ASCEND LIFE SKILLS DIVERSION PROGRAM EVALUATION

A Project

Presented to the faculty of the Division of Criminal Justice

California State University, Sacramento

Submitted in partial satisfaction of the requirements for the degree of

MASTER OF SCIENCE

in

Criminal Justice

by

Brian Filice

SPRING
2013
Student: Brian Filice

I certify that this student has met the requirements for format contained in the University format manual, and that this project is suitable for shelving in the Library and credit is to be awarded for the project.

________________________, Graduate Coordinator
Dr. Yvette Farmer

________________________
Date

Division of Criminal Justice
Abstract

of

ASCEND LIFE SKILLS DIVERSION PROGRAM EVALUATION

by

Brian Filice

With the implementation of Public Safety Realignment (AB 109), California counties experienced a great influx of high-risk offenders diverted from the state prison system. Due to the current fiscal climate of California, these high-risk offenders enter the community untreated, creating a public safety concern. In spite of this dilemma, one self-funded new program in Sacramento county which implements several evidence-based treatment techniques is the Ascend program. Ascend incorporates cognitive behavioral treatment (cognitive restructuring, social skills training, problem solving training, etc.), life skills training, and exercise as a means to rehabilitate offenders. In the evaluation of the Ascend program, participants of Ascend (N=41) illustrated promising results with recidivism rates at approximately ten percent, and provided evidence that implementing several evidence-based treatment techniques could potentially reduce an offender’s level of criminal thinking.

________________________, Committee Chair
Jennie Singer, Ph.D

________________________
Date

v
ACKNOWLEDGEMENTS

First and foremost, I would like to provide a special thanks to Dr. Singer for her dedication throughout this process and for allowing me the opportunity to evaluate such a significant program; I am eternally grateful for your help. I would also like to thank my parents – Mike and Sherrill Filice – my grandparents, and my brothers for giving me the tools to succeed in life, and for showing me endless love and support. Last, I would like to thank two of my best friends, Jordan and Kevin, for helping me keep my sanity, and for showing me the full benefits of graduate school.
TABLE OF CONTENTS

Acknowledgements........................................................................................................ vi
List of Tables .................................................................................................................. ix
List of Figures .................................................................................................................. x

Chapter

1. INTRODUCTION ........................................................................................................... 1

   Statement of Problem.................................................................................................... 1
   Purpose of Study.......................................................................................................... 4

2. BACKGROUND OF THE STUDY .................................................................................. 7

   Review of Research ..................................................................................................... 7
   Theory .......................................................................................................................... 8
   The criminal lifestyle..................................................................................................... 8
   Static and dynamic risk factors.................................................................................... 12
   Desistance ................................................................................................................... 14

   Cognitive-Behavioral Treatment ................................................................................. 17
   Thinking for a Change ................................................................................................. 20

   Additional Offender Programming ............................................................................. 22
   Community corrections............................................................................................... 22
   Financial climate implications ................................................................................... 23
   Reentry programs ...................................................................................................... 24
   Evidence-based practices ............................................................................................ 25

vii
Educational and vocational programming ........................................... 27
Life skills programming ........................................................................ 29
Physical fitness programming .............................................................. 33
The Ascend Program ........................................................................... 36
Conclusion .......................................................................................... 39
Hypotheses ......................................................................................... 40
3. METHODOLOGY ............................................................................. 41
   Research Location and Procedures .................................................. 41
   Participants ..................................................................................... 42
   Measures ....................................................................................... 44
4. ANALYSIS OF THE DATA ................................................................ 46
   Additional Significant Results ......................................................... 48
5. FINDINGS AND INTERPRETATIONS .................................................. 49
   Overview of the Evaluation ................................................................. 49
   Additional Findings ......................................................................... 50
   Limitations ...................................................................................... 52
   Recommendations ........................................................................... 54
   Future Research .............................................................................. 55
Appendix A. Tables ............................................................................. 58
Appendix B. Figures ............................................................................ 63
References ............................................................................................ 72
LIST OF TABLES

1. Table 1. Results of t-test and Descriptive Statistics for Pretest and Posttest Mean Scores on Criminal Thinking Style Scales…………………………………58

2. Table 2. Prevalence of Dynamic Risk Factors and Current Thinking Scale Scores ….59

3. Table 3. Prevalence of Completion of Ascend and Level of Education among Recidivism Cohort………………………………………………………….60

4. Table 4. Frequency of Individuals who Participated in Ascend and Individuals who Recidivated…………………………………………………….61

5. Table 5. Prevalence of Program Graduates and Recidivated ……………………62
# LIST OF FIGURES

<table>
<thead>
<tr>
<th>Figures</th>
<th>Description</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Figure 1. Mean Differences Between Pre and Posttest for Power Orientation</td>
<td>63</td>
</tr>
<tr>
<td>2.</td>
<td>Figure 2. Mean Differences Between Pre and Posttest for Mollification</td>
<td>64</td>
</tr>
<tr>
<td>3.</td>
<td>Figure 3. Mean Differences Between Pre and Posttest for Cutoff</td>
<td>65</td>
</tr>
<tr>
<td>4.</td>
<td>Figure 4. Mean Differences Between Pre and Posttest for Entitlement</td>
<td>66</td>
</tr>
<tr>
<td>5.</td>
<td>Figure 5. Mean Differences Between Pre and Posttest for Sentimentality</td>
<td>67</td>
</tr>
<tr>
<td>6.</td>
<td>Figure 6. Mean Differences Between Pre and Posttest for Superoptimism</td>
<td>68</td>
</tr>
<tr>
<td>7.</td>
<td>Figure 7. Mean Differences Between Pre and Posttest for Cognitive Indolence</td>
<td>69</td>
</tr>
<tr>
<td>8.</td>
<td>Figure 8. Mean Differences Between Pre and Posttest for Discontinuity</td>
<td>70</td>
</tr>
<tr>
<td>9.</td>
<td>Figure 9. Mean Differences Between Pre and Posttest for Current</td>
<td>71</td>
</tr>
</tbody>
</table>
Chapter 1

Introduction

Due to today’s budget shortfalls and implications of legislative policies which contribute to the increase in the inmate population, an ongoing dilemma many state and local governments face is identifying strategies to lower the offender population while simultaneously maintaining public safety. Because of the unfavorable financial status of large state governments such as California, legislatures must decide which program areas receive budget cuts. The most common among these cuts are education, social programs, and corrections (Bohn et al., 2013, p. 4). Because of the impact of voters and stakeholders, policy makers are reluctant to fully-fund corrections while making additional reductions to education (Bohn et al., 2013, p. 2). Consequently, correctional administrators and experts frequently examine efficient cost-cutting strategies while ensuring public safety is not jeopardized.

Statement of Problem

Within the last few decades, the United States as a whole experienced an overwhelming increase in the inmate population, as well as a lack of supervision upon release from custody. For instance, from 1985 to 2006, the number of incarcerated offenders increased from 744,208 to over 2.2 million; a more than 200 percent increase (Sabol, Minton, & Harrison, 2007, p.8). By the same token, Beck (2006) reported that approximately 12 million offenders are released from jails every year nationwide, and approximately 600,000 inmates are released from state and federal prisons annually nationwide (pp. 2-3). To this end, 50 percent of those released from custody are
rearrested within their first year, resulting in the majority of the inmate population as a product of recidivism (Milkman & Wanberg, 2007, p.59). The California Department of Corrections and Rehabilitation (CDCR) conducted an analysis of offender recidivism. In 2006, CDCR found offenders identified as being serious or violent recidivate at lower rates (approximately 44%) than those considered non-serious or nonviolent offenders (approximately 50%) (California Department of Corrections and Rehabilitation, 2010, p. 26). In order to ease the economic burden caused by corrections, and to ensure the maintenance of public safety, risk assessments and reintegration into the community have become popular topics of discussion for those considered nonviolent or non-serious. As such, Krakow (2007) claims that some states are utilizing the recent economic climate as an opportunity to downsize inmate populations and increase programming for inmates (p. 3).

In October of 2011, California implemented “Public Safety Realignment” (Assembly Bill 109), which is the result of the California Supreme Court’s decision to reduce the California’s prison population from 150,000 inmates, to 110,000 inmates by spring of 2013 (Shaw, 2011, p. 46). According to Krisberg and Taylor-Nicolson (2011), three dynamics underlie Public Safety Realignment: to cut state spending, to reduce the prison population, and to improve the state’s correctional system (p. 3). To implement Public Safety Realignment, approximately 500 criminal statutes were altered in order to eliminate the possibility of a state prison sentence (Petersilia & Snyder, 2013, p. 1). Moreover, the bill changed state law so all subsequent nonviolent, nonsexual, non-serious felons are directed to serve their sentence at the county jails instead of state prisons.
(Krisberg & Taylor-Nicolson, 2011, p. 4). Many felons who historically would have been placed on parole are now placed under county probation or are directed to serve their sentence in county jails. In fact, according to the Center for Juvenile and Criminal Justice, the first eight months of Realignment has seen the parole population reduced by half (Males, 2012, p. 3). In addition, Petersilia and Snyder (2013) claim that over 100,000 offenders had their sentences altered as a result of the legislation (p. 1). Accordingly, in order for the counties to sustain the influx of inmates, partial funding for inmates was removed from the state’s correctional budget and dispersed among the 58 counties. A large aspect of Public Safety Realignment funds the counties for education, drug treatment services, and other treatment-related programs to reduce recidivism (Turner, 2011, p. 918). Within the first two years, the counties were allocated over $2 billion for programming (Petersilia & Snyder, 2013, p. 1).

Contrary to the intended purposes of Public Safety Realignment, according to Joan Petersilia, only a fraction of the funding has actually been dedicated to treatment programs, and in reality the bulk of funding is going into sheriff offices, probation, jails, and court services, leading to an increase in the recidivism rate (Gest, 2012, para. 4). To this end, 35 percent of Public Safety Realignment funding goes to the sheriff’s department, 34 percent goes to the probation department, 19 percent is reserved for unallocated funds, and only 12 percent goes to program services (i.e., substance abuse, mental health treatment, housing assistance, and employment services) (Petersilia & Snyder, 2013, p. 2). Even more troubling, the risk of public safety dramatically increased with the number of offenders entering the community. Public Safety Realignment caused
an increase in the jail inmate population, which caused sheriff’s departments to release over 11,000 inmates early each month due to lack of space (Petersilia & Snyder, 2013, p. 5). The number of inmates diverted to the county jails, county supervision, and into the community is steadily increasing. As a whole, public safety has been compromised due to the staggering number of untreated offenders entering the community.

Purpose of Study

In his article *What Works in Prison Reform?*, Robert Martinson (1974) concluded that rehabilitative programs had no significant impact on recidivism (p. 48). Since then, utilizing rehabilitation as a means to reduce offender recidivism has become an increasingly controversial topic. Many correctional institutions steered away from treatment, resulting in a crime-control mission for corrections (Garland, 2001, p. 34). However, because of the current economic climate, many states took the opportunity to lower inmate populations to save money. These same states have resorted to funding rehabilitative programs to justify releasing inmates into communities. Contrary to Martinson’s findings in 1974, several studies renewed confidence in rehabilitative programs’ effectiveness in reducing recidivism (Aos, Miller, & Drake, 2006; Landenberger & Lipsey, 2005 Milkman & Wanberg, 2007; Wilson, Bouffard, & Mackenzie, 2005, p. 173).

One theory-based program that targets the specific needs of the offender is cognitive-behavioral treatment (CBT). CBT programs focus on changing offenders’ negative thought process and criminal behavior by teaching them to think differently, and therefore to behave in more pro-social ways so they can better adjust to society
(Milkman & Wanberg, 2007, p. xii). In Milkman and Wanberg’s (2007) National Institute of Corrections report to the United States Department of Justice, the researchers found that CBT interventions are the dominant treatment in clinical psychology, and analyses of the different types of CBT programs for offenders in a correctional setting illustrate positive results (p. xii). In spite of the positive effects CBT has on offenders who are incarcerated, lack of aftercare treatment for offenders released from prison/jail leads to an offender recidivism paradigm (Milkman & Wanberg, 2007, p. xii). Meaning, offenders should receive aftercare treatment to decrease the chances of criminal relapse. Petersilia (2001) notes that few studies target offenders on parole who receive community-based interventions (p. 360). Furthermore, Petersilia (2001) found that experts in the field of correctional treatment know little about correlates for success and failure of prisoner reintegration (p. 360).

Another treatment model, which recently gained considerable support, is life skills programming. Life skills programs are based on the premise that offenders lack the skills to become successful in life. Life skills programs teach offenders self-development, communication skills, job skill development, education, interpersonal relationship development, criminal thinking styles, stress and anger management as well as many other essential skills (Jalazo, 2005, p. 110). These types of skills give individuals the resources to obtain a high school diploma or college degrees, teach individuals how to build a resume, instruct individuals proper interviewing techniques for jobs, teach proper dieting and exercise skills, and motivate individuals to stay away from negative social friends or domestic partners, which ultimately influence criminal behavior. Overall, life
skills programs focus on accountability and learning (American Community Corrections Institute [ACCI], 2012a, p. 1).

Data suggests cognitive behavioral treatment and the life skills programming have been implemented separately and effectively on a number occasions. Given the success rates of these programs, and the number of offenders entering the community as a result of Public Safety Realignment, one question remains: Why have so few programs, if any, utilize cognitive behavioral treatment and life skills components as a foundation to treat offenders who are in the community?
Chapter 2

Background of the Study

Review of Research

The issue of treatment and rehabilitation as a means to reducing offender recidivism has become an increasingly controversial topic since 1974 when Robert Martinson first posited rehabilitative programs, “had no appreciable effect on recidivism” (Garland, 2001, p. 58; Martinson, 1974, p. 48). As a result, many rehabilitative infrastructures shifted towards a correctional crime control model. David Garland (2001) presented the idea of “penal welfarism,” which he identified as the era that increasingly characterized the field of corrections from the 1890s to the 1970s, whereby alerting the generations of policy-makers, academics, and practitioners (p. 34). Prior to Martinson’s findings on rehabilitation, the correctional motif was based upon individualized treatments, indeterminate sentences, criminological research, and other progressive changes in criminology (Garland, 2001, p. 34). However, following Robert Martinson’s findings on rehabilitation, the correctional motif became crime control based: determinate sentencing, restrictions on parole, fixed terms, proportionate sentences that are based on the offense and not the offender, and presumptive sentencing which prevented judges from using discretion in sentencing (Garland, 2011, p. 34).

Furthermore, a shift took place, which transferred the decision making from the experts (administrators, judges, parole boards, etc.) toward legislators and voters who base their rationale on emotion rather than logic (Zimring, 2001, p. 164).
Although Martinson’s findings discouraged rehabilitative efforts in the field of corrections, many programs that receive funding have shown either positive effects or promising results toward reducing recidivism, and have renewed optimism against the previous notion that “nothing works” (Aos, Miller, & Drake, 2006; Landenberger & Lipsey, 2005 Milkman & Wanberg, 2007; Wilson, Bouffard, & Mackenzie, 2005, p. 173). Extensive research on programs that target specific needs of offenders contribute to the renewed optimism in rehabilitation. Many of these promising programs incorporate cognitive-behavioral therapy components which target criminal thinking styles (lack of problem solving skills, critical thinking skills, planning skills, etc.) (Wilson, Bouffard, & Mackenzie, 2005, p. 174). Another successful treatment model is life skills programming which provides offenders several basic skill components to succeed in life that were not stressed early in life. As such, an important strategy to reduce offender recidivism is treating offenders within the community, a concept commonly referred to as community-based corrections. As a whole, several types of programs have proved effective in reducing recidivism for offenders in an institutional setting and within the community; however, before any effective interventions are discussed, the most basic criminological question must be addressed: what drives an individual to commit crime?

**Theory**

**The criminal lifestyle.** Several traditional theories of criminology and correctional-forensic psychology include elements of cognition as sole factors of committing offenses (Walters, 2006, p. 88). Similarly, a significant segment of the criminal lifestyle theory attributes criminal behavior to the criminal thought process
(Walters, 1990, p. 14). Additionally, examining the criminal thinking styles of offenders is the focal point of determining the likelihood of recidivism for offenders (Walters, 2009, p. 498). Having a tool to help predict recidivism is beneficial for several reasons. First, recidivism empowers judges, parole boards, and probation departments to more accurately assess the probability of an offender’s risk to public safety (Walters, 2009, p. 665). Second, it allows correctional administrators and professionals to effectively treat offenders by targeting offender needs (Walters, 2009, p. 665). Third, predicting recidivism gives society and community leaders the foundation for the need of transitioning offenders back to the community when considering economic, social, and personal costs of crime (Walters, 2009, p. 665). Last, studying recidivism allows researchers to strongly correlate variables (i.e., race, gender, criminal history, age) to offender risks, which lead to establishing new policies for crime control and maintaining public safety (Walters, 2009, pp. 665-666).

Glenn Walters (1990), a 27-year veteran clinical psychologist with the Federal Bureau of Prisons, was the first researcher to extensively examine the criminal lifestyle in his book “The Criminal Lifestyle: Patterns of Serious Criminal Conduct”, where he concluded that there is an interrelated set of three variables: conditions, choices, and cognitions (p. 14). Conditions are defined as internal or external influences that affect the individual’s actions (Walters, 1990, p. 14). Although the conditions do not cause the criminal behavior directly, they do in fact increase or decrease the person’s options in a particular situation (Walters, 1990, p. 14). Choices or decisions, on the other hand, are the options currently available in the person’s environment (Walters, 1990, p. 15). These
decisions are reinforced by pleasurable outcomes that ultimately become part of a routine or habit (Walters, 1990, p. 15). Walters (2001) claims that the criminal lifestyle is not merely a result of internal and external conditions, but a complex series of interactive patterns in an individual’s life which join the external and internal environments together (p. 4). Criminal thinking is based on the notion that those who are involved in the criminal lifestyle employ certain manners and thoughts that support their antisocial behavior (Taxman, Rhodes, & Dumenci, 2011, p. 176). Further, these antisocial behaviors and cognitions form the offender’s rationalizations and support the criminal behavior (Walters, 2012, p. 272). Criminal thinking can be best classified by separating it into two components: content and process (Walters, 2012, p. 272). Criminal thought content maintains what the offender thinks, whereas the thought process maintains how an offender thinks (Walters, 2012, p. 272). The criminal thought content and thought process are very difficult to differentiate, as most assessments tend to focus on one or the other (Walters, 2012, p. 272). A successful tool utilized by researchers to measure these differences is called the Psychological Inventory of Criminal Thinking Styles (PICTS) (Walters, 2001, p. 4). The PICTS measures the most difficult characteristic of the three interrelated variables, which correlate to criminal lifestyles: Cognitions (Walters, 2001, p. 4). Cognitions refer to an individual’s attitudes, beliefs, and thinking styles, and result in a belief system that supports the evolution of the criminal lifestyle by blocking corrective environmental experiences (Walters, 2001, p. 4).

The PICTS is an 80-item self-report measure that assesses eight distinct criminal thinking scales: Mollification, Cutoff, Entitlement, Power Orientation,
Sentimentality, Superoptimism, Cognitive Indolence, and Discontinuity (Walters, 2012, p. 273). Mollification speaks to the offender’s justification of actions by placing blame on outside influences (Walters, 2001, p. 4). Cutoff eliminates any sense of deterrence in a criminal action; a phrase utilized by criminals, “fuck it”, is a common cutoff (Walters, 2001, p. 4). Criminals often resort to granting themselves permission to violate a set of laws or norms by feeling entitled or privileged (Walters, 2001, p. 4). In power orientation, the criminal attempts to exert as much control over the external environment as possible at the expense of their internal control (Walters, 2001, p. 5). Sentimentality refers to random good deeds towards others in order to justify their criminal behavior (Walters, 2011, p. 212). Superoptimism is a characteristic of criminals and gravitates around the concept that the offender will attempt to avoid any negative consequences of their action (Walters, 2001, p. 5). Criminals also express poor critical thinking skills, referred to as cognitive indolence (Walters, 2001, p. 5). Discontinuity constitutes a lack of consistency in thoughts and actions, and the inability to follow-through on good intentions (Walters, 2001, p. 5). Furthermore, PICTS also generates identifiers for proactive/reactive criminal thinking, as well as a broad antisocial cognition factor (Walters, 2011, p. 212). The PICTS has been continuously utilized, examined, and studied to predict offenders’ likelihood of recidivating and to determine program effectiveness (Walters, 2012, p. 277).

The idea that criminal thinking is central to criminal behavior is supported by numerous meta-analyses (Walters, 2006, p. 88). One of the main premises in the criminal thinking approach is that a change in criminal thinking precedes criminal behavior
(Walters, 2006, p. 88). That said, three basic conditions must be met in order to conclude that changes in criminal thinking lead to reductions in criminal behavior. First, cognitive-oriented programming must be effective at reducing criminal thinking (Walters, 2006, p. 93). Second, the cognitive-oriented program must be able to reduce criminal behavior (Walters, 2006, p. 93). Last, the cognitive-oriented program must cause subsequent reductions in criminal behavior (Walters, 2006, p. 93).

One study used PICTS to assess changes in criminal thinking styles from a formal correctional program intervention (Walters, Trgovac, Rychlec, Fazio, & Olson, 2002, p. 311). The study consisted of 85 male inmates who participated in a 10-week psychological course on the criminal lifestyle (Walters et al., 2002, p. 312). This program sought to portray crime as a lifestyle choice and taught participants skills necessary to identify, understand and change their lifestyle (Walters et al., 2002, p. 312). The experimental group was compared to a wait-list control group of 49 inmates who did not receive the 10-week treatment program (Walters et al., 2002, p. 313). The study concluded that the treatment group had significant reductions in portions of the PICTS, whereas the control group failed to produce a significant change (Walters et al., 2002, p. 315). Although the PICTS can assist correctional administrators to help track the effectiveness of cognitive programming, determining risk factors for offenders plays an equally important role in choosing the appropriate program for an individual.

**Static and dynamic risk factors.** The ability to identify characteristics that lead to offending and recidivism is one of the most essential functions of any correctional organization (Brown, Amand, & Zamble, 2009, p. 44). Moreover, tracking and detecting
changes in an offender’s risk level is important because recidivism can potentially be prevented (Brown et al., 2009, p. 44). In fact, two leading types of risk factors dominate the vast majority of offender assessments: static and dynamic (Brown et al., 2009, p. 44). Static risk factors are those which remain constant and unchanging, such as criminal history, and cannot altered by treatment (Brown et al., 2009, p. 44). Dynamic risk factors, on the other hand, such as current levels of substance abuse and criminal thinking styles are organic and treatable (Brown et al., 2009, p. 44). While static risk theorists posit criminal lifestyles and activity are predetermined by their propensity to commit crime, dynamic risk theorists claim an individual’s likelihood to commit crime changes from week to week, month to month, or during the life course (Van de Rakt, Ruiter, De Graaf, & Nieuwbeerta, 2010, p. 376).

Particularly, in the time-stable predisposition perspective (static), differences between an individual’s likelihood to commit crimes are established early in life (Brame, Bushway, & Paternoster, 1999, p. 600). On the other hand, there are multiple static theories which focus on either the biological perspective (e.g., race, sex, temperament), the psychological perspective (e.g., self-control, bipolar disorder, personality traits), or both (Van de Rakt et al., 2010, p. 374). By contrast, the time-varying correlates (dynamic), such as school performance, delinquent peer exposure, and marital relationships determine the likelihood of criminal offending and/or re-offending (Brame et al., 1999, p. 601). As a whole, dynamic theorists claim that static risk factors discount age as it relates to offending (Brame et al., 1999, p. 601). Moreover, static risk factors cannot be directly correlated to the criminal lifestyle because individuals cannot be
studied at one point in time due to the changing of social networks, evolving perceptions, and life experiences (Brame et al., 1999, p. 601). Although there are factors that can lead to the onset of crime, or persistence of crime, there are also factors which lead to the conclusion of committing crimes, a term often utilized by theorists as desistance.

**Desistance.** To fully comprehend desistence, the developmental life-course theories must be reviewed. Developmental life-course theories posit that offending develops over the life course and the influence of risk factors are presented at various ages (Farrington, 2007, p. 125). Frequencies of offending, regardless of age, are dependent on the static and dynamic risk factors which influence the decision-making (cognitive) process (Farrington, 2007, p. 126). There are three core dimensions of the criminal career which consist of onset, maintenance, and desistance (Bushway, Thornberry, & Krohn, 2003, p. 129). Specifically, desistance pertains to the internal and external factors that precipitate an offender’s frequency, variety, or seriousness of offending (Bushway et al., 2003, p. 129; Farrington, 2007, p. 125). With this in mind, researchers study desistence far less than the other dimensions of the criminal career because it is the most difficult to understand (Bushway et al., 2003, p. 129). Although implications for significant policy transformation are based on reasons why an offender would cease offending, researchers have yet to develop cost-effective conceptual models to sustain desistance theories (Bushway et al., 2003, p. 129). Nevertheless, researchers have been able to target characteristics and correlates that manifest criminal desistance (Laub & Sampson, 2001, p.3). One key characteristic of desistance refers to a change in an individual’s pattern of behaviors from involvement in crime, to non-involvement of
crime, although several varying dimensions of the desistance process can occur (Bushway et al., 2003, p. 130). For instance, desistance can occur when an offender abruptly stops committing crime, or gradually reduces the rate of offences until they reach a state of zero offences (Bushway et al., 2003, p. 130). Furthermore, it can occur at younger and older ages, as well as late or early in the criminal career (Bushway et al., 2003, p. 130).

Laub and Sampson (2001) argue that criminal desistance is a result of a variety of processes that include developmental, psychological, and social factors (p. 3). Accordingly, these same researchers attribute aging; a good marriage; securing legal/stable work; etc. in the desistence segment of the criminal lifestyle (p. 3). Moreover, data suggest that desistance occurs during and after adolescence (Laub & Sampson, 2001, p. 6). Evidence also supports the claim that the earlier in life an offender begins his or her criminal career, the longer it takes the offender to reach desistance (Laub & Sampson, 2001, p. 17). Although the majority of desistance research has focused on age, researchers have also determined that strong social bonds (e.g., employment, military service, and marriage) establish more concrete ties to social control, which limits offending (Laub & Sampson, 2001, p. 17). In fact, strong social bonds are utilized to explain desistance from criminal behavior in adulthood, regardless of criminal history (Laub & Sampson, 2001, p. 17).

One study examined 130 male property offenders who served their sentences in the 1990’s, and conducted a follow-up ten years later (Lebel, Burnett, Maruna & Bushway, 2008, p. 133). The follow-up indicated the mindset of offenders who were
about to leave prison is a significant predictor of recidivism and the desistance process (Lebel et al., 2008, p. 157). As such, desistance was a strong correlate for individuals who illustrated regret for their criminal behavior. On the other hand, feelings of being stigmatized was a strong predictor of reconviction and re-imprisonment, even after controlling for a number of social problems individuals experienced post-release (Lebel et al., 2008, p. 156).

In a study which compared the criminal mentality of 15 year old offenders (starting their criminal career) to a group of offenders (average age of 30) who were beginning to desist from a life of crime, the researchers found three patterns for desistance (Maruna, Porter, & Carvalho, 2004, p. 224). The first pattern is that the criminal past is essentially denied (Maruna et al., 2004, p. 225). Meaning, the individual admits the criminal acts, but they claim they are no longer that same individual (Maruna et al., 2004, p. 225). The second pattern for desistance is the offender believes they can use their negative experiences to help those in need (Maruna et al., 2004, p. 226). The third pattern consists of offenders no longer conforming to their antisocial behavior (Maruna et al., 2004, p. 226). Ironically, the researchers found criminals were conforming to the social norms of antisocial behavior; and when criminals desist from crime, they are actually acting in a rebellious manner (Maruna et al., 2004, p. 226). Desisting from crime allows offenders to keep their identity, while changing their behavior (Maruna et al., 2004, p. 227).

Examining reasons that lead to desistance is important in terms of developmental criminology and for policy implications to reduce crime (Bushway et al.,
Additionally, it is not only equally important to understand who desists from crime, but also to understand why individuals stop committing offences (Bushway et al., 2003, p. 149). Laub and Sampson (2001) assert that interventions and treatment programs that focus on desistance should gravitate towards self-control (p. 58). Taken as a whole, offenders tend to contain a set of maladaptive thinking styles, which strongly correlate with their criminal behavior throughout their life course; by analyzing these thinking styles, more effective treatment models can be developed for targeting specific offender needs.

**Cognitive-Behavioral Treatment**

One treatment model which seeks to lower recidivism rates, change negative thinking styles, and alter behaviors is cognitive-behavioral treatment (CBT). CBT is based on the cognitive model that claims distorted and dysfunctional thinking influences an individual’s moods and behaviors (Moster, Wnuk, & Jeglic, 2008, p.111). Moster et al (2008) claim CBT utilizes many different processes to assist the subject in critically examining the relationship between thoughts and the subsequent emotions and behaviors (p. 111). The authors go on to state that some CBT techniques include restructuring incorrect thoughts, behavioral rehearsal, role play, identifying emotions, incorporating problem solving skills and decision making skills, monitoring activity, and scheduling (p. 111). Dobson and Khatri (2000) note that CBT programs emphasize humanistic changes but with emphasis on behavioral outcomes attained through modifications in the way individuals perceive, reflect, and think about life situations (p. 908). Further, Porporino,
Fabiano, and Robinson (1991) claim that offenders lack interpersonal problem-solving skills, critical reasoning skills, and planning skills (p. 8).

Several studies have examined and analyzed programs that utilize CBT interventions for offenders. For instance, Andrews’ (1990) meta-analysis on CBT, along with Allen, MacKenzie, and Hickman’s (2001) review on CBT and Gendreau and Andrews’ (1990) conclusions on CBT have all drawn favorable results for effective correctional treatment (as cited in Wilson et al., 2005, p. 173). Within the numerous reviews of rehabilitation literature, cognitive-behavioral treatment approaches have consistently shown positive effects for treating offender populations (Wilson et al., 2005, p.173). In fact, according to Gendreau and Andrews (1990), data suggest the most effective interventions are those that use cognitive-behavioral techniques to improve cognitive functioning (as cited in Wilson et al., 2005, p.173).

In Aos, Miller, and Drake’s (2006) analysis of 291 evidence-based programs for adult offenders conducted within the United States and United Kingdom, 25 programs focused on CBT as the main source of treatment (p. 5). These researchers found that on average, the CBT interventions significantly reduced recidivism by 8.2 percent (p. 5). The authors concluded that without the CBT programming, an eight-year follow-up study would reveal that approximately forty-nine percent of the offenders will recidivate with a new felony conviction (p. 5). Although an 8.2 percent reduction in recidivism may seem insignificant to some critics, even a minute change in recidivism could have considerable positive gains. For instance, Aos et al. (2008) argue that even a five percent reduction in recidivism for high-risk offenders could significantly benefit taxpayers and victims; even
if a program has no statistically significant effects on recidivism rates, the program can still be beneficial if it costs less than the alternative (p. 4). Additionally, researchers find that victimizations generate approximately $105 billion in property and productivity losses, and medical expenses each year (Milkman & Wanberg, 2007, p. 1).

Similarly, Lipsey, Chapman, and Landenberger (2001) analyzed fourteen experimental and quasi-experimental studies that emphasized cognitive change as the foundation of treatment (p. 149). The researchers only considered the effects for general offender samples, and focused on re-offense recidivism as the treatment outcome (p. 149). The results indicate that the odds of recidivating for offenders receiving CBT were 55 percent less than offenders in control groups (p. 152). In a later study analyzing an updated and overlapping set of fourteen randomized experiments, Landenberger and Lipsey (2005) found those in the treatment groups recidivated 27 percent less than those in the control groups (p. 452). Furthermore, this study’s data indicated the CBT programs that had the most cognitive-behavioral configured models had recidivism rates at 19 percent compared to the control group’s 40 percent recidivism rate (p. 470). Overall, the researchers found the cognitive behavioral treatment effectively reduced recidivism by over 50 percent (p. 470).

Lipsey and Landenberger (2005) then conducted a multiple regression analysis to identify which variables influenced the program outcomes. The factors that impacted the effect sizes consisted of the risk level of the offender, how well the treatment was implemented, and the presence/absence of treatment elements which focus on changing offender behavior (p. 470). Welsh (2004) analyzed the cost-benefit potential for these
fourteen studies in relation to the impact of correctional treatment on reoffending in the community. Thirteen of the fourteen studies proved to be fiscally beneficial, with ratios ranging from 13:1 to 270:1; meaning, for every one dollar spent on the program, the community benefited by a $270 gain (Welsh, 2004, p. 2).

Pearson, Lipton, and Cleland (2002) conducted a meta-analysis of 69 studies involving behavioral and cognitive-behavioral programming. The researchers found that compared to the treatment programs that focused merely on behavioral interventions, the programs which included cognitive-behavioral components were more effective at reducing recidivism (pp. 491-492). The overall mean reduction in recidivism reflected a 30 percent decrease for treated offenders (p. 492).

Although several studies have analyzed CBT programs as a whole, there are a number of different variations of CBT programming. That is, each CBT program is tailored to target specific types of offenders. Because there are different types of recidivism rates for crime (i.e. sex offense versus substance abuse), each program outcome is significant to the offender population to which it pertains. One CBT program that intends to change the way offenders think and perceive situations is referred to as Thinking for a Change.

**Thinking for a Change.** Thinking for a Change (T4C) was developed by Bush, Glick and Taymans (1997) with the support of the National Institute of Corrections, and is implemented in over 45 states (as cited in Lowenkamp, Hubbard, Markarios, & Latessa, 2009, p. 137). As of 2007, over 5,000 correctional staff have been trained to administer T4C treatment to offenders, and is designed to treat adults, juveniles, males,
and females (Milkman & Wanberg, 2007, p. xiii). T4C contains several components that are consistent with other CBT programs such as cognitive restructuring, social skills training, and problem solving techniques (Milkman & Wanberg, 2007, p. xiii). The cognitive restructuring component consists of teaching offenders to examine the way they think, believe, feel, and situations which drive their attitudes (Milkman & Wanberg, 2007, p. xiii). Offenders are then taught social skills techniques as an alternative to antisocial behaviors (Milkman & Wanberg, 2007, p. xiii). The problem solving component is the focal point of the training and enables offenders to work through difficult situations, and gives them alternatives to engaging in criminal behavior (Milkman & Wanberg, 2007, p. xiii). T4C stresses active listening skills and strong communication skills in order to confront diverse situations that could possibly lead to problematic behaviors (Lowenkamp et al., 2009, p. 137).

Golden, Gatchel, and Cahill (2006) examined the first outcome evaluation of a T4C treatment group consisting of probationers and compared it to a control group of offenders who did not receive T4C treatment. Eighty-five of the T4C offenders were classified as medium risk, 52 were maximum risk, and five were considered minimum risk (Golden et al., 2006, p. 70). The outcome measure of this sample was a minimum of three months and up to one year (Golden et al., 2006, p. 72). Overall recidivism rates for those who completed T4C were 13.2 percent, 18.2 percent for treatment drop-outs, and 20 percent for the control group (Golden et al., 2006, p. 72). To sum, the researchers found that T4C treatment reduced recidivism by approximately 33 percent (Golden et al., 2006, p. 72).
Lowenkamp and Latessa (2006) studied T4C’s effects upon 233 probationers in Tippecanoe County, Indiana (as cited in Milkman & Wanberg, 2007, p. xxiv). The researchers found that for those who successfully completed T4C, 18 percent engaged in new criminal behavior, whereas 23 percent of those who merely participated in T4C recidivated; and the control groups’ recidivism rate was 35 percent (as cited in Milkman & Wanberg, 2007, p. xxiv). A second study by Lowenkamp, Hubbard, Makarios, and Latessa (2009) analyzed 217 T4C program participants against a comparison group of 96 offenders (p. 141). The follow-up period consisted of a six months after-treatment outcome measure (p. 141). Results from a bivariate analysis indicate that there is a statistically significant difference between those offenders who received T4C treatment compared to those who did not (p. 142). As such, 23 percent of the treatment group recidivated, whereas 36 percent of the control group recidivated (p. 142). In all, the T4C group was 57 percent less likely to be rearrested during the follow-up period (p. 142-143).

Additional Offender Programming

Community corrections. Although compilations of prior research support the claim that cognitive-behavioral treatment programs are effective at reducing recidivism, a vast majority of the research is directed at in-prison offenders, not community-based offenders. With the number of incarcerated inmates reaching 1.4 million in 2005, more prisons are becoming overcrowded and are forced to divert offenders to the community corrections level (Harrison, 2006, para. 4). With this in mind, public safety becomes the main concern when either diverting felons to the community level, or stopping the
expansion of prison beds (Lowenkamp et al., 2009, p. 138). There are increasing instances of offenders who are released without supervision after serving a determinate sentence (Seiter & Kadela, 2003, p. 361). For those who are released on probation and parole, a significant number are returned to prison as a result of a technical violation (Lowenkamp et al., 2009, p. 138). The costs to staff prisons and support inmates are a burden that many governments cannot support, and many policies are focused on stopping the expansion of prison populations (Lowenkamp et al., 2009, p. 138). In sum, budget constraints and an increasing number of prisoners diverted into the community have forced governments to develop intuitive solutions to a monetary and safety problem.

**Financial climate implications.** Between 1987 and 2007, state spending on corrections increased by 315 percent, and in 2009, it amounted to $49 billion (Hunter, Ramchand, Griffin, Suttorp, & McCaffrey, 2012, pp. 5-6). In New York, a $10 Billion budget gap led Governor Andrew Cuomo to close seven prisons to ease financial stipulations (“California counties brace”, 2011, p. 32). Ohio has implemented a potentially beneficial program to ease prison overcrowding and reduce recidivism despite being in an unfavorable financial situation. In 2008, Ohio’s correctional facilities were 33% over capacity, with a majority of the inmates consisting of nonviolent offenders; these nonviolent offenders were released with no supervision and ultimately returned to contribute to the overcrowding predicament (“California counties brace”, 2011, p. 32). However, in June of 2011, the Council of State Governments Justice Center’s Justice Reinvestment Initiative reported bipartisan state leaders drafted legislative bills which increased probation programs and expanded supervision for high-risk offenders; the bill
ensured high-risk offenders would serve more time up-front, whereas diverse, community-based efforts would be utilized for first-time nonviolent offenders (“California counties brace”, 2011, p.32).

In addition, as a result of the California Supreme Court’s decision to reduce prison overcrowding, the state legislature implemented Assembly Bill 109, which launched on October 1, 2011 (Shaw, 2011, p. 46). The plan required low-level offenders to serve their sentences in the community rather than jails or state facilities (Shaw, 2011, p. 46). As a result, the implications of budget cuts have led many state governments to implement reentry programs or treatment within the community.

**Reentry programs.** One form of easing an offender into the community from a secured prison is a reentry program. Reentry programs can either specifically focus on the transition from prison to the community or initiate treatment in a prison setting which links to a program in the community to support aftercare (Milkman & Wanberg, 2007, p. xii). These programs shift from the punitive focus of institutions to an emphasis on assessment and intervention strategies (Center for Evidence-Based Practices [CEBP], 2011, p.5). Between 2001 and 2004, the federal government granted over $100 million to state and local governments to support the development of new reentry programs in all 50 states (Petersilia, 2004, p. 2). With the current fiscal climate, many offenders are serving time in the community, and in order to sustain public safety many local governments are utilizing evidence-based practices as a component of reentry programs (CEBP, 2011, p.5).
Evidence-based practices. Several components are needed to successfully assimilate offenders into the community after serving a sentence in a prison or jail, or to simply rehabilitate offenders who are diverted from correctional institutions. Evidence-based practices are utilized to ensure reentry programs are effective at maintaining public safety while cutting costs. According to the Community Corrections Division of the National Institute of Corrections, there are eight evidence based principles for effective treatment: Assess Actuarial Risk/Needs; 2) Enhance Intrinsic Motivation; 3) Target Interventions; 4) Skill Train With Directed Practice (using cognitive-behavioral treatment methods); 5) Increase Positive Reinforcement; 6) Engage On-going Support in Natural Communities; 7) Measure Relevant Processes/Practices; and 8) Provide Measurement Feedback (Crime and Justice Institute [CJI], 2004, pp. 5-8). The first principle consists of developing and maintaining a complete system of ongoing offender risk assessment and screening triage (CJI, 2004, p. 8). Assessing offender needs are more reliable when the training staff are formally educated on administering tools (CJI, 2004, p. 8). These tools should be validated by similar populations and focus on dynamic and static risk factors, as well as criminogenic needs (CJI, 2004, p. 8). In the second component, the training staff should be able to interpersonally relate with the offenders in order to enhance intrinsic motivation (CJI, 2004, p. 3). This principle claims that a lasting behavioral change must occur within the offender (CJI, 2004, p. 3). Motivational interviewing-based communication is utilized to establish behavioral change and prior research suggests that when offenders begin to present arguments for change through interviewing techniques rather than persuasion, more effective and long-term change in behavior occurs (CJI,
The third principle for effective community based interventions consists of prioritizing several offender needs. The first priority consists of a risk principle that prioritizes supervision and treatment for offenders who are at higher risk (CJI, 2004, p. 3). The second priority is the need principle which targets the specific criminogenic need (CJI, 2004, p. 5). The third priority is the responsivity principle wherein the training staff must be responsive to the temperament, learning style, motivation, gender, and culture of the offender when assigning programs (CJI, 2004, p. 5). This priority is formally referred to as dosage and assigns a time frame and how much treatment is needed for each offender (CJI, 2004, p. 5). The last priority is the treatment principle which ensures treatment lasts throughout the offenders sentence (as cited in CJI, 2004, p. 8). The fourth principle for effective evidence-based community intervention provides evidence-based programming where well-trained staff emphasize cognitive-behavioral intervention strategies such as antisocial thinking, social learning, and appropriate communication skills (CJI, 2004, p. 5). The fifth principle focuses on positive reinforcement. Here, the program concentrates on the theory that humans respond better and maintain learned behavior when there are higher ratios of positive reinforcements as opposed to negative reinforcements (CJI, 2004, p. 6). The sixth principle claims offenders must be realigned and actively engaged in their communities (CJI, 2004, p. 6). The seventh principle entails detailing documentation of each case to determine treatment outcomes (CJI, 2004, p. 6). The agency should routinely assess offender change in cognitive development and evaluate the program’s recidivism (CJI, 2004, p. 6). Moreover, the staff should be evaluated to ensure proper treatment is delivered (CJI, 2004, p. 6). The eighth and last
principle focuses on quality assurance to insure and enhance the fidelity and integrity of the program (CJI, 2004, p. 7). Feedback is routinely provided and builds accountability to the motivation and change of offenders (CJI, 2004, p. 7).

Aos and colleagues (2006) reviewed 291 evaluations of offender treatment programs throughout the United States to determine what type of methods are effective at reducing recidivism (p. 1). As a whole, the researchers sought to identify what type of programs work, what makes these programs effective at reducing recidivism, and what were the estimated magnitude of the reduction in recidivism (p. 2). The sample of program evaluations included drug courts, boot camps, sex offender treatment, correctional industries of employment, in-prison therapeutic communities, cognitive behavioral treatment, intensive supervision, electronic monitoring, restorative justice, faith-based programs, education programs, and vocational programs (Aos et al., 2006, p. 2). The evaluation found that some programs were effective at reducing recidivism, while others were not (p. 2). Evidence based programs that proved effective included adult drug courts (-10.7%), therapeutic communities (-6.9%), community drug treatment (-12.4%), cognitive behavioral treatment (-8.2%), and intensive supervision: treatment-oriented programs (-21.9%) (Aos et al., 2006, p. 3). The report was utilized to inform the Washington State Legislature on which programs would monetarily benefit the state while continuing to promote public safety (Aos et al., 2006, p. 1).

**Educational and vocational programming.** Evidence supporting programming for inmates and offenders involves a number of individualized treatment models. Corrections-based education programs are a major rehabilitative component for many
institutions (Wilson, Gallagher, & MacKenzie, 2005, p. 347). Prison inmates are typically less educated than the general population, which leads to less employability and the furtherance of criminal behavior after release (Wilson et al., 2005, p. 347). As a result, providing academic and other skills to prison inmates can serve as a concrete form of rehabilitation (Wilson et al., 2005, p. 347). Problem behaviors are believed to be reduced by providing constructive activities and a tool for positive reinforcement of behaviors (Wilson et al., 2005, p. 348). Wilson and colleagues (2005) examined 33 comparison group evaluations for corrections-based education, vocation, and work programs and provided strong evidence that program participants were employed at higher rates and recidivated at lower rates than non-participants (p. 361). Further, for participants who received education-based programming, the recidivism rates were lower than work program participants (Wilson et al., 2005, p. 361). The researchers found the programs with the most successful outcomes included a number of components, of which follow-up programming and focusing on skills in relation to the current job market were most dominant (Wilson et al., 2005, p. 348).

As mentioned in the previous study conducted by Wilson et al. (2005), compiled research supports the claim that education programs are effective at reducing recidivism and providing offenders with skills to obtain employment. When career and technical education programs are introduced to offenders, the positive impact on recidivism is even more promising. The Huttonsville Correctional Center’s Education Department tracked inmates who were enrolled in educational programs in 1999 and 2000 (Gordon & Weldon, 2003, p. 200). Participants in the vocational programs had a recidivism rate of
8.75% while the inmates who participated in both GED and vocational programming had a recidivism rate of 6.71% (Gordon & Weldon, 2003, p. 200). In comparison, the control group experienced a recidivism rate of 26% (Gordon & Weldon, 2003, p. 200). The researchers found that merging career and academic education programming for inmates is an effective treatment tool (p. 207). Moreover, the researchers concluded that vocational and academic education should be in line with the current employment trends (p. 207).

**Life skills programming.** As educational programs assume offenders lack the necessary academic skills to succeed in life, life skills programs teach offenders self-development, communication skills, job skill development, education, interpersonal relationship development, criminal thinking styles, stress and anger management as well as many other essential skills (Jalazo, 2005, p. 110). Above all else, life skills programs focus on accountability and learning (American Community Corrections Institute [ACCI], 2012a, p. 1). Research on life skills programs is limited; however, the programs that have been implemented within the last decade have illustrated effective results.

The Hillsborough County Sheriff’s Office Life Skills Project sought to enhance three existing inmate programs by adding life skills components. The three enhanced programs were substance abuse treatment (52 hours of training), domestic violence counseling (39 hours of training), and vocational training (96 hours of training) (Bates, 2005, p. 103). Inmates were instructed to participate in academic classes, employability skills training (15 hours of training), cognitive skills programming (15 hours of training), and AIDS awareness training (7.5 hours of training) (Bates, 2005, p. 103). The life skills

Pinellas County Sheriff’s Office implemented a life skills project called “Project New Attitudes” and was designed to target males from the age of 17 to late 60’s, and education levels ranging from 1st grade to Master’s level (Jalazo, 2005, p. 109). The program was implemented for approximately three years and served nearly 1,000 offenders (Jalazo, 2005, p. 111). Participants’ pre- and posttests reflected increased knowledge, improvements in their self-esteem, and overall changes in behavior (Jalazo, 2005, p. 112). Moreover, the re-arrest rate for program completers was 14 percent lower than the control group consisting of individuals who were eligible for program inclusion, and dropouts (Jalazo, 2005, p. 112). Additionally, program completers had a 13 percent reduction in recidivism compared to control groups designed to contain similar characteristics as the experimental group (Jalazo, 2005, p. 112). Last, individuals who were in the treatment group and were re-arrested ultimately remained outside of the jail approximately 25 percent longer than the control group (Jalazo, 2005, p. 112). Researchers assigned to study Project New Attitudes found the results to be statistically significant and effective at reducing future offenses (Jalazo, 2005, p. 112).
The San Francisco Sheriff’s department implemented a life skills program designed to enhance and expand the Resolve to Stop the Violence Project (RSVP), which already illustrated positive results prior to inclusion of any life skills components (Schwartz, 2005, p. 115). Although RSVP was successful prior to adding life skills components, program developers understood the need to teach individuals life skills in order to help offenders re-enter the workforce and community after release (Schwartz, 2005, p. 115). Moreover, the ultimate goal was to offer offenders opportunities to enhance their social, educational, and employment skills (Schwartz, 2005, p. 115). Program participants consisted of violent offenders with the average age of 18-25 years, and a 5th grade education level (Schwartz, 2005, p. 115). Further, the majority of participants were from a low socioeconomic status, were of minority race, came from non-English speaking families and single-parent families, and had been a part of the criminal justice system since adolescence (Schwartz, 2005, p. 115). An average of 300 offenders participated in the program each year (Schwartz, 2005, p. 115). There were several components to this enhanced RSVP, which allowed it to target such a high-risk population. Components included an education curriculum, survivor impact presentations, creative writing classes, reentry planning, fatherhood classes, and employment services (Schwartz, 2005, p. 117).

The RSVP program evaluation consisted of assessing the frequency of violent acts committed within a designated cellblock that housed 62 male inmates (Schwartz, 2005, p. 120). The experimental group was assessed against the frequency of violent acts within the same cellblock a year prior to program implementation, and violent acts of
another cellblock during the same time period of RSVP, containing offenders similar to
the experimental group, but who were not given RSVP (Schwartz, 2005, p. 120). A year
follow-up for offenders who participated in the eight week, 12 week, or 16 week
treatment program was also used to gauge outcome results (Schwartz, 2005, p. 120). In
all, the results of RSVP proved to be effective at curbing negative behavior and
recidivism. In the experimental cellblock a year prior to the implementation of RSVP,
there were 24 violent incidents that were serious enough to be considered felonies within
the community (Schwartz, 2005, p. 120). After RSVP was instituted in the same
cellblock, there was one such incident for the next 12 months (Schwartz, 2005, p. 115).
Recidivism rates varied according to the length of treatment offenders received. For
instance, eight week program participants had a re-arrest rate of violent crimes which was
46.3 percent lower than the control group, whereas 12 week participants experienced 53.1
percent lower re-arrest rates, and 16 week participants had 82.6 percent lower re-arrest
rates (Schwartz, 2005, p. 120). As a whole, program evaluators attributed much of
RSVP’s success to the implementation of life skills components (Schwartz, 2005, p. 122).

The American Community Corrections Institute (ACCI) implemented several life
skills-based home study programs that are designed to be the least costly, least intrusive,
and most effective way at meeting criminogenic needs and lowering recidivism rates of
probationers (ACCI, 2012a, p. 1). The home study program is a correspondence-based
program that allows probationers to complete one of ACCI’s 13 cognitive life skills
courses from home with a program coach (ACCI, 2012a, p. 1). This self-directed
approach places the responsibility of learning and changing on the probationer, which
allows for greater absorption and application (ACCI, 2012a, p. 1). In the state of Texas, participating counties submitted data on the status of the program participants and found promising results (ACCI, 2012a, p. 2). For instance, the participants showed a completion rate of 81.3 percent (ACCI, 2012a, p. 2). Additionally, the revocation rate for the Home Study Life Skills Program cohort in 2010 was only 13.9 percent; calendar year 2011 experienced a revocation rate of 15.3 percent; and 2012 experienced a revocation rate of only 4.9 percent for the life skills cohort (ACCI, 2012a, p. 3).

The ACCI also implemented the Home Study program in San Diego County in 2010 and 2011. The treatment group consisted of 49 probationers who were identified as medium risk (ACCI, 2011, p. 1). The participants represented a wide range of criminal backgrounds, socioeconomic status, and a variety of ethnicities (ACCI, 2011, p. 1). Results from the program evaluation reflected effective treatment outcomes. The completion rate of the program participants was 88 percent (ACCI, 2011, p. 1). Similarly, the overall recidivism rate for this cohort was only eight percent (ACCI, 2011, p. 1). The program evaluators concluded that nearly a ten percent reduction in recidivism could save counties millions of dollars each year, as well as, promoting public safety (ACCI, 2011, p. 1). These results were consistent with a parallel Home Study program conducted in Oklahoma, which saw a completion rate of 86 percent for the 607 participants, and a recidivism rate of only five percent (ACCI, 2012b, p. 1).

Physical fitness programming. Many programs intended to reduce recidivism in offenders fail to illustrate positive results because they only address one of many risk factors (“Lessons Learned”, 2012, p. 72). Moreover, many programs fail to change the
behavior because they focus on managing the risk instead of addressing the negative behaviors ("Lessons Learned", 2012, p. 72). In order to change criminal behavior, programs should not only focus solely on the risk factors, but the causes of crime such as anger, anti-social behavior, negative values, poor self-image, and poor attitude ("Lessons Learned", 2012, p. 72). Given this notion, coupling traditional inmate programming with the added benefits of physical fitness can prove advantageous. Physical activity provides health benefits for fitness, athletic, and health organizations; however, physical activity can also prove to be substantially beneficial for individuals who struggle with addictions and negative behaviors (Nelson, Specian, Tracy, & DeMello, 2006, p. 276). Research on physical activity as it relates to reducing recidivism is extremely limited, but the general principles behind the benefits are worth investigating.

One study examined the benefits of physical activity for inmates at a maximum security correctional facility and found that it produced positive mental and physical benefits (Nelson et al., 2006, p. 276). For this study, a separate housing unit was established and had a 126-bed capacity (Nelson et al., 2006, p. 277). This housing unit combined educational programming, life skills programming, cognitive behavioral treatment, and physical exercise (Nelson et al., 2006, p. 277). The researchers emphasized that those with drug addictions may be worn-down, malnourished, and could substantially benefit from physical exercise (Nelson et al., 2006, p. 277). The ultimate goal was to provide the inmates with tools to benefit their body, mind, and heart by changing criminal thinking patterns (Nelson et al., 2006, p. 277). This housing unit study encompassed a multi-level strategy at reducing negative behavior. The first step was to
have the inmates recognize and accept that they sometimes behave in an antisocial manner (Nelson et al., 2006, p. 278). The second step in the rehabilitative process was to develop new behavioral habits in order to re-enter into the community (Nelson et al., 2006, p. 278). Inmates attended courses in anger management, parenting, relationships, grief issues, alcoholics anonymous, narcotics anonymous, and advanced life skills (Nelson et al., 2006, p. 277).

As a whole, the setup of the program served as a relapse prevention program for offenders who struggled with drugs, alcohol, violence, manipulative behaviors, and self-defeating personalities (Nelson et al., 2006, p. 278). The physical activity component incorporated exercises for approximately 30 minutes per day, for four days a week (Nelson et al., 2006, p. 278). The exercises focused on improving body strength in the upper, lower, and midsections (Nelson et al., 2006, p. 276). Daily sessions began with warm-up exercises, and increased gradually to a moderately vigorous level, followed by a cool-down period (Nelson et al., 2006, p. 278). The total number of participants in the housing unit was 105 inmates (Nelson et al., 2006, p. 276). Program evaluation illustrated promising results. Eighty percent of the participants enjoyed the physical attributes of the program, and planned to continue exercise upon release (Nelson et al., 2006, p. 280). Seventy-five percent of the participants reported decreased amounts of depression, stress and anxiety (Nelson et al., 2006, p. 280). Sixty-five percent claimed to have more energy after the exercise session, whereas 53 percent noticed more muscle toning, and 22 percent noted weight reduction (Nelson et al., 2006, p. 280). Sixty-nine percent of participants claimed the physical exercise helped them in their physical and mental recovery (Nelson
et al., 2006, p. 280). The researchers concluded that the program established discipline, more structured personal habits, and renewed self-esteem (Nelson et al., 2006, p. 282). In all, they found that by targeting meaningful changes in attitudes and beliefs, inmates developed stronger self-perceptions, more responsible and healthier behaviors, and facilitated their own re-entry into society (Nelson et al., 2006, p. 283).

The Ascend Program

One reentry program, which implements the categories of programming reviewed in the sections above, is the Ascend Program. Ascend is a life skills community corrections program implemented in Sacramento, California, which contains cognitive-behavioral components (“Ascend Curriculum”, 2011, para. 1). Participants in this program are directed from county judges who assess offender quality, willingness to succeed, and whether the current offense is perceived as a lifestyle choice (Mountain, 2011, para. 3). In order to qualify for this program, offenders must fit within six requirements. One requirement is education. The offender must be in need of a high school diploma/GED, college or beyond (“Ascend Program Flyer”, 2011, para. 2). The second requirement is employment. The offender must have a history of unstable employment, or their current employment does not meet their financial needs, which contributes to criminal behavior (“Ascend Program Flyer”, 2011, para. 3). The third requirement is the offenders’ living environment. The living environment contributes to their unstable lives and criminal activity (“Ascend Program Flyer”, 2011, para. 4). The fourth requirement is the offender lacks time and money management skills. Poor time and money management skills result in poor choices and a lack of achieving goals.
(“Ascend Program Flyer”, 2011, para. 5). Fifth, the offender lacks the ability to regulate emotional triggers and concrete decision-making skills ("Ascend Program Flyer", 2011, para. 6). Sixth and last, the offender suffers from a dysfunctional family dynamic, network of friends, and contains low self-esteem ("Ascend Program Flyer", 2011, para. 7).

Subsequently, there are eight separate modules that target the six requirements for program inclusion. In the first module, the instructor focuses on health, nutrition, exercise (yoga), and relaxation techniques in order to promote healthy lifestyles (“Ascend Curriculum”, 2011, para. 4). The second module focuses on the individual’s educational needs such as training to obtain a GED or further education in order to solidify a professional background (“Ascend Curriculum”, 2011, para. 5). In the third module, the participants register at a career center and complete simple activities such as building a resume, completing a job application, and learning how to succeed in interviews (“Ascend Curriculum”, 2011, para. 6). The fourth module helps the individual cope with emotional deficits such as acting rather than reacting (“Ascend Curriculum”, 2011, para. 7). Module five helps the offender identify healthy and unhealthy living environments (“Ascend Curriculum”, 2011, para. 8). For instance, the individual is taught to draw correlations between factors such as poor family, friend and romantic relationships and its connection to recidivism (“Ascend Curriculum”, 2011, para. 8). The sixth module teaches the participant to create personal schedules to manage and prioritize their time (“Ascend Curriculum”, 2011, para. 9). Module seven teaches the offender to develop a budget plan so they can manage their income and expenditures (“Ascend Curriculum”, 2011, para. 9).
More importantly, they are taught to have a realistic approach to money and techniques to save or spend money wisely (“Ascend Curriculum”, 2011, para. 10). The eighth and last module ensures the offender does not forget what they have learned throughout the program in order to prevent recidivism (“Ascend Curriculum”, 2011, para. 11). This module teaches participants how to manage their probation terms and avoid accidental recidivism (“Ascend Curriculum”, 2011, para. 11). If the offender does not comply with the modules, the Ascend program is sanctioned by the court to assign additional class hours, further assignments, mandatory attendance at extra credit events, and supplementary community service hours (“Ascend Curriculum”, 2011, para. 12). Moreover, if the participant does not complete the Ascend program, they are required to complete their full sentence in jail required by the court (“Ascend Curriculum”, 2011, para. 12).

The cost of the program is an appealing aspect for taxpayers because the offenders fund the program instead of utilizing tax dollars. In all, the program costs the offenders $500 for each 30-day session, which translates to $17 a day (more than twice the savings of work project) (“Ascend Curriculum”, 2011, para. 13). The payments amount to eight three-hour classes a month and daily check-ins (Mountain, 2011, para. 4). Although the classes specifically focus on one of the eight modules, the overall purpose is to actively engage participants in practicing new thoughts and behaviors with the guidance of the Ascend staff (“A Safer Community”, 2012, para. 2).
Conclusion

The last four decades have experienced several paradigm shifts in terms of rehabilitative treatment for offenders. Initially, correctional institutions focused on individualized treatments, criminological research, and progressive change towards rehabilitation. In spite of this, one study posited that treatment programs had no appreciable effect on crime or recidivism. As a result of the ensuing politics, the mission of corrections shifted away from treatment and towards one that was crime control based. Since then, countless studies have illustrated that treatment has a direct impact on crime and recidivism. In order to fully understand the mechanics behind treatment, the offender must be analyzed. Several decades of research have personified the criminal lifestyle of offenders in terms of risk factors, onset of crime, persistence of crime, and desistance from crime. One characteristic which has remained constant throughout the criminal lifestyle is that criminal behavior is driven by maladaptive criminal thinking styles. When treatment is introduced which focuses on altering offenders’ cognitions, research consistently suggests lower rates of recidivism. Moreover, when the treatment programs focus specifically on offender needs through rigorous assessment, then treatment becomes more effective. The majority of research supports this claim within a prison setting. With the introduction of Assembly Bill 109 (Public Safety Realignment), the need for offender treatment in California communities becomes more prevalent than ever. One community based program that utilizes cognitive behavioral treatment, reentry techniques, life skills programming, and physical fitness elements to alter the way
offenders think and perceive situations, which ultimately aims at altering criminal behavior while promoting positive change is the Ascend program.

**Hypotheses**

H<sub>0</sub>: A posttest of the Ascend program participants will demonstrate no significant differences of criminal thinking styles as measured by mean scores on the Psychological Inventory of Criminal Thinking Styles (PICTS) than in the pretest of the PICTS.

H<sub>0</sub>: The length of treatment an individual receives from the Ascend program (i.e. 30, 60, 90 days), will reflect no statistical difference in the pre versus post criminal thinking style mean scores on the PICTS.

H<sub>0</sub>: Participants with high levels of pre-existing dynamic risk factors (such as no current employment) will not correlate with high levels of pretest current criminal thinking scores on the PICTS significantly more than participants with low levels of pre-existing dynamic risk factors.

H<sub>0</sub>: Individuals who do not complete Ascend and consequently recidivate will not have lower levels of education than those who successfully complete Ascend.

H<sub>0</sub>: Individuals who were court ordered to participate in Ascend will not be more likely to recidivate than individuals who were referred by the career center.
Chapter 3

Methodology

Research Location and Procedures

Ascend is a Sacramento County based cognitive-behavioral treatment program with life-skills components that provides services to adult offenders who are referred by the judicial system or the Sacramento Career Center. Ascend is utilized as an alternative to a jail sentence, and provides treatment for individuals who were recently released from jail. The program focuses on the root causes of criminal behavior rather than the symptoms of criminal behavior by addressing cognitive behavioral changes in offenders.

Ascend is co-directed by Toni Carbone and Christine Galves, court-approved program directors who utilize their years of experience as criminal defense attorneys to treat probationers and parolees. Additional staff members include a Sacramento County court bailiff, a city prosecutor, a retired probation officer, and other individuals with criminal justice experience. All Ascend instructors, counselors, and mentors have advanced degrees and wide-ranging experiences. The Sacramento Criminal Justice Cabinet approved Ascend as a treatment program in December of 2010. Offenders began participating in Ascend in the summer of 2011. The program took two years to develop in order to implement the most effective evidence-based principles. They worked with Dr. Jennie Singer, a clinical forensic psychologist and researcher at Sacramento State University, so they could infuse cognitive behavioral principles directed toward reducing criminal thinking throughout their lesson plans.
Program participants report to the administrators seven days a week, including weekends and holidays. Participants are subject to drug tests and random drug tests throughout treatment. Each participant completes at least six hours of classes a week, and an additional six hours of personal life services each week. Life services include career center workshops, college attendance, securing a new living location and other, similar experiences. Ascend requires a minimum of a 30-day sentence and is structured in additional 30-day treatment increments. Participants are excluded if they have a sex offense on record, have a gang affiliation, or have mental health issues that are severe enough to interfere with their learning.

Upon entering the program, and before any treatment is administered, a packet of demographic-based questions, the Psychological Inventory of Criminal Thinking Styles (PICTS), and other questionnaires are delivered to the participant to assess their risk factors and pretest scores. If the participant drops out, the date and reason (i.e., arrested) are listed. If the participant successfully completes Ascend, the PICTS is re-administered. Pre and posttest answers of the PICTS are compared to determine if the life-skills/cognitive behavioral treatment components have had an impact on the individual’s criminal thinking. At six-month intervals, the program directors check public records for all program completers and drop-outs for records of arrests. Any arrests are reported to the research team.

Participants

The sample for this program evaluation consisted of probationers and parolees who were enrolled in the Ascend Life Skills Diversion Program. These offenders were
court-ordered to participate in the program in order to avoid being sent back or to jail/prison. Other participants in the sample may have included individuals referred by the Career Center (who may also have been on probation). These individuals paid the program fee and abided by all Ascend protocols. There was no recruitment process involved in the selection of individuals. All participants who attend the Ascend program were required to fill out a packet of questions regarding demographics, criminal history, criminal thinking styles, and a consent form releasing their packets for research. The Ascend directors or staff collected all research questionnaires and consent forms and the participants were given verbal instructions on how to complete the forms. Data collected on a total of 41 program participants. The sample was diverse in terms of ethnicity, age range, education, criminal history, and income. A majority of the participants were male (85.4%). The sample consisted of Caucasians (58.5%), African Americans (24.4%), Hispanics (12.2%), and Asians (4.9%). Education level varied between high school dropouts (12.2%), high school graduates (51.2%), and partial college completion (24.4%). A total of 34 individuals (82.9%) held a job at some point during the program. Ascend administrators determined that 34 participants (82.9%) were high-risk at the start of the program given their static and dynamic risk factors (age, gender, prior criminal history, employment, education and living situation). Additionally, 29 individuals (70.7%) remained in contact with the program after they fulfilled their court order or referral (80.5% of sample was court ordered; 19.5% was referred by the career center). Thirty-four participants (82.9%) graduated from Ascend, whereas only seven (17.1%)
failed the program. Although seven participants failed the program, only four individuals (9.8%) out of the sample of 41 recidivated.

**Measures**

Forty-one individuals made up the Ascend treatment sample. The first objective to evaluate this program was assessing the effects of Ascend on the participants’ criminal thinking styles. The PICTS eight criminal thinking scales were calculated based on the answers provided by the subjects. The scales were then converted into T-scores. Of the 41 subjects, eight subjects had pretest PICTS scores; and of these, five subjects had both pre- and posttest scores. The three participants who only had pretest scores were excluded from this portion of the study. The five individuals who had pre and posttest scores were subject for inclusion (n=5). A dependent samples t-test was utilized in an attempt to disprove the null hypothesis that the means of two matched samples of PICTS scores were equal. The means of the pre and posttest PICTS scores of the participants who have been exposed to the same Ascend program were measured. This was done on two separate levels: to measure the change in pre- and posttest scores and to measure the change in motivation between program intervals (30-day participation vs. 60-day vs. 90-day vs. 120-day participation).

The second objective in evaluating this program was to determine which items on the demographics questionnaire correlated to high PICTS scores, willingness to participate in treatment, and recidivism. The various dependent variables (i.e., ethnicity, gender, education, employment) were utilized in a chi square test to determine which variables correlated to the highest scores on the criminal thinking scales, and to determine
which characteristics were apparent in the recidivism cohort. Additionally, the pretest PICTS scores were utilized in a chi square test to determine if there were any correlations between dynamic risk factors (such as level of education and current employment) and recidivism. A chi square test was used to determine if participants with low levels of education recidivate at the same rate as participants with high levels of education, with level of education dummy coded for “high” and “low” in the dataset. Finally, a chi square test was used in an attempt to determine if Ascend participants who were court-ordered to attend Ascend recidivated at the same rate as participants who were referred by the Sacramento Career Center.
Chapter 4

Analysis of the Data

H₀: A posttest of the Ascend program participants will demonstrate no significant differences of criminal thinking styles as measured by mean scores on the Psychological Inventory of Criminal Thinking Styles (PICTS) than in the pretest of the PICTS.

A dependent samples t test revealed that participants displayed a marginal decrease in posttest mean scores ($M = 43.40$, $SD = 4.93$) then pretest mean scores ($M = 61.60$, $SD = 15.66$) on the Power Orientation Scale, $t (4) = 2.34$, $p = .080$, $r = .76$. Other Criminal Thinking Style scales did not reveal significant mean differences between pretest and posttest scores for Mollification, Superoptimism, Cutoff, Entitlement, Sentimentality, Cognitive Indolence, and Discontinuity. Additionally, pretest and posttest mean scores were not significantly different for the Current Criminal Thinking scale (see Appendix A-table 1). However, although the sample size did not allow for statistical significance, the trend provided promising results (see Appendix B-figures 1-9).

H₀: The length of treatment an individual receives from the Ascend program (i.e. 30, 60, 90 days), will reflect no statistical difference in the pre versus post criminal thinking style mean scores on the PICTS.

This hypothesis was unable to be addressed due to low a low sample size. Further explanation is available in the Findings and Interpretations chapter.

H₀: Participants with high levels of pre-existing dynamic risk factors (such as no current employment) will not correlate with high levels of pretest current criminal thinking
scores on the PICTS significantly more than participants with low levels of pre-existing
dynamic risk factors.

A chi square analysis revealed that there were no associations between pre-
eexisting dynamic risk factors (i.e. held a job at some point, income level, currently
employed, and education level) and pretest Current Criminal Thinking scores (see
Appendix A- Table 2).

H₀: Individuals who do not complete Ascend and consequently recidivate will not have
lower levels of education than those who successfully complete Ascend.

A chi square analysis revealed that an individual’s level of education was not
associated with failing the Ascend program among individuals who recidivated \( \chi^2 (4, N=36) = 7.55, p = .109 \). Additionally, among individuals who did not recidivate, level of
education was not associated with whether they completed the program \( \chi^2 (4, N=36) =
4.00, p = .135 \) (see Appendix A-Table 3).

H₀: Individuals who were court ordered to participate in Ascend will not be more likely
to recidivate than individuals who were referred by the career center.

A chi square analysis revealed that there was an association between individuals
who were court ordered to participate in Ascend and those individuals who recidivated.
However, the results were not statistically significant due to such a small recidivism
cohort of four individuals \( \chi^2 (1, N= 41) = 1.08, p = .300 \). (See Appendix A-Table 4).
Additional Significant Results

A chi square analysis revealed a marginally significant association between being a program graduate and recidivism $\chi^2 (1, N= 41) = 3.39, p =.065$. The odds of an individual who graduated Ascend were 6.4 times higher not to recidivate than those individuals who did not graduate Ascend (see Appendix A- Table 5).
Chapter 5

Findings and Interpretations

Overview of the Evaluation

The objective of the current study was to extend the research on available literature by analyzing the effects of a treatment program that includes several evidence-based components. The results of the this program evaluation indicate that participation in the Ascend program (n=41), as delivered in Sacramento County, is associated with appreciable reductions in recidivism compared to conventional program delivery. In addition, the results of the PICTS, although only given to a small fraction of the Ascend cohort (n=5), show moderate reductions in the Power Orientation Scale. To reiterate, the Power Orientation scale refers to offenders’ attempts to exert maximum control over the external environment at the expense of personal control. Although the results were not statistically significant for the Mollification, Superoptimism, Cutoff, Entitlement, Sentimentality, Cognitive Indolence, and Discontinuity thinking scales, in all probability due to small sample sizes, the trends in reduction seemed to indicate that program delivery can impact offenders’ criminal thinking patterns in a positive manner (See Appendix B). Furthermore, the small sample size (n=5) did not produce enough support at this time to reject the null hypothesis that the reduction of criminal thinking styles mean scores are dependent on the length, or dose of treatment. As a surprise to the researchers, the participants’ (n=5) pre-existing dynamic risk factors were not associated with high mean scores on the Current criminal thinking scale. It was hypothesized that the dynamic risk factors would impact the Current criminal thinking scale mean scores.
because Ascend focuses on changing the dynamic risk factors of each offender. However, this result may be spurious due to the extremely low number of cases being examined.

Because the recidivism rate was so low for Ascend (n=4), it was anticipated that the mean scores for the Current thinking scale would be dramatically changed; however, with additional subjects, the data could drastically change. Similarly, although the small sample size presumably guided the results toward insignificance, results of the data analysis revealed that only individuals who were court-ordered were part of the recidivism cohort. According to the data, two recidivists graduated from the program and two did not; all four recidivists were high risk; and all four took the Ascend program in lieu of jail. Two of the recidivists were in the 31-40 age range and two were in the 41 and older age range. All four recidivists were male. Three were Caucasian and one was African American. One had a 30-day sentence, two had a 60-day sentence, and one had a 90-day sentence. Considering the high-risk nature of the participants (n=41), a recidivism rate less than ten percent, and the reduced trend in criminal thinking styles Ascend proved beneficial for offenders.

**Additional Findings**

The National Institute of Corrections provided eight evidence-based principles for effective treatment, and was delivered by the Community Corrections Division (CIJ, 2004). These eight principles will be applied to Ascend to determine if programming fell within acceptable parameters. The first principle is to assess the risk or needs of offenders (CIJ, 2004, p. 5). Ascend meets this requirement on several levels. Initially, judges assess the participant’s risks and needs to determine the likelihood the offender will absorb the
teachings of Ascend. Length of treatment is then recommended according to the level of offender risk. Second, the Ascend staff determine offenders’ low, moderate or high risk according to their static risk factors, dynamic risk factors, and criminogenic needs. The second principle is to enhance intrinsic motivation (CIJ, 2004, p. 5). This component consists of staffs’ ability to become relatable with the offender (CIJ, 2004, p. 5). Ascend administrators are defense attorneys who have extensive experience dealing with offenders. Additionally, Ascend staff also have extensive criminal justice experience. The third principle for effective evidence-based treatment consists of prioritizing offender needs (CIJ, 2004, p. 5). Ascend meets all three portions of the third principle. First, participants must check-in with Ascend staff daily, regardless of weekends or holidays. Second, Ascend incorporates life skills training, which targets their specific criminogenic needs. Third, dosage is applied according to the needs of the offender, and is administered in 30-day, 60-day, 90-day, or 120-day increments. The fourth principle consists of utilizing well-trained staff to emphasize cognitive-behavioral intervention strategies such as antisocial thinking, and social thinking (CIJ, 2005, p. 5). One of the consultants of Ascend is a board certified clinical psychologist who has ensured the program incorporates cognitive-behavioral components. Specifically, Ascend utilizes enhanced portions of Thinking for a Change to help promote cognitive behavioral modifications. The fifth principle is based on the positive reinforcement theory and suggests programming should include higher ratios of positive reinforcement, rather than negative reinforcement (CIJ, 2004, p.6). Ascend meets this principle by praising all participants for doing well, and for responding to participants personally, even on
evenings and weekends, when they get texts asking for help. The results of this positive reinforcement can be seen by the large number of Ascend graduates who stay connected with the program after graduation. The sixth principle states offenders must be actively engaged in their communities (CIJ, 2004, p.6). Each participant of Ascend completes at least six hours of classes a week and completes an additional six hours of personal life services each week. These life services include career center workshops, college attendance, and betterment of living environments. The seventh principle is detailing documentation of each participant’s treatment outcome (CIJ, 2004, p. 6). Ascend actively keeps documented records of each participant. Beginning with intake, questionnaires and consent forms are administered. Afterwards, treatment is delivered according to need, and the questionnaires are re-administered. Six-month follow-ups are conducted after each individual graduates the program. If a participant fails to complete the program, the reason (i.e., new offense, dropout, relapse, etc.) is documented. The eighth and last principle focuses on quality assurance to ensure the integrity of the program is maintained. This eighth principle is being addressed with this project. Feedback, suggestions for further research, and recommendations for program delivery will be communicated with the program administrators. Taken as a whole, Ascend follows the protocols of the National Institute of Justices’ eight principles for effective evidence-based principles of treatment.

Limitations

Although the results of the program evaluation were promising, there are several limitations. First and foremost, the sample size of 41 individuals was not ideal. The
sample did produce promising results for a number of analyses, but was not considered statistically significant due to a small sample size. Furthermore, hypotheses which included PICTS components were unable to reach statistical significance as well with a total of five subjects having scores for both the pre-and posttest. In spite of this, the statistician who worked on this project explained that an additional five subjects could potentially result in statistically significant findings and could ultimately lead to rejecting the null hypotheses that Ascend does not reduce criminal thinking styles.

A second limitation was the participants of the study were not randomly assigned, but court-ordered by a judge based on their willingness to participate and succeed. Although the participants were considered to be high-risk by nature and ultimately thought to produce high recidivism rates, there was some selection bias due to the way participants entered the program. Additionally, the participants pay a $500 entry fee into the program, which could have indicated that they do not have an extremely low socioeconomic status, typically identified with most offenders. However, as stated in an interview with the directors, most participants pay only a fraction of the $500, with many of the participants paying nothing. The main issue of concern regarding selection bias was the relatively high education level of most of the participants. A large percentage of the participants had graduated from high school. The two main forms of selection bias could potentially skew the successful recidivism results.

The third limitation of this evaluation was a result of a sporadic follow-up period. Despite the fact the recidivism rates were very low for the participants, the length of follow-up was not consistent across the board. Ideally, a standardized period for follow-
up would be preferred; however, this was not practical given that this was a fairly new program.

**Recommendations**

Due to the limitations of the Ascend program, there are several recommendations for the administrators in order to produce significant findings. The Ascend program has a limited number of staff, which creates issues with delivering pre and posttest packets, as well as conducting follow-up. In order for Ascend to reach its full potential, the program needs funding. Currently, the Ascend program is not funded by any level of government, or by private grants. In fact, the administrators are directing the program without any form of compensation. Funding Ascend would allow for hiring an assistant to adhere to the menial tasks; such as handing out pre and posttest packets, explaining how to fill out the packets, and conducting follow-up with each participant. Moreover, the assistant would be able to maintain a checklist of administering research packets so each individual has completed every necessary piece of information. The current sample did not have a consistent list of research packets. That is, some participants had pre test packets, but no posttest packets, which did not allow the pre test for inclusion into the study. Another recommendation for Ascend would be to review the research packet, and remove some questionnaires. The current research packet is lengthy and could lead the participant to become frustrated with the workload. This frustration could potentially skew the data. Funding the Ascend program would also abolish the need for the participants to pay a treatment fee, which would also allow (at least hypothetically) for lower socioeconomic offenders. Another recommendation for Ascend would be to
establish an internship program with California State University, Sacramento. Students from the Criminal Justice Division and the Social Work Department could be responsible for the organization of the program, assist in research practices, and serve as mentors to all of the Ascend participants, who lack role models.

The final recommendation for the Ascend program would be to move this program evaluation away from a pre-post test design to a quasi-experimental design. Having a comparison group of individuals consisting of probationers and parolees with similar risks and needs would allow this program to be measured with a stronger methodological approach. The comparison group should consist of offenders who received no current form of correctional intervention, or received treatment that is not consistent with Ascend. Similarly, if a comparison group consisting of offenders who received alternative or no treatment is not available, a wait-list control group would serve as a beneficial measuring tool. At minimum, however, the comparison group should have the PICTS administered in a pre and post fashion, exactly like the Ascend treatment group. This method would allow for consistency and for the researchers to compare the criminal thinking styles mean score differences accurately for both groups.

**Future Research**

Due to the small sample size, many of the tests did not allow for the possibility of statistical significance. Although the trend in the data reflects positive results, future research is needed in order to increase the sample size, thus increasing the power and allowing for potential statistical significance. Research indicated that only a small number of additional subjects would cross the threshold into a level of significance.
Further, if the sample size becomes large enough, the research team can move away from using low-powered statistical tests, to more high-powered statistical tests. This would allow for stronger research and clearer results. Originally, a One-way Repeated Measures Analysis of the Variance and a multiple regression analysis were the statistical tests of choice; however, the researchers had to rely on chi squared tests and t-tests to satisfy the current data.

Future research is also necessary to identify the proper length of treatment. Currently, Ascend treats offenders in increments of 30-day intervals. Participants ranged from 30-days (1 session), to 120-days (4 sessions) of treatment. The present dataset did not identify ideal length of treatment due to a lack of data. Discovering the proper length of treatment can assist judges and the Ascend administrators with providing only the necessary amount of treatment. An analysis of treatment can produce a bell-shaped curve in regards to ideal length of treatment, or it could skew either left or right. Not providing enough treatment could result in no benefits for the offender, and over treating offenders could produce an extinguishing effect which would negate the benefits of the program.

Finally, as Ascend grows and implements the proper tools to treating offenders, the administrators should consider expanding the modules to treat males, females, and juveniles separately. Current research suggests that many programs focus on male offender needs. As Ascend has implemented evidence-based practices for cognitive behavioral treatment and life skills components alike, the administrators should consider focusing on the specific needs of males, females, and juveniles. This would allow Ascend
to reach its full potential, and would give more justification of being a true evidence-based program.
Appendix A

Tables

Table 1

Results of t-test and Descriptive Statistics for Pretest and Posttest Mean Scores on Criminal Thinking Style Scales

<table>
<thead>
<tr>
<th>Scale</th>
<th>Pre test</th>
<th>Post test</th>
<th>95% CI for Mean Difference</th>
<th>r</th>
<th>t</th>
<th>df</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>M</td>
<td>SD</td>
<td>M</td>
<td>SD</td>
<td>n</td>
<td></td>
</tr>
<tr>
<td>Power Orientation</td>
<td>61.60</td>
<td>15.66</td>
<td>43.40</td>
<td>4.93</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>-3.44, 39.84</td>
<td>.76</td>
<td>2.34*</td>
<td>4</td>
</tr>
<tr>
<td>Mollification</td>
<td>58.80</td>
<td>21.99</td>
<td>41.80</td>
<td>2.78</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>-11.91, 45.91</td>
<td>.63</td>
<td>1.63</td>
<td>4</td>
</tr>
<tr>
<td>Cutoff</td>
<td>62.80</td>
<td>12.38</td>
<td>48.80</td>
<td>6.42</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>-7.00, 35.00</td>
<td>.68</td>
<td>1.851</td>
<td>4</td>
</tr>
<tr>
<td>Entitlement,</td>
<td>58.80</td>
<td>18.46</td>
<td>47.80</td>
<td>7.98</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>-3.77, 25.07</td>
<td>.72</td>
<td>2.068</td>
<td>4</td>
</tr>
<tr>
<td>Sentimentality</td>
<td>50.60</td>
<td>11.55</td>
<td>41.20</td>
<td>6.69</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>-8.61, 27.41</td>
<td>.59</td>
<td>1.449</td>
<td>4</td>
</tr>
<tr>
<td>Superoptimism</td>
<td>57.40</td>
<td>18.82</td>
<td>40.20</td>
<td>5.94</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>-7.86, 42.26</td>
<td>.69</td>
<td>1.906</td>
<td>4</td>
</tr>
<tr>
<td>Cognitive Indolence</td>
<td>53.60</td>
<td>18.02</td>
<td>43.40</td>
<td>5.90</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>-15.79, 36.19</td>
<td>.48</td>
<td>1.09</td>
<td>4</td>
</tr>
<tr>
<td>Discontinuity</td>
<td>56.20</td>
<td>19.06</td>
<td>44.80</td>
<td>8.08</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>-9.00, 31.80</td>
<td>.61</td>
<td>1.552</td>
<td>4</td>
</tr>
<tr>
<td>Current Criminal Thinking</td>
<td>56.60</td>
<td>12.05</td>
<td>45</td>
<td>6.36</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>-7.57, 30.77</td>
<td>.64</td>
<td>1.68</td>
<td>4</td>
</tr>
</tbody>
</table>

*Marginally significant p=.08
### Table 2

*Prevalence of Dynamic Risk Factors and Current Thinking Scale Scores*<sup>a</sup>

<table>
<thead>
<tr>
<th>Dynamic Risk Factors</th>
<th>Pre-Current Criminal Thinking Score</th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Low</td>
<td>n</td>
<td>%</td>
<td>High</td>
<td>n</td>
<td>%</td>
</tr>
<tr>
<td>Held a Job at</td>
<td>Low</td>
<td>4</td>
<td>50</td>
<td>4</td>
<td>50</td>
<td>-</td>
</tr>
<tr>
<td>Some point</td>
<td>High</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Income Level</td>
<td>Low</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>.5</td>
<td>1.14</td>
</tr>
<tr>
<td></td>
<td>High</td>
<td>4</td>
<td>57.1</td>
<td>3</td>
<td>42.9</td>
<td>-</td>
</tr>
<tr>
<td>Currently</td>
<td>Low</td>
<td>1</td>
<td>100</td>
<td>0</td>
<td>0</td>
<td>1.43</td>
</tr>
<tr>
<td>Employed</td>
<td>High</td>
<td>3</td>
<td>42.9</td>
<td>4</td>
<td>51.1</td>
<td>-</td>
</tr>
<tr>
<td>Education Level</td>
<td>Low</td>
<td>4</td>
<td>50</td>
<td>4</td>
<td>50</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td>High</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

<sup>a</sup>A t-score of 55 or above for the Current thinking scale is considered high.
Table 3

*Prevalence of Completion of Ascend and Level of Education among Recidivism Cohort*

<table>
<thead>
<tr>
<th>Recidivated</th>
<th>Failed Program</th>
<th>HS dropout</th>
<th>HS Graduate</th>
<th>Some College</th>
<th>$\chi^2$</th>
<th>$p$</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>No</td>
<td>3</td>
<td>18</td>
<td>7</td>
<td>7.55</td>
<td>.109</td>
</tr>
<tr>
<td></td>
<td>2 weeks</td>
<td>0</td>
<td>2</td>
<td>1</td>
<td>33.3</td>
<td></td>
</tr>
<tr>
<td></td>
<td>3 weeks</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>66.7</td>
<td>4.00</td>
</tr>
<tr>
<td></td>
<td>3 weeks</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
</tbody>
</table>

Note. High School (HS)
Table 4

*Frequency of Individuals who Participated in Ascend and Individuals who Recidivated*

<table>
<thead>
<tr>
<th>Ascend in Lieu of Jail</th>
<th>Recidivated</th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No</td>
<td>n</td>
<td>%</td>
<td>n</td>
<td>%</td>
</tr>
<tr>
<td>No</td>
<td>8</td>
<td>100</td>
<td>0</td>
<td>0</td>
<td>1.08</td>
</tr>
<tr>
<td>Yes</td>
<td>29</td>
<td>87.9</td>
<td>4</td>
<td>12.1</td>
<td></td>
</tr>
</tbody>
</table>

Table 5

**Prevalence of Program Graduates and Recidivated**

<table>
<thead>
<tr>
<th>Program Graduate</th>
<th>No</th>
<th>%</th>
<th>n</th>
<th>%</th>
<th>χ²</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>5</td>
<td>71.4</td>
<td>2</td>
<td>28.6</td>
<td>3.39</td>
<td>.065</td>
</tr>
<tr>
<td>Yes</td>
<td>32</td>
<td>94.1</td>
<td>2</td>
<td>5.9</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Appendix B

Figures

Figure 1

Mean Differences Between Pre and Posttests for Power Orientation
Figure 2

Mean Differences Between Pre and Posttests for Mollification
Figure 3

Mean Differences Between Pre and Posttests for Cutoff
Figure 4

*Mean Differences Between Pre and Posttests for Entitlement*
Figure 5

*Mean Differences Between Pre and Posttests for Sentimentality*
Figure 6

*Mean Differences Between Pre and Posttests for Superoptimism*
Figure 7

*Mean Differences Between Pre and Posttests for Cognitive Indolence*
Figure 8

Mean Differences Between Pre and Posttests for Discontinuity
Figure 9

Mean Differences Between Pre and Posttests for Current

![Graph showing mean differences between pre and post tests for Current Criminal Thinking score. The graph includes participants' scores labeled as CUR Pre and CUR post.]
References

A safer community, one re-entry at a time. (2012). Retrieved from

http://ascendprogram.wordpress.com/


American Community Corrections Institute. (2012b). Recidivism report ok doc /acci lifeskills-home study program. Retrieved from


Lessons learned from 30 years of prison programs. (2012). *Corrections Today, 73*(6), 72-73.


[www.sacbee.com/2011/07/05/3747243/sacramento-launches-alternative.html#mi_rss=Our%20Region](http://www.sacbee.com/2011/07/05/3747243/sacramento-launches-alternative.html#mi_rss=Our%20Region)


