



A Review of the Literature

For Re-Design and Implementation Projects

Corrections Institute

Center for Criminal Justice Research

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UNIVERSITY OF CINCINNATI CORRECTIONS INSTITUTE:

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Evidence-Based Corrections-What Works and What Doesn't

Antonowicz, D. H., & Ross, R. R. (1994). Essential components of successful rehabilitation programs for offenders. *International Journal of Offender Therapy and Comparative Criminology*, 38, 97-104.

Summary

This article examined a large number of factors that practitioners and researchers have suggested are associated with success to determine whether the presence or absence of each of these factors is related to the efficacy of programs published in the literature.

Sample

This article included 44 studies that dealt with officially adjudicated offenders, were published between 1970 and 1991, had experimental or quasi-experimental designs, and reported on community-based follow-up outcome measures such as re-arrest, reconviction, and reincarceration.

Results

This study found only 6 characteristics to be associated with program efficacy.

1. Each program needs a sound conceptual model. The manner in which the concept of delinquency or criminal behavior is defined will determine what intermediate targets the program should focus on in order to reduce recidivism. This should be the primary target of the program, to reduce recidivism.
2. Each program should incorporate a variety of techniques in the intervention strategy.
3. Successful treatment programs must target the "criminogenic needs" of offenders. Programs must target factors known to be linked with recidivism. This is the need principle.
4. Program efficacy depends on matching styles and modes of service to the learning styles and abilities of offenders. This is the responsivity principle.
5. It is essential to the efficacy of programs that correctional workers model anti-criminal attitudes and behaviors. Modeling and roleplaying techniques are valuable in that they can be used as a basis for the training of empathy, interpersonal problem-solving, and social skills that can enable offenders to cope prosocially with adverse or criminogenic environmental experiences.
6. Effective correctional programs have social cognitive skills training in order to have an impact on the offender's thinking. Offenders need to be taught how to think before we can expect to modify what they think.

Discussion

Our best chances for successful rehabilitation will come from implementing programs based on a cognitive-behavioral model, target offender characteristics known to be associated with reoffending, are multifaceted and include roleplaying, modeling, and social cognitive skills training. They may not have to be restricted to community settings or to well-motivated or low-risk clients.

Cullen, F. T., & Gendreau, P. (2001). From nothing works to what works: Changing professional ideology in the 21st century. *The Prison Journal*, 81(3), 313-338.

Summary

The authors discussed how the field of corrections suffered from academics spending too much time and effort arguing about what does not work with offenders rather than investigating what does work.

Discussion

The early years of modern American criminology were dominated by the positivist school. This school of thought promoted the use of scientific study to examine the definite causes of crime. It was argued that interventions should be individualized to the offender in order to target the causes of crime for the offender. Unfortunately, the rehabilitation ideal was never implemented as intended. The positivist ideology was shattered by Martinson's report. Instead of defending rehabilitation, criminologists were out to prove that nothing worked. They argued that nothing that the state did in the criminal justice system would reduce crime. This mentality continued for many years. The discipline of psychology came along and developed the principles of effective intervention to identify the most effective correctional interventions that have been shown to reduce recidivism among offenders. From this, the "what works ideology" was born. This ideology used scientific criminology to identify effective interventions that targeted for change the known predictors of recidivism. This should be used to construct knowledge about what does work to reduce crime. They argued that this will save practitioners from investing in programs that do not work. Scientific criminology will result in more "good" in the world than a criminology that ignores what really works.

French, S. A., & Gendreau, P. (2006). Reducing prison misconducts: What works! *Criminal Justice and Behavior*, 33, 185-218.

Summary

This meta-analysis investigated the effectiveness of correctional treatment for reducing institutional misconducts

Sample

A total of 68 studies, involving 21,467 offenders, was included. Juvenile and adult populations were included.

Results

- Behavioral treatments produced greater reductions in misconduct 69% of the time versus non-behavioral treatments, 77% of the time versus educational/vocational strategies, and 80% compared to unspecified treatments
- Reductions in misconduct for those studies that targeted three to eight criminogenic needs were greater 66% of the time when compared to those that targeted only one to two criminogenic needs, and they had greater effects 79% of the time versus those studies that targeted no criminogenic needs
- Programs with superior therapeutic integrity reduced misconducts more so than programs with medium or low levels of integrity.
- The majority of high-misconduct-reduction effect sizes were behavioral in nature
 - o 50% of these targeted three or more criminogenic needs
 - o 92% of these programs had therapeutic integrity level scores in the medium to high categories
 - o These programs were associated with a reduction in recidivism as well

Discussion

Programs that were successful in reducing prison misconducts were overwhelmingly behavioral in nature, targeted multiple criminogenic needs, had high therapeutic integrity, and reduced recidivism as well.

Gendreau, P. (1996). "The principles of effective intervention with offenders." In A.T. Harland (ed.), *Choosing Correctional Options That Work: Defining the Demand and Evaluating the Supply*. Thousand Oaks, CA: Sage.

Summary

This article discussed the principles of effective intervention based on information from narrative reviews of the offender treatment literature, meta-analytic reviews of this literature, and individual studies and insights garnered from the author's clinical experience.

Discussion

- Treatment services should be intensive and behavioral in nature
 - o Intensive services occupy 40% to 70% of the offenders' time while in a program and are of 3 to 9 months' duration
 - o Behavioral strategies are essential to effective service delivery.
- Behavioral programs should target the criminogenic needs of high-risk offenders.
- Characteristics of offenders, therapists, and programs should be matched.
- Program contingencies and behavioral strategies should be enforced in a firm but fair manner
- Therapists should relate to offenders in interpersonally sensitive and constructive ways and should be trained and supervised appropriately.
- Program structure and activities should consist of prosocial activities
- Relapse prevention strategies should be provided in the community
- Where possible, it is desirable to refer offenders to community-based services that provide quality services applicable to offenders and their problems.
- Principles that have been found to be ineffective include psychodynamic therapies, the medical model approach, subcultural and labeling approaches, targeting low-risk offenders, or "punishing smarter" strategies.

Gendreau, P., French, S. A., & Goinet, A. (2002). What works (what doesn't work): The principles of effective correctional treatment. *Journal of Community Corrections*, 13, 4-30.

Summary

This article discussed the impact of Martinson's report on the field of the corrections, the identification of the principles of effective intervention, and discussed the use of meta-analyses to identify and examine the overall effectiveness of these principles.

Discussion

- The end result of a meta-analysis is a precise estimate of the effect of the treatment, called an "effect size."
- The researcher can also estimate changes in the magnitude of the effect depending upon the type of offender, treatment dosage, and quality of the research design.
- Meta-analyses provide more definitive conclusions than narrative reviews.
- For the most part, meta-analyses have concluded that correctional treatment does work, reducing recidivism by 10%, more so if multiple strategies are employed.
- Scores of the CPAI were strongly predictive of recidivism. Below is a list of principles that have been found to be related to treatment effectiveness) according to CPAI scores.
- **Principle 1:** The organization has a culture that is receptive to implementing new ideas and has a well-articulated code of ethics.
- **Principle 2:** The implementation of the program relies on a thorough review of relevant treatment literature and is done so when the agency is not experiencing any upheavals.
- **Principle 3:** The program director is well-educated and is experienced. Staff are hired because they have a belief in the value of rehabilitation and are confident in their ability.
- **Principle 4:** Offenders are assessed on a risk instrument that is valid and contains a wide range of criminogenic need factors.
- **Principle 5:** Successful programs are behaviorally oriented and target higher risk cases.
- **Principle 6:** Program therapists engage in core correctional practice.
- **Principle 7:** The agency aggressively makes referrals and advocated for its offenders to receive high quality services in the community.
- **Principle 8:** The agency routinely evaluates itself.
- Phenomenological and psychodynamic therapies, intermediate sanctions, and focusing on non-criminogenic needs have not been shown to effectively reduce recidivism.

Gendreau, P., Goggin, C., Cullen, F. T., & Andrews, D. A. (2000). The effects of community sanctions and incarceration on recidivism. *Forum on Corrections Research*, 12, 10-13.

Summary

“Get tough” strategies known as intermediate sanctions proliferated probation and parole settings. Intermediate sanctions were derived from the notion that deterrence strategies based on excessive use of incarceration was too crude and expensive while regular probation was too soft. ISPs greatly increased contact between supervisors and offenders, confined offenders to their homes, enforced curfews, submitted offenders to random drug testing, required offenders to pay restitution to victims, used electronic monitoring, and required offenders to pay for their supervision. These programs appear to be “widening the net” by targeting low risk offenders who would normally receive periods of regular probation. The data indicate that the use of intermediate sanctions can increase the number of technical violations and lead to higher rates of incarceration. The effectiveness of intermediate sanctions is mediated solely through the provision of treatment. Offenders who did more time had slight increases in recidivism of 3%. The prison as a deterrent hypothesis is not supported.

Gendreau, P., Smith, P., & French, S. (2006). "The theory of effective correctional intervention: Empirical status and future directions." Pp. 419-446 in F. T. Cullen, J. P. Wright, and K. R. Blevins (eds.) *Taking Stock: The Status of Criminological Theory-Advances in Criminological Theory-Volume 15*. New Brunswick, NJ: Transactions Publishers.

Summary

This book chapter discussed the principles of effective intervention as they are grounded in the social learning paradigm. Additionally, successful correctional programs are discussed.

Discussion

- There are several learning theories in the social learning and cognitive domains that inform practitioners how to conceptualize and change behavior.
 - o Cognitive behavioral therapy that attempts to restructure irrational thoughts and beliefs, or is meant to enhance coping skills by training in problem solving, and self-instructions and stress inoculation
- Principles of Effective Intervention
- 1. Organizational culture is receptive to implementing new ideas and has a code of ethics.
- 2. The implementation of the program is based upon individual level survey data on the need for service and a thorough review of relevant treatment literatures.
- 3. The director of the program has an advanced degree in a helping profession with several years experience working in offender treatment programs.
- 4. Offenders are assessed on a risk instrument that has adequate predictive validities and contain a wide range of criminogenic needs.
- 5. The most effective treatment programs employ behavioral treatment modalities and target higher risk offenders. Offenders spend at least 40% of their program time in acquiring pro-social skills. The ratio of reinforcements to punishers is 4:1, and completion criteria are explicit. Relapse prevention strategy methods are available.
- 6. Program therapists engage in core correctional practices.
- 7. The agency establishes a system whereby offenders are referred to other community agencies that can provide high quality services.
- Meta-analyses have found that the most effective programs adhere to these principles
- The CPAI is another way to codify the principles in an assessment inventory
- Nesovic (2003) found CPAI program scores correlated very well with reductions in recidivism
 - o The domains of Principles 4 and 5 were among the most robust predictors
- Lowenkamp (2004) used the CPAi to evaluate the quality of Ohio-based offender treatment programs.
 - o Found that Principles 2, 4, and 5 were the most powerful predictors of recidivism

Latessa, E. J., Cullen, F. T., & Gendreau, P. (2002). Beyond correctional quackery- Professionalism and the possibility of effective treatment. *Federal Probation*, 66, 43-49.

Summary

This article discusses the issue of correctional quackery, or the use of interventions without the use of research knowledge, training, or expertise.

Discussion

There are four sources of correctional quackery.

- 1) Practitioners fail to use research in designing programs. Instead of making the hard decisions on “what to do with offenders,” many programs default to what has always been done. Conversely, research has shown academics and practitioners what works and what does not work in offender treatment, and yet this research is commonly ignored.
- 2) Practitioners fail to follow appropriate assessment and classification practices. The LSI or similar tools classify offenders by using a combination of static and dynamic factors shown by previous research to predict recidivism. Offenders should be classified by their level of risk and types of criminogenic needs they have that should be targeted. Problems occur when agencies do not use assessment tools, use them poorly, or simply ignore classifications.
- 3) There has been a failure to use effective treatment models in the field of corrections. After assessing an offender, it is important to pick a model “that works.” Depending on the population, there is a growing number of treatment models that may be learned and implemented.
- 4) Finally, agencies have required no systematic evaluation of the effectiveness of programs. Evaluation creates accountability and the commitment threat of having to change what is being done. Also, agencies could just monitor the quality of the programs that they or outside vendors are supplying.

Latessa, E. J., & Lowenkamp, C. T. (2006). What works in reducing recidivism? *St. Thomas Law Journal*, 3 (3).

Summary

This article presented findings of two large-scale studies of correctional programs in Ohio. The key is to no longer to identify what works but determine what conditions and characteristics of programs are associated with the greatest effectiveness.

Principles

1. Risk principle: intensive services should be reserved for higher-risk cases
2. Need principle: programs should target crime-producing needs (i.e. criminogenic factors)
3. Treatment principle: the most effective programs are behavioral in nature. They are centered on the present circumstances and are action-oriented.
4. Fidelity principle: program should assess for responsivity, have well-trained and interpersonally sensitive staff members, programs are assessed for quality-assurance, and they provide structured aftercare.

Residential Study

Sample: Included a total of 13,221 offenders. The experimental groups included 3,737 offenders who were released from prison to the supervision of one of 37 halfway houses and 3,629 offenders who released from prison to the supervision of one of 15 community-based correctional facilities. The control group included 5,855 offenders who were released from prison into parole supervision.

Results

- High-risk offenders placed in a residential facility reported an 8% lower recidivism rate than the high-risk offenders in the comparison group.
- The more criminogenic needs targeted by a program, the greater the reduction in recidivism
- Cognitive behavioral models resulted in a reduction in recidivism. Other models did not.
- Higher program integrity was associated with greater effectiveness.

Non-residential Study

Sample: Over 13,000 offenders who were supervised in the community and matched comparison cases were included.

Results

- The principles of risk, need, treatment, and program fidelity were associated with reductions in recidivism.
- Programs that did not adhere to these principles caused more harm, and increased recidivism rates.

Discussion

Both of these studies provide strong support that correctional program can have a substantial effect on recidivism, provided they follow some empirically derived principles.

Lowenkamp, C. T., & Latessa, E. J. (2005). Increasing the effectiveness of correctional programming through the risk principle: Identifying offenders for residential placement. *Criminology and Public Policy*, 4(1), 263-290.

Summary

This article used the risk principle to investigate whether program effectiveness differed according to offender risk. It can be detrimental to place low-risk offenders on a supervision level or in a correctional program that expose them to high-risk offenders or disrupts the low-risk offender's prosocial ties and contacts in the community. These detrimental effects can also occur when a sound intervention is poorly implemented or improperly delivered to a moderate- or high-risk offender.

Methods

This article involved a quasi-experimental design that examined the effects of correctional programs on parolee and probationer recidivism.

Sample

A total of 53 programs were included. The experimental group included offenders released from a state institution, on parole, post-release control (PRC), or transitional control and placed in a halfway house (HWH) or sentenced to community-based correctional facility (CBCF).

- 7,366= 3,629 in CBCF, and 3,737 in HWH group

The control group included parolees/PRC released from Ohio Correctional Institution without placement in HWH or CBCF (n=5,855).

Results

- Most programs demonstrated an expected reduction in recidivism, ranging from 2-25%, with an overall reduction of 5%. Approx. one third of programs (n=12) were associated with increases in the expected recidivism rate of the program participants compared with the comparison group, ranged from 1-29%.
- Risk was positively and significantly related to reincarceration.
- In 24 of the 36 programs, treatment had no effect or was associated with an increase in the probability of recidivism for low-risk offenders. Only 12 programs were associated with reductions in the probability of recidivism for low-risk offenders.
- Low/moderate-risk offenders: 19 of the 38 programs failed to have a treatment effect
- Moderate-risk offenders: 70% of the programs showed a reduction in recidivism
 - o 13 programs had no effect
- High-risk offenders: 27 programs were associated with reductions in recidivism (ranged from 2-34 percentage points)

Discussion

This research illustrated that residential programs are effective with higher risk offenders. Almost 70% of the programs demonstrated effectiveness with moderate- and high-risk offenders.

Lowenkamp, C. T., Latessa, E. J., & Lemke, (2006). Evaluation of Ohio's RECLAIM funded programs, community corrections facilities, and DYS facilities.

Summary

This report updated and extended the previous evaluations of Ohio's RECLAIM program.

Sample

A total of 14,496 youths who were terminated from a RECLAIM funded program, a community correctional facility (CCF), released from a DYS institution (DYS Release), or discharged from parole/aftercare (DYS Discharge) during fiscal year 2002 were included.

Results

- The results from the analyses of recidivism rates for the different placement types indicate that RECLAIM youth have the lowest rates, followed by CCF youth, and then by the DYS discharges and releases.
- Low and moderate risk offenders, who were kept in the community via RECLAIM, recidivated less than youths who were kept in custodial settings.
- Setting did not matter for very high-risk offenders. RECLAIM was inappropriate for these offenders.
- Different RECLAIM programs had different effects.
- The average risk level and the program score were significant predictors of a program's recidivism rate.

Discussion

This report concluded that community-based facilities may not be appropriate for very high-risk juvenile offenders. It is extremely important that all community programs should adhere to the principles of effective intervention.

MacKenzie, D. L. (2000). Evidence-based corrections: Identifying what works. *Crime and Delinquency*, 46, 457-471.

Summary

This article emphasizes the importance of using evidence-based corrections in order to be successful in reducing crime in the community. A two-step procedure used for drawing conclusions about what works in crime prevention was applied to studies in the areas of drug treatment, cognitive skills programs, and educational programs. The scientific rigor score and the direction and significance of the results were used to draw conclusions about what works, what doesn't, what is promising, and what is not known yet.

Sample

Over 500 published and unpublished studies in the last 10 years were assessed for scientific rigor. Studies were scored from 1 to 5, and had to be rated a level 3 or higher to be used to draw conclusions from of what works and does not work.

Results

What works:

- Programs that were structured and focused, used multiple treatment components, focused on developing skills, and used behavioral (cognitive behavioral) methods
- Provided substantial, meaningful contact between treatment personnel and participants, addressed the characteristics of the offenders associated with criminal activities that can be changed.

What doesn't work:

- Programs which emphasized specific deterrence (shock probation, scared straight programs)
 - o Intermediate sanctions (intensive supervised probation, home confinement, community residential programs, urine analysis)

What is promising:

- o Juvenile community supervision and aftercare (mixed)
- o Prison-based sex offender treatment that used CBT methods
- o Employment preparation and job search before the offender left prison and continued after release

What is not known:

- o Victim awareness programs
- o Life skills training programs
- o Emphasis of work ethics or in-prison work

Discussion

The goal of evidence-based corrections is to use scientific evidence to hold officials accountable for results. One problem with the extensive body of evaluation literature available is that each study varies greatly in scientific merit. This report assessed the scientific rigor of each study included and then used the direction and size of the effects of the program on recidivism to illustrate what works, what doesn't work, what is promising, and what is not yet known.

McMurrin, M. (2009). Motivational interviewing with offenders: A systematic review. *Legal and Criminological Psychology*, 14, 83-100.

Summary

Offender motivation is one specific responsivity variable in offender treatment. The goal of this article was to systematically review the evidence of the impact of motivational interviewing or motivational enhancement with offender populations. Motivational interviewing (MI) is often used in substance misuse treatments, treating offenders of domestic violence, driving while intoxicated, and is used for general offending as well. Overall, the goals of MI included increasing offender engagement and readiness to change, and reducing substance use and future crime.

Sample

Included were 13 published and 6 dissertation abstracts were identified.

Results

- Results look promising for substance misusing populations, although not perhaps for perpetrators of domestic violence.
- MI can improve engagement in programs but there seem to be more effective options available.
- The evidence suggested that MI can lead to improvements on measures of readiness or motivation to change, but there were exceptions noted as well.
- There was mixed evidence for a reduction in substance use and offending. There was mixed evidence for MI reducing drunk-driving, and no effect on domestic violence.

Discussion

The scientific rigor and the variation in treatment targets included in these studies did not allow for definitive conclusions to be drawn about the effectiveness of MI with offenders. As with other therapies, however, the integrity of delivery of MI is crucial. Practitioners must know what their aim is to do through MI (i.e. motivate offenders for treatment or effect behavior change or both). Moreover, they must know how this is to be done. Finally, more and better research into MI with offenders needs to be conducted.

Petrosino, A., Turpin-Petrosino, C., Finckenauer, J. O. (2000). Well-meaning programs can have harmful effects! Lessons from experiments of programs such as scared straight. *Crime and Delinquency*, 46 (3), 354-379.

Summary

The goal of this article was to systematically review the evidence of the Scared Straight program. This program is grounded in the theory of deterrence and brings at-risk or delinquent juveniles to visit prison inmates who are serving life sentences. The inmates hold “rap sessions” with their visitors and educate them on life in prison. It was thought that the troubled youths would refrain from lawbreaking because they would not want to follow the same path as the inmates and end up in adult prison.

Method

The authors identified randomized experiments that focused on juvenile or young adult participants, took place in a reformatory or prison, included either confrontational or educational presentations by the offenders, tours of the facility, or orientation and counseling.

Sample

A total of 150 studies were included.

Results

- Programs such as Scared Straight and their derivatives show little deterrent effect, and very likely cause more harm than good.
- Programs like Scared Straight increased the percentage of the treatment group who committed new offenses anywhere from 1-30%.

Discussion

The results of these randomized experiments were used to conclude that the Scared Straight program was not effective in reducing crime. Moreover, it has been suggested that some juveniles might find prison attractive and view prison as a place where they can have friends and a community now lacking in their lives.

Rehabilitation as a Correctional Policy: Treatment Effectiveness

Andrews, D. A. (1995). "The psychology of criminal conduct and effective treatment." Pp. 35-62 in J. McGuire (ed.), *What Works: Reducing Reoffending-Guidelines from Research and Practice*. New York: John Wiley. **(Article needed)**

Summary

This article discussed the principles of effective intervention that were identified by the psychology of crime. The psychology of crime provides an intellectually serious and practical base for the prediction of criminal behavior and ways in which to reduce recidivism among offenders.

Discussion

A major set of risk/need factors were identified that should be targeted for change. Risk factors refer to characteristics of people and their circumstances that are predictive of future criminal conduct.

Major risk/need factors:

- Antisocial attitudes, values, beliefs and cognitive-emotional states
- Procriminal associates and isolation from anticriminal others
- Temperamental and personality factors conducive to criminal activity; psychopathy, weak socialization, impulsivity, restless aggressive energy, geocentricism, need for risk, and weak problem solving skills
- A history of anti-social behavior evident from a young age, in a variety of settings and involving a number and variety of different acts.
- Familial factors that include criminality, low levels of affection, caring and cohesiveness, poor parental supervision and discipline practices, and neglect/abuse
- Low levels of personal educational, vocational or financial achievement, and unstable employment.

The planning and delivery of effective correctional treatment involves attention to individual differences in risk, need, and responsivity and to the use of professional discretion. Constructs of alienation, anomie, low self-esteem, anxiety, depression, and emotional distress were found to be linked to criminal conduct only slightly. The best modes of treatment are behavioral. They employ cognitive-behavioral and social learning techniques of modeling, graduated practice, role playing, reinforcement, extinction, resource provision, concrete verbal suggestions (symbolic modeling, giving reasons, prompting) and cognitive restructuring. The importance of relapse prevention and program integrity is also discussed.

Andrews, D. A., Zinger, I., Hoge, R. D., Bonta, J., Gendreau, P., & Cullen, F. T. (1990). Does correctional treatment work? A clinically relevant and psychologically informed meta-analysis.

Summary

Many scholars now agree that the effectiveness of correctional treatment is dependent upon what is delivered to whom in particular settings. The authors identified and discussed the principles of effective intervention (i.e. the risk, need, and responsivity principles). Additionally, the authors conducted a meta-analysis to investigate the effectiveness of programs that adhere to these principles.

Sample

A total of 45 studies of juvenile treatment presented in journals from 1975-1984 were included. Additionally, 35 studies that were published from the 1950s-1989 which included adult samples were included.

Results

- The type of treatment was the strongest of the correlates of effect size sampled in the study.
- Appropriate correctional service was significantly more effective in reducing recidivism than were criminal sanctions and inappropriate service.
- The association between behavioral interventions and type of treatment was substantial.
- The use of behavioral methods contributes to the reduction in recidivism, but those contributions are subsumed by the broader implications of risk, need, and responsivity.

Discussion

The major source of variation in effects on recidivism was the extent to which service was appropriate according to the principles of risk, need, and responsivity. That is, the most effective correctional programs reserve their services for higher risk cases; low risk cases are best assigned to minimal service. These programs seek to target for change those risk factors that have been shown to be related to recidivism. Finally, effective correctional programs attempt to match services to offenders according to the offenders' learning styles.

Dowden, C., & Andrews, D. A. (1999). What works in young offender treatment: A meta-analysis. *Forum on Corrections Research*, 11, 21-24.

Summary

The current investigation provided an in-depth examination of the principles of human service, risk, need, and general responsivity for young offenders.

Sample

A total of 134 studies were included.

Results

- A recidivism rate of 45.5% for the intervention group and a 54.5% recidivism rate in the control group
- Targeting noncriminogenic needs in correctional treatment programs was associated with increased recidivism in the intervention group.
- Programs that used a “fear of official punishment” approach (shock incarceration) yielded a significant negative relationship with effect size

Discussion

The findings presented here demonstrate that the clinically relevant and psychologically informed principles of human service, risk, need, and responsivity are key determinants of the therapeutic potential of a treatment program.

Dowden, C., & Andrews, D. A. (2000). Effective correctional treatment and violent reoffending: A meta-analysis. *Canadian Journal of Criminology*, 449-467.

Summary

The purpose of the present paper was to provide the first met-analytic examination of the role of the principles of risk, need, and general responsivity in reducing violent recidivism.

Sample

A total of 35 studies were included.

Results

- Intervention programs which adhered to the principles of effective intervention were found to be more effective at reducing recidivism than those programs that did not adhere to the principles
- Programs targeting antisocial attitudes were also associated with reductions in violent re-offending
- Behavioral/social learning programs were associated with substantially larger treatment effects than those produced by non-behavioral approaches
- Programs that predominantly targeted criminogenic needs produced greater treatment effects than programs that predominantly targeted noncriminogenic needs

Discussion

The results revealed that maximum reductions in violent re-offending were achieved when the 4 principles of effective correctional treatment were adhered to within the treatment program

Dowden, C., Antonowicz, D., & Andrews, D. A. (2003). The effectiveness of relapse prevention with offenders: A meta-analysis. *International Journal of Offender Therapy and Comparative Criminology*, 47 (5), 516-528.

Summary

This article investigated the overall effectiveness of intervention programs that incorporated a relapse prevention element. Relapse prevention is a cognitive-behavioral approach to self-management that focuses on teaching individuals alternate responses to high-risk situations.

Sample

A total of 24 studies that incorporated any concept of the relapse prevention model within the program were included in the analysis.

Results

- Treatment programs that incorporated some elements of relapse prevention, on average, yielded at least a moderate reduction in recidivism.
- The most effective element of the relapse prevention model involving training significant others in the program model. Many programs did not offer this, however.
- Other promising relapse prevention targets included those that focused on identifying the precursors to offense behavior.
- Programs that were specific about their relapse prevention strategies were associated with a significantly higher mean effect size than those that failed to describe the strategies used or only provided booster/aftercare sessions
- Relapse prevention yields significantly larger treatment gains for young offender populations
- Relapse prevention programs offered in the relative absence of the principles of effective intervention had no impact on recidivism
- Relapse prevention components that are concerned with identifying the offense-chain and high-risk situations and role-playing these situations were found to be effective for evoking mean reductions in future criminal behavior.

Discussion

The cognitive-behavioral approach of relapse prevention was found to effectively reduce recidivism for a variety of criminal offender populations.

Landenberger, N. A., & Lipsey, M. W. (2005). The positive effects of cognitive-behavioral programs for offenders: A meta-analysis of factors associated with effective treatment. *Journal of Experimental Criminology*, 1, 451-476.

Summary

This meta-analysis investigated the effectiveness of cognitive-behavioral therapy on recidivism of adult and juvenile offenders.

Sample

A total of 58 studies were included.

Results

- The odds of success for individuals in the treatment group were more than one and a half times as great as those for individuals in the control group.
- A reduction in recidivism of 25% was calculated.
- Dosage variables coded as the number of session per week and the number of hours of treatment per week was significantly related to effect size, but not duration of treatment.
- CBT programs that offered individual attention, anger control, and cognitive restructuring were found to be the most effective at reducing recidivism.

Discussion

This meta-analysis confirmed the findings of positive CBT effects on the recidivism of offenders. Other factors that were found to be related to effect sizes were risk level of the participating offenders, how well the treatment was implemented, and the presence or absence of a few treatment elements.

Laws, D. R. (1999). Relapse prevention: The state of the art. *Journal of Interpersonal Violence*, 14, 285-302.

Summary

This article discussed the use of relapse prevention (RP) to curb alcohol and drug addiction as well as other behaviors. This follow-up treatment was specifically designed to maintain the effects of the cessation-oriented treatment that might delay or even prevent relapse. The basic task was to ascertain which high-risk situations or other variables were the greatest threats to abstinence and then train skills to cope with each of them.

Discussion

- RP can be used today as a maintenance program following a cessation-oriented treatment
- RP may be used as an umbrella under which a variety of therapeutic activities are organized
- Much work has been accomplished in the area of sex offender relapse prevention
 - o These works have been largely accepted
- The concept of harm reduction is being advanced in the field of RP.
 - o The harm reduction approach conceptualizes maladaptive or deviant behavior as lying on a continuum from excess through moderation to abstinence.
 - o The zero-tolerance approach to drug addiction, domestic violence, and sexual offending has failed miserably. Practitioners should acknowledge that all relapses cannot be prevented.
- Stepped care is the idea that services that are not needed are not provided to clients. More specifically, clients only receive the services that they need.
- The basic premise of motivational interviewing is that one cannot argue or force people to do things that they do not want to do.
 - o Designed to minimize resistance to treatment
- Designed within the sex offender model, the aim of the cognitive-behavioral chain is to graphically demonstrate to the client the sequence of behaviors in his offense sequence and the cognitions that accompany them.
- Cognitive deconstructionism is the notion that people avoid the negative consequences of their behavior by avoiding any self-evaluation
 - o Include denial, minimization, victim blaming, passivity, covert planning, the problem of immediate gratification, empathy deficits, intimacy deficits, social competency deficits, and alcohol and drug problems.
- One of the benefits of RP is that clients must demonstrate not only the understanding of concepts but also the skills to apply what they have learned
- While the traditional RP model has been challenged, these creative ways will improve it

Lipsey, M. W. (1992). "Juvenile delinquency treatment: A meta-analytic inquiry into the variability of effects." Pp 83-127 in T Cook, H. Cooper, D. Cordray, H. Hartmann, L. Hedges, R. Light, T. Louis, & F. Mosteller (eds.), *Meta-Analysis for Explanation*. New York: Russell Sage Foundation.

Summary

This article focuses on effect size indices for treatment versus control group comparisons on delinquency outcome variables.

Sample

A total of 443 studies were included.

Results

- On average, treatment was found to have a positive and modest effect on delinquency
- Most of the contribution of treatment variables came from treatment modality
- The greater the magnitude and number of differences between the treatment and control groups prior to treatment, the greater were the delinquency differences subsequent to treatment.
- Treatments that were delivered by the researcher, or in which the researcher had a considerable influence, showed larger effect sizes.
- Smaller effect sizes were found when interventions were provided in public facilities, within the juvenile justice system, or custodial institutions

Discussion

The results of treatment interventions on delinquency measures provided wide variability. That is, some interventions were found to effectively reduce delinquency, while other interventions were not found to be as effective. On average, a positive but modest effect was observed. It was noted, however, that these results were likely shaped by the research methods employed as well as the nature of the treatment itself.

Lipsey, M. W., & Wilson, D. B. (1998). Effective intervention for serious juvenile offenders: A synthesis of research. In R. Loeber & D.P. Farrington (Eds.). *Serious and Violent Juvenile Offenders: Risk Factors and Successful Interventions*. Thousand Oaks, CA: Sage, 1998.

Summary

This article focused on answering the following questions:

- Does the research evidence indicate that intervention programs generally are capable of reducing recidivism rates for serious delinquents?
- What types of programs are most effective?

Method

Empirical studies which examined programs for offenders in the community and programs for institutionalized juvenile offenders were examined.

Sample

A total of 200 studies were included.

Results

For non-institutionalized juveniles:

- Treatment effects were strongly related to the characteristics of the juveniles, moderately related to treatment type and duration, and weakly related to program characteristics
- The less the researcher was involved in the design, planning, and delivery of treatment the lower the overall effectiveness of the intervention.
- Programs found to be the most effective included :interpersonal skills training, individual counseling, and behavioral programs

For institutionalized juveniles:

- Effects were strongly related to general program characteristics, moderately related to the type and amount of treatment, and weakly related to characteristics of the juveniles
- Characteristics of the juveniles did not impact treatment effectiveness
- Integrity of the treatment program and the number of weeks were related to treatment effect
- Programs that were well established (2 yrs or older) reported better treatment effects
- Interpersonal skills training and teaching family home program were found to be the most effective

Discussion

The average effect size for treatment programs was found to be equivalent to a reduction in recidivism by about 6 percentage points. The most effective programs for non-institutionalized juveniles reduced recidivism by 40%. The most effective programs for institutionalized juveniles reduced recidivism by 30-35%.

Lipsey, M.W., Chapman, G. L., & Landenberger, N. A. (2001). Cognitive-behavioral programs for offenders. *The Annals of the American Academy of Political and Social Science*, 578 (November), 144-157.

Summary

This article discussed the use of cognitive-behavioral (CBT) programs for reducing recidivism in offenders.

Sample

A total of 14 studies were included. These studies included both juveniles and adults.

Results

- The odds of recidivating for offenders receiving CBT programs were almost half those for offenders in the control group who did not receive CBT
- Largest effects came from demonstration programs set up by researchers
 - o Offenders receiving CBT had a mean recidivism rate of .15 compared w/.52 for the controls
- Offenders who received CBT in institutional settings reported a recidivism rate of .37 while the controls reported a mean recidivism rate of .53

Discussion

The use of CBT programs with juvenile and adult offenders have been shown to reduce recidivism.

Pearson, F. S., Lipton, D. S., Cleland, C. M., Yee, D. S. (2002). The effects of behavioral/cognitive-behavioral programs on recidivism. *Crime and Delinquency*, 27(1), 72-96.

Summary

This article investigated the effectiveness of cognitive behavioral programs on recidivism rates.

Sample

A total of 69 studies that included treatment/intervention programs in prison, jail, probation, or parole settings were analyzed. These studies included both juvenile and adult offenders.

Results

- The general category of behavioral and cognitive behavioral studies was heterogeneous.
- Social skills training programs were found to be effective in reducing recidivism.
- Cognitive skills programs were also found to be effective in reducing recidivism.
- Cognitive behavioral programs were also found to be effective in reducing recidivism.

Discussion

The findings presented in this article are generally in line with the findings presented by Andrews et al. (1990). Cognitive-behavioral treatment programs can reduce recidivism rates by significance amounts.

Taxman, F. S. (2000). Unraveling “what works” for offenders in substance abuse treatment services. *National Drug Court Institute Review*, 2, 91-132.

Summary

This article used results from recent meta-analyses to discuss the effective components of treatment interventions for offender populations.

Results

- Successful programs employ a therapeutic emphasis on assisting the offender to change his behavior.
- Successful programs are longer in duration, with multiple levels of care.
- Successful programs use the leverage of the CJS to retain client in treatment and improve outcomes.
- Studies have found that effective treatment services can be delivered in correctional facilities
- The organization must be supportive of the treatment goals for the staff to deliver effective services in a correctional setting.
- Designing programs that can increase retention and completion is a critical feature to effective programs. The leverage of the CJS has been shown to be critical in improving completion rates.
- Behavioral and cognitive approaches that focus on skill development (relapse prevention, social competency, moral reasoning, problem-solving, etc.) tend to fare better
- Directive therapies or those that focus on cognitions, thoughts and attitudes, and behaviors are more likely to improve outcomes than therapies that are nondirective or allow the offender to determine the context of the treatment sessions.
- Cognitive-behavioral approaches are more directive and focused with the therapist determining the nature and content of the intervention.
- Effective programs include structured curriculum, well-trained staff, and consistent reinforcements.
- Clinical assessments are critical for determining the appropriate level and type of treatment services
- Offenders need to be matched to both type of program and needed services according to identified risk factors
- A behavioral contract is a tool of treatment to specify the expectations for the client and identify treatment and criminal justice services
- Cornerstone of effective treatment programs in the criminal justice system is the use of sanctions and incentives to manage the behavior of offenders.
- Sanctions hold offenders accountable under their behavioral contract; preventive measures to reduce revocations and recidivism
- Incentives system provides an opportunity to formalize recognition for good behavior; should be swift, certain, and progressive

Discussion

There are many criteria that treatment programs should strive to meet in order to be as effective as possible at reducing recidivism and meeting the needs of their clients.

Wilson, D. B., Bouffard, L. A., & MacKenzie, D. L. (2005). A quantitative review of structured, group-oriented, cognitive-behavioral programs for offenders. *Criminal Justice and Behavior*, 32, 172-204.

Summary

This article synthesized the empirical evidence related to the overall effectiveness of structured cognitive-behavioral programs delivered to groups of offenders.

Sample

A total of 20 studies were included which evaluated the effectiveness of cognitive-behavioral programs moral reconnection therapy (MRT) and reasoning and rehabilitation (R & R). These studies included both adult and juvenile offenders.

Results

- The general pattern of results is positive across the collection of studies
- MRT was found to significantly reduce recidivism among offenders who participated
- Higher quality studies that examined R & R, found it to also be effective at reducing recidivism
- Only 2 of 20 studies found negative overall effect sizes, both of which were near 0 and from studies of low quality.

Discussion

The evidence summarized in this article supports the claim that cognitive-behavioral treatment techniques are effective at reducing criminal behaviors among convicted offenders.

Prediction, Classification, and Assessment of Correctional Clients

Andrews, D. A. (1989). Recidivism is predictable and can be influenced: Using risk assessments to reduce recidivism. *Forum on Correctional Research*, 1(2), 11-17.

Summary

This article discussed the principles of effective intervention as well as ways in which to deliver treatment services so that recidivism rates are reduced.

Discussion

The systematic risk assessment allows for the identification of lower and higher risk groups. These predictions are not perfectly accurate, however. Research findings are beginning to strongly support the view that an important task of corrections is to manage the sentence in such a way that low risk cases remain low risk, and higher risk cases move in the lower risk direction. This is achieved through delivering services under the principles of effective intervention, risk, need, responsivity. Additionally, the best modes of service are behavioral, cognitive-behavioral and social learning.

Andrews, D. A., Bonta, J., & Hoge, R. D. (1990). Classification for effective rehabilitation: Rediscovery psychology. *Criminal Justice and Behavior*, 17(1), 19-52.

Summary

This article reviewed the four principles of classification: risk, need, responsivity, and professional override.

Discussion

1. Risk: Higher levels of service are reserved for higher risk cases.
2. Need: Targets of service are matched with the criminogenic needs of offenders.
Criminogenic needs are those characteristics that are associated with recidivism.
3. Responsivity: Styles and modes of service are matched to the learning styles and abilities of offenders.
 - a. The authors discuss ways in which to actively treat offenders who are anxious, have been diagnosed with antisocial personality, are sensation-seeking, lack motivation or social support, or have been diagnosed with a mental illness.
4. Professional override: Professionals, having considered the principles of risk, need, and responsivity, must make appropriate decisions when necessary.

Andrews, D. A., Bonta, J., & Wormith, J. S. (2006). The recent past and near future of risk and/or need assessment. *Crime and Delinquency*, 52, 7-27.

Summary

This article discussed the progress made in the field of corrections since the Andrews et al. (1990) meta-analysis which discussed the risk-need-responsivity principles of effective intervention.

Discussion

- The general personality and social psychology of crime, with special attention to social learning and/or social cognition theory, is now the prominent theoretical position in criminology.
- Personality constructs such as low self-control and social learning constructs such as antisocial cognition and antisocial associates make independent contributions to the analysis of criminal behavior.
- Adherence to the principles have been linked to effective treatment
- The validity of general responsivity is overwhelming in the meta-analytic literature.
- Specific responsivity is the least explored of the RNR principles.
- The Correctional Program Assessment Inventory (CPAI) has demonstrated that agency-level variation in adherence with RNR is associated with the success rates of correctional agencies.
- There is a concern that there has been a failure to recognize the special needs of female offenders in terms of victimization, poverty, ethnicity, child care, and so on.
- The idea of enhancing RNR through greater attentions to human motivation is very attractive.
- It is not apparent that the predictive criterion validity of the best constructed of third generation and fourth generation assessments of risk and/or need exceeds that of the best constructed second generation assessments of risk.
- Authors continue to recommend systematic exploration of the domains of interpersonal and/or cognitive maturity, gender, and ethnicity and/or culture as responsivity issues.
- Fourth generation assessment instruments promote good planning and delivery.

Bonta, J. (2002). Offender risk assessment: Guidelines for selection and use. *Criminal Justice and Behavior*, 29, 355-379.

Summary

This article presented a series of guidelines that should guide useful and effective offender assessment instruments.

Discussion

- 1) The assessment of an offender's risk level should be based on measures that are structured, quantitative, and empirically linked to relevant criterion.
- 2) Risk assessments should be validated on its ability to predict criminal behavior.
- 3) These assessment instruments should be directly relevant to criminal behavior.
- 4) Assessment instruments should be selected from the relevant theory they are derived from. Social learning theories state that criminal behavior is learned through complex interactions between cognitive, emotional, personality, and biological factors.
- 5) Multiple domains should be used.
- 6) Probation and parole officers, correctional officers, and treatment providers need to formulate how criminogenic needs will be addressed in the case management plans for offenders.
- 7) For treatment to have an impact, the style of service must be tailored to the social, cultural, and ethnic characteristics of the offenders.
- 8) Different methods should be used to assess an offender's risk and needs. When different methods are used, the weakness of one assessment instrument can be compensated by the strength of another test.
- 9) Those who administer offender risk scales must ensure that they are well trained in their administration and knowledgeable of the current issues surrounding offender assessment.
- 10) The punishment of offenders should be used as the least intrusive measures and only to the extent needed to manage their behavior.

Bonta, J., Hanson, K., & Law, M. (1998). The prediction of criminal and violent recidivism among mentally disordered offenders: A meta-analysis. *Psychological Bulletin*, 123(2), 123-142.

Summary

The purpose of this article was to evaluate the contributions of psychiatry, clinical psychology, and general offender research to the prediction of criminal behavior among mentally disordered offenders.

Sample

A total of 54 studies that were dated from 1959 to 1995 were included in the analysis.

Results

- In terms of predicting general recidivism, age, gender, and single marital status were found to be significant predictors. Past criminal history was also a significant predictor.
- Objective measures of risk were significantly better predictors of general recidivism compared with clinical assessments.
- In predicting violent recidivism, age and single marital status were again strong predictors.
- A history of violent behavior was also a strong predictor.
- Offenders who were diagnosed with a mental disorder were less likely to commit a violent offense in the future.

Discussion

In general, the predictors of recidivism among offenders who were diagnosed with a mental disorder were almost identical to the predictors found among offenders without a mental disorder.

Bourgon, G., & Armstrong, B. (2005). Transferring the principles of effective treatment into a “real world” prison setting. *Criminal Justice and Behavior*, 32 (1), 3-25.

Summary

This article discussed the principles of effective intervention in terms of treatment effectiveness in a prison setting. Additionally, the authors discussed the impact of dosage hours reducing recidivism.

Method

The sample included 620 offenders who participated in treatment programming in an Ontario prison. Recidivism data was collected for 1 year following an offender’s release. Treatment varied from 5 week terms to 15 week terms in three separate units within the facility. Treatment effectiveness was evaluated by comparing recidivism rates of treated (n=482) and untreated (n=408) offenders.

Results

- The difference in recidivism between the treated group and the untreated group was statistically significant.
- For those offenders who were assessed by the assessment unit, recidivism was significantly related to the number of criminogenic needs, the number of noncriminogenic needs, and treatment length recommendation.
- A significant difference was found in recidivism with those who were recommended for and completed the 5-week program having a lower recidivism rate than the comparison sample of untreated offenders.
- The difference in recidivism rates approached significance with those who were recommended for and completed the 10-week program having a recidivism rate of 29.9% and the comparison sample of untreated offenders a rate of 43.8%.

Discussion

This article provided evidence that varying treatment hours according to offender risk levels can effectively reduce recidivism.

Gendreau, P., Little, T., & Goggin, C. (1996). A meta-analysis of the predictors of adult offender recidivism: What works? *Criminology*, 34, 575-607.

Summary

Meta-analytic techniques were used to examine which categories of predictors and assessment instruments were the best predictors of adult offender recidivism.

Sample:

A total of 131 studies were included.

Results:

- The strongest predictors of recidivism were adult criminal history, antisocial personality, companions, and criminogenic needs.
- Criminal history and criminogenic needs were significantly stronger predictors than those of family factors, intellectual functioning, personal distress, and socio-economic status.
- Several actuarial instruments were tested. The LSI-R predicted recidivism the best, but other tools were also found to predict recidivism well.
- Dynamic risk factors were found to be associated with recidivism more so than static risk factors.

Discussion

This meta-analysis confirmed the results of numerous narrative reviews. Of the instruments used to assess offender risk, the LSI-R was recommended to be the best. The two major static and dynamic categories, criminal history and criminogenic needs, were found to be almost identical in predicting recidivism. Finally, the dynamic risk factors, particularly those of criminogenic needs, should be included and reassessed over time. The choice of criterion should depend on the goals of assessment.

Listwan, S. J., Sperber, K. G., Spruance, L. M., & Van Voorhis, P. (2004). Anxiety in correctional settings: It's time for another look. *Federal Probation*, 68(1), 27-31.

Summary

This article summarized the results of four recent studies that employed an offender-based personality typology to examine the importance of personality in prison adjustment, long-term recidivism, success in cognitive programming, and dynamics of child molestation.

Sample

Study 1: Two groups of federal inmates newly admitted to prison (n=179 max custody inmates; 190 min custody inmates)

Study 2: 277 federal inmates were examined over a 10-12 year period for long-term recidivism rates.

Study 3: Male paroles in Georgia were randomly assigned to the Reasoning and Rehabilitation group (n=574) or the control group (n=581) who received standard parolee services.

Study 4: Men who were convicted of a sexual offense with a minor were included (n=85).

Results

Study 1: It was concluded that neurotic offenders had the highest proportion of self-reported aggression in both the maximum custody and minimum custody groups.

Study 2: personality contributed to the prediction of criminal behavior even when controlling for race and risk. The highest probabilities for re-arrest were among the neurotics. The neurotics were more likely to become involved in substance abuse than the other personality types.

Study 3: The offenders who were characterized as neurotic personality types responded adversely to the R & R program and returned to prison at significantly higher rates than the neurotic offenders in the control group.

Study 4: The personality subtypes differed significantly on the measures of self-esteem, personal distress (an affective component of empathy), and fantasy (an intellectual component of empathy). Neurotic child molesters had the highest score on the personal distress scale, meaning that they were the most likely to feel emotional discomfort in the presence of another's suffering. They were found to have lower self-esteem than the other personality types.

Discussion

While the SFS, LSI-R, and Wisconsin Risk Assessment System do not include measures of personality, the evidence discussed above suggests that anxiety may be a responsivity issue as well as a risk factor.

Listwan , S. J., Van Voorhis, P., & Ritchey, P. N. (2007). Personality, criminal behavior, and risk assessment: Implications for theory and practice. *Criminal Justice and Behavior*, 34(1), 60-75.

Summary

This article explored the relationship between personality types and long-term recidivism through a longitudinal study.

Sample

A total of 277 federal prison inmates were included in the analysis and were followed for a period of 10-12 years. No juveniles were included.

Results

- 4 personality types were identified:
 - o Aggressive-described as manipulative, hostile, and antisocial
 - o Neurotic- described as highly anxious, defensive, and insecure
 - o Dependent-described as followers who do not hold antisocial values or attitudes
 - o Situational-described as pro-social, conforming, but at times, naïve
- The highest probabilities of re-arrest were among the neurotics, followed by the aggressive
- The aggressive and neurotic inmates were found to be very different than the dependent inmates
- Neurotics were found to be much more likely to be arrested for a drug-related crime in comparison to the other personality types. They incurred the offenses in closer proximity to their release than the other offenders.
- None of the personality types were found to be related to violent offenses, however.
- The aggressive or neurotic personality types were found to be significantly related to long-term recidivism, even when controlling for risk and race.

Discussion

While personality is often classified as a responsivity issue, or an individual characteristic viewed to influence an offender's success in correctional programming, these findings suggest that personality is a significant predictor of recidivism. This can have profound implications for risk assessment and correctional programming.

Lowenkamp, C. T., Holsinger, A. M., & Latessa, E. J. (2001). Risk/need assessment, offender classification, and the role of childhood abuse. *Criminal Justice and Behavior*, 28(5), 543-563.

Summary

The purpose of this article was to test the validity of the LSI-R, for both females and males and the relationship between childhood abuse, the LSI-R, and recidivism rates.

Sample

A total of 442 offenders (317 male and 125 female) were included in the study.

Results

- Female offenders were found to significantly more likely to report having experienced abuse, but this did not have a significant impact on the likelihood that they would be re-incarcerated
- Childhood abuse did not have a significant impact on criminogenic risk
- Criminogenic risk was measured in a valid way using the LSI-R for both male and female offenders

Discussion

While abuse, both physical and/or sexual, has been considered one of the most notable and controversial potential risk factors, this study found it not to be associated with recidivism. The LSI-R was found to be a valid risk assessment for male and female offenders, despite the fact that female offenders were more likely to report experiencing abuse.

Vose, B., Cullen, F. T., & Smith, P. (2008). The empirical status of the Level of Service Inventory. *Federal Probation*, 72(3), 22-38.

Summary

This article summarized the research that has been conducted investigating the predictive validity of the LSI so far.

Sample

A total of 47 studies were included.

Results

- A large majority of studies (81.4%) reported a significant relationship between total LSI score and recidivism.
- Nearly all (97.9%) of the studies reported a positive association between total LSI score and recidivism.
- The LSI was found to be a valid predictor of recidivism across groups of offenders, including adults, juveniles, males, females, and mixed samples.
- The LSI was found to be an effective predictor across measures of recidivism.
- The LSI was found to garner empirical support through three decades of research.

Discussion

In sum, the LSI, a theoretically and empirically based assessment instrument, was designed to enhance the supervision and effective treatment of offenders. This instrument has been empirically supported for predicting recidivism.

Wormith, J. S., Olver, M. E., Stevenson, H. E., & Girard, L. (2007). The long-term prediction of offender recidivism using diagnostic, personality, and risk/need approaches to offender assessment. *Psychological Services*, 4, 287-305.

Summary

This study investigated the similarities and differences between 3 kinds of specialized offender assessment: the psychiatric diagnosis of antisocial personality disorder, assessment of psychopathy, and measured by the Psychopathy Checklist-Revised; and the assessment of offender risk/need, as conducted by the LSI.

Sample:

This study included Canadian adult offenders.

A total of 61 adult male offenders were included from a local detention center and nearby probation office. Twenty federal inmates were awaiting transfer to a penitentiary facility, 21 provincial inmates were also awaiting transfer to a correctional center. Finally, 20 probationers were beginning their period of community supervision.

Results:

- All 3 measures had strong predictive accuracy for violent recidivism and re-incarceration.
- The measures were modest in predicting reconviction of offenders.
- There was no evidence to suggest that the 3 measures could accurately predict sexual recidivism.

Discussion:

This article found that both the PCL and LSI performed equally in predicting violent recidivism and re-incarceration.

Systems of Intervention: Family Therapeutic Approaches

Borduin, C. M., Mann, B., Cone, L., Henggeler, S., Fucci, B., Blaske, D., & Williams, R. (1995). Multisystemic treatment of serious juvenile offenders: Long-term prevention of criminality and violence. *Journal of Consulting and Clinical Psychology*, 63, 569-578.

Summary

This article investigated the effectiveness of multi-systemic treatment (MST) as compared to that of individual therapy (IT).

Sample

Families were randomly assigned to MST (n=92) or IT (n=84).

Results

- Mothers in the MST group reported a decrease in adolescent behavior problems from pre- to post-treatment, whereas mothers of youths receiving IT reported an increase in behavior problems.
- Families receiving MST reported increases in family cohesion and adaptability at post-treatment, whereas reported family cohesion and adaptability decreased in the IT
- Youths in the MST group were at lower risk of arrest during follow-up
- MST completers were at lower risk of arrest than IT completers, MST dropouts, IT dropouts, or treatment refusers
- At 4 years of follow-up, the overall recidivism rate for MST completers (22.1%) were less than one-third the overall rate for IT completers (71.4%), IT dropouts (71.4%), or treatment refusers (87.5).
- Recidivists in the MST group had been arrested less often and for less serious offenses during follow-up than their counterparts in the IT group

Discussion

Overall, multi-systemic therapy was more effective than individual therapy in reducing the number and seriousness of crimes among those youths who were arrested.

Dowden, C., & Andrews, D. A. (1999). What works for female offenders: A meta-analytic review. *Crime and Delinquency*, 45(4), 438-452.

Summary

This article attempted to identify a list of criminogenic and non-criminogenic needs that was valid for female offenders.

Sample

This meta-analysis included 26 studies.

Results

- Stronger treatment effects were revealed in programs that targeted higher vs. lower risk cases, predominantly focused upon criminogenic vs. non-criminogenic needs, and used behavioral-social learning vs. nonbehavioral treatment strategies.
- Interpersonal criminogenic need targets, such as family process or antisocial associate variables yielded the strongest positive association with reduced reoffending.
- Personal criminogenic need targets, included focusing on either antisocial cognition or self-control deficits yielded a significant positive correlation with effect size.
- The specific targets of family intervention were important indicators of the therapeutic potential of the particular programs.

Discussion

This meta-analysis found that the principles of risk, need, and general responsivity were important contributors to treatment outcome for female offenders.

Henggeler, S. W. (1997). Treating Serious Antisocial Behavior in Youth: The MST Approach. Washington, DC:OJJDP, U.S. Department of Justice.

Summary

This article presented an in-depth discussion of multi-systemic therapy and its use in treating serious antisocial behavior in youthful offenders.

Discussion

The goal of multi-systemic therapy is to provide an integrative, cost-effective family-based treatment that result in positive outcomes for adolescents who demonstrate serious antisocial behavior. MST is more effective than usual community treatment for inner-city juvenile offenders, especially, in improving intra-familial relations and decreasing youth behavioral difficulties. Program strengths include its cost-effectiveness, proven success in treating difficult clinical populations, and relative ease of implementation across geographic locations and community agencies. Standardized evaluations showed families reported increased family warmth and cohesion and decreased youth aggression with peers. MST has demonstrated decreased criminal activity and incarceration in studies with violent and chronic offenders, and results are promising in studies of other populations that present complex clinical problems. The success of MST is based on several factors, including its emphasis on addressing the known causes of delinquency, the provision of treatment services where the problems are-in home, school, community settings; and a strong focus on issues of treatment adherence and program fidelity.

Henggeler, S., Rodick, J., Borduin, C., Hanson, C., Watson, S., & Urey, J. (1986). Multisystemic treatment of juvenile offenders: Effects on adolescent behavior and family interaction. *Developmental Psychology*, 22, 132-141.

Summary

The overall effectiveness and worth of the multisystemic approach was evaluated in this article.

Sample

A total of 57 families were assigned to family-ecological treatment and successfully completed the program. Another 40 juveniles were referred to mental health services, but only 23 juveniles completed treatment.

Results

- Mother-adolescent interactions in the family-ecological treatment families were rated as more warm and affectionate and evidenced fewer aggressive verbalizations following treatment. There was no change in the comparison group.
- The mother-father dyads in the treatment group showed an increase in warmth and affection. The comparison group showed a decrease.
- Adolescents in the treatment group talked for longer periods of time, more frequently spoke first and last, and were viewed as more dominant.
 - o They more actively participated in family discussion

Discussion

Many positive effects were evidenced as a result of using the multisystemic approach of family-ecological treatment for juvenile offenders and their families. The adolescent's increased participation in the family's decision-making process reflected a greater involvement in the family's life.

Patterson, G. R., Chamberlain, P., & Reid, J. B. (1982). A comparative evaluation of a parent-training program. *Behavior Therapy*, 13, 638-650.

Summary

This article discussed the effectiveness of treatment services provided by the Oregon Social Learning Center. Parents are trained how to monitor and successfully discipline their children in order to reduce problematic behaviors.

Sample

Juveniles were randomly assigned to either an experimental treatment (n=10) or a comparison group (n=9).

Results

- The treatment group (or parent-training group) showed a 63% reduction in the mean rate of child deviant behavior from what was observed before treatment began.
- At termination, 70% of the subjects in the experimental group exhibited behavior characterized in the normal range, while only 33% of the control group were categorized in the normal range of behavior.
- 90% of the parents whose children received treatment reported that treatment was very effective.

Discussion

These findings support the notion that family intervention can produce significant, treatment-specific effects.

Patterson, G. R., Reid, J. B., & Eddy, J. M. (2003). A brief history of the Oregon Model. In J. Reid, G. Patterson, and J. Snyder (eds.). *Antisocial Behavior in Children and Adolescents: A Developmental Analysis and Model of Intervention*. Washington, DC: American Psychological Association.

Summary

This article discussed the history of the Oregon Social Learning Center (OSLC). Started by the authors, the OSLC trained parents of problematic children how to identify, monitor, and supervise their children in order to reduce problematic behavior exhibited by the children.

Discussion

- Using simple reinforcement contingencies to strengthen behaviors that would compete with hyperactivity, the authors produced very rapid and dramatic improvements in classroom behavior
- These findings led to the more practical approach of training the teacher to use positive and negative contingencies with children in the classroom setting
- One of the strengths of the operant behavioral position lies in its insistence that claims for behavior change is based upon observation data.
- The accurate feedback that observation data provided enabled us to identify the intervention components that worked and those that did not work.
- Observation procedures were used to evaluate the operant procedures applied to hyperactive children in the classroom.
- The contingencies were designed to strengthen behavior that would compete with the presenting problem behaviors.
- The authors began to observe each family who was in treatment during baseline, treatment, and at follow-up in order to identify changes in problematic behavior before, during, and after treatment. They no longer relied solely on parents' reports.
- By the early 1970s, the authors learned that coercion was the key mechanism by which family members train each other to be aversive and aggressive. Negative reinforcement defined this process.
- In the early 1980s and through the 1990s, they worked on the impact of context such as divorce, social disadvantage, parental stress and depression, and antisocial behavior, on child adjustment.
 - o The results highlighted that parenting practices were a mediating variable. Context might affect parenting negatively thus effecting antisocial behavior.
- Today, their intervention strategies address children's behavior problems from about 3 to age 18, and across family contexts such as single mother, stepfather, and foster homes, as well as homes with antisocial siblings and antisocial girls.
- They concluded that difficult infant temperament or maternal depression and family stress are antecedents for subsequent poor outcomes such as coercive parent-child interactions.
- If we are to change aggressive childhood behavior, we must change the environment in which the child lives.
- If we are to understand and predict future aggression, our primary measures will be of the social environment that is teaching and maintaining these deviant behaviors.

Sexton, T. L., & Alexander, J. (2000). Functional Family Therapy. *OJJDP Juvenile Justice Bulletin*. Washington, DC: U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention.

Summary

This article discussed Functional family therapy (FFT). Functional family therapy (FFT) is a family-based prevention and intervention program that has been applied successfully in a variety of contexts to treat a range of these high-risk youth and their families.

Sample

A total of 231 families were contacted by clinic-based therapists about participating in FFT treatment services, 80% of these families completed treatment.

Results

- Of those who completed the program, only 19.8% committed an offense; 36% of the comparison committed an offense during the 1 year follow up period
 - o This suggests that FFT reduced recidivism by roughly 50%

Discussion

FFT works to first develop family members' inner strengths and sense of being able to improve their situations. These characteristics provide the family with a platform for change and future functioning that extends beyond the direct support of the therapist and other social systems. In a recent application, FFT was found to reduce recidivism among juvenile offenders, and lead to less cost than detention.

Interventions for Special Populations: Females

Hubbard, D. J., & Matthews, B. (2008). Reconciling the differences between the “gender responsive” and the “what works” literature to improve services for girls. *Crime and Delinquency*, 54(2), 225-258.

Summary

This article discussed the gender-responsive and “what works” literature and the differing views both offer in how female offenders should be treated.

Discussion

The gender-responsive literature emphasizes the need for qualitatively different types of programs and services to address young female offenders’ delinquent behavior. In contrast, the “what works” literature has identified principles of effective intervention that are applicable to males and females. The authors argue that these camps are complementary. Both can provide information that can aid in the treatment and rehabilitation of female offenders.

Lovins, L. B., Lowenkamp, C. T., Latessa, E. J., Smith, P. (2007). Application of the risk principle to female offenders. *Journal of Contemporary Criminal Justice*, 23(4), 383-398.

Summary

This article investigated whether high risk women benefited from intensive treatment more so than women who were deemed lower risk.

Sample

A total of 1,340 women offenders were included. The treatment group (n=906) included women who were sentenced to a community-based correctional facility (CBCF) or half-way house (HWH). The comparison group (n=434) were female probationers and parolees who were not sent to either facility.

Results

- The comparison group were significantly more likely to be arrested
- Treatment was found to be more effective for high-risk offenders, but only when recidivism was measured by arrest
 - o Suggests that treatment decreased the likelihood of arrest, but not incarceration or technical violations
- Low-risk offenders who received treatment were three times more likely to be rearrested than low-risk offenders who did not receive treatment
- High-risk women exposed to treatment were less likely to be incarcerated or arrested than women in the comparison group.

Discussion

The findings presented above provide the support for applying the risk principle to women offenders. Intensive services should be reserved for high-risk offenders in order to reduce recidivism.

Simourd, L., & Andrews, D. A. (1994). Correlates of delinquency: A look at gender differences. *Forum on Corrections Research*, 6, 26-31.

Summary

This article examined research related to the risk factors that have been identified for male and female offenders.

Sample

A total of 60 studies, both published and unpublished, were included if they included a sample juvenile delinquents.

Results

- Antisocial peers or attitudes, temperament or misconduct problems, educational difficulties, poor parent-child relations, and minor personality variables were identified as the most important risk factors for female offenders
- These findings were similar for male delinquents.
- Data on social class, family structure or parent problems and personal distress provided little information about an individual's risk for delinquency.

Discussion

The general risk factors that were important for male delinquency were also important for female delinquency.

Interventions for Special Populations: Sex Offenders

Andrade, J.T., Vincent, G.M., and Saleh, F.M. (2006). Juvenile sex offenders: A complex population. *Journal of Forensic Sciences*, 51(1), 163-167.

Summary

This article discussed the problems of treating juvenile sex offenders.

Discussion

- Literature on adult sexual offending has shown that treatment effectiveness, risk management, and etiology are dependent on offender characteristics.
- The relevance of this on juveniles is limited due to the complexity of developmental processes, particularly with respect to mental disorders and personality formation.
- Complexities in developing treatment for juvenile sex offenders can be divided into four categories:
 - o Difficulties in defining and interpreting existing classification systems
 - o The presence of comorbid paraphilias
 - o Comorbid major mental illnesses
 - o And the presence of psychopathy-related characteristics and other maladaptive personality traits
- The optimal method for classifying juvenile sex offenders has yet to be established. Developmental and clinical factors are added complications to the classification of juvenile sex offenders.
- Both paraphilias and deviant arousal patterns are critical variables when considering the etiology and treatment needs of adult sex offenders.
 - o Adults with paraphilia are at greater risk for sexually violent reoffending
 - o Sexually deviant arousal and its association with sexual offending have rarely been studied in youth.
- Little is known about the prevalence of major mental illness among juvenile sex offenders.
- Thorough assessments of major mental illnesses are important among sexually aggressive juveniles both to inform treatment needs and to determine motivational aspects for the sexual behavior.
- Personality disorders and styles appear to predispose adult males to inappropriate sexual behaviors, but these styles differ somewhat depending on the type of sex offense and the age of the victim.
- There is little research among juvenile sex offenders. The research that does exist is somewhat inconsistent with what has been found in the adult sex offender population.
- The authors suggest that these factors are not as useful for juvenile sex offenders.
- Due to the differences found in the nature of the juvenile sex offender population, all assessment, treatment, and policy procedures should be tailored to the needs of the individual.

Andrews, D. A., Bonta, J., & Wormith, J. S. (2011). The risk-need-responsivity (RNR) model: Does adding the good lives model contribute to effective crime prevention? *Criminal Justice and Behavior*, 38, 735-755.

Summary

This article was written in response to the good lives model (GLM) which was promoted as an alternative and enhancement of RNR. The authors respond to the criticisms made of RNR and conclude that GLM adds little to RNR.

Discussion

- With respect to offender treatment, interventions that adhere to the RNR principles are associated with significant reductions in recidivism, whereas treatments that fail to follow the principles yield minimal reductions in recidivism and, in some cases, even increase recidivism.
 - o The relevance of the principles also appears to apply to the treatment of sexual offenders.
- Ward and Stewart criticized the concept of criminogenic needs for ignoring more basic human needs that underlie optimal personal fulfillment.
- The good lives model has been described as a positive, strengths-based, and restorative alternative to the RNR model of offender rehabilitation.
 - o It has been presented as a supplement to RNR in the particular areas of offender motivation and personal identity and a stauncher proponent of human rights than RNR.
- RNR already subsumes many of the features of GLM.
 - o Both models emphasize the role of human motivation and agency in criminal behavior.
- GLM claims that there is too much emphasis put on addressing criminogenic needs and not enough emphasis on offender motivation
 - o Motivational interviewing are very applicable to RNR-based interventions. Its techniques enhance confidence.
 - o The dominant intermediate targets in RNR-guided work with moderate and higher risk offenders include enhanced self-management and problem-solving skills in combination with building rewarding alternatives to procriminal ways of thinking, feeling, and acting; enhanced rewards and satisfactions for prosocial pursuits in the context of peers, family, school/work, and leisure/recreation; and reduced substance abuse through enhancing alternatives to substance abuse and the development of association and identification with nonabusers.
 - It is success in these areas that leads to personal fulfillment.
- Both GLM and RNR are reactions to the punitive approach that dominates the criminal justice system.
- Advocates of GLM think RNR and GLM can complement and strengthen each other. The authors are not sure of this, however. There is nothing unique in GLM other than the encouragement of weak assessment approaches and the addition of confusion in service planning.

Barbaree, H. E., Seto, M. C., Langton, C. M., & Peacock, E. J. (2001). Evaluating the predictive accuracy of six risk assessment instruments for adult sex offenders. *Criminal Justice and Behavior*, 28(4), 490-521.

Summary

This article discussed six risk assessment instruments used for adult sex offenders, VRAG, SORAG, RRASOR, the MnSOST-R, Static-99, and the PCL-R. The predictive validity is examined for each of them.

Sample

A total of 215 adult male sex offenders released from prison were included. The follow-up period was approximately 4.5 years.

Results

- Recidivism of any kind was significantly predicted by all the instruments except the global MASSOR rating post-treatment risk.
- The VRAG, SORAG, RRASOR, and Static-99 significantly predicted sexual recidivism; the RRASOR had the highest predictive accuracy for this outcome.
- The PCL-R had the fourth highest significant correlation with recidivism of any kind

Discussion

Four of the actuarial instruments, the VRAG, SORAG, RRASOR, and Static-99, were successful in predicting general, serious, and sexual recidivism for adult male sex offenders.

Becker, J.V. (1998). What we know about the characteristics and treatment of adolescents who have committed sexual offenses. *Child Maltreatment*, 3(4), 317-329.

Summary

This article discussed the recent empirical literature on several aspects of adolescents who commit sexual offenses and their treatment.

Discussion

- There is no generally accepted theory regarding juvenile sexual offending
- Two models have been described in the literature
 1. One model identifies the sexual abuse cycle. Negative self image leads to maladaptive coping strategies, social isolation and withdrawal, and ultimately a sexual offense, which leads to more negative self-imagining and thoughts of rejection.
 2. The second model proposes that the first sexual offense results from a combination of factors and after the commission of the offense, the juvenile has the option of taking one of three paths.
- Juvenile sexual offenders are a heterogeneous group of individuals; an empirically derived and validated classification system has yet to be developed
- There is an increasing awareness that juvenile females also engage in sexual-offending behavior
- There have been various studies comparing juvenile sexual offenders with nonsexual delinquents
- Few studies have assessed male juvenile sexual offenders using standardized psychological assessment instruments.
 - o Adolescent sexual offenders evidenced more psychopathology than did the non-sexual offender psychiatric sample.
 - o Differences were also observed within the sexual offender group.
- In assessing for co-morbid psychological and/psychiatric problems, clinicians have found that the cognitions of sexual offenders frequently contain distortions and stereotypic thinking regarding the acceptability of sexual behaviors involving sexual aggression and/or sexual contact with young children
- It is important to assess for address in treatment if the offender experienced physical and sexual abuse previously
- There is a lack of controlled outcome studies due to ethical issues and methodological problems in the uncontrolled studies
 - o Many of the research conducted to date have mainly been exploratory, descriptive, and atheoretical.

Berliner, L. (1998). Juvenile sex offenders: Should they be treated differently? *Journal of Interpersonal Violence*, 13(5), 645-646.

Summary

This article discussed whether or not juvenile sex offenders should be treated differently than juvenile offenders who do not engage in sexual offenses.

Discussion

- Many juvenile sex offenders in clinical samples have characteristics similar to adult sex offenders.
- As a result, treatment programs for teenage offenders have tended to look very much like the approaches developed for adults.
- It is assumed that their criminal behavior has psychological origins that are best addressed through treatment, often in the community
- Few differences between adolescent sex offenders and adolescent non-sex offenders have been identified
 - o Juvenile sex offenders often engage in nonsexual criminal conduct, and recidivism rates for these crimes are considerably higher than those for sex offenses
- It seems appropriate to examine whether a specialized approach is always necessary or sufficient.

Borduin, C. M., Henegger, S. W., Blaske, D. M., & Stein, R. J. (1990). Multisystemic treatment of adolescent sexual offenders. *International Journal of Offender Therapy and Comparative Criminology*, 34, 105-113.

Summary

This is a preliminary evaluation of multi-systemic therapy of adolescent sex offenders.

Sample

A group of 16 male adolescents who had been arrested for sexual offenses were assigned randomly to either multi-systemic therapy (MST) or individual therapy (IT) conditions were included.

Results

- The MST group had recidivism rates of 12.5% for sexual offenses and 25% for nonsexual offenses. Adolescents who were assigned to individual therapy had recidivism rates of 75% for sexual offenses and 50% for nonsexual offenses.
- IT adolescents were more likely to be re-arrested for sexual and nonsexual offenses than those adolescents who received MST therapy.

Discussion

Multi-systemic is a broad treatment approach that target characteristics of the adolescent sexual offender and his family and peer relations that have been linked with sexual offending. The findings presented above illustrate that MST can be effective in reducing recidivism among adolescent sexual offenders.

Hall, G. C. (1995). Sexual offender recidivism revisited: A meta-analysis of recent treatment studies. *Journal of Consultant and Clinical Psychology*, 63, 802-809.

Summary

This is a meta-analysis of all treatment outcome studies with sexual offenders.

Sample

A total of 12 studies were included.

Results

- Of the sexual offenders who completed treatment, 19% committed additional sexual offenses. Over 27% of sex offenders in comparison groups committed additional sexual offenses.
- Treatment effect sizes across the studies were very different, however.
- Treatment effect sizes were greater when treatment was administered in outpatient facilities/programs.
- Both cognitive-behavioral and hormonal treatments were found to be effective.

Discussion

Successful treatment programs for sexual offenders were identified. Overall, cognitive-behavioral therapies were found to be successful in reducing recidivism among sex offenders.

Hanson, R. K., Broom, I., Stephenson, M. (2004). Evaluating community sex offender treatment programs: A 12 year follow-up of 724 offenders. *Canadian Journal of Behavioural Science*, 36, 87-96.

Summary

This article builds on Hall (1995) and investigated the overall effectiveness of treatment for sexual offenders.

Sample

Participants were divided into a treatment group (n=403) and comparison group (n=321). The treatment group consisted of offenders who participated in mandatory treatments for all sexual offenders through the Community Sex Offender Program (CSOP). The comparison group did not receive this treatment.

Results

- The sexual, violent, and general recidivism rates were similar for the treatment and comparison groups.
- The overall recidivism rates for those who received better treatment were not significantly different than the rates for those who received worse treatment.

Discussion

The Community Sex Offender Program did not have any meaningful effect on recidivism rates.

Hanson, R. K., & Bussiere, M. T. (1998). Predicting relapse: A meta-analysis of sexual offender recidivism studies. *Journal of Consulting and Clinical Psychology* 66(2), 348-362.

Summary

This meta-analysis investigated the recidivism rates of sexual offenders.

Sample

A total of 61 studies, encompassing 28,972 sexual offenders, were included in the analysis.

Results

- An offender's age and marital status were related to sexual offender recidivism.
- The criminal lifestyle variables of antisocial personality disorder and the total number of prior offenses were modest predictors of sexual recidivism.
- Failure to complete treatment was a moderate predictor of sexual offense recidivism
- Being sexually abused as a child, general psychological problems, nor alcohol abuse were not associated
- The number of prior sexual offenses was not related to nonsexual violent recidivism. Rapists were more likely to recidivate with nonsexual violence than child molesters.
- Sex offenders were at risk for general recidivism if they terminated treatment prematurely, denied their sexual offense, or showed low motivation for treatment
- Personality disorders and alcohol abuse were significantly related to general recidivism

Discussion

Separate predictors were identified for sexual, nonsexual, and general recidivism for sex offenders. Overall, failure to complete treatment appeared to be a consistent risk marker for both sexual and general recidivism.

Hanson, R. K., Gordon, A., Harris, A. J. R., Marques, J. K., Murphy, W., Quinsey, V. L., & Seto, M. C. (2002). First report of the collaborative outcome data project on the effectiveness of psychological treatment for sex offenders. *Sexual abuse: A Journal of Research and Treatment*, 14(2), 169-194.

Summary

This article included a met-analytic review which examined the effectiveness of psychological treatment for sex offenders.

Sample

A total of 43 studies were included. Studies of adult and juvenile sexual offenders were included.

Results

- Across all of the studies, the recidivism rate for sexual offenses was lower for treatment groups than the comparison groups
 - o These differences were even higher between the groups for general recidivism
- Current treatments appeared to be equally effective for adults and adolescents
- Institutional treatment and community treatment were both associated with reductions in sexual recidivism.
- Offenders who completed treatment had consistently lower general recidivism rates than those who failed to complete treatment and the effect was consistent across studies.
- In contrast to the findings for sexual recidivism, those who refused sex offender treatment were more likely to recidivate with any offense than those who attended any treatment.
- Current treatments, cognitive-behavioral or systemic, were found to be more effective in reducing both general and sexual recidivism than older forms of treatment

Discussion

Cognitive-behavioral treatments was found to reduce both sexual and general recidivism among sexual offender populations, whether they are adult or juvenile offenders.

Hanson, R. K., Morton-Bourgon, K. E. (2004). The characteristics of persistent sexual offenders: A meta-analysis of recidivism studies. Ottawa, Ont.: Public Safety, Canada.

Summary

This article presents a meta-analysis related to risk assessments for sex-offenders. It is argued that sexual recidivism is associated with deviant sexual interests and antisocial orientation/lifestyle instability.

Sample

A total of 82 studies were included. These studies consisted of both juvenile and adult sex offenders.

Results

- The strongest predictors of sexual recidivism were related to sexual deviancy and antisocial orientation.
- Antisocial orientation (antisocial personality, antisocial traits, history of rule violation) was the major predictor of violent non-sexual recidivism, violent (including sexual) recidivism and any recidivism.
- General problems with self-regulation, a history of nonviolent crime, psychopathy, and a history of nonsexual crime were among the strongest individual predictors.
- Sexual attitudes showed a small relationship with general recidivism
- The same major predictors were found for adolescent sex offenders as for adult sex offenders. Sexual recidivism was predicted by sexual deviance, antisocial orientation.
 - o Antisocial orientation also predicted violent nonsexual recidivism, any violent recidivism among adolescent sex offenders.
- Offenders were less likely to recidivate with a sexual offense.

Discussion

Factors associated with the initiation of sexual offending may not be the same as the factors associated with the persistence of sexual offending. Negative family backgrounds and internalization of psychological problems are common among sexual offenders, but these factors were unrelated to sexual recidivism.

Hanson, R. K., & Thornton, D. (2000). Improving risk assessments for sex offenders: A comparison of three actuarial scales. *Law and Human Behavior*, 24, 119-136.

Summary

This study compared the predictive validity of the Rapid Risk Assessment for Sex Offender Recidivism (RRASOR) and Thornton's Structured Anchored Clinical Judgment (SACJ).

Sample

Three samples were included.

1. Institut Philippe Pinel (Montreal) focused on sexual offenders treated at a maximum security psychiatric facility between 1978 and 1993.
2. Oak Ridge Division of the Penetanguishene Mental Health Centre followed sexual offenders referred for treatment and/or assessment between 1972 and 1993 to a maximum security health center in Ontario.
3. Her Majesty's Prison Service (UK) Provided a 16 year follow-up of 563 sex offenders released from Her majesty's Prison Service in 1979.

Results

- The Static-99 was more accurate in predicting sex offense recidivism and violent recidivism than the RRASOR and SACJ-Min.
- The RRASOR and SACJ-Min performed equally to one another in predicting sex offense recidivism.

Discussion

The RRASOR and SACJ-Min showed roughly equivalent predictive accuracy, and the combination of the two scales was more accurate than either original scale. The incremental improvement of Static-99 was relatively small.

Marques, J. K., Day, D. M., Nelson, C., & West, M. A. (1994). Effects of a cognitive-behavioral treatment on sex offender recidivism: Preliminary results of a longitudinal study. *Criminal Justice and Behavior*, 21, 28-54.

Summary

This study investigates the effectiveness of a cognitive-behavioral treatment program for sex offenders from the California Department of Corrections.

Sample

This study included adult sexual offenders between the ages of 18 and 60, have no more than two prior felony convictions, and do not have a mental condition (n=602).

Results

- Younger subjects were more likely to commit a new sex offense and other violent offense
- Subjects with prior felony convictions were at increased risk for new sex offenses and for other violent offenses
- Rapists and molesters with female victims were at greater risk of committing a new violent offense.
- Treatment subjects did show a significantly lower risk for new sex offenses than did the non-volunteers

Discussion

This study identified risk factors associated with sexual and violent recidivism and found that cognitive-behavioral treatment services did reduce recidivism for sexual offenders.

Righthand, S., Prentky, R., Knight, R., Carpenter, E., Hecker, J.E., & Nangle, D. (2005). Factor structure and validation of the Juvenile Sex Offender Assessment Protocol (J-SOAP). *Sexual Abuse: A Journal of Research and Treatment*, 17(1), 13-30.

Summary

This article discussed the results of three studies dealing with the Juvenile Sex Offender Assessment Protocol (J-SOAP).

Sample

These studies included 153 male juveniles drawn from the State of Maine. All of these juveniles committed a sexual offense during the year beginning June 1, 1997.

Results

- Antisociality was captured by such items as criminal attitudes, lack of empathy, lack of remorse, manipulativeness, association with delinquent peers, and lifestyle impulsivity
- Scale 3 of the J-SOAP may serve a dual purpose as an acute dynamic indicator of change as a function of treatment and as a stable dynamic indicator of traits associated with “arrogant and deceitful interpersonal style”
- Scale 1 (Sexual preoccupation/Drive) was not related to the total number of offenses but was found to be associated with the number of sexual offenses, the number of victims in the sexual offenses, and the degree of violence in sexual offenses
 - o This scale predicts sexual behavior but not criminal history
- Scale 2 (impulsive, antisocial behavior) was not related to the number of new sexual offenses, but was associated with the total number of new offenses, number of victims of sexual offenses, and the degree of violence in sexual offenses.
- Scales 1 and 2 were equally associated with level of violence in sexual offenses
- The Quality of Peer Relationships (Scale 3) was related to recidivism

Discussion

By using the J-SOAP, the authors were able to identify predictors of both sexual and general recidivism.

Wilson, R. J., & Yates, P. M. (2009). Effective interventions and the good lives model: Maximizing treatment gains for sexual offenders. *Aggression and Violent Behavior, 14*, 157-161.

Summary

This article discussed the Good Lives model and how it might be incorporated with the risk/need/responsivity (RNR) model to treat sex offenses.

Discussion

- In the Good Lives Model, individuals are regarded as active, goal-seeking beings who seek to acquire fundamental primary human goods-actions, experiences, and activities that are intrinsically beneficial to their individual well-being and that are sought for their own sake.
 - o Criminal behavior results from problematic methods used to achieve goals, and not from the goals themselves.
 - o The goal of treatment is to target the methods the individual uses to achieve the goal; the offender is assisted to identify important goals and to develop the capacity to attain these in non-offending ways.
- It is argued that the addition of the Good Lives Model to sexual offender treatment can reduce risk, and ultimately, protect society
- Treatment of sex offenders should begin to identify the individual's life goals (i.e. those that the individual values and forms his personal identity)
- The focus is not only upon reducing risk to re-offend and targeting criminogenic needs, but also on enhancing the offender's capacity to improve his life.

Quality Assurance

Boone, H. N., & Fulton, B. A. (1996). *Implementing Performance-Based Measures in Community Corrections*. Office of Justice Programs, National Institute of Justice.

Summary

This article discussed the need for implementing performance-based measures in community corrections in order to assess what they do and how well they do it. A framework for developing these measures is discussed.

Discussion

1. The first step in developing a performance-based strategy is to clarify and communicate agency values. Values shape decisions, actions, and results.
2. It is necessary to develop a mission statement that reflects the organization's values and its strategic intent. This will promote organizational cohesiveness and increases overall effectiveness.
3. Organizational goals should be clarified in order to map out the future and provide a standard again which success can be measured. Goals that are too ambitious or ambiguous can create organizational confusion.
4. Activities that support organizational goals should be selected whether the program is oriented more toward social services or law enforcement.
5. Objective and measurable criteria that determine the extent to which the activities are being performed should be specified. Examining processes helps to explain why such effects were produced and how practices can be modified to produce desired outcomes. By controlling processes, agencies can control outcomes. Analysis and reporting highlight positive outcomes, uncover ineffective practices, and guide agencies to explore alternative methods for achieving organizational goals.

Dowden, C., & Andrews, D. A. (2004). The importance of staff practice in delivering effective correctional treatment: A meta-analytic review of core correctional practice. *International Journal of Offender Therapy and Comparative Criminology*, 48(2), 203-214.

Summary

This meta-analysis examines the role of core correctional practices (CCP) in reducing recidivism.

Sample

A total of 273 studies were included.

Results

- Very few of the human service programs included in this analysis used CCPs
- Those that did incorporate CCPs, reported substantially higher mean effect sizes
- The effects of CCPs were stronger in programs that adhered to the principles of risk, need, and responsivity
- CCP was found to be effective in different settings and across different offender populations.

Discussion

Core correctional practices were found to be used in very few human service programs. Programs that did incorporate CCPs, however, and adhered to the principles of risk, need, and general responsivity, were found to be more effective than their counterparts that did not incorporate CCPs.

Latessa, E. J., & Holsinger, A. (1998). The importance of evaluating correctional programs: Assessing outcome and quality. *Corrections Management Quarterly*, 2(4), 22-30.

Summary

This article discussed the problems that are often associated with measuring recidivism as an outcome of treatment effectiveness without examining the overall quality of the program.

Discussion

- Combining outcome indicators with assessments of program quality can provide a more complete picture of an intervention's effectiveness.
- In order to determine whether or not a program is meeting the principles of effective intervention, each of the principles need to be operationalized into a set of standards or guidelines
- The Correctional Program Assessment Inventory (CPAI) assesses a program on 6 primary areas: program implementation and leadership, offender assessment and classification, characteristics of the program, characteristics and practices of the staff, evaluation and quality control, and misc. items such as ethical guidelines and levels of support.
- The CPAI is a versatile assessment tool that is applicable to a wide range of programs. It allows for the quality of a program to be quantified through a scoring process so comparisons between programs can be done. This will allow for ineffective programs to be discontinued.
- Programs that are driven by data tend to be more effective than those which are not.

Lowenkamp, C.T., Flores, A. W., Holsinger, A. M., Makarios, M. D., & Latessa, E. J. (2010) Intensive supervision programs: Does program philosophy and the principles of effective intervention matter? *Journal of Criminal Justice*, 38, 368-375.

Summary

This article examined the effectiveness of intensive supervision programs and sought to determine whether program philosophy and treatment integrity were associated with reductions in recidivism.

Sample

A total of 58 evaluations were included. The treatment group included 5,510 offenders who attended one of the ISPs. A matched control group of 5,510 offenders who received a different criminal sanction was included as well.

Results

- Human service oriented programs were found to have a larger treatment effect than all of the programs together
- Deterrence oriented programs increased the likelihood that recidivism would occur, on average
- Despite the differences in terms of program philosophy (human service vs. deterrence), there did not appear to be any differences in the scores of the treatment integrity measures by type of philosophy.
- Programs that scored low in treatment integrity produced offenders who were more likely to recidivate
- When programs that had low treatment integrity adhered to a human service philosophy, they were at least able to avoid increasing recidivism

Discussion

These findings suggest that the combination of human service orientation and adherence to the principles of effective intervention significantly increased the beneficial effects of correctional treatment programming. When ISPs were categorized as abiding by the principles of effective intervention and operated using a human service philosophy, they were more effective at reducing recidivism. Staff should adopt a human service approach in order to implement the program as effectively as possible.

Lowenkamp, C. T., Latessa, E. J., & Smith, P. (2006). Does correctional program quality really matter? The impact of adhering to the principles of effective intervention. *Criminology and Public Policy*, 5(3), 575-594.

Summary

This article investigated the relationship between the Correctional Program Assessment Instrument (CPAI) and program outcome using program integrity and offender data in Ohio.

Sample

A total of 3,237 offenders from 38 distinct halfway house programs were included in the treatment group. The control group included parolees and post-release control releases who were under parole supervision, but who were not placed in a halfway house.

Results

- For 73% of the programs, the comparison group recidivated at lower rates than the treatment group when considering all program participants (both successful and unsuccessful).
- Greater treatment effects were calculated when only successful completers were included.
- Offenders who were terminated from the program were likely to have a technical violation filed against them.
- The total CPAI score was significantly associated with all three outcome measures (new offense, technical violation, and return to prison) when all program participants were included.
- When only successful terminations were included, however, the CPAI total score was not associated with new offense or technical violation but was associated with return to prison.
- 24 out of 38 of the programs (68%) fell into the “unsatisfactory” category and reported a reduction in returns to prison by 4%
- 35% of the programs fell into the “satisfactory but needs improvement” category and reduced returns to prison by 16%
- 1 program was rated “satisfactory” and reduced returns to prison by 44%

Discussion

While the majority of the programs were rated as “unsatisfactory,” it was found that CPAI ratings were associated with the outcome measure returns to prison. That is, unsatisfactory programs reduced returns to prison slightly, while the one programs that was rated as satisfactory reduced returns to prison by 44%.

Matthews, B., Hubbard, D. J., & Latessa, E. J. (2001). Making the next step: Using evaluability assessment to improve correctional programming. *Prison Journal*, 81(4), 454-472.

Summary

This article described the methodology and results of CPAIs conducted on 86 correctional programs and demonstrates the utility of such an assessment.

Sample

The 86 programs included private, nonprofit, and public programs located in 25 states and provided a variety of services to juveniles and adult offenders. All of these programs were evaluated between January 1996 and September 1998.

Results

- The overall CPAI scores indicate that 34.1% of the programs scored in the unsatisfactory range of the scale.
- A mean overall score of 54.87 on the CPAI suggests, that on average, the programs that were assessed suffered from a general lack of program integrity.
- Program directors and staff members were well qualified and integral to program development. The level of funding was adequate and sustainable. There was internal and external support for the programs.
- The majority of programs assessed did not adequately assess offender risk, need, or responsivity factors; did not utilize effective treatment models; did not use behavioral strategies; did not adequately train staff members; and did not evaluate themselves or the performance of the offenders they serve.

Discussion

While poor outcomes are often assumed to be program failures, it is usually the case that the program was never implemented as designed. The CPAI is an assessment tool to evaluate program quality and design.

Nesovic, A. (2004). Psychometric evaluation of the correctional program assessment inventory (CPAI). *ProQuest Dissertations and Theses*.

Abstract

The Correctional Program Assessment Inventory (CPAI), an inventory designed to assess the extent to which correctional programs meet principles of effective correctional interventions, summarizes many of the treatment elements empirically linked to the reduction of recidivism. This dissertation examined the psychometric characteristics of the CPAI. Three separate, methodologically distinct studies were conducted to evaluate interrater reliability/internal consistency, face/content validity and predictive validity of this inventory.

In the first study two independent raters scored the CPAI for twenty federally and provincially delivered correctional program based on the CPAI-Q (Correctional Program Assessment Inventory Questionnaire). Additionally, two raters scored audiotaped interviews conducted with treatment staff for thirteen of these programs. Obtained interrater reliability estimates indicated satisfactory interrater reliability for both methods on all CPAI sections, treatment and total scores. Internal consistency estimates indicated that the CPAI represents a homogenous scale.

The face and content validity study examined the degree to which samples of students (n=50), treatment staff (n=34) and psychologists (n=50) agreed that the CPAI is an instrument that could assess the potential of correctional programs to reduce reoffending. The level of agreement was high within and across the three samples, indicating that this inventory has satisfactory face and content validity.

The third study examined the predictive validity of the CPAI by establishing a link between the CPAI scores and effect size, a statistical measure that expresses the difference in outcome between treatment and control group. One hundred and seventy three articles of treatment effectiveness that yielded 266 effect sizes were scored using the modified version of the CPAI scoring manual. Results indicated that the higher number of CPAI items present, the higher the effect sizes were. This correlation was statistically significant across different CPAI sections, treatment and total scores within both the control and treatment groups. Treatment CPAI scores maintained significant correlation with effect size under a variety of statistical and methodological considerations.

Overall, the results suggest that the CPAI has satisfactory psychometric properties. The limitations of the study, their implications for correctional practice and suggestions for future research were discussed.

O’Conner, T., Sawyer, B., & Duncan, J. (2008). A country-wide approach to increasing program effectiveness is possible: Oregon’s experience with the correctional program checklist. *Irish Probation Journal*, 5, 36-47.

Summary

This article discussed the Correctional Program Checklist (CPC) assessment process implemented in Oregon.

Discussion

- An evidence-based program is one that “incorporates significant and relevant practices based on scientifically based research and that is cost-effective in the sense that it realizes cost savings over a reasonable period of time that are greater than the program costs.
- In response to Senate Bill 267, a state-wide approach was conducted to evaluate the correctional programs in Oregon.
- In Oregon, 7% of programs were classified as very satisfactory, 18% as satisfactory, 33% as needs improvement, and 42% as unsatisfactory.
- One of Oregon’s weakest areas of program integrity was the area of quality assurance
 - o Programs were not collecting data and were not able to say if they were having an effect on recidivism
- Better program integrity measured with the help of an instrument like the CPC correlates with better outcomes.

Van Voorhis, P. (1987). Correctional effectiveness: The high cost of ignoring success. *Federal Probation*, 51(1), 56-62.

Summary

This article discussed many research findings related to correctional treatment effectiveness that have been concluded after Martinson's report was released. While these findings have obvious policy implications, these findings have continued to be ignored.

Discussion

The author lists three of the most costly omissions to recent literature:

- 1) Successful interventions must look beyond the personality or pathology of the offender and target an offender's family, peer group, school, neighborhood, etc. to gain the most treatment effect.
 - For many offenders, criminal behavior is a process of acting out related to issues within their family.
- 2) Differential treatment programs are likely to be more successful than programs that treat offenders with a "one size fits all approach."
 - While many practitioners agree with this statement, it does not appear that commitments are being made to system-wide classification measures matching individuals to appropriate treatment options.
- 3) Training schools and reformatories should be discontinued from being used for young offenders.
 - The move to community-based facilities makes good sense, but must be done cautiously and must not be seen as an opportunity for states to remove themselves from dealing with youth problems.

Labrecque, R., Schweitzer, M., & Smith, P. (2013). Probation and Parole Officer Adherence to the Core Correctional Practices: An Evaluation of 755 Offender-Officer Interactions. *Advancing Practice*, 3, 22-25.

Summary

This article provides a brief description of the principles of effective intervention, the core correctional practices (CCPs), and the Correctional Program Assessment Inventory (CPAI). The authors describe training initiatives resulting from the development of the CCPs. Results from a study examining the effects of training on use of skills is discussed.

Discussion

This study examined 2 groups of probation and parole officers who were assigned to either a trained or untrained group. The trained group of officers were rated much higher than the untrained officers in their use of CCPs, specifically anticriminal modeling, effective disapproval, problem solving, structured learning, cognitive restructuring, and relationship skills. The two groups did not differ in their use of effective reinforcement and effective use of authority.

Labrecque, R., Schweitzer, M., & Smith, P. (2013). Exploring the perceptions of the offender-officer relationship in a community supervision setting. *Journal of Criminal Justice Research*, 1-19.

Summary

This article describes the Effective Practices in Community Supervision (EPICS) model and its influence on offender-officer relationships, specifically the nature and quality of offender perceptions of their probation or parole officer. The EPICS model was developed based on the principles of effective intervention and core correctional practices (CCPs). Using data collected from an EPICS study in Ohio, the results demonstrate the significance of collaborative relationships and the officer as an agent of change.

Discussion

The authors describe three important findings:

1. Officers trained on the EPICS model and CCPs were significantly more likely to adhere to the model and use CCPs than officers not trained on the model.
2. Officers who effectively adhered to the model were more likely to be rated as trusting by offenders on their caseload than officers who did not.
3. Offenders' perceptions regarding the relationship with officers is related to recidivism; therefore, a trusting, collaborative relationship can improve outcomes.

Smith, P., Schweitzer, M., Labrecque, R., & Latessa, E. (2012). Improving probation officers' supervision skills: an evaluation of the EPICS model. *Journal of Crime and Justice*, 1-11.

Summary

This article discusses the impact of Core Correctional Practices in community supervision in reducing recidivism. The authors explain how the Effective Practices in Community Supervision (EPICS) model was developed, implemented, and provide initial results. At its core, the model teaches officers how to translate research on the principles of effective intervention into practice and how to incorporate core correctional practices into their interactions with offenders to facilitate behavioral change. Results from the EPICS pilot study are presented in addition to several lessons learned through implementation among other sites.

Discussion

Officers trained in the model consistently used CCPs and improved in their use of the skills over time.

- This highlights the importance of incorporating coaching sessions as part of the training process.
- Coaching must have a structure and supervisors need to be trained to provide on-site assistance.
- Feedback to the officers on their use of the model should be individualized to assist in development of proficiency.
- Agencies must develop an implementation plan to continue the coaching process, as well as a quality assurance mechanism to ensure successful adoption of the model.

Skeem, J.L., Manchak, S., & Peterson, J.K. (2010). Correctional Policy for Offenders with Mental Illness: Creating a New Paradigm for Recidivism Reduction. *Law and Human Behavior* 35:110-126

Summary

This article uses research to evaluate the effectiveness of current interventions involving offenders with mental illness. Specifically addresses community corrections and the rate of general recidivism of offenders with mental illness.

Sample

Adults with mental illness who have been convicted of crimes or arrested and diverted from jail.

Discussion

- Analyzed various correctional interventions. Four program types derived from general criminal justice models i.e., jail diversion programs, problem-solving courts, specialty probation or parole caseloads, and prison reentry programs.
 - Then two programs derived from mental health models: Forensic Assertive Community Treatment (FACT) and Forensic Intensive Case Management (FICM).
 - Mixed evidence that as a whole these programs reduce recidivism
 - The evidence for the effectiveness of FACT and FICM in reducing arrests and keeping people out of jail is weak.
 - Jail-Diversion programs have little effect on preventing new crimes and victims.
 - The most promising study included programs with an emphasis on “criminal thinking”- evidence based correctional practice, had the strongest evidence to reduce recidivism. Also criminal based models that emphasized supervision by specialized courts and probation officers.
 - Studies show that there is no significant relationship between symptom reduction and the number of re-arrests over time. Focus on mental health models alone will not reduce recidivism.
 - The major predictors of violence and recidivism are not unique to offenders with mental illness, but instead are shared with general offenders. There is little evidence that offenders’ with mental illness recidivate because of uncontrolled symptoms or other clinical factors.
- Correctional practitioners should
1. Identify the small population of offenders whom mental illness directly causes criminal behavior
 2. For the majority, expand the focus to incorporate, or explicitly use, evidence-based corrections under the criminal justice models.

Martin, M.S., Dorken, S.K., Wamboldt, A.D., & Wootten, S.E. (2011). Stopping the Revolving Door: A Meta-Analysis on the Effectiveness of Interventions for Criminally Involved Individuals with Major Mental Disorders. *Law and Human Behavior* Vol. 36, No. 1, 1-12.

Summary

A meta-analytic review to consider the effectiveness of interventions for criminally involved adults with mental disorders.

Sample

Age field was limited to those 18 and older and analyzed 100 relevant studies related to the correctional system and mental/psychiatric interventions. Sex offender programs were not considered by the review. The sample size for statistical purposes was 15,678.

Results

- Indicated a positive effect of interventions with mentally ill offenders (OMDs) in terms of reducing continued CJS involvement of any time.
- There was no significant effect for the combined mental health outcome measure. Effect sizes were larger for intervention studies:
 1. Which had both institutional (hospital or correction institution) and community components compared to interventions in the community only.
 2. Interventions which were voluntary compared to involuntary interventions.
 3. Studies which did not specify whether a time-limit was imposed compared to those which specified this information.
 4. In terms of criminal justice outcomes, significant positive effects were seen on all outcomes except for breaches of release conditions (which were more common among intervention participants).
 5. Mental Health outcomes
 1. Effect sizes were larger for studies which did not collect mental health outcome data compared to those which did.
 2. Only 4 studies had a positive mental health effect
 3. Studies with negative mental health effects, had a smaller criminal justice effects than the studies with either no mental health effect or a positive effect.

Discussion

The findings of this review suggest that interventions that have been tested do modestly recidivism with the CJS. Focusing on primarily criminal risk factors as opposed to improved mental health showed larger effect sizes. While few interventions had a significant positive mental health effects, there was a trend towards better criminal justice outcomes for those which did.

Skeem, J.L., Kennealy, P.J., Winter, E., Louden, J.E., & Tatar II J.R. (2013). Offenders with Mental Illness Have Criminogenic Needs, Too: Toward Recidivism Reduction. *Law and Human Behavior*. Advance online publication. doi: 10.1037/lhb0000054

Summary

This study evaluates the assumption that serious mental illness directly causes criminal justice involvement.

Sample

A sample of 221 parolees with and without mental illness and then followed them for over 1 year to track recidivism rates. They had to be 18 or older and of the 221 parolees, approximately half (n=112) had serious mental illness.

Results

- There were no significant differences between the two groups in the chances of getting arrested, but there was a trend that OMIs were more likely to be returned to custody (RTC).
- OMIs were significantly more likely to be RTC because of technical violations compared to parolees without mental illness.
- Symptoms of mental illness did not significantly predict arrests during the first year of release, they did significantly predict RTC.
- Leisure/recreation, criminal history, and alcohol/drug problems were the general factors that most predicted rearrest or RTC

Discussion

In summary, psychiatric classification and symptoms do not predict new offenses (arrests), but they do predict parole failure. Also beyond risk factors unique to mental illness, OMIs had significantly more general risk factors for recidivism than offenders without mental illness. Finally the general risk factors significantly predicted recidivism, with not much of an increase when risk factors unique to mental illness were added. This means that correctional practitioners should focus on the criminogenic needs of OMIs.

Morgan, D.M., Fisher, W.H., Duan, N., Mandracchia, J.T., Murray, D. (2010). Prevalence of Criminal Thinking among State Prison Inmates with Serious Mental Illness. *Law and Human Behavior*. Advanced online publication. doi: 10.1007/s10979-009-9182-z.

Summary

This paper examines the prevalence of criminal thinking in females and male mentally disordered offenders.

Sample

This included 265 male and 149 female offenders where 92% of participants were diagnosed with a serious mental illness. They took Psychological Inventory of Criminal Thinking Styles (PICTS) and the Criminal Sentiments Scale-Modified (CSS-M) in this study.

Results

- 92% of participants were diagnosed with a serious mental illness
- mentally disordered inmates in this study presented symptomology similar to psychiatric inpatients. With increased amounts of antisocial, schizotypal, post-traumatic stress, delusional disorder, and bipolar disorder
- 66% of offenders with mental illness endorsed a belief system that is supportive of a criminal lifestyle.
- 48% of male participants, and 39% of female participants endorsed a proactive criminal thought process (goal directed behavior).
- 66% of males, and 49% of female participants endorsed a reactive, which involves impulsivity, and hostility.
- For the PICTS scores of 60 or higher are significant and 71% of participants elevated at least one of the eight Thinking Style Scales
- Mentally disordered male offenders in this study scored similarly or higher on each of the PICTS scales compared to non mentally disordered offenders

Discussion

Mentally ill inmates having thinking patterns that involve criminal thinking that is co-occurring with issues of mental illness. These studies show that mentally ill offenders scored as high or higher than non mentally ill offenders when it involved criminal thinking and criminal attitudes which suggest that these individuals are criminals who should be involved in the criminal justice system. It is important to realize they need two problems addressed to reduce recidivism and that is treating their mental illness and also treating their criminal thinking and behavior.

Wolff, N., Morgan, R.D., Shi, J. (2013). Comparative Analysis of Attitude and Emotions Among Inmates: Does Mental Illness Matter? *Criminal Justice and Behavior* published online.

Summary

This study examines the relationship between behavioral health problems and criminogenic thinking, aggression, self-control, hopelessness among incarcerated people.

Sample

Male (n=3,986) and female (n=218) expected to be released within 24 months from prisons. They completed the Criminal Sentiments Scale Modified, Buss-Perry Aggression Questionnaire Short-Form, Brief Self-Control Scale, and Beck Hopelessness Scale.

Results

- Behavioral health characteristics, particularly SMI, had the largest marginal impact on scale scores.
- Mental illness was associated with a significant increase in antisocial attitudes (not other mental illness), aggression, and hopelessness scores.
- Female inmates are nearly 3 times more likely to report a SMI than their male counterparts, and 2 times more likely to report some other form of mental illness.

Discussion

The purpose was to examine the relationship of behavioral health, and the correlations with criminal risks like criminogenic thinking, aggression, self-control, and hopelessness. Results showed that at the individual level mental illness and substance abuse problems were significantly correlated with criminogenic thinking, aggression, self-control, and hopelessness. This was true for both men and women.

Durlak, J.A., & DuPre, E.P. (2008). Implementation Matters: A Review of Research on the Influence of Implementation on Program Outcomes and the Factors Affecting Implementation. Published Online.

Summary

The purpose of this paper was to assess the impact of implementation on program outcomes, and to identify factors affecting the implementation process.

Sample

Results from a meta-analysis of 542 quantitative studies that included implementation data.

Results

- A regression analysis indicated that implementation was the most important program feature that influenced outcomes.
- The level of implementation effects program outcomes
- In 76% of the studies there was a significant positive relationship between the level of implementation and at least half of all program outcomes.
- Expecting perfect implementation is unrealistic. Few studies attained levels greater than 80%.

5 categories of factors effecting implementation: innovations, providers, communities, organizational capacity, and training and technical assistance.

- Innovations: need to have adaptability and compatibility.
- Providers: who recognize a specific need for innovation, believe innovation will produce desired effects, have high self-efficacy, and have personal skills/characteristics that will help implement at a higher level.
- Communities: the politics that will support implementation, funding, and policies.
- Organization Capacity: shared decision-making, collaborative practices
- Training and Technical Assistance: limit staff turnover, and train frequently.

Discussion

Findings found strong support for the premise that effective implementation is associated with better outcomes. Data from nearly 500 studies indicated that the level of mean effect sizes are at least two to three times higher when programs are carefully implemented and free from serious implementation problems. They also found five categories of factors that are important for influencing the implementation process.

Implementation Research: A Synthesis of the Literature. Tampa, FL: University of South Florida, Louis de la Parte Florida Mental Health Institute, The National Implementation Research Network (FMHI Publication #231).

Summary

This reference tool describes the current state of the science of implementation.

Discussion

Implementation appears most successful when:

- Carefully selected practitioners receive coordinated training, coaching, and frequent performance assessments;
- Organizations provide the infrastructure necessary for timely training, skillful supervisions and coaching, and regular outcome evaluations;
- Communities are fully involved in the selection and evaluation of programs and practices and;
- State and federal funding opportunities, policies, and regulations create a hospitable environment for implementation and program operations.

We know the theory and science behind effective practices and now it is a matter of closing the gap with implementing those practices on the target population.

One way in particular is through implementation of practices in the community. The communities need to recognize that a change in corrections is needed, is affordable, and does not conflict with sentiments regarding just punishment. The community has to be on board with the policies and implementation in order to be successful.

Implementation Science and its Applications to State-Level Integrated Professional Development Systems For Early Care and Education.

Summary

Defining implementation science and implementation.

Discussion

Implementation is defined as a “specified set of activities designed to put into practice an activity or program of known dimensions”.

Implementation science uses common frameworks, principles, and best practices to study and improve implementation of evidence-based practices in the real world through

Implementation science uses common frameworks, principles, and best practices to study and improve implementation of evidence-based practices in the real world through

- Theoretical framework
- Testable hypotheses
- Identifying gaps

Potential implementation “gaps”

- What is adopted is not used with fidelity and good outcomes.

- What is used with fidelity is not sustained for a useful period of time.

- What is used with fidelity is not used on a scale sufficient to impact social problems.

Organizations need a “readiness to change” related to implementation. Readiness to change is when a person, organization, or system has the capacity and willingness to engage in a particular activity.

- Creating readiness to change is critical for initiating and scaling up the use of evidence-based practices and other innovations

- Proceeding with implementation prematurely (before an individual or organization is “ready” to change) can lead to both ineffective and expensive implementation efforts.

- “Readiness for change” is something that needs to be developed, nurtured, and sustained.

How to “be ready” for change

- Identification and validation of need

- Consideration of required changes

- Planning for change

- Communication plan

- Implementation plan

- Data collection and reporting plan

Implementing Evidence-Based Policy and Practice in Community Corrections, second edition.
Crime and Justice Institute.

Summary

The purpose of this reference is to outline the theoretical and empirical support for the model (Evidence-Based Practice, Organizational development, and Collaboration), as well as practical strategies for its implementation in community corrections settings.

Discussion

Evidence-based practices are the objective, balanced, and responsible use of current research to guide policy and practice decisions. This approach involves the ongoing, critical review of research literature to determine what information is credible, and what policies and practices would be most effective given the best evidence available.

The integrated model emphasizes the importance of focusing equally on evidence-based practices, organizational development, and collaboration to achieve successful and lasting reform.

Why to model is a good investment:

The model is clearly evidence-based since it was developed from empirically tried and tested practices

The model provides the demonstration of public value

The model fosters responsible practices and promotes accountability

The model creates a learning system of informed policymakers, practitioners, and consumers.

Essential Ingredients for Effective Interventions

Incorporate policy and practice

Develop an organizational case plan

Build on risk, need, treatment, and fidelity

Prioritize the workforce

Measure for accountability and improvement

Use data

Engage and communicate

Implementing evidence-based policy is not easy; it requires the fundamental change in the way community corrections does business, and a shift in philosophies of corrections.