages, the measurable impact of Thinking for a Change point to two parallel realities:

1. The Neoliberal approach to program development that integrates the strengths and perspectives of stakeholders is "working." WADOC has layers of assessments and classifications to identify the highest risk, have adopted programs targeting particular needs in partnership with the clinical and academic elements of the institution. While T4C is just one program, having a statistically significant (if not small) decrease in recidivism is a positive indication, *especially* given this evaluation's relatively narrow definition of recidivism, which did not include technical violations or arrests.
2. This more efficient and effective approach is still being used on the most marginalized of groups because "even successful de-carceration reforms have not substantially altered disproportionality of minority groups" (Lerman & Mooney, 2022, p.686). For example,

the promising results of this evaluation within the prisons do not include the field participants.

The promise of something that works must be weighed against the implications. Rehabilitation has been theorized to be a value-laden process by the provider (Day & Ward, 2010). With the overall demographics still skewing against marginalized groups and the cycle of poverty and incarceration alive and well, the implications of the State providing not only Mental Health services but targeting specific populations with interventions based on those services and adapted to their goals are worth considering.

Conclusion and Moving Forward

This WADOC study improves on previous research by standardizing the T4C treatment dose (i.e., not including individuals who dropped out), focusing on the target population of moderate to high-risk individuals, using a physical return to prison as an inmate to measure recidivism (single source comprehensive data), accounting for the completion of other types of programming, and has a whole three-year follow-up period. However, the WADOC evaluation does not have pre and post-treatment measures of social attitudes and behaviors and thus cannot quantify the individual-level changes among completers. This is also one of the first studies looking at T4C delivery in prisons and measuring post-release recidivism, as other projects looked at delivery in the community or had not yet advanced to assessing recidivism.

The Criminal Justice System in the United States is in a mess of its own making, with the world's largest prison population consisting disproportionately of socially marginalized groups (Nellis, 2023). The high rates of poverty, substance abuse, and mental illness have coalesced multiple systems with differing approaches and objectives. Instead of only verifying the small

effect even the most intentionally designed and well-implemented program can have on recidivism, we can move toward integrating the skills and knowledge available to us from all the institutions now involved with corrections. Nevertheless, on this path forward, it is crucial to be cognizant of the processes that brought us here, the mechanisms which perpetuate the cycle of recidivism, and the social implications of State Mechanisms of control having increased efficacy.

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[1] A person meets the need domain if the WAONE identifies a moderate to high need in social influences OR attitudes and behaviors. The need domain criteria are only included for the 2018-2019 population because the WAONE was fully implemented in prisons and accounted for by programming in December 2017.

[2] A Jurisdiction is a period that an individual is under the purview of WADOC. A period of Jurisdiction closes when the individual no longer has any time left to serve their sentences in prison or the community. A jurisdiction may stay open for decades or close in less than a year. The length depends on the sentence handed down by the court and whether new crimes are sentenced before the previous sentence can conclude

[3] CCI refers to Community Corrections Inmate, and CCJ refers to Community Corrections Jurisdiction. These individuals are sentenced to serve their time in the community. A CCI/CCJ return is one where an individual violated the terms of their community sentence and went to a Prison facility to finish serving their sentence.

[4] A DOSA (Drug Offense Sentencing Alternative) re-classification could result from a new crime, violating the terms of a residential DOSA and triggering the reclass. It is also possible that the individual was released to the residential portion of DOSA and returned for a new crime or other violation of terms. An individual may be given a DOSA where prison.