

Special or Segregated Housing Units:
Implementing the Principles of Risk, Needs, and Responsivity

Ryan M. Labrecque, Ph.D.
Portland State University

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Author Note

Ryan M. Labrecque, Assistant Professor, Criminology and Criminal Justice Department,
Portland State University.

Correspondence concerning this article should be addressed to Ryan M. Labrecque, PO
Box 751, Portland State University, Portland, Oregon 97201. E-mail: rml@pdx.edu

Abstract

There is an increasing concern that special or segregated housing settings contribute to a number of negative mental health problems and fail to improve inmate behavior as intended. Likewise, there is a growing effort to reduce and transform the use of this practice in jails and prisons across the United States. This chapter examines the use and function of segregation in modern correctional institutions. The author systematically reviews the empirical segregation literature and summarizes what is known about the inmates who are held in these settings. Finally, this chapter discusses how this information could be used to develop more informed treatment interventions that are responsive to the specific risk and needs of this population.

Introduction

On any given day, there are approximately 6.9 million adult offenders under some form of correctional supervision in the United States, with more than 2.2 million who are incarcerated in the nations' correctional institutions (Kaeble, Glaze, Tsoutis, & Minton, 2016). Of those incarcerated, nearly 1.6 million (or 70%) are held in state and federal prisons, and almost 750,000 (or 30%) are held in local jails (Kaeble et al., 2016). A 2015 Bureau of Justice Statistics special report estimates that at any given time, about 4% of all prisoners (or 64,000) and 3% of all jail inmates (or 22,500) are held in segregated (or restricted) housing units (Beck, 2015). The Bureau of Justice Statistics report further estimates that nearly 20% of all prisoners (or about 320,000) and 18% of all jail inmates (or about 135,000) spends time in these restrictive settings each year (Beck, 2015).

These estimates are not inconsequential, especially when one considers the ethical, legal, and practical consequences associated with the use of segregated confinement. For one, there is an increasing concern that these settings contribute to physiological and psychological damage of its inhabitants (see Haney, 2012; Kupers, 2008; Lovell, 2008). Numerous reports suggest that segregation may be related to a number of negative mental health problems, including anger, anxiety, cognitive impairment, depression, irritability, lethargy, psychosis, social withdrawal, and suicidal ideation (see Andersen, Sestoft, Lillebaek, Gabrielsen, Hemmingsen, & Kramp, 2000; Grassian, 1983; Haney, 2003, Kupers, 2008; Lanes, 2011; Lovell, 2008). Advocates further characterize the practice of segregated confinement as a “cruel and unusual punishment,” citing a lengthy list of objectionable conditions including a lack of windows, poor lighting, minimal access to opportunities for exercise, restricted interpersonal contact, removal of privileges, denial of other personal items, and limited therapeutic services (Grassian, 1983;

Haney, 1997; Scharff-Smith, 2006). Finally, the available empirical segregation research indicates the practice does not reduce institutional levels of violence (Briggs, Sundt, & Castellano, 2003; Huebner, 2003), institutional misconduct (Labrecque, 2015a; Morris, 2016), or post-release recidivism (Butler, Steiner, Makarios, & Travis, 2016; Lovell, Johnson, & Cain, 2007; Mears & Bales, 2009). In response to these concerns, there is a growing effort to reduce the use of restrictive housing in jail and prison systems throughout United States (see Frost & Monteiro, 2016).

In 2016, the Department of Justice released a report that describes guidelines for correctional agencies to consider in transforming the use of segregated confinement. The authors of this report recommend that institutions use a multi-disciplinary staff committee to make segregation placement decisions; confine individuals to segregation based on their individual behavior (e.g., misconduct) rather than their affiliations or status (e.g., gang members; pregnant and post-partum inmates; lesbian, gay, bisexual, transgender, intersex, and gender non-conforming inmates); hold inmates in segregation for the least amount of time necessary, and only as a last resort; and restrict its use for vulnerable populations (i.e., individuals with serious mental illnesses, juveniles). It is important to emphasize that this report and its recommendations support the use of offender rehabilitation strategies in restrictive housing units (see also Smith, 2016).

Several jurisdictions have attempted to incorporate offender services within the context of their segregated housing units in an effort to reduce the subsequent institutional misconduct and post-release recidivism of its former inhabitants (e.g., Ohio Department of Rehabilitation and Correction, Oregon Department of Corrections, Washington State Department of Corrections). Other correctional organizations (e.g., The Vera Institute of Justice) are also

engaged in similar initiatives to implement rehabilitative programs and services in these settings (see Shames, Wilcox, & Subramanian, 2015). Despite these efforts, few empirical evaluations of the effectiveness of these interventions in achieving these goals exist to date. The gap in the knowledge is especially concerning given segregation represents the institutions' most severe sanction, and these units are often described as targeting the "worst of the worst" inmates (e.g., escape risks, gang members, predators, high profile or notorious inmates; see Shalev, 2009). It remains paradoxical that segregation settings are comprised of those inmates who are in the most need of services to support both short-term compliance with institutional rules and long-term behavioral change, yet these units often deny access to such rehabilitative efforts. It is therefore not surprising that the research on the effects of segregation has generally revealed that the setting is not effective in achieving these desired outcomes (see Gendreau & Labrecque, 2016).

Moving forward, it is important that meaningful interventions address the reasons for segregation and to help individuals' transition out of restrictive housing (Smith, 2016). In order to maximize the effectiveness of these strategies in improving inmate behavioral outcomes, this endeavor should integrate knowledge of "what works" more generally in correctional programming (Andrews & Bonta, 2010; Gendreau, 1996; MacKenzie, 2006). In an effort to aid corrections officials in this task, the current chapter takes an in-depth examination of the inmates housed in segregated housing units. The purpose of this chapter is to present a systematic review of the literature that highlight the need for the development of more effective treatment strategies and interventions that are responsive to the specific risk and needs of this population.

As a prelude to this discussion, the chapter begins with a brief review of the use and function of segregation in the United States (for more detailed information see Labrecque, 2016). The second section summarizes the principles of effective correctional intervention to provide a

framework for understanding how correctional programming might best be integrated into these restrictive housing units (see also Smith, 2016). The third section provides a systematic review of the empirical segregation literature and describes what is known about the inmates held in restrictive housing. The fourth section discusses how the information gathered from the current review of the literature could be used to construct a more informed program design in segregated housing units, and the final section concludes with a review of the available evidence on current attempts to implement offender programming in segregation settings and makes some closing remarks.

Segregated Housing Units

Segregation—often referred to as solitary confinement—is used in many jails and prisons across the United States, ranging from minimum to supermaximum security level facilities (Browne, Cambier, & Agha, 2011). Unfortunately, there is no universally agreed upon definition of what constitutes segregated confinement (Butler, Griffin, & Johnson, 2013), nor is there consensus about who should be placed in such living units (Labrecque & Smith, 2013; Riveland, 1999). In practice, these settings are referred to by a variety of names, such as Security Housing Units, Restricted Housing Units, and Intensive Management Units (see e.g., the 2016 position statement by the *Journal of Correctional Health Care*). Nevertheless, the conditions in segregated housing units—despite what they are called—often include intense isolation and absolute control (see Shalev, 2008). Inmates held in these settings typically remain in a single cell for up to 23 hours of the day and are further subjected to increased cell restrictions and heightened security procedures (Lanes, 2011). Inmate movement is severely restricted and all personal contact—even with correctional staff—is minimal (Fellner, 2000). Inmates in segregation units are granted limited access to education, vocation, visitation, recreation, and

other services that are available to the general prison population (see also the review by Metcalf et al., 2013). Even medical and mental health services are extremely limited for inmates in these units (Butler, Johnson, & Griffin, 2014).

Correctional institutions use segregation for at least three purposes: responding to serious disciplinary misconduct (i.e., *disciplinary segregation*), ensuring the well order of the facility (i.e., *administrative segregation*), and protecting the inmate from harm (i.e., *protective custody*; see Labrecque, 2016). Disciplinary segregation is a form of punishment for inmates who violate institutional rules (Harrington, 2015). Departmental regulations often place limits on the amount of time an inmate may be housed in disciplinary segregation depending on the severity of the misconduct (e.g., 30 days or less). However, if the offender is charged with multiple violations, or if one incurs new violations while in segregation, one's length of stay can often be extended (Metcalf et al., 2013).

Administrative segregation is used for managerial purposes, including as a response to an inmate who demonstrates a chronic inability to adjust to the general population, or when it is believed an inmates' presence in the general population may cause a serious disruption to the orderly operation of the institution (Shalev, 2008). In some systems, inmates are not told the reason for their transfer to administrative segregation, and options for release back to the general inmate population are few (Fellner, 2000). For the inmates considered to be a continued threat to safety and security of the facility, administrative segregation can be imposed for extended periods of time, sometimes multiple years (Mears & Bales, 2010). In more rare cases, some inmates are even held in administrative segregation until discharge to the community at the expiration of their sentence (Lovell et al., 2007).

Protective custody is used to separate vulnerable inmates from the general inmate

population due to personal physical safety concerns (Harrington, 2015). Inmates in need of such separation often include sex offenders, confidential informants, former law enforcement officers, and those at risk for self-harm (Wormith, Tellier, & Gendreau, 1988). Although inmates in protective custody are segregated for their own protection, restrictions on human contact and programming are often similar to those inmates held in segregation for disciplinary and administrative purposes (Browne et al., 2011).

Although correctional institutions segregate inmates for many reasons, the differences in living arrangements and privileges granted to those residing in these settings appear to be minimal (see Kurki & Morris, 2001). In short, within a particular segregation unit, inmates held for disciplinary, administrative, or protective custody purposes, are generally exposed to the same restrictive conditions and treatment by staff. Furthermore, it remains difficult to separate the literatures on the various forms of segregation because researchers tend to study “solitary confinement” generally without carefully distinguishing between these types (Frost & Monteiro, 2016). Therefore, this chapter uses the term “segregation” to refer to the general practice of isolation in restrictive housing units. It is fully acknowledged, however, that any successful reformation effort aimed at successfully reintegrating inmates back into the general population should make use of the reason for placement (e.g., the strategy for returning a protective custody inmate to the general population might differ from the plan for reintegrating one who is in segregation for disciplinary purposes).

Policy makers and corrections officials often justify the use of segregation because they believe it increases safety and promotes order throughout the prison system (see Mears & Castro, 2006; and also Mears, 2013). However, among the number of controversial issues surrounding the use of this practice (e.g., violates prisoners’ constitutional rights, contributes to

psychological problems, costs considerably more than other housing options) is the contention that segregation increases—rather than decreases—criminal behavior, therefore making prisons and communities less safe (Pizarro, Stenius, & Pratt, 2006). It is also widely believed that spending prolonged periods of time in segregation exacerbates these negative effects (e.g., leads to even more criminal behavior; Pizarro, Zgoba, & Haugebrook, 2014). Two quantitative syntheses of the effects of restrictive housing literature find that segregation does not appear to reduce subsequent antisocial or criminal behaviors as intended, and may even contribute to increases in deviant outcomes (see Morgan et al., 2016).

Given that the majority of the inmates in segregation settings will eventually be released back into the general inmate population and the community, it is important that justice officials undertake efforts to reduce these inmates probability to engage in violence and other forms of antisocial behavior. From a theoretical perspective, the rationale for the present use of segregation in the United States appears to be limited to a specific deterrent (Gendreau & Goggin, 2013). That is, correctional administrators simply attempt to suppress unwanted behavior through the use of segregated confinement as a form of punishment. This is unfortunate because the extensive research on deterrence more generally finds little support for its ability to reduce crime (see Gendreau, Goggin, Cullen, & Andrews, 2000; Pratt, Cullen, Blevins, Daigle, & Madensen, 2006). It is time for policy makers and corrections officials to consider alternative options for dealing with difficult inmates that can better ensure institutional safety and promote improved behavior. This chapter explores one such strategy for taking an evidence-based approach toward segregation reform, using theoretical and empirical evidence to inform decisions.

The Principles of Effective Correctional Intervention

Correctional rehabilitation is a planned intervention that targets for change some aspect about the offender and his or her situation that is thought to cause criminality (e.g., attitudes, cognitive processes, personality or mental health, social relationship to others, educational and vocational skills, employment), and its intention is to make the offender less likely to break the law in the future (Cullen & Gendreau, 2000). Rehabilitation does not include interventions or strategies that attempt to reduce crime by simply teaching offenders that “crime does not pay” (i.e., those that rely primarily or exclusively on use of punishment and sanctions to modify offender behavior; Cullen, Jonson, & Nagin, 2011). There are now more than 100 meta-analyses of the correctional rehabilitation literature, which consistently find that offender treatment is effective under certain conditions (see McGuire, 2013; and Smith, Gendreau, & Swartz, 2009). More specifically, these effective strategies are referred to as the *principles of effective correctional intervention* (see Andrews & Bonta 2010 for a detailed review), and this model has taken over as the predominant paradigm for offender rehabilitation (see also Gendreau, 1996; Gendreau, French, & Gionet, 2004; and Smith, 2013).

This theory of offender rehabilitation has three main principles: risk, need, and responsivity (RNR; Andrews, Bonta, & Hoge, 1990). The *risk principle* asserts criminal behavior is predictable when valid risk assessment tools are used and treatment intensity is matched to level of risk, where higher risk offenders receive more services than lower risk offenders. Research consistently demonstrates that higher risk offenders derive the most benefit from treatment (e.g., Andrews & Bonta, 2010; Lowenkamp, Latessa, & Holsinger, 2006). In contrast, participating in intensive services can increase the recidivism rates of lower risk offenders because it disrupts their protective factors and exposes them to higher risk peers (see Lowenkamp, Latessa, & Smith, 2006).

The *need principle* suggests that in order to reduce recidivism, the dynamic (i.e., changeable) crime-producing risk factors—or criminogenic needs—should be the target of intervention. Several meta-analyses demonstrate there is certain need factors that are predictive of criminal behavior (see Andrews & Bonta, 2010; Bonta, Law, & Hanson, 1998; Gendreau, Little, & Goggin, 1996). These criminogenic needs include: (1) antisocial personality pattern (e.g., aggression, hostility, impulsivity, lack of self-control, poor emotion regulation); (2) antisocial attitudes, values, and beliefs; (3) the presence of antisocial peers and associates; (4) substance abuse; (5) problematic circumstances within family/marital relationships; (6) difficulties within the areas of education and employment, and (7) lack of pro-social leisure and recreational activities. Taken together with criminal history, the first three criminogenic needs identified in this list are referred to as the “Big Four” because these covariates are especially robust predictors of antisocial behavior (Andrews & Bonta, 2010). The most effective treatment programs target criminogenic needs, and prioritize these top tier predictors. Andrews and Bonta (2010, p. 73) report that treatment programs targeting criminogenic needs reduce recidivism by 20% more than programs that do not. Moreover, these meta-analyses also find that other factors have weak predictive validities (e.g., low self-esteem, depression, anxiety, fear of official punishment), and should therefore not be the primary targets for intervention (see Gendreau et al., 1996). It is important to note that the predictors of institutional misconduct are similar to those of post-release recidivism (see French & Gendreau, 2006). Therefore, the implementation of effective offender programming in segregation settings may not only have an effect on institutional misconduct, but also on post-release recidivism (Smith, 2016).

The *responsivity principle* describes how to best target criminogenic needs with treatment (i.e., general responsivity). Studies consistently find that cognitive-behavioral interventions are

the most effective in reducing criminal behavior. Andrews and Bonta (2010, p. 73) report that programs using of cognitive-behavioral interventions reduce recidivism by 23%, which is much better than the 4% reduction achieved by those programs employing other models of offender treatment (e.g., unstructured, nondirective, “get tough” approaches). In addition, it is also important to match offenders and treatment strategies in a manner that is most conducive to his or her learning style, motivation, abilities, and strengths (i.e., specific responsivity; Andrews & Dowden, 2006). For example, behavioral interventions are more effective with offenders with lower IQ scores as opposed to cognitive strategies (Cullen, Gendreau, Jarjoura, & Wright, 1997). To summarize the RNR model, the risk principle indicates *who* should be treated (i.e., higher risk offenders), the need principle indicates *what* should be targeted (i.e., criminogenic needs), and the responsivity principle determines how treatment strategies should be employed (i.e., cognitive-behavioral interventions that are matched to the learning styles and motivation of offenders).

A growing body of research finds that stronger adherence to the principles of risk, need, and responsivity is associated with more dramatic reductions in recidivism. For example, a 26% reduction in recidivism exists in programs that adhere to all three principles, whereas a 2% increase is noted in programs with no adherence to these principles (Andrews & Bonta, 2010, p. 74). Further, in a meta-analysis of 33 studies, Gendreau and Keyes (2001) report that “appropriate” programs (i.e., those that targeted criminogenic needs) reduced prison misconduct by approximately 17%. Any correctional administrator interested in improving institutional safety should certainly welcome such a sizable reduction in misconduct. Research also shows these principles are effective for a variety of correctional subpopulations, including female offenders, minority groups, youthful offenders, the mentally disordered, and violent and sex

offenders (Andrews, Dowden, & Rettinger, 2001; Dowden & Andrews, 2000).

Despite the overwhelming support for the principles of effective correctional intervention, many correctional organizations continue to implement strategies that are ineffective—and may even increase recidivism (see Latessa, Cullen, & Gendreau, 2002). These ineffective practices—referred to as *correctional quackery*—disregard the evidence of “what works” and instead rely on common sense, personal experience, and conventional wisdom (Latessa et al., 2002). Segregated confinement is a form of correctional quackery because the practice reinforces short-term thinking and primitive solutions to the management of criminal offenders when there are administrative policies, clinical prediction protocols, and treatment programs that can limit its use, while maintaining institutional safety and promoting improved behavior (i.e., those that adhere to the RNR principles; Gendreau & Labrecque, 2016). It is suggested here that the RNR framework can provide a blueprint for how interventions and services should be designed and delivered in restrictive housing units (see also Smith, 2016). In order to do so, it is important for correctional agencies to understand the characteristics of the offenders in its segregated housing units. This information can be used to develop more informed treatment strategies.

Inmates in Segregated Housing Units

This section includes a systematic review of the empirical segregation literature. It is the intention of this review to provide guidance to correctional administrators in developing policies and practices that support the use of offender treatment in segregated housing units. It is argued here that such efforts at reforming segregation units may not only help reduce the rates of institutional misconduct and post-release recidivism, but also the need for segregation in the first place. The independent variable in this review includes isolation in a restricted housing unit. In

order to be included in this review, a study had to compare the characteristics of inmates held in segregation settings to those residing in the general prison population. Studies with non-offender samples, studies that took place in non-custody laboratory settings, and studies that did not include a control group of general population offenders were excluded.

Studies were identified through various techniques. First, through a keyword search using multiple databases: Criminal Justice Abstracts, Criminal Justice Periodical Index, Dissertation Abstracts Online, National Criminal Justice Reference Service, PsycINFO, Social Sciences Index, Sociological Abstracts, and SocINDEX. The specific keywords used in this literature search included “administrative segregation,” “solitary confinement,” “restrictive housing,” and “supermax.” Second, the author reviewed relevant journals—issue by issue—to locate any additional studies (i.e., *Criminology*, *Crime & Delinquency*, *Criminal Justice and Behavior*, *The Prison Journal*, and the *Canadian Journal of Criminology*). Third, a search was conducted in Google Scholar in order to locate additional state and national reports that were not discovered through the other methods. Fourth, the annual conference programs for the American Society of Criminology and the Academy of Criminal Justice Sciences were examined in order to find the most current and up-to-date research in this area. Finally, the reference lists from each identified study was used to locate additional studies (i.e., ancestry method).

A total of 16 studies were identified for inclusion in this evidence review. For the interested reader, there is an asterisk next to each of the included studies in the references. Of the studies reviewed there were four types of offender characteristics compared: (1) demographics, (2) criminal history, (3) institutional behavior, and (4) criminogenic needs. The majority of the included studies were produced after 2000 (75%) and published in a peer-reviewed journal (63%). The majority of these studies occurred in North American correctional institutions (88%)

and most involved predominantly adult male offenders (75%).

No other single factor is discussed more often in the segregation literature than mental health (see e.g., Toch, 2003; Haney, 2009; Kupers, 2008; Lovell, 2008; Scharff-Smith, 2006). Major mental illness is associated with aggressive institutional misconduct (Walters & Crawford, 2014), and studies from many different jurisdictions report a higher prevalence of severe mental disorders among segregated populations compared to general inmate populations (e.g., Anderson, Sestoft, Lillebaek, Gabrielsen, & Kramp, 1996; Coid et al., 2003; Helmus, Johnson, & Harris, 2014; Hodgins & Côté, 1991, Lovell et al., 2007; O'Keefe, 2007). Inmates in segregated housing units also display higher levels of mental health symptomology and lower levels of psychological functioning (Zinger, Wichmann, & Andrews, 2001). In addition, there appear to be some psychiatric diagnoses and conditions that are particularly overrepresented in restrictive housing units, including schizophrenia, bipolar disorder, adjustment disorder, depressive disorder, and individuals displaying borderline personality characteristics or delusional thoughts (Anderson et al., 2000; Hodgins & Côté, 1991; O'Keefe et al., 2010). Finally, segregated inmates are more likely to possess the personality characteristics of impulsive, hostile, argumentative, opinionated, and easily frustrated when compared to non-segregated inmates (Lanes, 2011; Suedfeld, Ramirez, Deaton, & Baker-Brown, 1982).

This review of the literature also finds that inmates in segregated housing units possess several other distinguishable demographic characteristics when compared to the general inmate population. One of the strongest personal predictors of institutional infractions is younger age (Gonçalves, Gonçalves, Martins, & Dirkzwager, 2014). The research also shows that gender and race are influential in the prediction of misconduct (Gendreau, Goggin, & Law, 1997; Harer & Steffensmeier, 1996; Walters & Crawford, 2013). This review reveals that segregated inmates

tend to be younger, are more likely to be a male, and a member of an ethnic minority (Mears & Bales, 2009; O'Keefe, 2008; Ward, 2009). Criminal history and past institutional behavior has a long-standing and well-documented relationship with offender behavior (Andrews & Bonta, 2010). In this study, segregated inmates were found to have a more violent criminal record (Helmus et al., 2014; Lovell & Johnson, 2004; Mears & Bales, 2009) and greater juvenile justice involvement (Motiuk & Blanchette, 1997; Thompson & Rubenfeld, 2013). Inmates in segregation settings also have a greater history of engaging in institutional misconduct (Beck, 2015; Mears & Bales, 2009; Lovell et al., 2007) and are more likely to have previously served time in segregation (Butler et al., 2016; Helmus et al., 2014; O'Keefe, 2007; Motiuk & Blanchette, 1997; Thompson & Rubenfeld, 2013).

Prison gangs represent substantial problems for prison officials (Tachiki, 1995). Research shows gang affiliation often increases one's propensity toward violent behavior beyond the individual risk factors generally attributed to youth and prior criminal history (see Griffin & Hepburn, 2006). It is therefore not surprising that inmates in segregated housing units are more likely to be members of gangs (Butler et al., 2016; Helmus et al., 2014; O'Keefe, 2007), especially when one considers that inmates are often placed in segregation simply for having a known or suspected gang affiliation (see Butler et al., 2013). Actuarial risk assessments have been shown to produce the highest correlations with institutional misbehavior (Gendreau et al., 1997). Accordingly, offender risk assessment scores (e.g., Level of Service Inventory-Revised [LSI-R]) are also higher among inmates in segregation compared to those in the general inmate population (O'Keefe, 2008; Smith, 2006; Thompson & Rubenfeld, 2013; Wichmann & Nafekh, 2001).

In addition, this review finds that inmates in segregation also possess much greater levels

of criminogenic needs. In particular, segregated inmates have more antisocial attitudes and antisocial associates (Helmus et al., 2014; Motiuk & Blanchette, 1997; Thompson & Rubenfeld, 2013). Segregated inmates also have less education and more issues around gaining and maintaining employment (Butler et al., 2016; Helmus et al., 2014; O’Keefe, 2007; 2008; Thompson & Rubenfeld, 2013). Further, segregated inmates have greater substance abuse problems (Coid et al., 2003; Helmus et al., 2014; Hodgins & Côté, 1991; Motiuk & Blanchette, 1997; O’Keefe, 2008; Thompson & Rubenfeld, 2013) and more family/marital issues (Motiuk & Blanchette, 1997; Thompson & Rubenfeld, 2013). Finally, segregated inmates display less motivation for treatment and have a lower ability to function successfully in the community (Motiuk & Blanchette, 1997; Thompson & Rubenfeld, 2013).

Implementing RNR in Segregation Housing Units

As discussed in the second section, there is a well-developed literature on “what works” to reduce offender recidivism: *the principles of effective correctional intervention* (see Andrews & Bonta, 2010). Recall, this philosophy suggests correctional strategies are more effective when they target the criminogenic needs (*need principle*) of higher risk offenders (*risk principle*) with cognitive-behavioral based interventions, in a manner that is conducive to his or her learning style, motivation, abilities, and strengths (*responsivity principle*). Similarly, there is a substantial literature on “what doesn’t work” to rehabilitate offenders (i.e., those strategies or interventions that rely on the use punishment and focus on treatment targets such as low self-esteem, depression, and anxiety; see Gendreau et al., 2000; MacKenzie, 2006). The RNR framework provides a guide for how services should be designed and delivered in segregation settings. However, the use this information to inform policies and practices within restrictive housing units is still very much in the early stages of development (Smith, 2016). This section considers

how this information on the inmates in segregation settings drawn in the previous section can be used to assist correctional researchers and administrators in better incorporating the principles of effective correctional intervention in segregated housing units.

This evidence review overwhelmingly finds that inmates held in segregated housing units tend to possess those traits that correlate more highly with antisocial behavior compared to those living in the general offender population. That is, inmates in these restrictive housing units are younger, more likely to be an ethnic minority, have a mental disorder, be a member of a gang, have a more extensive criminal history, have a record of prior misbehavior in the institution, and be rated as high-risk to recidivate when compared to the inmates from the general prison population at large (see also Labrecque, 2015b). This is important information because it could help corrections officials proactively identify and treat inmates with greater propensities toward being placed in restrictive housing, in an effort to reduce the need for segregation in the first place.

Recently, Helmus et al. (2014) developed a risk assessment scale—the Risk of Administrative Segregation Tool (RAST)—to predict the probability that an inmate is placed in administrative segregation in the federal Canadian prison system. The RAST includes six static items (i.e., age, prior convictions, prior segregation placements, sentence length, criminal versatility, and prior violence) and was found to be predictively valid (see also Helmus, 2015). The creation of this instrument represents a crucial first step in assisting correctional agencies in better identifying the inmates who are at high risk for placement in segregated housing units. Such information is essential for agencies in order to develop efforts to divert offenders from such placements. Once high-risk inmates are identified, proactive interventions can be implemented to teach the high-risk offenders the skills that might help avoid being placed in

segregation.

This review of the evidence is also important because it shows that inmates in segregation not only differ from those in the general population on demographic and criminal history variables, but also in terms of their criminogenic needs. Across every domain examined, the inmates in segregation settings possessed much greater levels of criminogenic needs than those in the general inmate population. This finding has significant treatment implications because it means correctional administrators can use this information to help identify which areas to target with intervention in segregation settings in an attempt to reduce subsequent institutional misbehavior and post-release recidivism. It is critical that this programming has a solid basis in the RNR principles and targets not only the top tier predictors of criminal behavior (i.e., antisocial personality, antisocial attitudes, antisocial peers), but also the domains of personal/emotional, family/marital, substance abuse, and motivation for treatment (see also Labrecque, 2015b).

Finally, this review of the research also reveals that segregated inmates also possess certain characteristics (e.g., mental illness, gang affiliation) that may create significant barriers to the successful treatment of offenders. Likewise, efforts at incorporating offender rehabilitative strategies in these units must consider these responsivity factors in order to maximize the probability of their intended effects (see Gendreau & Thériault, 2011). For example, inmates suffering from mental health disorders are clearly overrepresented in segregated housing units (Haney, 2003). However, as Gendreau and Labrecque (2016) point out, it is conceivable that some of these inmates might prefer an isolated living arrangement compared to the general inmate population. Although the idea of living in isolation may not be appealing to most offenders, it is possible that there are several desirable aspects of the setting for some inmates

with serious mental health disorders, such as more predictability, less stimulation, less social interactions, and fewer requirements (see Brown, Cromwell, Filion, Dunn, & Tollefson, 2002). Mentally ill inmates may not only request to be placed in restrictive housing settings, but might also engage in behaviors (e.g., rule infractions, acting out) that would result in being placed in disciplinary segregation. Regardless, any effort at reforming the use of, and need for, segregation must adequately address the mental health issues and develop more appropriate alternatives for mentally ill offenders.

There is much less empirical information available on female inmates in segregation settings when compared to that of males. However, there may be some reasons to consider that treatment interventions and strategies might need to differ in male and female restrictive housing units. Some argue that correctional policies, which often fail to consider female histories of trauma—such as segregation—fail to recognize that female offenders may become more agitated from the experience and increase their antisocial behaviors as a result (Dell, Fillmore, & Kilty, 2009). It has also been suggested that ill-adapted correctional policies borrowed from models designed for males, have often failed to produce substantive equality to which female inmates are entitled (Arbour, 1996). It is worth noting that Labrecque, Smith, and Gendreau (2015) found no differences in the effect of disciplinary segregation on measures of inmate misconduct based on gender; however, it remains possible that providing females with gender-informed services in segregation that are more responsive to their unique needs (e.g., trauma, relationships) might result in better outcomes (e.g., less misconduct, less recidivism).

There is also some evidence that suggests inmates who are released directly from segregation settings to the community may have a higher risk for recidivism compared to those who are reintegrated first to the general inmate population (Lovell et al., 2007). Likewise, there

have been many recommendations to develop practices that gradually introduce segregated offenders back into the general population setting before they are returned to the community (U.S. Department of Justice, 2016). In order to maximize the potential for a successful re-entry, offenders should be taught while in segregation to observe and manage problem situations that may arise when they are released (Smith, 2016). The rehearsal of alternative, pro-social behaviors can occur in the treatment group setting using relatively simple scenarios but should eventually require the offender to practice the newly acquired skills in increasingly difficult situations (e.g., in the general population setting; Spiegler, 2016). When an inmate demonstrates a positive behavior, he or she should be rewarded to encourage the recurrence of the prosocial behavior (Gendreau, Listwan, Kuhns, & Exum, 2014). Moreover, the institution should help segregated offenders to prepare relapse prevention plans before their release and require their participation in aftercare and booster sessions (Andrews & Bonta, 2010).

Conclusion

There is an assumption made in the use of segregated confinement that the practice will improve safety and security within the prison system and beyond (Mears, 2013). Restrictive housing units have historically focused on the aspects of isolation and deprivation to modify offender behavior (Scharff-Smith, 2006). Previous research, however, calls into question the conventional wisdom that harsh prison conditions function as an effective deterrent (see Listwan, Sullivan, Agnew, Cullen, & Colvin, 2013; and Gendreau & Labrecque, 2016). Alternatively, there is compelling meta-analytic evidence that suggests offender treatment that adheres to the principles of effective intervention reduces institutional misconduct and post-release recidivism (Andrews & Bonta, 2010; French & Gendreau, 2006).

In light of these findings, significant attention should be devoted to transforming

segregation into a more therapeutic environment (see also Smith & Schweitzer, 2012). As research indicates better outcomes are achieved when corrections agents are able to balance the dual roles of care and control (see Skeem, Eno Louden, Polaschek, & Camp, 2007), correctional officers who work in segregated housing settings should receive additional training on mental illness, substance abuse, and criminogenic needs.

Although these tasks will likely be challenging for many jurisdictions, such efforts will create a context that is more conducive to offender rehabilitation. The reformatory strategy should consider the aspects of the correctional climate, the availability of correctional programming and rehabilitative services, access to meaningful social interactions and other activities, access to privileges, as well as the content of interactions between staff and inmates. Not all institutions will embrace this agenda or these recommendations. Some individuals continue to insist that harsh segregation settings are critical for maintaining the safety and security of correctional institutions (see e.g., Angelone, 1999; Gavora, 1996), and some even suggest these units need to become more restrictive in order to improve these outcomes (see Rogers, 1993). It is unlikely widespread progress will happen in reforming segregation settings until correctional officials are confident that these alternative options will not affect institutional safety and security in a negative way (Labrecque, 2016). The success of this progressive movement in making a lasting difference in how inmates are managed in correctional institutions hinges on the extent to which these rehabilitative efforts are evaluated.

There is some evidence that rehabilitative services can be effectively implemented into segregated housing settings and the tentative results appear promising (see e.g., U.S. Department of Justice, 2016; and Shames et al., 2015). Officials from the Washington Department of Corrections indicate their belief that offender programming in segregation units has been highly

effective in transitioning inmates to successfully remain in the general prison population in Washington State (Pacholke & Mullins, 2016). In a 2016 study in the Canadian federal prison system, Talisman also found that segregated inmates who participated in a transitional rehabilitative program were twice as likely to complete other programs and were 1.5 times as likely to remain employed while in custody. Further, Butler, Solomon, and Spohn (2015) report that segregated inmates who participated in a cognitive-behavioral program in three prisons in the Midwestern United States had lower rates of drug and alcohol misconduct. Butler et al. (2015) also found the program had no effect on assaults or other non-violent misconducts, but note that one of the major shortcomings of the evaluation was that many of the participants were released from restrictive housing before being able to complete the program. Finally, in a study in a prison in the Northeastern United States, Pizarro et al. (2014) found that inmates released from the state's supermax segregation setting who participated in rehabilitative services while incarcerated were less likely to recidivate than those who did not participate in such treatment.

This research supports the use of offender rehabilitative strategies within restrictive housing units. However, the author acknowledges that this literature base is methodologically weak and in short supply. This gap in knowledge about the effect of programming in segregated housing is deeply concerning. Especially considering the empirical evidence on the effects of segregation finds it fails to reduce institutional behavior and post-release recidivism as intended. From a pragmatic perspective, it is no longer defensible to support a correctional practice that is ineffective in achieving these desirable effects. As correctional agencies continue to work on transforming the use of segregation, it would be wise for administrators and policy makers to consider incorporating the principles of effective correctional intervention within the context of these units.

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