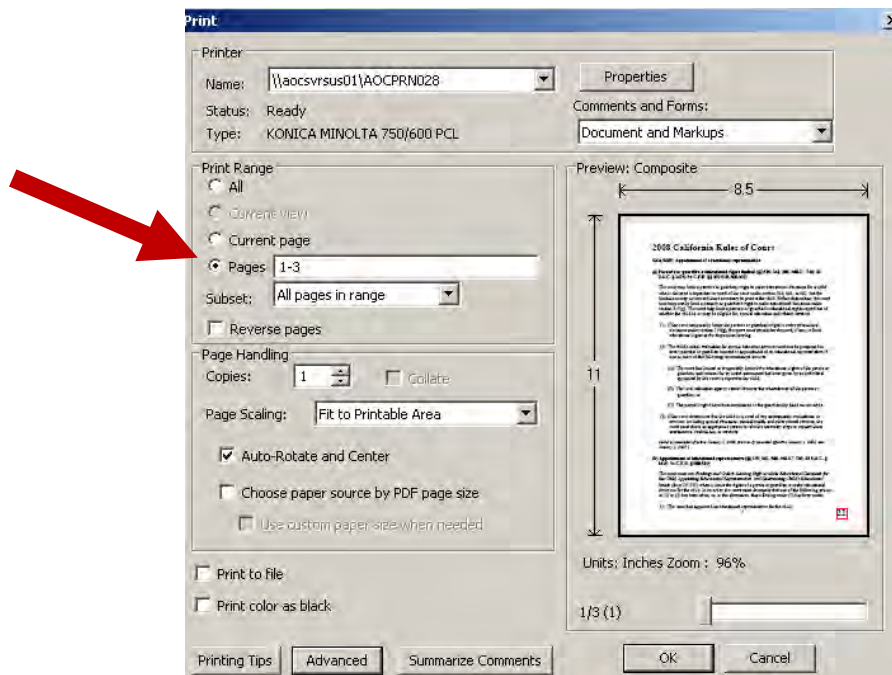Dear Colleague:

Enclosed are Beyond the Bench 2010 handouts, PowerPoint slides, articles, and other resources made available by faculty.

In keeping with the efforts of going "green", we encourage you to read from the electronic document rather than print hundreds of pages.

If you choose to print these materials, please make sure to **specify the range of pages**.

Thank you.

Beyond the Bench conference staff

WEDNESDAY – JUNE 2, 2010

8:00 am – 5:00 pm

target audience:
attorneys
judicial officers
probation officers
psychologists
social workers

Best Practices Approach Initiative: Focus on Community Probation Practices and Substance-Abusing Youth

This training course will provide participants with an understanding of the principles of effective correctional interventions and will emphasize the value and utility of employing evidence-based practices (EBP) and research-driven practices in planning, administering, and evaluating programs. Participants will also have an opportunity to review several case scenarios and incorporate EBP into the process. Several hours of this day-long session will be focused specifically on community probation practices and effective programming for substance-abusing youth.
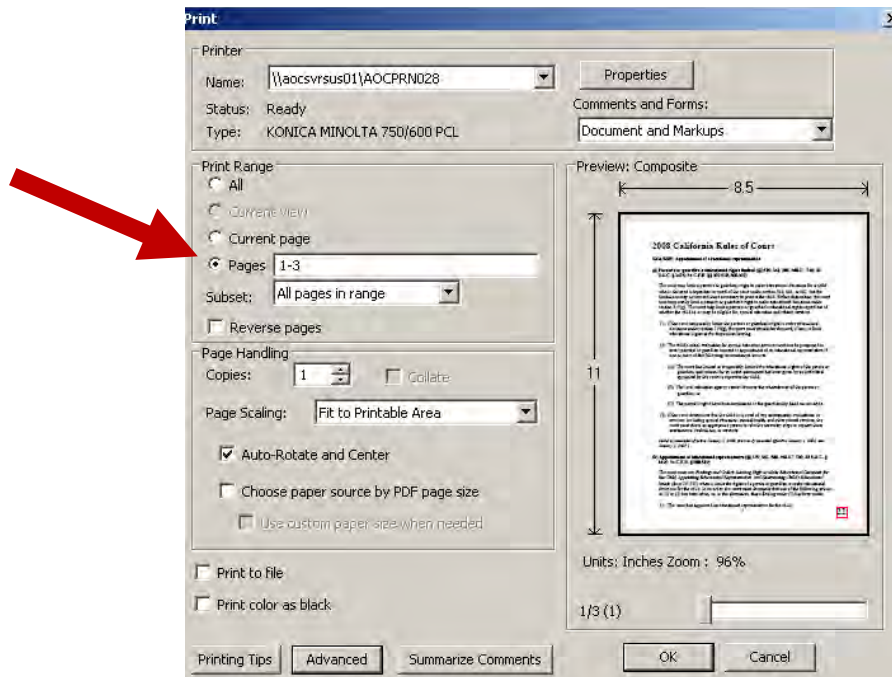
Learning Objectives:

- Understand evidence-based practices.
- Understand what works in reducing recidivism.
- Identify the major predictors of criminal behavior.
- Learn the importance of principles of effective intervention.

Faculty:

o **Edward Latessa, Ph.D.**
  Professor and Department Head, University of Cincinnati, Center for Criminal Justice Research
o **Craig Henderson, Ph.D.**
  Assistant Professor, Sam Houston State University, Department of Psychology

Before you choose to print these materials, please make sure to **specify the range of pages**.

**Effective Practices in
Community Supervision (EPICS)**

Edward Latessa
Professor and Director
Center for Criminal Justice Research
School of Criminal Justice
University of Cincinnati

UNIVERSITY OF
Cincinnati

Rationale for EPICS Training

IMPORTANCE OF TRAINING

A recent study of parole by the Urban Institute indicated that the "no parole" group performed about as well as the "mandatory and discretionary parole" group.

2

Rationale for EPICS Training

IMPORTANCE OF TRAINING

A meta-analytic review of approximately 25 studies indicated that probation is no more effective than other community-based sanctions such as fines, community service, etc.

Bonta et al. (forthcoming)

3

Rationale for EPICS Training

"TRADITIONAL" COMMUNITY SUPERVISION

- Dosage
- Length of community supervision
- Caseload size
- Unknown risk of offenders
- Availability and quality of community referrals
- Content of interaction with offender
- Focus on external controls
- Other policy/procedural issues

4

Rationale for EPICS Training

IMPORTANCE OF TRAINING

The most current research is suggesting that the relationship with officer and what is discussed is important.

5

Rationale for EPICS Training

IMPORTANCE OF TRAINING

A study on case management practices in Manitoba probation found that the development of supervision plans was based more on what the court mandated than what the assessments indicated.

$\uparrow$ in number of topics discussed, $\uparrow$ in recidivism

Bonta, Rugge, Seto and Coles (2004)

6

Rationale for EPICS Training

IMPORTANCE OF TRAINING

Research on the Dual Role Relationships Inventory-Revised has suggested that relationship quality in mandated treatment involves caring and fairness, trust, and an authoritative (not authoritarian) style.

Skeem, Eno Louden, Polaschek, and Camp (2007)

7

Rationale for EPICS Training

IMPORTANCE OF TRAINING

The work of Chris Trotter (2006) has also underscored the importance of role clarification and the use of problem solving (as well as other core correctional practices) in working with involuntary clients.
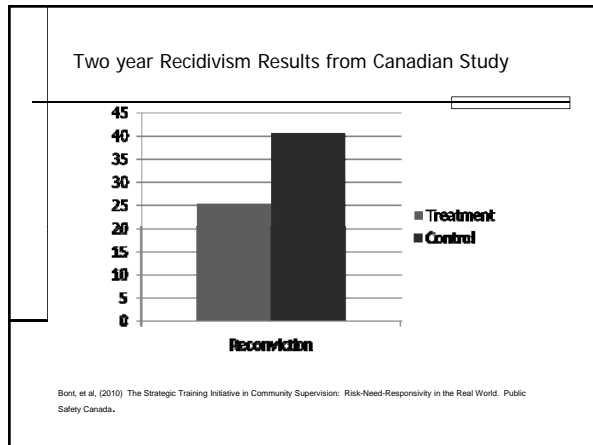
8

Rationale for EPICS Training

IMPORTANCE OF TRAINING

Bonta et al. (forthcoming) have been collecting data in Canada after implementation of the Strategic Training Initiative in Community Supervision (STICS).

Trained officers had 12% higher retention rates in comparison with untrained officers at six months.

9

Two year Recidivism Results from Canadian Study

Bont, et al, (2010) The Strategic Training Initiative in Community Supervision: Risk-Need-Responsivity in the Real World. Public Safety Canada.

Rationale for Training

VERA INSTITUTE

"If we get [community supervision] right, we could cut incarceration by 50 percent, have less crime rather than more crime, and spend the same amount of money."

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Principles of Effective Intervention

THREE MAIN PRINCIPLES

• Risk

• Need

• Responsivity

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Principles of Effective Intervention

RISK PRINCIPLE

- Assess and identify higher risk offenders.

- Target higher risk offenders for more intensive treatment, services, and supervision.

- Avoid including lower-risk in higher-end programs; it may increase their risk and failure rates!

13

Principles of Effective Intervention

NEED PRINCIPLE

- Identify and target criminogenic needs:
    - Attitudes, values, beliefs
    - Peer associations
    - Personality
    - Education/employment
    - Family
    - Substance abuse
    - Leisure/recreation

14

Principles of Effective Intervention

RESPONSIVITY PRINCIPLE

- Specific responsivity
    - Remove barriers to treatment
    - Match style and mode of service delivery to key offender characteristics

- General responsivity
    - Use cognitive behavioral interventions

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Cognitive-Behavioral Model

DEFINING THEMES AND CHARACTERISTICS

SCIENTIFIC

- Commitment to a scientific approach
    - Precision
    - Empirical evaluation

- Definition of target behaviors

- Measurement of target behaviors
    - Before, during, and after treatment

16

Cognitive-Behavioral Model

DEFINING THEMES AND CHARACTERISTICS

ACTIVE

- Offenders are required to do something about their problem behavior (i.e., not just talk about it).

- Homework assignments

- In vivo (i.e., takes place in the natural setting)

17

Cognitive-Behavioral Model

DEFINING THEMES AND CHARACTERISTICS

PRESENT-FOCUS

- Problem behaviors occur in present and are influenced by current conditions.

- Past experiences are interesting insofar as they are present maintaining conditions of the current problem behavior.

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Cognitive-Behavioral Model

DEFINING THEMES AND CHARACTERISTICS

BASED ON THEORIES OF LEARNING

- Problem behaviors are developed and maintained through learning.

- Old behaviors can be replaced by new behaviors through learning experiences (including repetition and reinforcement).

19

Cognitive-Behavioral Model

DEFINING THEMES AND CHARACTERISTICS

INDIVIDUALIZED

- Despite standardized assessments and curricula, treatment plans should be individualized to each offender's unique problem, circumstances, and characteristics.

20

Cognitive-Behavioral Model

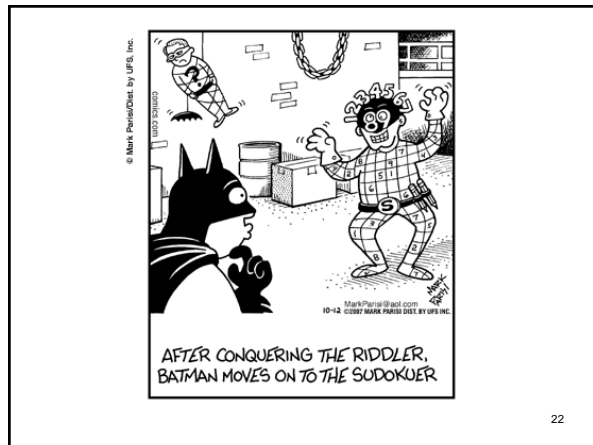**DEFINING THEMES AND CHARACTERISTICS**

STEPWISE PROGRESSION

Simple ➡ Complex

Easier ➡ Harder

Less threatening ➡ More threatening

21

AFTER CONQUERING THE RIDDLER, BATMAN MOVES ON TO THE SUDOKUER

22

Cognitive-Behavioral Model

DEFINING THEMES AND CHARACTERISTICS

TREATMENT PACKAGES

- Treatment plans should combine various techniques:
    - Reinforcement
    - Modeling and role playing
    - Response cost
    - Contingency contracts
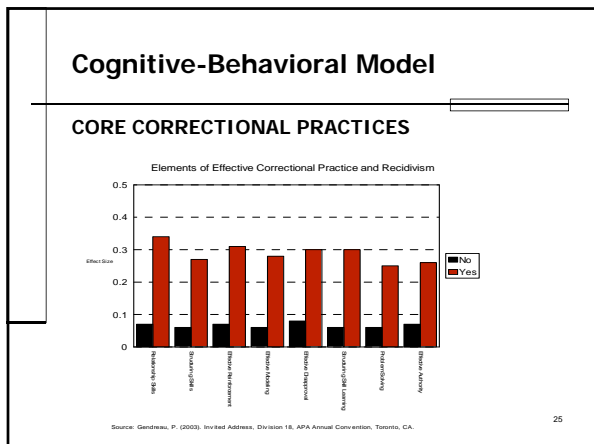   - Thinking reports

23

Cognitive-Behavioral Model

DEFINING THEMES AND CHARACTERISTICS

BREVITY

- Relatively short intervention compared to other options due to homework and self-management.

- Time may fluctuate depending on complexity of problem.

24

Cognitive-Behavioral Model

CORE CORRECTIONAL PRACTICES

Elements of Effective Correctional Practice and Recidivism

Source: Gendreau, P. (2003). Invited Address, Division 18, APA Annual Convention, Toronto, CA.

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Structure of EPICS Meeting

SESSION OVERVIEW

Each session should be structured in the following way:

1. Check-In
2. Review
3. Intervention
4. Homework and Behavioral Rehearsal

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Structure of EPICS Meeting

CHECK-IN

CHECK-IN is an opportunity to:

1. To determine if client has any crises/acute needs
2. Build rapport
3. Discuss compliance issues

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Structure of EPICS Meeting

REVIEW

The REVIEW portion of your meeting should focus on:

1. The skills discussed in your prior meeting
2. The application of those skills
3. Troubleshooting any continued problems in the use of those skills

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Structure of EPICS Meeting

INTERVENTION

For the INTERVENTION, you should:

1. Identify continued areas of need
2. Identify trends in problems that the client experiences
3. Teach relevant skills
4. Target problematic thinking (or "tapes")

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Structure of EPICS Meeting

HOMEWORK AND REHEARSAL

For HOMEWORK AND REHEARSAL you should:

1. Give the client an opportunity to see you model what you are talking about
2. Provide the client with the opportunity to role play the new skill BEFORE leaving your office with feedback
3. Assign the client homework that focuses on applying the new skill
4. Give instructions that the client should follow before the next visit

30

EPICS Action Plan

EPICS ACTION PLAN

The EPICS Action Plan was developed to help guide your interactions with offenders. You should use it to:

1. Identify the level of risk and need
2. Identify the level of supervision
3. Identify needs to discuss when a client reports
4. Note if there are any barriers to treatment
5. Address any acute/crisis needs

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Differential Supervision by Risk/Need

TRANSLATING THE RISK PRINCIPLE

More services should be delivered to higher-risk clients:

1. Treatment dosage and supervision
2. Meet with clients more frequently
3. Use focused interventions
4. Use family and community resources

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Differential Supervision by Risk/Need

TRANSLATING THE NEED PRINCIPLE

Focus on identified criminogenic needs, but:

1. Work through acute/crisis, noncrimingenic, and criminogenic
2. Translate risk and needs assessment into need priorities but always focus on thoughts, attitudes, values, and beliefs

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Differential Supervision by Risk/Need

TRANSLATING THE RESPONSIVITY PRINCIPLE

Enhance behavioral change by delivering services that are responsive to the way a client learns:

1. Structure supervision period and meetings
2. Develop a relationship
3. Teach core skills in a concrete and simple way

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In Closing:

- The EPICS model is <u>not</u> intended to replace more intense cognitive-behavioral treatments to address specific domains, but rather it represents an attempt to more fully utilize the POs as agents of change and to integrate all pieces of the puzzle in order to deliver a consistent intervention to youth.

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What Works and What Doesn't in Reducing Recidivism with Youthful Offenders: The Principles of Effective Intervention

Presented by:
Edward J. Latessa, Ph.D.
Center for Criminal Justice Research
School of Criminal Justice
University of Cincinnati
www.uc.edu/criminaljustice

How To Digest This Information

1. Think in terms of own agency

2. Think in terms of outside agencies

3. Think in terms of a system perspective

Evidence Based – What does it mean?

There are different forms of evidence:

– The lowest form is anecdotal evidence; stories, opinions, testimonials, case studies, etc - but it often makes us feel good

– The highest form is empirical evidence – research, data, results from controlled studies, etc. - but sometimes it doesn't make us feel good

---

Evidence Based Practice is:

1. Easier to think of as Evidence Based Decision Making

2. Involves several steps and encourages the use of validated tools and treatments.

3. Not just about the tools you have but also *how* you use them

---

Evidence Based Decision Making Requires

1. Assessment information

2. Relevant research

3. Available programming

4. Evaluation

5. Professionalism and knowledge from staff

What does the Research tell us?

*There is often a* **Misapplication of Research: "XXX Study Says"**

- the problem is if you believe every study we wouldn't eat anything (but we would drink a lot of red wine!)

• **Looking at one study can be a mistake**

• **Need to examine a body of research**

• **So, what does the body of knowledge about correctional interventions tell us?**

FROM THE EARLIEST REVIEWS:

- Not a single reviewer of studies of the effects of official punishment alone (custody, mandatory arrests, increased surveillance, etc.) has found consistent evidence of reduced recidivism.

- At least 40% and up to 60% of the studies of correctional treatment services reported reduced recidivism rates relative to various comparison conditions, in every published review.

Criminal Sanctions vs Treatment for Youthful Offenders
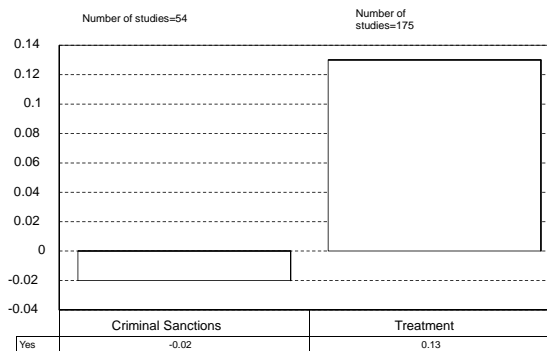
Number of studies=54 | Number of studies=175

	Criminal Sanctions	Treatment
Yes	-0.02	0.13

Source: Dowden and Andrews (1999), What Works in Young Offender Treatment: A Meta Analysis. Forum on Correctional Research.

People Who Appear to be Resistant to Punishment

- Psychopathic risk takers
- Those under the influence of a substance
- Those with a history of being punished

Most researchers who study correctional interventions have concluded:

- Without some form of human intervention or services there is unlikely to be much effect on recidivism from punishment alone

- The evidence also indicates that while treatment is more effective in reducing recidivism than punishment – Not all treatment programs are equally effective

Type of Treatment and Effect Sizes for Youthful Offenders
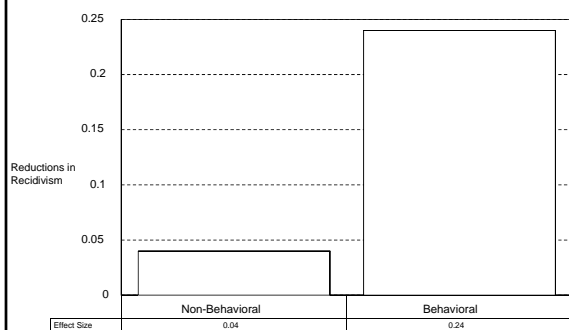
Reductions in Recidivism

	Non-Behavioral	Behavioral
Effect Size	0.04	0.24

Source: Dowden and Andrews (1999), What Works in Young Offender Treatment: A Meta Analysis. Forum on Correctional Research.

Another important body of knowledge to understand is the research on risk factors

What are the risk factors correlated with criminal conduct?

Major Set of Risk/Need Factors

1. Antisocial/procriminal attitudes, values, beliefs and cognitive-emotional states

Cognitive Emotional States

- Rage
- Anger
- Defiance
- Criminal Identity

Identifying Procriminal Attitudes, Values & Beliefs

Procriminal sentiments are what people think, not how people think; they comprise the content of thought, not the skills of thinking.

What to listen for:

- Negative expression about the law

- Negative expression about conventional institutions, values, rules, & procedures; including authority

- Negative expressions about self-management of behavior; including problem solving ability

- Negative attitudes toward self and one's ability to achieve through conventional means

- Lack of empathy and sensitivity toward others

Neutralization & Minimizations

Offenders often neutralize their behavior. Neutralizations are a set of verbalizations which function to say that in particular situations, it is "OK" to violate the law

Neutralization Techniques include:

- **Denial of Responsibility: Criminal acts are due to factors beyond the control of the individual, thus, the individual is guilt free to act.**

- **Denial of Injury: Admits responsibility for the act, but minimizes the extent of harm or denies any harm**

- **Denial of the Victim: Reverses the role of offender & victim & blames the victim**

- **"System Bashing": Those who disapprove of the offender's acts are defined as immoral, hypocritical, or criminal themselves.**

- **Appeal to Higher Loyalties: "Live by a different code" – the demands of larger society are sacrificed for the demands of more immediate loyalties.**

(Sykes and Maltz, 1957)

Major set Risk/needs continued:

2. Procriminal associates and isolation from prosocial others

Major set Risk/Needs continued:

3. Temperamental & anti social personality pattern conducive to criminal activity including:
   – Weak Socialization
   – Impulsivity
   – Adventurous
   – Pleasure seeking
   – Restless Aggressive
   – Egocentrism
   – Below Average Verbal intelligence
   – A Taste For Risk
   – Weak Problem-Solving/lack of Coping & Self-Regulation Skills

Major set of Risk/Need factors continued:

4. A history of antisocial behavior:
- Evident from a young age
- In a variety of settings
- Involving a number and variety of different acts

Major set of Risk/Needs Continued:

5. Family factors that include criminality and a variety of psychological problems in the family of origin including:
- Low levels of affection, caring and cohesiveness
- Poor parental supervision and discipline practices
- Out right neglect and abuse

Major set of Risk/Needs continued:

6. Low levels of personal educational, vocational or financial achievement

---

Leisure and/or recreation

7. Low levels of involvement in prosocial leisure activities

Substance Abuse

8. Abuse of alcohol and/or drugs

Major Risk and/or Need Factor and Promising Intermediate Targets for Reduced Recidivism

Factor	Risk	Dynamic Need
History of Antisocial Behavior	Early & continued involvement in a number antisocial acts	Build noncriminal alternative behaviors in risky situations
Antisocial personality	Adventurous, pleasure seeking, weak self control, restlessly aggressive	Build problem-solving, self-management, anger mgt & coping skills
Antisocial cognition	Attitudes, values, beliefs & rationalizations supportive of crime, cognitive emotional states of anger, resentment, & defiance	Reduce antisocial cognition, recognize risky thinking & feelings, build up alternative less risky thinking & feelings Adopt a reform and/or anticriminal identity
Antisocial associates	Close association with criminals & relative isolation from prosocial people	Reduce association w/ criminals, enhance association w/ prosocial people

Adopted from Andrews, D.A. et al, (2006). The Recent Past and Near Future of Risk and/or Need Assessment. Crime and Delinquency, 52 (1).

Major Risk and/or Need Factor and Promising Intermediate Targets for Reduced Recidivism

Factor	Risk	Dynamic Need
Family and/or marital	Two key elements are nurturance and/or caring better monitoring and/or supervision	Reduce conflict, build positive relationships, communication, enhance monitoring & supervision
School and/or work	Low levels of performance & satisfaction	Enhance performance, rewards, & satisfaction
Leisure and/or recreation	Low levels of involvement & satisfaction in anti-criminal leisure activities	Enhancement involvement & satisfaction in prosocial activities
Substance Abuse	Abuse of alcohol and/or drugs	Reduce SA, reduce the personal & interpersonal supports for SA behavior, enhance alternatives to SA

Adopted from Andrews, D.A. et al, (2006). The Recent Past and Near Future of Risk and/or Need Assessment. Crime and Delinquency, 52 (1).
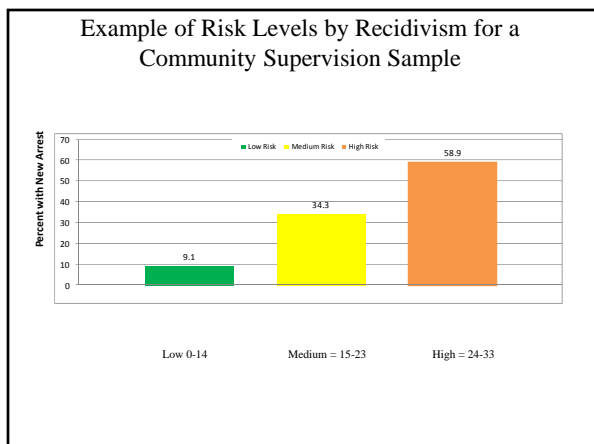

This research has led to the identification of some principles

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Principles of Effective Intervention

- Risk Principle – target higher risk offenders (WHO)

- Need Principle – target criminogenic risk/need factors (WHAT)

- Treatment Principle – use behavioral approaches (HOW)

- Fidelity Principle – implement program as designed (HOW WELL)

Let's Start with the Risk Principle

Risk refers to risk of reoffending and not the seriousness of the offense.

You can be a low risk felon or a high risk felon, a low risk misdemeanant or a high risk misdemeanant.

Example of Risk Levels by Recidivism for a Community Supervision Sample

Percent with New Arrest

Low Risk, Medium Risk, High Risk

9.1 — 34.3 — 58.9

Low 0-14   Medium = 15-23   High = 24-33

There are Three Elements to the Risk Principle

1. Target those youth with higher probability of recidivism

2. Provide most intensive treatment to higher risk youth

3. Intensive treatment for lower risk youth can increase recidivism

#1: Targeting Higher Risk Offenders

- It is important to understand that even with EBP there will be failures.

- Even if you reduce recidivism rates you will still have high percentage of failures

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Example of Targeting Higher Risk Offenders

- If you have100 High risk offenders about 60% will fail
- If you put them in well designed EBP for sufficient duration you may reduce failure rate to 40%
- If you have 100 low risk offenders about 10% will fail
- If you put them in same program failure rate will be 20%

Targeting Higher Risk Offenders continued:

- In the end, who had the lower recidivism rate?

- Mistake we make is comparing high risk to low risk rather than look for treatment effects

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#2: Provide Most Intensive Interventions to Higher Risk Offenders
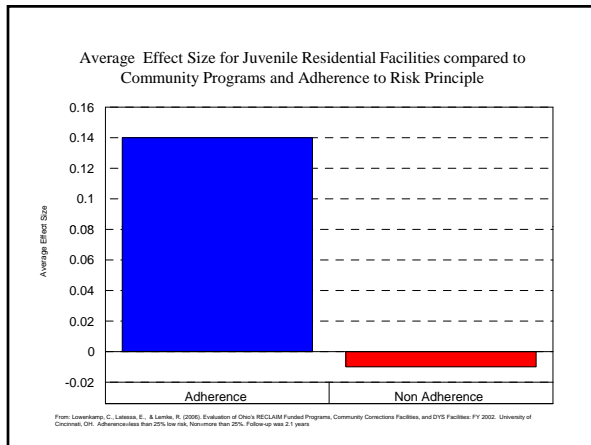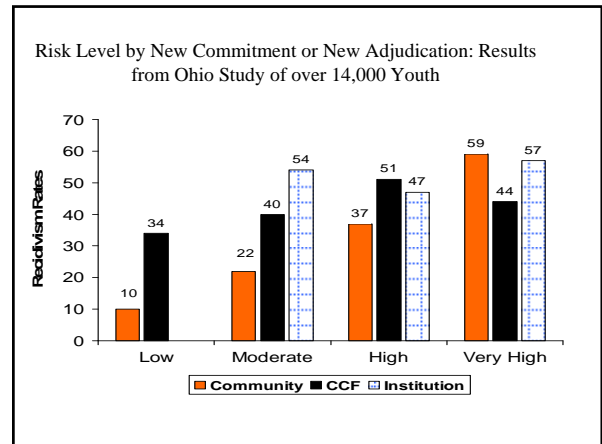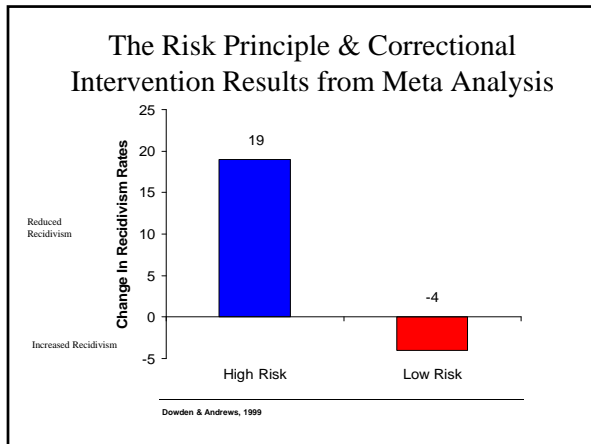
- Higher risk offenders will require much higher dosage of treatment
  - Rule of thumb: 100 hours for moderate risk
  - 200+ hours for high risk
  - 100 hours for high risk will have no effect
  - Does not include work/schoool and other activities that are not directly addressing criminogenic risk factors

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#3: Intensive Treatment for Low Risk Offenders will Often Increase Failure Rates

- Low risk offenders will learn anti social behavior from higher risk

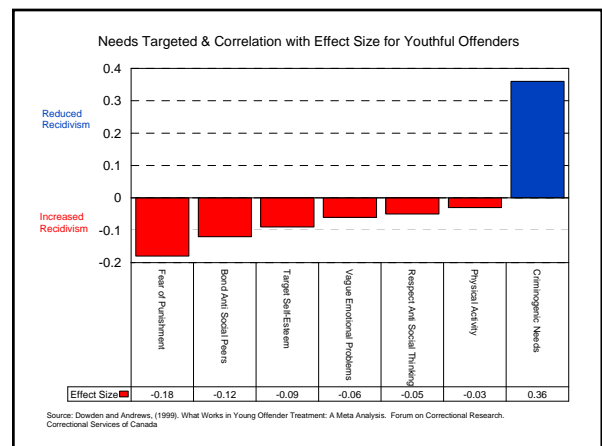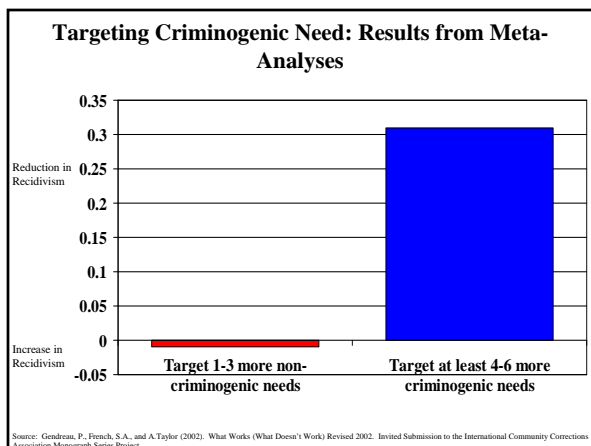- Disrupts prosocial networks

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Risk Principle

- Target those offender with higher probability of recidivism

- Provide most intensive treatment to higher risk offenders

- Intensive treatment for lower risk offender can increase recidivism

The Risk Principle & Correctional Intervention Results from Meta Analysis

Change In Recidivism Rates

Reduced Recidivism

Increased Recidivism

High Risk: 19
Low Risk: -4

Dowden & Andrews, 1999

Risk Level by New Commitment or New Adjudication: Results from Ohio Study of over 14,000 Youth

Recidivism Rates

	Community	CCF	Institution
Low	10	34	
Moderate	22	40	54
High	37	51	47
Very High	59	44	57

■ Community ■ CCF ☒ Institution

Average Effect Size for Juvenile Residential Facilities compared to Community Programs and Adherence to Risk Principle

Average Effect Size

Adherence / Non Adherence

From: Lowenkamp, C., Latessa, E., & Lemke, R. (2006). Evaluation of Ohio's RECLAIM Funded Programs, Community Corrections Facilities, and DYS Facilities: FY 2002. University of Cincinnati, OH. Adherence=less than 25% low risk, Non=more than 25%. Follow-up was 2.1 years

Need Principle
By assessing and targeting criminogenic needs for change, agencies can reduce the probability of recidivism

Criminogenic

- Anti social attitudes
- Anti social friends
- Substance abuse
- Lack of empathy
- Impulsive behavior

Non-Criminogenic

- Anxiety
- Low self esteem
- Creative abilities
- Medical needs
- Physical conditioning

Targeting Criminogenic Need: Results from Meta-Analyses

Reduction in Recidivism

Increase in Recidivism

Target 1-3 more non-criminogenic needs

Target at least 4-6 more criminogenic needs

Source: Gendreau, P., French, S.A., and A.Taylor (2002). What Works (What Doesn't Work) Revised 2002. Invited Submission to the International Community Corrections Association Monograph Series Project

Needs Targeted & Correlation with Effect Size for Youthful Offenders

Reduced Recidivism

Increased Recidivism

	Fear of Punishment	Bond Anti Social Peers	Target Self-Esteem	Vague Emotional Problems	Respect Anti Social Thinking	Physical Activity	Criminogenic Needs
Effect Size	-0.18	-0.12	-0.09	-0.06	-0.05	-0.03	0.36

Source: Dowden and Andrews, (1999). What Works in Young Offender Treatment: A Meta Analysis. Forum on Correctional Research. Correctional Services of Canada

Treatment Principle

The most effective interventions are behavioral:

- Focus on current factors that influence behavior

- Action oriented

- Offender behavior is appropriately reinforced

Most Effective Behavioral Models

- Structured social learning where new skills and behaviors are modeled
- Family based approaches that train family on appropriate techniques
- Cognitive behavioral approaches that target criminogenic risk factors

Social Learning

Refers to several processes through which individuals acquire attitudes, behavior, or knowledge from the persons around them. Both modeling and instrumental conditioning appear to play a role in such learning

Family Based Interventions

- Designed to train family on behavioral approaches
  - Functional Family Therapy
  - Multi-Systemic Therapy
  - Teaching Family Model
 - Strengthening Families Program (Office of Juvenile Justice and Delinquency Prevention)

Effectiveness of Family Based Intervention: Results from Meta Analysis

- 38 primary studies with 53 effect tests

- Average reduction in recidivism= 21%

However, much variability was present
(-0.17 - +0.83)

Dowden & Andrews, 2003

Mean Effect Sizes: Whether or not the family intervention adheres to the principles
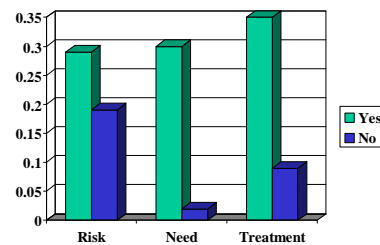
The Four Principles of Cognitive Intervention

1. **Thinking affects behavior**

2. **Antisocial, distorted, unproductive irrational thinking can lead to antisocial and unproductive behavior**

3. **Thinking can be influenced**

4. **We can change how we feel and behave by changing what we think**

Recent Meta-Analysis of Cognitive Behavioral Treatment for

Offenders by Landenberger & Lipsey (2005)*

- Reviewed 58 studies:
    - 19 random samples
    - 23 matched samples
    - 16 convenience samples

- Found that on average CBT reduced recidivism by 25%, but the most effective configurations found more than 50% reductions

---

Factors Not significant:

- Juvenile versus adult
- Minorities or females
- Brand name of the curriculum

Significant Findings (effects were stronger if):

- Sessions per week (2 or more) - RISK
- Implementation monitored - FIDELITY
- Staff trained on CBT - FIDELITY
- Higher proportion of treatment completers - RESPONSIVITY
- Higher risk offenders - RISK
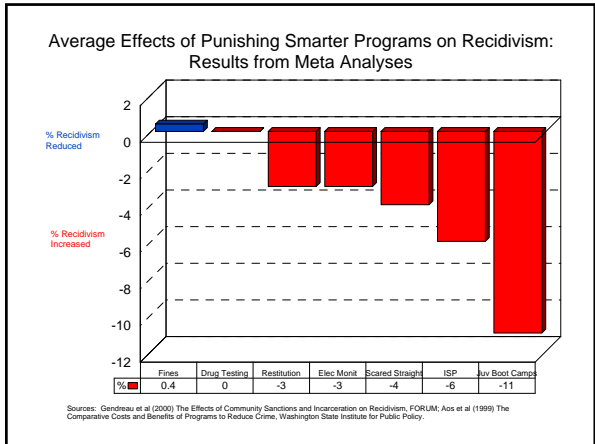- Higher if CBT is combined with other services - NEED

What Doesn't Work with Offenders?

Lakota tribal wisdom says that when you discover you are riding a dead horse, the best strategy is to dismount. However, in corrections, and in other affairs, we often try other strategies, including the following:

- Buy a stronger whip.
- Change riders
- Say things like "This is the way we always have ridden this horse."
- Appoint a committee to study the horse.
- Arrange to visit other sites to see how they ride dead horses.
- Create a training session to increase our riding ability.
- Harness several dead horses together for increased speed.
- Declare that "No horse is too dead to beat."
- Provide additional funding to increase the horse's performance.
- Declare the horse is "better, faster, and cheaper" dead.
- Study alternative uses for dead horses.
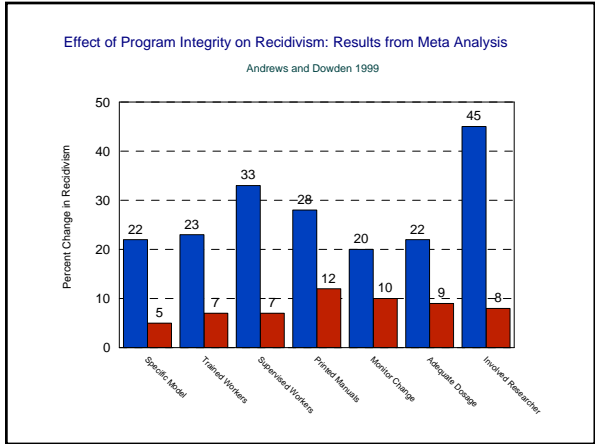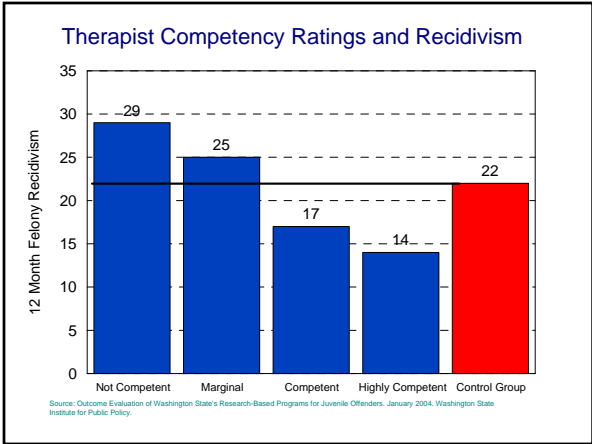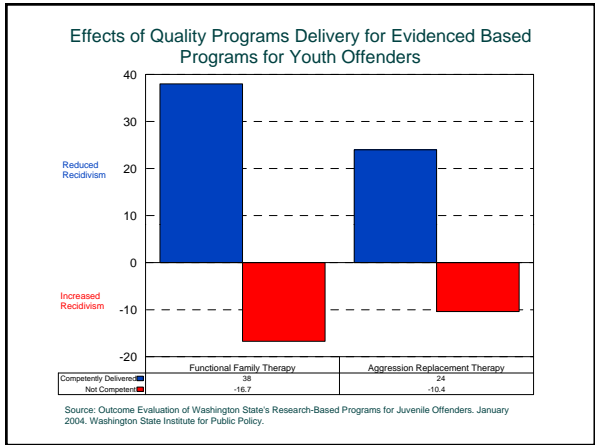- Promote the dead horse to a supervisory position.

Ineffective Approaches

- Programs that cannot maintain fidelity
- Drug prevention classes focused on fear and other emotional appeals
- Shaming offenders
- Drug education programs
- Non-directive, client centered approaches
- Bibliotherapy
- Freudian approaches
- Talking cures
- Self-Help programs
- Vague unstructured rehabilitation programs
- Medical model
- Fostering self-regard (self-esteem)
- "Punishing smarter" (boot camps, scared straight, etc.)

Average Effects of Punishing Smarter Programs on Recidivism: Results from Meta Analyses

% Recidivism Reduced

% Recidivism Increased

	Fines	Drug Testing	Restitution	Elec Monit	Scared Straight	ISP	Juv Boot Camps
%	0.4	0	-3	-3	-4	-6	-11

Sources: Gendreau et al (2000) The Effects of Community Sanctions and Incarceration on Recidivism, FORUM; Aos et al (1999) The Comparative Costs and Benefits of Programs to Reduce Crime, Washington State Institute for Public Policy.

Fidelity Principle

- Make sure evidence based programs are implemented as designed

Effects of Quality Programs Delivery for Evidenced Based Programs for Youth Offenders

Reduced Recidivism

Increased Recidivism

	Functional Family Therapy	Aggression Replacement Therapy
Competently Delivered	38	24
Not Competent	-16.7	-10.4

Source: Outcome Evaluation of Washington State's Research-Based Programs for Juvenile Offenders. January 2004. Washington State Institute for Public Policy.

Therapist Competency Ratings and Recidivism

12 Month Felony Recidivism

Not Competent 29, Marginal 25, Competent 17, Highly Competent 14, Control Group 22

Source: Outcome Evaluation of Washington State's Research-Based Programs for Juvenile Offenders. January 2004. Washington State Institute for Public Policy.

Effect of Program Integrity on Recidivism: Results from Meta Analysis

Andrews and Dowden 1999

Percent Change in Recidivism

Specific Model 22 / 5, Trained Workers 23 / 7, Supervised Workers 33 / 7, Printed Manuals 28 / 12, Monitor Change 20 / 10, Adequate Dosage 22 / 9, Involved Researcher 45 / 8

Program Integrity and Recidivism

- Every major study we have done has found a strong relationship between program integrity and recidivism
- Higher integrity score – greater the reductions in recidivism

Program Integrity—Relationship Between Program Integrity Score And Treatment Effect for Community Supervision Programs
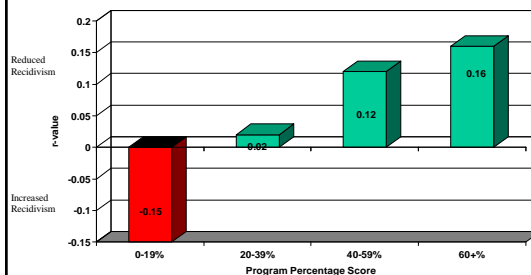
Program Integrity—Relationship Between Program Integrity Score And Treatment Effect for Residential Programs
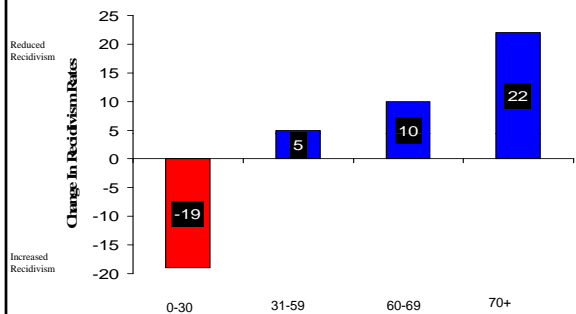
Impact of Program Factors Predicting Felony Adjudication for Juvenile Programs
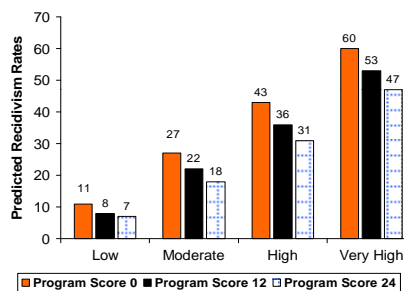
Lessons Learned from the Research

➤ Who you put in a program is important – pay attention to risk

➤ What you target is important – pay attention to criminogenic needs

➤ How you target offender for change is important – use behavioral approaches

Important Considerations

➤ Offender assessment is the engine that drives effective programs

  helps you know who & what to target

➤ Design programs around empirical research

  helps you know how to target offenders

➤ Program Integrity make a difference

  Service delivery, disruption of criminal networks, training/supervision of staff, support for program, QA, evaluation

Continuum of Application…
It's not just one thing
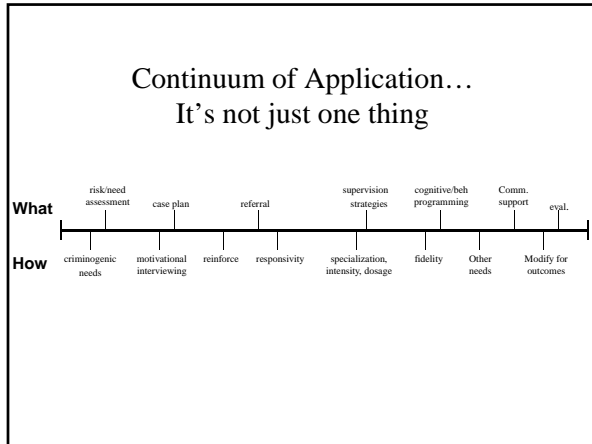
Beyond Correctional Quackery— Professionalism and the Possibility of Effective Treatment

Edward J. Latessa, University of Cincinnati

Francis T. Cullen, University of Cincinnati

Paul Gendreau, University of New Brunswick at Saint John

LONG-TIME VIEWERS of *Saturday Night Live* will vividly recall Steve Martin's hilarious portrayal of a medieval medical practitioner—the English barber, Theodoric of York. When ill patients are brought before him, he prescribes ludicrous "cures," such as repeated bloodletting, the application of leeches and boar's vomit, gory amputations, and burying people up to their necks in a marsh. At a point in the skit when a patient dies and Theodoric is accused of "not knowing what he is doing," Martin stops, apparently struck by the transforming insight that medicine might abandon harmful interventions rooted in ignorant customs and follow a more enlightened path. "Perhaps," he says, "I've been wrong to blindly follow the medical traditions and superstitions of past centuries." He then proceeds to wonder whether he should "test these assumptions analytically through experimentation and the scientific method." And perhaps, he says, the scientific method might be applied to other fields of learning. He might even be able to "lead the way to a new age—an age of rebirth, a renaissance." He then pauses and gives the much-awaited and amusing punchline, "Nawwwwwww!"

The humor, of course, lies in the juxtaposition and final embrace of blatant quackery with the possibility and rejection of a more modern, scientific, and ultimately effective approach to medicine. For those of us who make a living commenting on or doing corrections, however, we must consider whether, in a sense, the joke is on us. We can readily see the humor in Steve Martin's skit and wonder how those in medieval societies "could have been so stupid." But even a cursory survey of *current* correctional practices yields the disquieting conclusion that we are a field in which quackery is tolerated, if not implicitly celebrated. It is not clear whether most of us have ever had that reflective moment in which we question whether, "just maybe," there might be a more enlightened path to pursue. If we have paused to envision a different way of doing things, it is apparent that our reaction, after a moment's contemplation, too often has been, "Nawwwwwww!"

This appraisal might seem overly harsh, but we are persuaded that it is truthful. When intervening in the lives of offenders—that is, intervening with the expressed intention of reducing recidivism—corrections has resisted becoming a true "profession." Too often, being a "professional" has been debased to mean dressing in a presentable way, having experience in the field, and showing up every day for work. But a profession is defined not by its surface appearance but by its intellectual core. An occupation may lay claim to being a "profession" only to the extent that its practices are based on research knowledge, training, and expertise—a triumvirate that promotes the possibility that what it does can be effective (Cullen, 1978; Starr, 1982). Thus, medicine's professionalization cannot be separated from its embrace of scientific knowledge as the ideal arbiter of how patients should be treated (Starr, 1982). The very concept of "malpractice" connotes that standards of service delivery have been established, are universally transmitted, and are capable of distinguishing acceptable from unacceptable interventions. The concept of liability for "correctional malpractice" would bring snickers from the crowd—a case where humor unintentionally offers a damning indictment of the field's standards of care.

In contrast to professionalism, *quackery* is dismissive of scientific knowledge, training, and expertise. Its posture is strikingly overconfident, if not arrogant. It embraces the notion that interventions are best rooted in "common sense," in personal experiences (or clinical knowledge), in tradition, and in superstition (Gendreau, Goggin, Cullen, and Paparozzi, forthcoming). "What works" is thus held to be "obvious," derived only from years of an individual's experience, and legitimized by an appeal to custom ("the way we have always done things around here has worked just fine"). It celebrates being antiintellectual. There is never a need to visit a library or consult a study.

Correctional quackery, therefore, is the use of treatment interventions that are based on neither 1) existing knowledge of the causes of crime nor 2) existing knowledge of what programs have been shown to change offender behavior (Cullen and Gendreau, 2000; Gendreau, 2000). The hallmark of correctional quackery is thus ignorance. Such ignorance about crime and its cures at times is "understandable"—that is, linked not to the willful rejection of research but to being in a field in which professionalism is not expected or supported. At other times, however, quackery is proudly displayed, as its advocates boldly proclaim that they have nothing to learn from research conducted by academics "who have never worked with a criminal" (a claim that is partially true but ultimately beside the point and a rationalization for continued ignorance).

Need we now point out the numerous programs that have been implemented with much fanfare and with amazing promises of success, only later to turn out to have "no effect" on reoffending? "Boot camps," of course, are just one recent and salient example. Based on a vague, if not unstated, theory of crime and an absurd theory of behavioral change ("offenders need to be broken down"—through a good deal of humiliation and threats—and then "built back up"), boot camps could not possibly have "worked." In fact, we know of no major psychological theory that would logically suggest that such humiliation or threats are components of effective therapeutic interventions (Gendreau et al., forthcoming). Even so, boot camps were put into place across the nation without a shred of empirical evidence as to their effectiveness, and only now has their appeal been tarnished after years of negative evaluation studies (Cullen, Pratt, Miceli, and Moon, 2002; Cullen, Wright, and Applegate, 1996; Gendreau, Goggin, Cullen, and Andrews, 2000; MacKenzie, Wilson, and Kider, 2001). How many millions of dollars have been squandered? How many opportunities to rehabilitate offenders have been forfeited? How many citizens have been needlessly victimized by boot camp graduates? What has been the cost to society of this quackery?

We are not alone in suggesting that advances in our field will be contingent on the conscious rejection of quackery in favor of an *evidence-based corrections* (Cullen and Gendreau, 2000; MacKenzie, 2000; Welsh and Farrington, 2001). Moving beyond correctional quackery when intervening with offenders, however, will be a daunting challenge. It will involve overcoming four central failures now commonplace in correctional treatment. We review these four sources of correctional quackery not simply to show what is lacking in the field but also in hopes of illuminating what a truly professional approach to corrections must strive to entail.

Four Sources of Correctional Quackery

Failure to Use Research in Designing Programs

Every correctional agency must decide "what to do" with the offenders under its supervision, including selecting which "programs" or "interventions" their charges will be subjected to. But how is this choice made (a choice that is consequential to the offender,

the agency, and the community)? Often, no real choice is made, because agencies simply continue with the practices that have been inherited from previous administrations. Other times, programs are added incrementally, such as when concern rises about drug use or drunk driving. And still other times—such as when punishment-oriented intermediate sanctions were the fad from the mid-1980s to the mid-1990s—jurisdictions copy the much-publicized interventions being implemented elsewhere in the state and in the nation.

TABLE 1

Questionable Theories of Crime We Have Encountered in Agency Programs

- "Been there, done that" theory.
- "Offenders lack creativity" theory.
- "Offenders need to get back to nature" theory.
- "It worked for me" theory.
- "Offenders lack discipline" theory.
- "Offenders lack organizational skills" theory.
- "Offenders have low self-esteem" theory.
- "We just want them to be happy" theory.
- The "treat offenders as babies and dress them in diapers" theory.
- "Offenders need to have a pet in prison" theory.
- "Offenders need acupuncture" theory.
- "Offenders need to have healing lodges" theory.
- "Offenders need drama therapy" theory.
- "Offenders need a better diet and haircut" theory.
- "Offenders (females) need to learn how to put on makeup and dress better" theory.
- "Offenders (males) need to get in touch with their feminine side" theory.

Notice, however, what is missing in this account: The failure to consider the existing research on program effectiveness. The risk of quackery rises to the level of virtual certainty when nobody in the agency asks, "Is there any evidence supporting what we are intending to do?" The irrationality of not consulting the existing research is seen when we consider again, medicine. Imagine if local physicians and hospitals made no effort to consult "what works" and simply prescribed pharmaceuticals and conducted surgeries based on custom or the latest fad. Such malpractice would be greeted with public condemnation, lawsuits, and a loss of legitimacy by the field of medicine.

It is fair to ask whether research can, in fact, direct us to more effective correctional interventions. Two decades ago, our knowledge was much less developed. But the science of crime and treatment has made important strides in the intervening years. In particular, research has illuminated three bodies of knowledge that are integral to designing effective interventions.

First, we have made increasing strides in determining the *empirically established* or *known predictors* of offender recidivism (Andrews and Bonta, 1998; Gendreau, Little, and Goggin, 1996; Henggeler, Mihalic, Rone, Thomas, and Timmons-Mitchell, 1998). These include, most importantly: 1) antisocial values, 2) antisocial peers, 3) poor self-control, self-management, and prosocial problem-solving skills, 4) family dysfunction, and 5) past criminality. This information is critical, because interventions that ignore these factors are doomed to fail. Phrased alternatively, successful programs start by recognizing what causes crime and then *specifically design the intervention to target these factors for change* (Alexander, Pugh, and Parsons, 1998; Andrews and Bonta, 1998; Cullen and Gendreau, 2000; Henggeler et al., 1998).

Consider, however, the kinds of "theories" about the causes of crime that underlie many correctional interventions. In many cases, simple ignorance prevails; those working in correctional agencies cannot explain what crime-producing factors the program is allegedly targeting for change. Still worse, many programs have literally invented seemingly ludicrous theories of crime that are put forward with a straight face. From our collective experiences, we have listed in Table 1 crime theories that either 1) were implicit in programs we observed or 2) were voiced by agency personnel when asked what crime-causing factors their programs were target-

ing. These "theories" would be amusing except that they are commonplace and, again, potentially lead to correctional quackery. For example, the theory of "offenders (males) need to get in touch with their feminine side" prompted one agency to have offenders dress in female clothes. We cannot resist the temptation to note that you will now know whom to blame if you are mugged by a cross-dresser! But, in the end, this is no laughing matter. This intervention has no chance to be effective, and thus an important chance was forfeited to improve offenders' lives and to protect public safety.

Second, there is now a growing literature that outlines what does *not* work in offender treatment (see, e.g., Cullen, 2002; Cullen and Gendreau, 2000; Cullen et al., 2002; Cullen et al., 1996; Gendreau, 1996; Gendreau et al., 2000; Lipsey and Wilson, 1998; MacKenzie, 2000). These include boot camps, punishment-oriented programs (e.g., "scared straight" programs), control-oriented programs (e.g., intensive supervision programs), wilderness programs, psychological interventions that are non-directive or insight-oriented (e.g., psychoanalytic), and non-intervention (as suggested by labeling theory). Ineffective programs also target for treatment low-risk offenders and target for change weak predictors of criminal behavior (e.g., self-esteem). Given this knowledge, it would be a form of quackery to continue to use or to freshly implement these types of interventions.

Third, conversely, there is now a growing literature that outlines what *does* work in offender treatment (Cullen, 2002; Cullen and Gendreau, 2000). Most importantly, efforts are being made to develop principles of effective intervention (Andrews, 1995; Andrews and Bonta, 1998; Gendreau, 1996). These principles are listed in Table 2. Programs that adhere to these principles have been found to achieve meaningful reductions in recidivism (Andrews, Dowden, and Gendreau, 1999; Andrews, Zinger, Hoge, Bonta, Gendreau, and Cullen, 1990; Cullen, 2002). However, programs that are designed without consulting these principles are almost certain to have little or no impact on offender recidivism and may even risk increasing reoffending. That is, if these principles are ignored, quackery is likely to result. We will return to this issue below.

TABLE 2

Eight Principles of Effective Correctional Intervention

1. Organizational Culture

Effective organizations have well-defined goals, ethical principles, and a history of efficiently responding to issues that have an impact on the treatment facilities. Staff cohesion, support for service training, self-evaluation, and use of outside resources also characterize the organization.

2. Program Implementation/Maintenance

Programs are based on empirically-defined needs and are consistent with the organization's values. The program is fiscally responsible and congruent with stakeholders' values. Effective programs also are based on thorough reviews of the literature (i.e., meta-analyses), undergo pilot trials, and maintain the staff's professional credentials.

3. Management/Staff Characteristics

The program director and treatment staff are professionally trained and have previous experience working in offender treatment programs. Staff selection is based on their holding beliefs supportive of rehabilitation and relationship styles and therapeutic skill factors typical of effective therapies.

4. Client Risk/Need Practices

Offender risk is assessed by psychometric instruments of proven predictive validity. The risk instrument consists of a wide range of dynamic risk factors or criminogenic needs (e.g., anti-social attitudes and values). The assessment also takes into account the responsivity of offenders to different styles and modes of service. Changes in risk level over time (e.g., 3 to 6 months) are routinely assessed in order to measure intermediate changes in risk/need levels that may occur as a result of planned interventions.

5. Program Characteristics

The program targets for change a wide variety of criminogenic needs (factors that predict recidivism), using empirically valid behavioral/social learning/cognitive behavioral therapies that are directed to higher-risk offenders. The ratio of rewards to punishers is at least 4:1. Relapse prevention strategies are available once offenders complete the formal treatment phase.

6. Core Correctional Practice

Program therapists engage in the following therapeutic practices: anti-criminal modeling, effective reinforcement and disapproval, problem-solving techniques, structured learning procedures for skill-building, effective use of authority, cognitive self-change, relationship practices, and motivational interviewing.

7. Inter-Agency Communication

The agency aggressively makes referrals and advocates for its offenders in order that they receive high quality services in the community.

8. Evaluation

The agency routinely conducts program audits, consumer satisfaction surveys, process evaluations of changes in criminogenic need, and follow-ups of recidivism rates. The effectiveness of the program is evaluated by comparing the respective recidivism rates of risk-control comparison groups of other treatments or those of a minimal treatment group.

Note: Items adapted from the *Correctional Program Assessment Inventory—2000*, a 131-item Questionnaire that is widely used in assessing the quality of correctional treatment programs (Gendreau and Andrews, 2001).

Failure to Follow Appropriate Assessment and Classification Practices

The steady flow of offenders into correctional agencies not only strains resources but also creates a continuing need to allocate treatment resources efficaciously. This problem is not dissimilar to a hospital that must process a steady flow of patients. In a hospital (or doctor's office), however, it is immediately recognized that the crucial first step to delivering effective treatment is diagnosing or *assessing* the patient's condition and its severity. In the absence of such a diagnosis—which might involve the careful study of symptoms or a battery of tests—the treatment prescribed would have no clear foundation. Medicine would be a lottery in which the ill would hope the doctor assigned the right treatment. In a similar way, effective treatment intervention requires the appropriate assessment of both the risks posed by, and the needs underlying the criminality of, offenders. When such diagnosis is absent and no classification of offenders is possible, offenders in effect enter a treatment lottery in which their access to effective intervention is a chancy proposition.

Strides have been made to develop more effective classification instruments—such as the Level of Supervision Inventory (LSI) (Bonta, 1996), which, among its competitors, has achieved the highest predictive validity with recidivism (Gendreau et al., 1996). The LSI and similar instruments classify offenders by using a combination of "static" factors (such as criminal history) and "dynamic factors" (such as antisocial values, peer associations) shown by previous research to predict recidivism. In this way, it is possible to classify offenders by their level of risk and to discern the types and amount of "criminogenic needs" they possess that should be targeted for change in their correctional treatment.

At present, however, there are three problems with offender assessment and classification by correctional agencies (Gendreau and Goggin, 1997). First, many agencies simply do not assess offenders, with many claiming they do not have the time. Second, when agencies do assess, they assess poorly. Thus, they often use outdated, poorly designed, and/or empirically unvalidated classification instruments. In particular, they tend to rely on instruments that measure exclusively static predictors of recidivism (which cannot, by definition, be changed) and that provide no information on the criminogenic needs that offenders have. If these "needs" are not iden-

tified and addressed—such as possessing antisocial values—the prospects for recidivism will be high. For example, a study of 240 (161 adult and 79 juvenile) programs assessed across 30 states found that 64 percent of the programs did not utilize a standardized and objective assessment tool that could distinguish risk/needs levels for offenders (Matthews, Hubbard, and Latessa, 2001; Latessa, 2002).

Third, even when offenders are assessed using appropriate classification instruments, agencies frequently ignore the information. It is not uncommon, for example, for offenders to be assessed and then for everyone to be given the same treatment. In this instance, assessment becomes an organizational routine in which paperwork is compiled but the information is ignored.

Again, these practices increase the likelihood that offenders will experience correctional quackery. In a way, treatment is delivered blindly, with agency personnel equipped with little knowledge about the risks and needs of the offenders under their supervision. In these circumstances, it is impossible to know which offenders should receive which interventions. Any hopes of individualizing interventions effectively also are forfeited, because the appropriate diagnosis either is unavailable or hidden in the agency's unused files.

Failure to Use Effective Treatment Models

Once offenders are assessed, the next step is to select an appropriate treatment model. As we have suggested, the challenge is to consult the empirical literature on "what works," and to do so with an eye toward programs that conform to the principles of effective intervention. At this stage, it is inexcusable either to ignore this research or to implement programs that have been shown to be ineffective. Yet, as we have argued, the neglect of the existing research on effective treatment models is widespread. In the study of 240 programs noted above, it was reported that two-thirds of adult programs and over half of juvenile programs did not use a treatment model that research had shown to be effective (Matthews et al., 2001; Latessa, 2002). Another study—a meta-analysis of 230 program evaluations (which yielded 374 tests or effect sizes)—categorized the extent to which interventions conformed to the principles of effective intervention. In only 13 percent of the tests were the interventions judged to fall into the "most

appropriate" category (Andrews et al., 1999). But this failure to employ an appropriate treatment approach does not have to be the case. Why would an agency—in this information age—risk quackery when the possibility of using an evidence-based program exists? Why not select effective treatment models?

Moving in this direction is perhaps mostly a matter of a change of consciousness—that is, an awareness by agency personnel that quackery must be rejected and programs with a track record of demonstrated success embraced. Fortunately, depending on the offender population, there is a growing number of treatment models that might be learned and implemented (Cullen and Applegate, 1997). Some of the more prominent models in this regard are the "Functional Family Therapy" model that promotes family cohesion and affection (Alexander et al., 1998; Gordon, Graves, and Arbuthnot, 1995), the teaching youths to think and react responsibly peer-helping ("Equip") program (Gibbs, Potter, and Goldstein, 1995), the "Prepare Curriculum" program (Goldstein, 1999), "Multisystemic Therapy" (Henggeler et al., 1998), and the prison-based "Rideau Integrated Service Delivery Model" that targets criminal thinking, anger, and substance abuse (see Gendreau, Smith, and Goggin, 2001).

Failure to Evaluate What We Do

Quackery has long prevailed in corrections because agencies have traditionally required no systematic evaluation of the effectiveness of their programs (Gendreau, Goggin, and Smith, 2001). Let us admit that many agencies may not have the human or financial capital to conduct ongoing evaluations. Nonetheless, it is not clear that the failure to evaluate has been due to a lack of capacity as much as to a lack of desire. The risk inherent in evaluation, of course, is that practices that are now unquestioned and convenient may be revealed as ineffective. Evaluation, that is, creates accountability and the commitment threat of having to change what is now being done. The cost of change is not to be discounted, but so too is the "high cost of ignoring success" (Van Voorhis, 1987). In the end, a professional must be committed to doing not simply what is in one's self-interest but what is ethical and effective. To scuttle attempts at program evaluation and to persist in using failed interventions is wrong and a key ingredient to continued correctional quackery (more broadly, see Van Voorhis, Cullen, and Applegate, 1995).

Evaluation, moreover, is not an all-or-nothing procedure. Ideally, agencies would conduct experimental studies in which offenders were randomly assigned to a treatment or control group and outcomes, such as recidivism, were measured over a lengthy period of time. But let us assume that, in many settings, conducting this kind of sophisticated evaluation is not feasible. It is possible, however, for virtually all agencies to monitor, to a greater or lesser extent, the *quality* of the programs that they or outside vendors are supplying. Such evaluative monitoring would involve, for example, assessing whether treatment services are being delivered as designed, supervising and giving constructive feedback to treatment staff, and studying whether offenders in the program are making progress on targeted criminogenic factors (e.g., changing antisocial attitudes, manifesting more prosocial behavior). In too many cases, offenders are "dropped off" in intervention programs and then, eight or twelve weeks later, are deemed—without any basis for this conclusion—to have "received treatment." Imagine if medical patients entered and exited hospitals with no one monitoring their treatment or physical recovery. Again, we know what we could call such practices.

Conclusion—Becoming an Evidence-Based Profession

In assigning the label "quackery" to much of what is now being done in corrections, we run the risk of seeming, if not being, preachy and pretentious. This is not our intent. If anything, we mean to be provocative—not for the sake of causing a stir, but for the purpose of prompting correctional leaders and professionals to stop using treatments that cannot possibly be effective. If we make readers think seriously about how to avoid selecting, designing, and using failed correctional interventions, our efforts will have been worthwhile.

We would be remiss, however, if we did not confess that academic criminologists share the blame for the continued use of ineffective programs. For much of the past quarter century, most academic criminologists have abandoned correctional practitioners. Although some notable exceptions exist, we have spent much of our time claiming that "nothing works" in offender rehabilitation and have not created partnerships with those

in corrections so as to build knowledge on "what works" to change offenders (Cullen and Gendreau, 2001). Frequently, what guidance criminologists have offered correctional agencies has constituted *bad* advice—ideologically inspired, not rooted in the research, and likely to foster quackery. Fortunately, there is a growing movement among criminologists to do our part both in discerning the principles of effective intervention and in deciphering what interventions have empirical support (Cullen and Gendreau, 2001; MacKenzie, 2000; Welsh and Farrington, 2001). Accordingly, the field of corrections has more information available to find out what our "best bets" are when intervening with offenders (Rhine, 1998).

We must also admit that our use of medicine as a comparison to corrections has been overly simplistic. We stand firmly behind the central message conveyed—that what is done in corrections would be grounds for malpractice in medicine—but we have glossed over the challenges that the field of medicine faces in its attempt to provide scientifically-based interventions. First, scientific knowledge is not static but evolving. Medical treatments that appear to work now may, after years of study, prove ineffective or less effective than alternative interventions. Second, even when information is available, it is not clear that it is effectively transmitted or that doctors, who may believe in their personal "clinical experience," will be open to revising their treatment strategies (Hunt, 1997). "The gap between research and knowledge," notes Millenson (1997, p. 4), "has real consequences....when family practitioners in Washington State were queried about treating a simple urinary tract infection in women, eighty-two physicians came up with an extraordinary 137 different strategies." In response to situations like these, there is a renewed evidence-based movement in medicine to improve the quality of medical treatments (Millenson, 1997; Timmermans and Angell, 2001).

Were corrections to reject quackery in favor of an evidence-based approach, it is likely that agencies would face the same difficulties that medicine encounters in trying base treatments on the best scientific knowledge available. Designing and implementing an effective program is more complicated, we re-

alize, than simply visiting a library in search of research on program effectiveness (although this is often an important first step). Information must be available in a form that can be used by agencies. As in medicine, there must be opportunities for training and the provision of manuals that can be consulted in how *specifically* to carry out an intervention. Much attention has to be paid to implementing programs as they are designed. And, in the long run, an effort must be made to support widespread program evaluation and to use the resulting data both to improve individual programs and to expand our knowledge base on effective programs generally.

To move beyond quackery and accomplish these goals, the field of corrections will have to take seriously what it means to be a *profession*. In this context, individual agencies and individuals within agencies would do well to strive to achieve what Gendreau et al. (forthcoming) refer to as the "3 C's" of effective correctional policies: First, employ *credentialed people*; second, ensure that the *agency is credentialed* in that it is founded on the principles of fairness and the improvement of lives through ethically defensive means; and third, base treatment decisions on *credentialed knowledge* (e.g., research from meta-analyses).

By themselves, however, given individuals and agencies can do only so much to implement effective interventions—although each small step away from quackery and toward an evidence-based practice potentially makes a meaningful difference. The broader issue is whether the *field* of corrections will embrace the principles that all interventions should be based on the best research evidence, that all practitioners must be sufficiently trained so as to develop expertise in how to achieve offender change, and that an ethical corrections cannot tolerate treatments known to be foolish, if not harmful. In the end, correctional quackery is not an inevitable state of affairs—something we are saddled with for the foreseeable future. Rather, although a formidable foe, it is ultimately rooted in our collective decision to tolerate ignorance and failure. Choosing a different future for corrections—making the field a true profession—will be a daunting challenge, but it is a future that lies within our power to achieve.

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FROM THEORY TO PRACTICE

What Works in Reducing Recidivism?

Edward J. Latessa, Ph.D.

Professor & Head
Division of Criminal Justice
University of Cincinnati

"What Works" is not a program or an intervention, but a body of knowledge based on over thirty years of research that has been conducted by numerous scholars in North America and Europe. Also referred to as evidence-based practice, the *What Works* movement demonstrates empirically that theoretically sound, well-designed programs that meet certain conditions can appreciably reduce recidivism rates for offenders. Through the review and analysis of hundreds of studies, researchers have identified a set of principles that should guide correctional programs.

The first is the risk principle, or the *who* to target – those offenders who pose the higher risk of continued criminal conduct. This principle states that our most intensive correctional treatment and intervention programs should be reserved for higher-risk offenders. Risk in this context refers to those offenders with a higher probability of recidivating. Why waste our programs on offenders who do not need them? This is a waste of resources, and more importantly, research has clearly demonstrated that when we place lower-risk offenders in our more structured programs, we often increase their failure rates, and thus reduce the overall effectiveness of the program. There are several reasons this occurs. First, placing low-risk offenders with higher-risk offenders only serves to increase the chances of failure for the low risk. For example, let's say that your teenage son or daughter did not use drugs, but got into some trouble with the law. Would you want them in a program or group with heavy drug users? Of course you wouldn't, since it is more likely that the higher risk youth would influence your child more than the other way around.

Second, placing low-risk offenders in these programs also tends to disrupt their prosocial networks; in other words, the very attributes that make them low risk become interrupted, such as school, employment, family, and so forth. Remember, if they do not have these attributes it is unlikely they are low risk to begin with. The risk principle can best be seen from a recent study of offenders in Ohio who were placed in a halfway house or community based correctional facility (CBCF). The study found that the recidivism rate for higher risk offenders who were placed in a halfway house or CBCF was reduced, while the recidivism rates for the low risk offenders that were placed in the programs actually increased.

The second principle is referred to as the need principle, or the *what* to target – criminogenic factors that are highly correlated with criminal conduct. The need principle states that programs should target crime producing needs, such as anti-social attitudes, values, and beliefs, anti-social peer associations, substance abuse, lack of problem solving and self-control skills, and other factors that are highly correlated with criminal conduct. Furthermore, programs need to ensure that the vast majority of their interventions are focused on these factors. Non-criminogenic factors such as self-esteem, physical conditioning, understanding one's culture or history,

and creative abilities will not have much effect on recidivism rates. An example of a program that tends to target non-criminogenic factors can be seen in offender-based military style boot camps. These programs tend to focus on non-criminogenic factors, such as drill and ceremony, physical conditioning, discipline, self-esteem, and bonding offenders together. Because they tend to focus on non-crime producing needs, most studies show that boot camps have little impact on future criminal behavior.

The third principle is the treatment principle, or the *how* – the ways in which correctional programs should target risk and need factors. This principle states that the most effective programs are behavioral in nature. Behavioral programs have several attributes. First, they are centered on the *present* circumstances and risk factors that are responsible for the offender's behavior. Second, they are *action* oriented rather than talk oriented. Offenders do something about their difficulties rather than just talk about them. Third, they *teach* offenders new, prosocial skills to replace the anti-social ones like stealing, cheating and lying, through modeling, practice, and reinforcement. Examples of behavioral programs would include structured social learning programs where new skills are taught, and behaviors and attitudes are consistently reinforced, cognitive behavioral programs that target attitudes, values, peers, substance abuse, anger, etc., and family based interventions that train families on appropriate behavioral

techniques. Interventions based on these approaches are very structured and emphasize the importance of modeling and behavioral rehearsal techniques that engender self-efficacy, challenge of cognitive distortions, and assist offenders in developing good problem-solving and self-control skills. These strategies have been demonstrated to be effective in reducing recidivism. Non-behavioral interventions often used in programs would include drug and alcohol education, fear tactics and other emotional appeals, talk therapy, non-directive client centered approaches, having them read books, lectures, milieu therapy, and self-help. There is little empirical evidence that these approaches will lead to long-term reductions in recidivism.

Finally, a host of other considerations will increase correctional program effectiveness. These include targeting responsivity factors such as a lack of motivation or other barriers that can influence someone's participation in a program; making sure you have well trained and interpersonally sensitive staff; providing close monitoring of offenders' whereabouts and associates; assisting with other needs that the offender might have; ensuring the program is delivered as designed through quality assurance processes; and providing structured aftercare. These program attributes all enhance correctional program effectiveness.

If we put it all together, we have the *who*, *what*, and *how* of correctional intervention, also known as "*What Works.*"

What are Criminogenic Needs and Why are they Important?

Edward J. Latessa, Ph.D.
Professor & Head

Christopher Lowenkamp, Ph.D.
Professor

Division of Criminal Justice, University of Cincinnati

Over the years, a great deal of research has been conducted on offenders, correctional sanctions, and correctional programs—literally hundreds of studies have tried to better identify the risk factors correlated with criminal conduct. Sifting through and reading this literature is a daunting challenge, but fortunately quite a bit of research has been done not only to identify risk factors, but also to determine which are the strongest. Research by Andrews, Bonta, Gendreau and others have identified six major risk factors associated with criminal conduct: antisocial/procriminal attitudes, values, and beliefs; procriminal associates; temperament and personality factors; a history of antisocial behavior; family factors; and low levels of educational, vocational or financial achievement.

If we look carefully at these areas we can see that some can be influenced or changed while others cannot. Those that cannot be changed are called "static." Examples include prior record or family criminality. Early onset of criminal behavior is a very good predictor of future behavior, and it is a risk factor that cannot be changed: if you were first arrested at age ten you will always have been first arrested at age ten. Similarly, if your father is in prison it may help explain why you are in trouble (i.e. social learning), but the fact that your father is in prison cannot be changed.

Those factors that can be changed are called "dynamic." They include factors like who an offender hangs around with, offenders' attitudes and values, their lack of problem solving skills, their substance use, and their

employment status. All these are correlated with recidivism, and all can be targeted for change. These dynamic factors are also called *criminogenic needs*: crime producing factors that are strongly correlated with risk.

We can compare this to the risk factors associated with having a heart attack. Your risk can be heightened by your age (over 50), sex (males), family history of heart problems, high blood pressure, being overweight, lack of exercise, stress, smoking, and high cholesterol. Some of these factors are static and others are dynamic. To *understand* your risk you would factor in all of them; to *affect*—and lower—your risk you would focus on the dynamic ones.
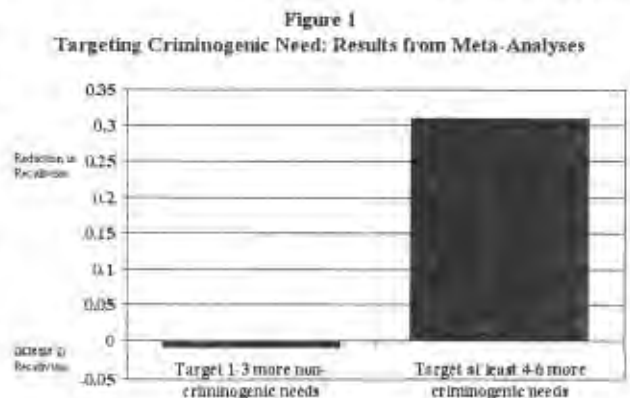
Applying the same logic to effective correctional intervention we come up with the need principle as a way to choose the "what" to target for change in an offender—namely, dynamic factors or criminogenic needs that are highly correlated with criminal conduct. Programs should assess and target crime producing needs, such as anti-social attitudes, anti-social peer associations, substance abuse, lack of empathy, lack of problem solving and self-control skills, and other factors that are highly correlated with criminal conduct. Furthermore, programs need to ensure that the vast majority of their interventions are focused on these factors.

Such a focus produces results. **Figure 1** (right) shows the result from a "meta analysis"—a

quantitative review of multiple studies that combines their data. Programs that concentrate more on non-criminogenic areas have small to slightly negative effects (i.e. they may slightly *increase* recidivism!), while programs that target at least four to six criminogenic needs can reduce recidivism by 30 percent.

It is important to note that most offenders are not high risk for recidivism because they have one risk or need factor, but rather are high risk because they have multiple risk and need factors. Programs that target only one such need may not produce the desired effects. For example, while unemployment is correlated with criminal conduct for many probationers and parolees, by itself it is not that strong of a risk factor. After all, if most of us were unemployed we would not start selling drugs or robbing people; we would simply start looking for another job. But if you think work is for someone else, if you have no problem letting someone else support you, or if you think you can make more in a day illegitimately than someone can make in a month legiti-

Figure 1
Targeting Criminogenic Need: Results from Meta-Analyses

Source: Gendreau, P., French, S.A. and A. Taylor (2002). What Works (What Doesn't Work) Revised 2002. Invited Submission to the International Community Corrections Association Monograph Series Project.

mately, then being unemployed does add considerably to your risk of offending. Successful programs must address clusters of criminogenic needs that work together.

It is also important to remember that non-criminogenic factors such as self-esteem, fear of punishment, physical conditioning, understanding one's culture or history, and creative abilities will not have much effect on recidivism rates. Unfortunately, there are a lot of programs out there that target non-criminogenic needs and as a result do not produce much effect on recidivism. Studies have shown that programs that target four to six *more criminogenic* risk factors than non-criminogenic risk factors can have a thirty percent or more effect on recidivism. On the other hand, programs that target *more non-criminogenic* risk factors have virtually no effect.

Remember, "what" you target for change is important, as is the density of those targets around crime producing needs.