

The importance of developing correctional plans for offenders

Gilbert Taylor¹

Research Branch, Correctional Service of Canada

There is good reason to be hopeful! Individuals and correctional organizations that intervene with offenders can indeed significantly reduce recidivism. A vast and, by now, indisputable body of knowledge based on operational and meta-analytical research has clearly demonstrated that correctional treatment does work when we structure our assessment and intervention activity and when we respect some basic principles of correctional intervention.

This article reviews the principles of classification for effective correctional treatment as developed by Andrews and Bonta² and examines some key elements of the assessment and intervention process. Citing examples of practices used by the Correctional Service of Canada, the author demonstrates that the most important tool for making these principles work in our institutional and community reintegration activities is the Correctional Plan.

What are the principles and why are they important?

The following is a short review of the four principles of offender classification for correctional management and treatment mentioned above.

- **Risk Principle:** Higher-risk cases benefit from more intervention; lower-risk cases benefit most from low (or no) levels of service.
- **Need Principle:** We can achieve the greatest reductions in recidivism by targeting criminogenic needs³ for treatment and supervision.
- **Responsivity Principle:** Our treatment programs and supervision approaches will be most effective when geared to the offender's own abilities and learning style.
- **Principle of Professional Discretion:** Careful use of professional judgement and discretion can improve the structured assessment and management of risk.

Risk principle

Research has clearly demonstrated that we can distinguish between offenders according to the level of risk each presents, that higher-risk offenders reoffend more often than lower-risk offenders, and that the risk principle does work in practice. For example, a recent meta-analysis of 400 research studies

on the effectiveness of treatment with juvenile offenders found greater reductions in re-offending when higher risk offenders were treated than was the case for lower risk offenders; similar results were found with another meta-analysis using a sample of 294 tests and treatments.⁴

Need principle

There is convincing evidence to support the need principle as well. Research conducted by the Correctional Service of Canada revealed that offenders with criminogenic needs are significantly more likely to fail on conditional release⁵ and that assessments of offender risk and needs were good predictors of outcome on parole.⁶

The combined assessment of risk associated with criminal history and need levels of offenders actually increases the predictive power of the risk assessment. In a 1993 study conducted by Motiuk and Brown,⁷ higher-risk/higher-need offenders were four times as likely to fail on conditional release as were lower-risk/lower-need offenders.

Research also supports the utility of distinguishing between criminogenic and non-criminogenic needs. In a recent meta-analysis, Dowden⁸ provided an in-depth examination of the need principle. Analyses focused on the "more promising" (criminogenic) and "less promising" (non-criminogenic) targets for change identified by Andrews and Bonta.⁹ Dowden reported that each of the non-criminogenic needs were either not related to, or were negatively associated with, reductions in recidivism. Each of the criminogenic needs, on the other hand, was positively correlated with reduced recidivism. More important, 75% of the individual criminogenic need targets produced significant reductions in recidivism. Dowden also completed an overall test of the need principle. He reported that programs that appropriately addressed the need principle were associated with significantly higher mean effect sizes ($r = .19$, $k=169$) than programs that did not ($r = -.01$, $k=205$). These findings suggest that correctional treatment programs that seek to reduce recidivism should target appropriate criminogenic needs.

Responsivity principle

Once we have appropriately targeted the offender's criminogenic need areas and have identified a level of service that corresponds to the assessment of risk, we should consider the mode and style of service that is best suited to the individual offender.

Generally, programs that have proven to be the most effective have focused on cognitive behaviour and social learning. Andrews and Bonta¹⁰ report on studies that demonstrate the differential effectiveness of rehabilitation programs depending on the nature of the treatment provided and the characteristics of the offenders involved. They also point out that, while there is a growing body of research in this area, further study is warranted.

To summarize, these and other¹¹ research studies related to the first three principles for correctional treatment demonstrate that assessing a variety of static and dynamic risk factors using actuarial methods, providing more intensive levels of treatment to higher-risk offenders, and targeting criminogenic needs in a manner consistent with the characteristics of the offender results in considerably reduced rates of recidivism.

Principle of professional discretion

A wealth of literature has clearly shown that actuarial prediction tools consistently outperform prediction methods that rely exclusively on clinical assessments.¹² Actuarial methods offer correctional professionals some definite advantages over clinical approaches:

- they are generally more systematic and consistent;
- they are usually more accurate;
- they represent a fairer assessment (clinical judgement tends to be more conservative to avoid "false negatives");
- they offer greater legal protection for the assessor; and
- they are more efficient. (The assessor is not required to explain his or her approach to the assessment and conclusions for each case.)

Andrews and Bonta do argue, though, that correctional staff should use actuarial information provided by the application of the risk, need and responsivity principles in an informed and sensitive way. Although they are efficient, empirical tools are still subject to error. Carefully using professional judgement to override objective results in exceptional cases can improve the accuracy of assessments; this principle applies to all situations where clinical and objective assessments are used jointly.

How does the Service put these principles into action?

The Correctional Service of Canada recognizes the need for a structured approach to offender assessment (and re-assessment) and intervention. *The critical function of the Correctional Plan is to link these two activities.* The following examines how the Service does this.

Offender Intake Assessment

In 1994 the Service replaced existing penitentiary placement practices with the Offender Intake Assessment (OIA) process,¹³ a comprehensive and systematic approach to assessment at admission. Information is obtained from various internal and external sources, including the courts, police, probation officers, victims, family members, employers and the offender. The OIA may also include supplementary assessments in such areas as education/vocation, psychology, family violence and psychopathy. Using a multidisciplinary team approach and case conferencing, case managers at centralized intake units then integrate the information into a summary report and a comprehensive Correctional Plan. For each offender, case managers provide an overall static/dynamic risk rating, ranging from "low/low" to "high/high." Since implementation of the OIA, all newly admitted federal offenders have been assigned a static/dynamic risk classification. This assessment information is currently available for over 11,000 Correctional Service of Canada inmates, representing more than 90% of the Service's incarcerated population.¹⁴

The intake assessment report uses a revolutionary automated format for recording information: details of the assessment are entered on screen in the Offender Management System (OMS), the Service's mainframe computer network. In each area of the assessment, indicators (short statements describing a risk factor) are flagged where present, and static and dynamic risk levels are assigned. This approach makes it possible to track precise statistical information related to offender risk for use by managers and researchers.

The OIA process has two main components: static factor risk assessment and dynamic factor identification and analysis.

Risk level based on static factors

The offender's static risk level is rated as high, medium or low based on a systematic review of the offender's criminal history, including previous adult and youth court involvement, details about use of violence and sex offending, and the results of an actuarial recidivism prediction scale (SIR-R1).

Dynamic factor identification and analysis

Using a similar approach, the offender’s risk level based on dynamic factors is rated following a detailed review of seven dynamic risk (need) areas:

- employment;
- marital/family;
- associates/social interaction;
- substance abuse;
- community functioning;
- personal/emotional orientation; and
- attitude.

For each of these dimensions, case managers flag indicators (risk factors) and rate the severity of need. They also provide details and programming recommendations for dynamic risk areas requiring intervention, rate the offender’s motivation for change, describe other specific characteristics (e.g., learning disabilities), chronicle the offender’s social history and note any immediate concerns (suicide, physical and mental health).

The Service’s Research Branch recently reviewed the design and application of the Dynamic Factor Identification and Analysis (DFIA) instrument.¹⁵ A number of changes to streamline the DFIA and augment its utility will soon be implemented.

Reintegration potential

Another important product of the OIA is a Reintegration Potential (RP) rating.¹⁶ The Service assigns an admission RP level based on the combined results of three separate objective measures (SIR- R1 score, Custody Rating Scale and levels of intervention based on static and dynamic factors). This rating provides a useful reference point (or anchor) for clinical assessment and for quality control. It has the further advantage of allowing the Service to profile its offender population for planning, case management and program delivery, and for appropriately targeting offenders for intensive release preparation.

Correctional Plan

This is the pivotal document created through the OIA process. A well-developed Correctional Plan should be in reality the most important document that a correctional jurisdiction produces on an offender. It is a strategic map that defines the best professional opinion on how the agency intends to manage the offender’s sentence and what expectations the agency has for the offender. It includes long term, time-referenced goals (particularly with respect to important sentence milestones like conditional

release eligibility dates), program requirements and their sequence, offender-specific supervision techniques, and behavioural indicators related to the offender’s crime cycle.

How does the Service use the Correctional Plan?

The Correctional Plan is the foundation upon which release is predicted and often the basis upon which discretionary release is supported or denied.

Since the results of the OIA process are reflected in the Correctional Plan, the plan should provide direction for decisions about the need for immediate intervention or intensive supervision, programming and security requirements, initial custody level and assignment to a placement institution.

Decisions to transfer the offender to reduced security, to grant a conditional release to the community or to detain the offender past the statutory release date are also based on the information contained in the plan. However, a word of caution is warranted. Since plans are often understood to be “binding contracts,” especially when the plan is associated with a statement of Reintegration Potential, care should be exercised to ensure the plan, or updates to the plan, reflect a structured re-assessment of the offender’s static and dynamic risk. The Service has, in fact, developed an approach for doing exactly this.¹⁷

What is the future for correctional planning?

The Correctional Service has made considerable progress in incorporating static and dynamic risk assessment into the development of correctional plans, in a manner that respects the risk and need principles. The Service must be vigilant, though, to ensure that levels of treatment and supervision correspond with assessed levels of risk, since treatment has traditionally been “one-size-fits-all.” In addition, the Service’s definition of dynamic risk must expand to encompass other more temporal factors such as those included in the Coping Relapse Model of Criminal Recidivism.¹⁸ This model views recidivism as a breakdown process beginning with identifiable precursors like daily life hassles, chronic life stressors, and negative affective. Offending behaviour occurs when these factors interact negatively with enduring individual differences (such as temperament and emotional reactivity) and dynamic response mechanisms (such as criminal attitudes and coping efficacy).

More attention is also required to address issues related to the principles of responsivity and professional discretion. Correctional plans should more clearly take into account responsivity issues

and include individualized treatment approaches. To increase the effectiveness of the correctional planning process, correctional agencies need to carefully attend to selection, training and

supervision of staff, and devote resources to tracking results and quality assurance. Given the clear importance of correctional planning, the pay off for such investments will be considerable. ■

- ¹ Addictions Research Division, 23 Brook Street, P.O. Box 1360, Montague, PEI C0A 1R0.
- ² Andrews, D. A., & Bonta, J. (1994, 1998). *The Psychology of Criminal Conduct*. Cincinnati, OH: Anderson Publishing Co.
- ³ *Criminogenic needs* may be defined as those offender need areas in which treatment gain will reduce the likelihood of recidivism; they have also been referred to as dynamic risk factors. On the other hand, *non-criminogenic* needs are those need areas that, while dynamic, are **not** associated with a potential reduction in recidivism.
- ⁴ Lipsey, M. W. (1995). What do we learn from 400 research studies on the effectiveness of treatment with juvenile delinquents? In J. McGuire (Ed.), *What Works: Reducing Reoffending*, (pp. 63-78). Chichester, UK: John Wiley & Sons; and Andrews, D. A. (1995). *Toward the Expanded Meta-analysis: Theoretical Issues*, paper presented at the American Society of Criminology meetings, Boston, and Andrews, D. A. (1995). Criminal recidivism is predictable and can be influenced: An update, *Forum on Corrections Research*, 8(3), 42-44.
- ⁵ Motiuk, L. L., & Brown, S. L., (1993). *The Validity of Offender Needs Identification and Analysis in Community Corrections*, Report R-34. Ottawa, ON: Correctional Service of Canada.
- ⁶ Grant, B., & Gillis, C. (1996). *Day Parole Program Review: Case Management Predictors of Outcome*, Report R-52. Ottawa, ON: Correctional Service of Canada.
- ⁷ Motiuk & Brown (1993).
- ⁸ Dowden, C. (1998). *A Meta-Analytic Examination of the Risk, Need and Responsivity Principles and their Importance Within the Rehabilitation Debate*, unpublished M.A. thesis. Ottawa, ON: Psychology Department, Carleton University.
- ⁹ Andrews & Bonta (1994, 1998).
- ¹⁰ Andrews & Bonta (1994, 1998). See also Bonta, J. (1995). The responsivity principle and offender rehabilitation, *Forum on Corrections Research*, 7(3), 34-37.
- ¹¹ Gendreau, P., & Goggin, C. (1996). Principles of effective correctional programming, *Forum on Corrections Research*, 8(3), 38-40. See also Gendreau, P., Little, T., & Goggin, C. (1995). *A Meta-Analysis of the Predictors of Adult Offender Recidivism: Assessment Guidelines for Classification and Treatment*. Toronto, ON: Corrections Branch, Ontario Ministry Secretariat.
- ¹² See the following works for a thorough examination of the issue of clinical versus statistical judgement in prediction and decision-making: Grove, W. M., & Meehl, P. E. (1996). Comparative efficiency of informal (subjective, impressionistic) and formal (mechanical, algorithmic) prediction procedures: The clinical-statistical controversy, *Psychology, Public Policy, and Law*, 2(2), 293-323. See also Webster, C. D., Harris, G. T., Rice, M. E., Cormier, C. A., & Quinsey, V. L. (1994). *The Violence Prediction Scheme: Assessing Dangerousness in High Risk Men*. Toronto, ON: Centre of Criminology, University of Toronto. And see Quinsey, V. L., Harris, G. T., Rice, M. E., & Cormier, C. A. (1998). *Violent Offenders: Appraising and Managing Risk*. Washington, DC: American Psychological Association.
- ¹³ Motiuk, L. L. (1997). Classification for Correctional Programming: The Offender Intake Assessment (OIA) Process. *Forum on Corrections Research*, 9(1), 18-22. See also Taylor, G. (1997). Implementing Risk and Needs Classification in the Correctional Service of Canada. *Forum on Corrections Research*, 9(1), 32-35.
- ¹⁴ Data from Research Branch, Correctional Service of Canada, August 1998.
- ¹⁵ Brown, S. (1998). The Case Needs Review Project: Background and research strategy, *Forum on Corrections Research*, 10(3), 9-11.
- ¹⁶ Motiuk, L. L., & Serin, R. (1998). Situating Risk Assessment in the Reintegration Potential Framework. *Forum on Corrections Research*, 10(1), 19-22.
- ¹⁷ See Correctional Service of Canada's Web site: <http://www.cscscc.gc.ca>: click on "Policy and Legislation", then on "Standard Operating Procedures", 700-04 Offender Intake Assessment and Correctional Planning, 700-05 Progress Monitoring — Institution, and 700-06 Community Supervision.
- ¹⁸ Brown, S., & Zamble, E. (1998). Community supervision: Current practices and future directions, *Forum on Corrections Research*, 10(1), 44-47.

Coming up in *FORUM on Corrections Research*

The May 2001 issue of *FORUM* will present a Special Issue of *Research Summaries: R-56, 1997 to R-100, 2001*.

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