

Principles of effective correctional programming

When the first author first began reviewing offender treatment studies in the 1970s, the amount of available information was rather limited.⁽³⁾ However, with the passage of time, a sizeable literature has emerged and recent developments in quantitative literature review techniques (such as meta-analysis) now allow us to make summary statements of the data with reasonable confidence.

This article will, therefore, highlight some key points that have emerged from this literature. In short, it will set out some of the basic principles of effective correctional treatment.

Summary of key data

There are currently 13 (and counting) quantitative reviews of the literature.⁽⁴⁾ Taken together, they represent at least 700 studies. The average effect size across these meta-analyses, expressed in terms of the correlation coefficient r is about 0.10. This simple statistical relationship can be taken at face value.⁽⁵⁾ In other words, offender treatment programs reduce recidivism by about 10%. While this is a modest result for some treatment literatures, it is acknowledged that serious antisocial behaviour is very difficult to treat. Further, a 10% reduction is comparable to what is acceptable for many medical interventions and represents substantial cost savings.⁽⁶⁾

But that is only half the story. It has been repeatedly said that to better understand the robustness of the offender treatment literature, one must look into the "black box"⁽⁷⁾ of the programs themselves. At the risk of oversimplifying a complex literature, it is fair to say the consensus reached is that effective (appropriate) programs are behavioural/ highly structured in nature and target the criminogenic attitudes, values and behaviours of higher-risk offenders. Inappropriate or ineffective programs tend to be those that are psychodynamic, non-directive, medical model, use vague group milieu/vocational/ educational strategies or sanctions, or any treatment that does not target criminogenic needs.

The potency of the results that emanate from this type of "black box" analysis are informative. For example, three types of programs were outlined in a meta-analysis that was completed in 1990 and then updated in 1995:⁽⁸⁾ the aforementioned appropriate and inappropriate types,⁽⁹⁾ and an unspecified category where it was not clear what was offered under the guise of therapy (see Table 1).

Table 1

Type of Treatment and Reduction of reoffenders		
	1990	1995
Type of Program		

	Number of subjects entering group comparisons	r	Number of subjects entering group comparisons	r
Appropriate	54	0.30	85	0.25
Non appropriate	38	-0.06	64	-0.03
Non precise	32	0.13	66	0.13
Total	124	0.15	215	0.13

Appropriate programs produced convincing results. In 1990, there were 54 comparisons between an appropriate treatment and a control group, with an average reduction in recidivism of 30% ($r = .30$). This result still held five years later, when 85 comparisons were available. Although the new average effect size of $r = .25$ is somewhat smaller,⁽¹⁰⁾ it is virtually identical to the potency effects found for therapies across a wide variety of "clinical" (non-criminal justice) areas.⁽¹¹⁾

Obviously, from a clinical and policy perspective, the utility of this effect is far from trivial. The old myth⁽¹²⁾ propagated by "nothing works" devotees, that offenders are of such a peculiar psycho-biological nature that they are beyond responding positively to interventions designed to reduce criminal behaviour has finally been put to rest.

A second table was prepared specifically for this paper. We did this because "punishing smarter" programs have assumed such a high profile -- they are found in every U.S. state and are making significant advances into Canada.

We gathered 138 punishment versus control group (no or reduced punishment) comparisons in this table (see Table 2).

Table 2

Punishment and Offender Recidivism		
Punishment type	Recidivism	
	Punishment group	Comparison group
Drug testing (7)	16.7%	17.1%
Electronic monitoring (8)	7.1%	9.9%
Fine (5)	29.5%	22.6%
Intermittent incarceration (38)	31.5%	30.5%
Restitution (19)	36.1%	41.9%
Scared straight (15)	30.5%	29.5%

Incarceration (46)	25.4%	22.8%
Total (138)	27.5%	27.2%

Summing across all seven types of punishment, we find that the recidivism rates for the two groups are virtually identical (27.8% versus 27.2%), with an average effect size of $r = .00$. Indeed, the punishment (restitution) that produced the best result ($r = .06$) is four times less effective than the 1995 appropriate treatment group in Table 1.

Principles of effective intervention

Some caveats should be noted in reading this information. Most of these principles are drawn from the meta-analyses, which are not infallible. There is variation between the meta-analyses in terms of methodology and literature surveyed, and disagreement over some issues (such as setting effects).⁽¹³⁾ The meta-analyses also did not address several program issues, but this is mainly due to the inadequacy of the original literature.

No doubt, as new data on program effectiveness are produced, a few of the following principles will be revised and some additional principles will emerge. In drawing up these principles, we have relied on several key meta-analyses/reviews of meta-analyses, as well as narrative reviews, selected experimental studies and clinical wisdom.⁽¹⁴⁾

i) Assessment factors

Offender risk factors should be assessed using an actuarial method (such as the LSI-R) with proven predictive validity for recidivism. The risk measure should be based on local norms and should assess a variety of static (such as age) and dynamic (such as criminogenic need) risk factors. Higher-risk offenders should be identified and assigned to the more intensive levels of treatment.

ii) Treatment characteristics

Treatment should be based on behavioural strategies (such as radical behavioural, social learning, cognitive behavioural or skill building) and preferably located in the offender's natural environment. The treatment dosage should be substantial (at least three to four months or 100 hours of direct service), and daily contact is desirable.

Treatment should be multi-model, emphasize positive reinforcement contingencies, and be individualized whenever possible. Treatment should target criminogenic needs, and should be designed to match the characteristics of the offender, the therapists and the program in such a way as to motivate the offender to participate and provide optimal conditions for learning pro-social behaviours.

Finally, the treatment should be designed to provide continuing assistance/aftercare to the offender once

the formal phase of treatment ends.

iii) System factors

Effective program implementation is necessary for program sustainability and integrity. Some relevant factors in this area are that the program designer/director has professional credibility, prepares a strong curriculum, and conducts staff training and program evaluation. The program should be supported by administration, line staff and external stakeholders, and funding must be adequate and internally generated.

Staff must have appropriate training, experience and counselling skills (such as clarity, empathy, the ability to be firm and fair, and problem solving abilities). Technology transfer should be encouraged by ongoing staff training on relevant theoretical, assessment and treatment developments, supporting the use of responsible professional discretion in making changes to program components, and the improvement of staff clinical skills through the periodic monitoring of therapeutic sessions.

To ensure effective case management, changes in offender criminogenic need factors must be monitored while the offender completes the program. Additionally, post-program client outcome must be gathered to determine whether changes are needed to program modalities.

Finally, the treatment unit should pursue advocacy/brokerage of services under the condition that a thorough assessment is made of the adequacy of those services.

Optimal results

As noted previously, the average reduction in recidivism for appropriate treatments is in the 25% to 30% range. Nevertheless, we can expect even better results under conditions of optimal therapeutic integrity. Therapeutic integrity consists of several dozen elements.⁽¹⁵⁾ Essentially, it means that programs not only fit the "appropriate" definition, but have an evaluator/program designer who is very well versed in behavioural interventions, and well qualified and trained clinical staff who provide a very intensive service.

In the case of prison-based programs that fall within the minimum criteria of the appropriate category (such as behavioural treatment), reductions in recidivism of about 5% to 16% are the norm.⁽¹⁶⁾ Prison programs with, in our opinion, a great deal of therapeutic integrity, can produce reductions in recidivism in the range of 20% to 35%. Two such current programs are the Rideau Correctional Centre anger management and relapse prevention program (see the Marquis article in this issue) and the Stay'n Out substance abuse program.⁽¹⁷⁾

With regard to contemporary community-based interventions, the Ohio and South Carolina programs⁽¹⁸⁾ for high risk-juveniles are especially noteworthy. Reductions in recidivism of at least 30% are typical of these programs. In one South Carolina comparison, a 50% reduction was reported. In addition, the South

Carolina group is replicating their program results in several other jurisdictions.⁽¹⁹⁾ One of the truly impressive features of these programs is that they are multi-faceted. They are also based in the offenders' natural environment (home, peers, school). In short, they adhere to a social ecological model⁽²⁰⁾ of human behaviour. We are confident that this model will continue to generate the most robust and generalizable results, attesting to the effectiveness of offender rehabilitation.

(1) P.O. Box 5050, Saint John, New Brunswick E2L 4L5.

(2) 55 Union Street, Mercantile Centre, Saint John, New Brunswick E2L 5B7.

(3) P. Gendreau and R. R. Ross, "Effective correctional treatment: Bibliotherapy for cynics," *Crime and Delinquency*, 25, 4 (1979): 463-489.

(4) F. Lösel, "Increasing consensus in the evaluation of offender rehabilitation? Lessons from recent research syntheses," *Psychology, Crime & Law*, 2 (1995): 19-39.

(5) See the Binomial Effect Size Display in R. Rosenthal, *Meta-analytic Procedures for Social Research* (Newbury Park: Sage Publications, 1991).

(6) Lösel, "Increasing consensus in the evaluation of offender rehabilitation? Lessons from recent research syntheses." See also Rosenthal, *Meta-analytic Procedures for Social Research*). And see F. Lösel, "The efficacy of correctional treatment: A review and synthesis of meta-evaluations," *What Works: Reducing Reoffending*, J. McGuire, Ed. (Chichester: John Wiley & Sons, 1995): 79-114.

(7) P. Gendreau and R. R. Ross, "Correctional treatment: Some recommendations for effective intervention," *Juvenile and Family Court Journal* (1983-1984): 31-39. See also P. Gendreau, "The principles of effective intervention with offenders," *Choosing Correctional Options that Work: Defining the Demand and Evaluating the Supply*, A. T. Harland, Ed. (Thousand Oaks: Sage Publications, 1996): 117-130.

(8) The 1990 and 1995 meta-analyses were completed by Don Andrews and colleagues. See D. A. Andrews, I. Zinger, R. D. Hoge, J. Bonta, P. Gendreau and F. T. Cullen, "Does correctional treatment work? A clinically relevant and psychologically informed meta-analysis," *Criminology*, 28 (1990): 369-404. The 1995 dataset was presented at the American Society of Criminology Conference, Boston, 1995, and was discussed in personal communication, 1996.

(9) Andrews' inappropriate category does not include sanctions or what are commonly known as "punishing smarter" strategies. We address the efficacy of this type of intervention separately.

- (10) The shrinkage is due to the fact that some of the newer studies were institutionally based and the evaluator was not involved in the design of the program. There are still a few studies to be added to the 1995 database, most of which have proven quite effective.
- (11) M. W. Lipsey and D. B. Wilson, "The Efficacy of Psychological Educational and Behavioural Treatment: Confirmation from Meta-Analysis," *American Psychologist*, 48 (1993): 1181-1209.
- (12) Gendreau and Ross, "Effective Correctional Treatment: Bibliotherapy for Cynics."
- (13) Lösel, "Increasing consensus in the evaluation of offender rehabilitation: Lessons from recent research syntheses." See also Lösel, "The efficacy of correctional treatment: A review and synthesis of meta-evaluations."
- (14) Lösel, "Increasing consensus in the evaluation of offender rehabilitation: Lessons from recent research syntheses." See also Gendreau and Ross, "Correctional treatment: Some recommendations for effective intervention." And see Andrews, Zinger, Hoge, Bonta, Gendreau and Cullen, "Does correctional treatment work? A clinically relevant and psychologically informed meta-analysis." And see D. A. Andrews, "The psychology of criminal conduct and effective treatment," *What Works: Reducing Reoffending*, J. McGuire, Ed. (New York: John Wiley & Sons, 1995). And see P. Gendreau and D. A. Andrews, "Tertiary prevention: What the meta-analysis of the offender treatment literature tells us about what works," *Canadian Journal of Criminology* (In press). And see T. Palmer, "Programmatic and nonprogrammatic aspects of successful intervention: New directions for research," *Crime and Delinquency*, 41, 1 (1995): 100-131.
- (15) P. Gendreau and D. A. Andrews, *Correctional Program Assessment Inventory (CPAI)*, Sixth Edition, 1996.
- (16) Lösel, "Increasing consensus in the evaluation of offender rehabilitation? Lessons from recent research syntheses."
- (17) D. S. Lipton, "Prison-based therapeutic communities: Their success with drug-abusing offenders," *National Institute of Justice Journal*, 230 (1996): 12-20.
- (18) D. A. Gordon, "Functional family therapy for delinquents," *Going Straight: Effective Delinquency Prevention and Offender Rehabilitation*, R. R. Ross, D. H. Antonowicz and G. K. Dhaliwal, Eds. (Ottawa: Air Training and Publications, 1995): 163-178. See also C. M. Borduin, B. J. Mann, L. T. Cone, S. W. Henggeler, B. R. Fucci, D. M. Blaske and R. A. Williams, "Multisystemic treatment of serious juvenile offenders: Long-term prevention of criminality and violence," *Journal of Consulting and Clinical Psychology*, 63, 4 (1995): 569-578.
- (19) S. Henggeler, personal correspondence, December 27, 1995.

(20) U. Bronfenbrenner, *The Ecology of Human Development: Experiments by Nature and Design* (Cambridge: Harvard University Press, 1979).