

Criminal recidivism is predictable and can be influenced: An update

This is a follow-up to an article published in a 1989 issue of Forum on Corrections Research.⁽²⁾ The 1989 article explored how research on risk, need and other offender characteristics may contribute to the efficient management of offender sentences, as well as to reductions in offender recidivism.

The 1989 article argued that correctional treatment services should be reserved for higher-risk offenders, and that lower-risk offenders do as well (or better) with minimal service.

The article also asserted that treatment should match offender criminogenic need. Criminogenic needs are characteristics that, when influenced, are associated with changes in the chance of recidivism. Treatment tends to be more effective when reduced criminogenic need is set as an intermediate objective.

Finally, the article emphasized that treatment should also match the attributes and circumstances of each specific offender.

This article updates these three major issues in the prediction of criminality and effective offender treatment. The goal is to clarify where knowledge and practice have taken us during the last seven years, and to indicate where things are likely to move in the future.

The risk principle

The risk principle is so obvious that it hardly needs to be stated, yet so subtle that it must be emphasized. In short, the principle argues that treatment tends to have a greater impact on higher-risk offenders. Lower-risk offenders often have less to gain from treatment.

Despite the apparent logic of this concept, the belief persists that treatment is effective only (if ever) with lower-risk offenders. Psychologists and other service professionals often insinuate that treatment works only for the young, affluent, anxious, attractive, verbal, intelligent and socially successful.

Developments since 1989 have neither convincingly confirmed nor refuted the risk principle, although recent in-depth meta-analysis research⁽³⁾ supports it. This research revealed that offender treatment resulted in greater delinquency reductions for higher-risk young offenders than for lower-risk offenders.

However, two separate studies concluded that lower-risk offenders have a similar,⁽⁴⁾ if not greater,⁽⁵⁾ response to treatment than higher-risk offenders. These researchers did, however, point out that the lower-risk Correctional Service of Canada offenders in their study might have been classified as higher-risk offenders in a sample of provincially incarcerated offenders.

These varying results suggest that the risk principle should remain a research priority. To that end, a sample of 294 tests and treatments was used to test the principle.⁽⁶⁾ Within this sample, treatment

provided in accordance with the risk principle produced greater results among higher-risk offenders (categorized as such because of the extent of their involvement in the correctional system or because of their criminal record) than among lower-risk offenders (see Table 1).

Table 1

Risk Level and Treatment Effects	
Offenders risk-level group	Impact of appropriate treatment on recidivism *
Lower-risk offenders	0.11
Higher-risk offenders	0.26
Most offenders did not have a criminal record	0.15
Most offenders had a criminal record	0.26
* = This number reflects the difference in recidivism rates between offenders in the group who received treatment and those who did not. The greater the number the greater the recidivism reduction for the offenders who received treatment	

Risk/need Factors

During the last seven years, progress has been made in understanding risk assessment issues.

For example, meta-analysis research⁽⁷⁾ supports the classification of risk factors as either major or minor (see Table 2).

Table 2

Major and Minor Risk Factors
Major risk factors
Antisocial attitudes, values, beliefs rationalizations and cognitive-emotional states (such as anger, resentment, defiance or despair)
Antisocial history

A history of antisocial behaviour
Temperamentally aggressive, callous, egocentric, impulsive, psychopathic, weak socialization, problem-solving or self-management skills
General problems at home, school, work, or leisure
Minor risk factors
Lower class origins
Personal distress indicators
Biological and neuropsychological factors

Major risk factors include the "big four" -- antisocial cognitions, antisocial associates, antisocial personality complex and a history of antisocial behaviour. The importance of these characteristics has pushed current theory toward a general social psychology theory of human behaviour that focuses on the importance of social learning.⁽⁸⁾

Research results supporting the validity of risk/needs assessment instruments have increased dramatically in recent years. As a result, several principles have been identified as enhancing the predictive accuracy of risk/ needs assessment instruments (see Table 3). For example, comprehensive assessment instruments that incorporate dynamic need factors tend to have greater predictive accuracy than historical risk scales.⁽⁹⁾

Finally, the volume of research on dynamic risk factors is limited compared with the wealth of general evidence on risk factors. Therefore, theory and research continue to support the promising and less-promising rehabilitation targets outlined in 1989.

Responsivity

The risk principle helps in deciding who might profit most from intensive programming, while the need principle suggests appropriate targets for such programming. Responsivity has to do with choosing the most appropriate mode of service.

Apart from evidence of the ineffectiveness of deterrence-based programming⁽¹⁰⁾ and of the positive effect of cognitive-behavioural approaches with sex offenders,⁽¹¹⁾ few advances have been made in this area since 1989. However, recent work on offender motivation for treatment may yet prove to be extremely important.⁽¹²⁾

The best modes of service still appear to be behavioural, with a focus on cognitive behaviour and social learning. This type of approach can involve techniques such as modelling, role playing and concrete verbal suggestions.

However, some offenders may respond to less structured and more relationship-dependent service.

Possible responsibility factors, such as gender, age, psychopathy and motivation, should be systematically studied.

Now and then ...

My 1989 article concluded by recognizing that its assertions were not universally accepted. This is still true. In fact, pockets of anti-psychology bias may have increased in recent years.⁽¹³⁾

However, an academic movement that characterizes the punishment agenda as harmful is clearly building.⁽¹⁴⁾

Table 3

Maximizing the Predictive Accuracy of Offender Risk/Needs Assessment
1. Standardized and structures risk assessments are more valuable than those based on unstructured professional or clinical judgment. Professional discretion is helpful, but in combination with systematic assessment
2. The best risk assessment instruments measure the presence of several major risk factors. However, even a composite measure of minor risk factors will not maximize predictive accuracy
3. Staff training, management support, professional standards and ongoing clinical supervision also affect the reliability and consistency of risk assessment
4. Risk assessment should rely on more than one information source.
5. Broadly assess reoffending through the use of longer follow-up periods and different measures of reoffending
6. Assess both fixed dynamic risk factors, and reassess these factors periodically to detect measures of reoffending
7. False positive and negative errors can be influenced by the careful selection and cross-validation of the scores used to separate lower-and higher-risk offender groups

Evidence of this shift includes new Correctional Service of Canada and National Parole Board core training programs, U.S. Department of Justice "what works" training and consultation efforts, International Community Corrections Association research consensus conferences,⁽¹⁵⁾ the American

Probation and Parole Association's endorsement of an intensive treatment model,⁽¹⁶⁾ special offender treatment editions of mainstream academic journals,⁽¹⁷⁾ and the publication of several evidence-based books on offender assessment and treatment.⁽¹⁸⁾

It is also now clear that, although small samples and evaluator involvement in the design and delivery of programming tend to enhance treatment effects, there is no evidence that the positive effects of clinically appropriate service can be dismissed or discounted by methodological or measurement problems.⁽¹⁹⁾

Therefore, the evidentiary support for offender programming has not lessened since 1989. There is still solid research on which to base offender assessment and programming efforts, although the empirical tradition demands that respect for established findings be tempered by a healthy scepticism. Research must, therefore, continue in all areas of offender treatment.

(1) 1125 Colonel By Drive, Ottawa, Ontario K1S 5B6.

(2) D. A. Andrews, "Recidivism is predictable and can be influenced: Using risk assessments to reduce recidivism," *Forum on Corrections Research*, 1, 2 (1989): 11-18.

(3) M. W. Lipsey, "What do we learn from 400 research studies on the effectiveness of treatment with juvenile delinquents?" *What Works: Reducing Reoffending*, J. McGuire, Ed. (Chichester: John Wiley & Sons, 1995): 63-78.

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

(5) D. Robinson, *The Impact of Cognitive Skills Training on Post-release Recidivism Among Canadian Federal Offenders* (Ottawa: Correctional Service of Canada, 1995).

(6) D. A. Andrews, *Toward the Expanded Meta-analysis: Theoretical Issues*, Paper presented at the American Society of Criminology meetings, Boston, 1995.

(7) P. Gendreau and T. Little, *A Meta-analysis of the Predictors of Adult Offender Recidivism: Assessment Guidelines for Classification and Treatment* (Ottawa: Solicitor General of Canada, 1994). See also L. Simourd and D. A. Andrews, "Correlates of delinquency: A look at gender differences," *Forum on Corrections Research*, 6, 1 (1994): 32-35.

(8) D. A. Andrews and J. Bonta, *The Psychology of Criminal Conduct* (Cincinnati: Anderson, 1994). See also R. Agnew, "Foundation for a general strain theory of crime and delinquency," *Criminology*, 30

(1992): 47-87. And see R. Paternoster and A. Piquero, "Reconceptualizing deterrence: An empirical test of personal and vicarious experiences," *Journal of Research in Crime and Delinquency*, 32 (1995): 251-286.

(9) Gendreau and Little, *A Meta-analysis of the Predictors of Adult Offender Recidivism: Assessment Guidelines for Classification and Treatment*.

(10) See the Gendreau article in this issue.

(11) HALL G., "Sex offender recidivism revisited: A meta-analysis of recent treatment studies," *Journal of Clinical and Consulting Psychology*, 63 (1995): 802-809.

(12) C. C. DiClemente, "Motivational interviewing and the stages of change," *Motivational Interviewing: Preparing People to Change Addictive Behavior*, W. R. Miller and S. Rollnick, Eds. (New York: Guilford Press, 1991).

(13) C. H. Logan, G. G. Gaes, M. Harer, C. A. Innes, L. Karaacki and W. G. Saylor, *Can Meta-analysis Save Correctional Rehabilitation?* (Washington: Federal Bureau of Prisons, 1994). Recent political calls for increased offender punishment also reflect this anti-treatment bias.

(14) T. R. Clear, *Harm in American Penology: Offenders, Victims and their Communities* (Albany: State University of New York Press, 1994). See also F. T. Cullen, "Assessing the penal harm movement," *Journal of Research in Crime and Delinquency*, 32 (1995):338-358.

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(16) B. Fulton, P. Gendreau and M. Pappozzi, "APPA's Prototypical Intensive Supervision Program: As it was meant to be," *Perspectives*, 19 (1995): 25-42.

(17) Garwick, 1996.

(18) Andrews and Bonta, *The Psychology of Criminal Conduct*. See also C. R. Hollin and K. Howells, *Clinical Approaches to Working with Young Offenders* (Chichester: John Wiley & Sons, 1996). And see T. A. Leis, L. L. Motiuk and J. R. P. Ogloff, *Forensic Psychology: Policy and Practice in Corrections* (Ottawa: Correctional Service Canada, 1995). And see J. McGuire, *What Works: Reducing Reoffending* (Chichester: John Wiley & Sons, 1995).

(19) M. W. Lipsey, *Juvenile Delinquency Treatment: A Meta-analytic Inquiry into Variability of Effects*, Report to the Research Synthesis Committee of the Russell Sage Foundation, 1990. See also Lipsey, "What do we learn from 400 research studies on the effectiveness of treatment with juvenile

delinquents?" And see Andrews, *Toward the Expanded Meta-analysis: Theoretical Issues*.