

# **PRINCIPLES OF EFFECTIVE OFFENDER INTERVENTION**

Pennsylvania Department of Corrections  
Office of Planning, Research, Statistics & Grants

February 2007

# Introduction

- Thirty years after Martinson's controversial work which many interpreted as proving that "nothing works" in rehabilitating offenders, we now know the question is not "Does anything work?" but "What Works for Whom and under What Circumstances?"

# Principles of Effective Offender Intervention – What They Are

- Findings from hundreds of studies and meta-analyses of criminal justice interventions indicate that good programs - those that reduce recidivism - have common features.
- These common features can be summarized as “Principles of Effective Offender Intervention”.
- The Appendix presents some of the key studies and meta-analyses that support these principles.

# Principles of Effective Offender Intervention – Why They Are Important

- These principles are important because they provide a rational blueprint for offender treatment; if one had to create a treatment system from scratch, these principles would provide us with a guide.
- These principles also move us beyond what we “feel” is (or should be) effective in offender treatment to what is supported by scientific evidence.
- Evidence-based practice supports our claim that we are doing our best to promote public safety by better preparing offenders to reenter society and reducing recidivism.

# Principles of Effective Offender Intervention – Why They Are Important

- The process of evidence-based treatment is certainly not perfect, there is still much to be learned about how best to deliver treatment.
- Programs that follow these principles, however, have a better chance of succeeding than those that do not.
- Correctional treatment policy will always be driven by a mix of forces, which is the nature of our political system, but it is our duty to ensure that objective evidence is part of this mix.

# Principles of Effective Offender Intervention - Overview

- The following is a review of the principles of effective offender intervention, organized into ten categories.
- Different sources and authors may break these up differently – some may expand them into more categories while others may collapse them into fewer – but they are generally driving at the same thing.
- Some principles are more easily achievable than others; resources may sometimes constrain an agency from fully implementing some principles.

# Principle 1: Target Criminogenic Needs

- Good programs target factors related to offending, *and that can be changed*. These dynamic factors are commonly known as *criminogenic needs*.
- What factors do you think lead a person to be a criminal?

# Principle 1: Target Criminogenic Needs

- Anti-social attitudes, beliefs, values:
  - ◆ Rationalization – “everybody does it, so what’s the problem”, “she was asking for it”, “I have the right to do what I want”.
  - ◆ Minimization – “nobody got hurt, so it’s OK”, “they got insurance”.
  - ◆ Denial of responsibility – “I was framed”, “I’ve already been punished enough”.
  - ◆ Inflated self-esteem – “no way I’m working at Mickey D’s”.
  - ◆ Hostility – “this guy in line was looking at me funny, so I had to pop him”.
- Criminal thinking – “I’m too smart to get caught”.
- Anti-social associates – “well, you see, my buddy knew this guy...”
- Poor decision making/problem solving skills – “I needed money to send my kid to private school, so I sold drugs (I’m a good mother, though)”.
- Low levels of educational/vocational achievement.
- Poor self-control/self-regulation – “I got frustrated with my PO, so I said to hell with it, I don’t care about nothin’ any more”.
- Substance abuse.

# Principle 1: Target Criminogenic Needs

- Some examples of **non**-criminogenic needs:
  - ◆ Lack of self-esteem (although **can** be a need for female offenders).
  - ◆ Anxiety.
  - ◆ Depression.
  - ◆ Feelings of personal inadequacy.
  - ◆ Poor artistic skills.
  - ◆ Medical needs.
  - ◆ Poor physical condition.
  - ◆ Lower economic origins.

## Principle 2: Conduct Thorough Assessments of Risk and Need; Target Programs to High Risk Offenders

- What is Offender Assessment?
  - ◆ The systematic collection, analysis and utilization of objective information about an offender's levels of **risk and need**.
- **Risk:** the probability that offender will commit additional offenses.
- **Need:** the specific problems or issues that contribute to an offender's criminally deviant behavior. Needs are by definition dynamic (changeable) and can be targeted by treatment programs.

## Principle 2: Why Assess?

- Research indicates that offender treatment programs that conduct thorough, rigorous and objective assessment of offenders and use the assessment information to inform treatment planning decisions have much better outcomes than programs that do not do such assessment.
- Assessment allows us to use our treatment resources (staff, money, time) in a more cost effective manner by targeting them where they will produce the best outcomes, rather than wasting them on offenders who will derive little benefit.

## Principle 2: Why Assess?

- Research also shows that objective, actuarial assessment tools are better than clinical judgment *alone* in making program placement decisions. These tools are meant to inform clinical judgment, though, not to replace it.

# Principle 2: Risk Assessment and the Risk Principle

- Risk assessment provides a measure of the risk principle, which states that higher risk offenders will likely reoffend if not treated, and that low risk offenders are not likely to reoffend even without treatment.
- Treatment (especially intensive) should be reserved for higher risk offenders - treatment can make a difference for them.
- Lower risk offenders should receive minimal, if any, intervention - treatment may be wasted on them.
- The risk principle is extremely well supported in the research literature.

# Principle 2: Risk Assessment and the Risk Principle

- An important note on risk:

By “risk”, we simply mean the statistical probability of reoffending. This does not necessarily equate with popular or political conceptions of “dangerousness”. A petty thief may be very high risk (i.e. will continue to offend without treatment) but may not be thought of as dangerous. Many studies find low sexual reoffending rates for sex offenders, but they are usually feared by the public. Risk here is a scientific statement, not an emotional one.

## Principle 2: Risk Assessment and the Risk Principle

- Research indicates that providing high intensity treatment to low risk offenders **may increase** their risk level, by extensively exposing them to higher risk offenders who may “contaminate” them with anti-social attitudes, thinking and behavior.

## Principle 2: Risk Level and Treatment Outcomes (% Recidivism)

Study	Risk Level	Level of Treatment	
		Minimal	Intensive
O'Donnell et al (1971)	Low	16%	22%
	High	78%	56%
Baird et al (1979)	Low	3%	10%
	High	37%	18%
Andrews & Kiessling (1980)	Low	12%	17%
	High	58%	31%
Bonta et al (2000)	Low	15%	32%
	High	51%	32%

D.A. Andrews and James Bonta. 2003. *The Psychology of Criminal Conduct* (3<sup>rd</sup> ed.). Cincinnati: Anderson Publishing. p. 260.

## Principle 2: Risk Assessment and the Risk Principle

- Some research also suggests that the **very highest risk offenders** may not benefit from treatment either – i.e. they may be beyond help.
- The highest risk (psychopathic?) offenders may actually use treatment groups to learn and practice new skills of manipulation and deception, thus worsening their anti-social tendencies. They can also undermine the dynamics of treatment groups.
- The evidence relating to this is mixed, and many of the experts are sharply divided on whether some offenders are “beyond help”; still the highest risk offenders do present unique challenges to treatment.

# Principle 2: Measuring Risk

- Level of Service Inventory-Revised (LSI-R).

The LSI-R can be thought of as something like a medical triage decision making tool – it provides insight into which offenders should receive the highest priority for treatment, regardless of their specific problem areas.

## Principle 2: Measuring Risk

- LSI-R can be used on male and female offenders of any offense type, in prison/jail or community-based settings (e.g. parole). Offenders under age of 16-17 should probably be scored on the Youth Level of Service/Case Management Inventory (YLS/CMI).
- Scores on the LSI-R range from theoretical minimum of zero to a maximum of 54. Few cases of zero, or more than 50, are encountered.
- The 54 items are grouped into ten domains that represent key criminogenic risk factors.

# Principle 2: Measuring Risk

## LSI-R Domains (number of items in each domain in parentheses)

- Criminal History (10)
- Education/Employment (10)
- Financial (2)
- Family/Marital (4)
- Accommodation (3)
- Leisure/Recreation (2)
- Companions (5)
- Alcohol/Drug Problems (9)
- Emotional/Personal (5)
- Attitudes/Orientation (4)

## Principle 2: Measuring Risk and Risk Levels

- What constitutes “low risk”?
- How high is “too high” to treat?
- The LSI-R comes with a risk cut-off table based upon studies done in Canada.
- The next slide shows how this table separates scores into risk levels.
- Ideally, each jurisdiction should develop its own risk cut-offs that are relevant to its population.

<b>LSI-R Published Norms (956 Canadian male inmates)</b>	
<b>Score Range</b>	<b>Level of Risk of Recidivating</b> (reincarceration one year after release)
41 to 47 and above	<b>High Risk</b> (c. 76.0% chance of recidivating)
34 to 40	<b>Medium/High Risk</b> (c. 57.3% chance of recidivating)
24 to 33	<b>Moderate Risk</b> (c. 48.1% chance of recidivating)
14 to 23	<b>Low/Moderate Risk</b> (c. 31.1% chance of recidivating)
0 to 13	<b>Low Risk</b> (c. 11.7% chance of recidivating)

**Source:** D.A. Andrews and James L. Bonta. 2001. *LSI-R User's Manual*. New York: MHS.

## Principle 2: Measuring Risk and Risk Levels

- Based upon our own preliminary analysis, the PADOOC uses the following three-level LSI-R risk interpretation:
  - ◆ High Risk: 29 and above
  - ◆ Medium Risk: 21 – 28
  - ◆ Low Risk: 20 and below
- We will continue to study our risk patterns and update these cutoffs as needed.

## Principle 2: Needs Assessment

- Various instruments can be used in combination with the LSI-R to produce a profile of the likelihood that an offender will fail upon release and of the specific problem areas that should be prioritized in treatment.
- Needs assessment tools provide information about offenders' level of need for intervention in specific problem areas identified as being strongly related to re-offending (criminogenic needs).
- PADOX uses Criminal Sentiments Scale-Modified (CSS-M) and Hostile Interpretations Questionnaire (HIQ).

## Principle 2: Needs Assessment – CSS-M

- This tool includes 41 items/questions that measure attitudes, values and beliefs related to criminal behavior.
- The CSS-M contains five sub-scales measuring the following criminogenic needs:
  1. Attitudes Towards the Law – 10 items on law abiding behavior.
  2. Attitudes Towards the Courts – 8 items on court and their sentence.
  3. Attitudes Towards the Police – 7 items on law enforcement officers.
  4. Tolerance for Law Violations – 10 items on tendency to rationalize/excuse criminal behavior.
  5. Identification with Criminal Others – 6 items on affiliation & sympathy with other offenders.

## Principle 2: Needs Assessment – CSS-M

- The CSS-M provides information that would be useful in decisions about assigning offenders to programs such as *Thinking for a Change* or other programs that target antisocial and pro-criminal attitudes.
- For example, an offender who scored high on the LSI-R (indicating great risk for failure) and who scored high on the CSS-M would be a good candidate for *Thinking for a Change*. Further, a high score on the sub-scale “Identification with Criminal Others” would suggest an area in need of special attention for the offender.

## Principle 2: Needs Assessment – HIQ

- Presents offenders with seven hypothetical vignettes that portray interpersonal interactions in social situations. Measures offenders' tendency to place hostile interpretations on common types of social situations and interactions.
- Asks offenders to indicate whether they think that the people represented in the vignette are behaving or thinking in a hostile manner and asks offenders how *they* might behave or think in a similar situation.

## Principle 2: Needs Assessment – HIQ

- HIQ contains four sub-scales measuring characteristics of hostility (7 items on each sub-scale):
  1. Attribution of Hostility – amount of hostility the individual attributes to people with whom they interact.
  2. External Blame - tendency to blame others for one's own hostility.
  3. Hostile Reaction – tendency to quickly offer a hostile or angry response where one may not be called for.
  4. Overgeneralization – tendency to perceive pervasive levels of hostility in a wide range of social situations.

## Principle 2: Needs Assessment – HIQ

- HIQ also contains five sub-scales on relationships and hostility:
  1. Acquaintance Relationships – tendency for hostility to result from interactions with acquaintances.
  2. Anonymous Relationships – tendency for hostility to result from interactions with strangers.
  3. Authority Relationships – tendency for hostility to result from interactions with authority figures.
  4. Intimate/Family Relationships – tendency for hostility to result from interactions with close friends or family.
  5. Work Relationships – tendency for hostility to result on the job.

## Principle 2: Needs Assessment – HIQ

- The HIQ provides information that would be useful in decisions about assigning offenders to programs such as *Violence Prevention*, *Anger Management*, *Thinking for a Change*, or other programs that target criminal hostility and antisocial attitudes.
- For example, an offender who scored high on the LSI-R (indicating great risk for failure) and who scored high on the HIQ would be a good candidate for *Violence Prevention*. A particularly high score on the sub-scales “Hostile Reaction” and “Authority Relationships” would suggest that the offender might need special attention on how to interact with police, Corrections Officers, Parole Agents, etc.

## Principle 2: Risk/Need Profiles

- Based upon the LSI-R data on PADOCC inmates gathered during assessment pilot (see earlier slides), the highest LSI-R score was 47, the lowest was 2. Let's see how LSI-R scores translate into risk profiles for selected inmates, keeping in mind the definition of risk discussed earlier.

## Principle 2: Risk/Need Profiles – Case 1

- 31 year old white male
- LSI-R Score: 47
- Instant Offense: Theft
- Criminal History: at least 8 prior commitments (state, local & juvenile), onset of offending age 9 (burglary), some violence, multiple parole violations
- Work History: none, no job skills
- Education: no HS
- Substance Abuse: some, but not serious (although, drug related TPV's)
- Mental Health: some interference
- Supervision and Program Compliance: fair to poor (repeated failures to comply and walk-aways)

## Principle 2: Risk/Need Profile – Case 1

- Where do his needs lie?
- Everywhere!
- Multiple risk factors and significant criminal history for this relatively young offender suggest he will continue to offend absent intervention (and perhaps even in spite of it).
- Treatment should focus on decision-making and problem solving (e.g. *Thinking for a Change*), job skills, general education, continued mental health intervention.

## Principle 2: Risk/Need Profile – Case 2

- 50 year old white male
- LSI-R Score: 7
- Instant Offense: IDSI (molesting young female relative)
- Criminal History: none
- Work History: 9 years with same company at time of arrest
- Education: HS graduate
- Substance Abuse: none (TCU score 0)
- Mental Health: no impairment
- Supervision and Program Compliance: good so far

## Principle 2: Risk/Need Profile – Case 2

- Where do his needs lie?
- Inmate's version of offense (emphasis added):
  - ◆ It all started in 1997 when (the victim) came into our house to live. She was 12 for a short time she became very loving and became very close. She would follow me around when I was home, and went wherever I did... Then one night she came outside in a long tee shirt with no underwear. She said she forgot them when she took a shower...I found this out after she jumped on my back and my hand was on her bottom. She said she didn't care and it felt good... one thing lead to another and before long we had intercourse.
  - ◆ Inmate Accepts Responsibility for Crime?: No

## Principle 2: Risk/Need Profile – Case 2

- Where do his needs lie?
- Criminal Attitudes:
  - ◆ Blameshifting
  - ◆ Justification
  - ◆ Minimization
  - ◆ Denial of responsibility
- In spite of reprehensible nature of offense, risk profile suggests he is unlikely to reoffend (Static-99 indicates Low Risk for sexual reoffending).
- Treatment (if any) should focus on attitudes about appropriate sexual relationships, decision making in response to sexual triggers and cognitive distortions about responsibility for his actions.

## **Principle 3: Base Design and Implementation on a Proven Theoretical Model**

- Effective programs work within the context of a proven (evidence-based) theory of criminal behavior. Proven theories include social learning and cognitive-behavioral.

# Principle 3: Questionable Theories of Crime

- “Offenders lack creativity” theory.
- “Offenders lack discipline” theory.
- “Treat offenders as babies and dress them in diapers” theory.
- “Offenders (males) need to get in touch with their feminine side” theory.
- “Offenders need drama therapy” theory.
- “Offenders need to learn to plant vegetables” theory.
- “Offenders need to learn to work with dogs/cats/horses/tropical fish” theory.
- “Offenders need to practice yoga” theory.

Source: Edward J. Latessa, Francis T. Cullen and Paul Gendreau. 2002. “Beyond Correctional Quackery: Professionalism and the Possibility of Effective Treatment.” *Federal Probation*, 66(2), 43-49.

# Principle 3: Ineffective Treatment Models

- Traditional “Freudian” psychodynamic and nondirective or client-centered therapies – talking cures, unraveling subconscious, blaming parents/society, ventilating anger, etc.
- Medical model approaches – changes in diet, pharmacological approaches, etc.
- Subcultural/labeling approaches – overcoming disadvantaged or stigmatized status within society.
- “Punish smarter” strategies – pure military boot camps, shock incarceration, electronic monitoring, “tent cities”, etc.
- Almost any program targeting low risk offenders or non-criminogenic needs.

## Principle 3: What Doesn't Work! – Famous programs based on flawed theories/models

- *Scared Straight* – deterrence theory; make 'em fear prison.
  - ◆ Nearly every study over the past 25 years has found dismal results, many even showing higher recidivism rates for *Scared Straight* kids. Has been characterized as criminal justice malpractice.
- *Drug Abuse Resistance Education (DARE)* – didactic model; kids don't know drugs are bad for them (“this is your brain on drugs”).
  - ◆ Most studies have found neutral effects for DARE. More recent versions of DARE, based upon cognitive-behavioral principles, have been more promising.
- *Sheriff Joe Arpaio's (Maricopa County Jail, Arizona) Tent Cities and Chain Gangs* – more deterrence theory; make 'em hate prison.
  - ◆ By the jail's own admission, its recidivism rate exceeds 60 percent.

# Principle 4: Use a Cognitive-Behavioral Approach

- Thinking and behavior are linked; offenders behave like criminals because they think like criminals; changing thinking is the first step towards changing behavior.
- Effective programs attempt to alter an offender's cognitions, values, attitudes and expectations that maintain anti-social behavior.
- Emphasis on problem solving, decision making, reasoning, self-control and behavior modification, through role playing, graduated practice and behavioral rehearsal.

# Principle 4: Use a Cognitive-Behavioral Approach

- Good cognitive-behavioral programs not only teach offenders more socially appropriate behaviors, but also provide them with extensive opportunity to practice, rehearse and pattern these behaviors in increasingly difficult situations - good behaviors are often just habits.
- Every social interaction within the prison (inmate-inmate, inmate-staff, staff-staff) provides opportunity to model, teach and practice pro-social skills.
- Rewards for pro-social behavior are important. Rewards should greatly outweigh punishers.
- Examples of good cognitive-behavioral programs include *Thinking for a Change*.

## **Principle 4 - What Doesn't Work! – Non-Behavioral Approaches (unlikely to be effective by themselves, if at all)**

- Drug prevention classes focused on fear and other emotional appeals (“Just Say No!”).
- Drug education programs.
- Bibliotherapy/videotherapy (including Bible study).
- Non-directive, client centered approaches.
- Self-Help programs.
- Vague, unstructured “talking cure” programs.
- Yoga, sweat lodges and other “introspective” programs.
- Freudian approaches.
- Shaming offenders (often just promotes face saving retribution).

# Principle 5: Disrupt the Delinquency Network

- Effective programs provide a structure that disrupts the delinquency network by enabling offenders to place themselves in situations (around people and places) where pro-social activities dominate.
- Effective programs also help offenders to understand the consequences of maintaining criminal friendships. Role playing can help them practice building new pro-social friendships.
- Even seemingly non-therapeutic activities can help offenders develop new hobbies that facilitate pro-social friendships.

## Principle 6: Provide Intensive Services

- Effective programs offer services that occupy 40% to 70% of the offender's time while in the program and last 3 to 9 months. The actual length of the program should be driven by specific behavioral objectives of the program and specific needs of the individual inmate.

## **Principle 7: Match Offender's Personality and Learning Style with Appropriate Program Settings and Approaches.**

- This is known as the “responsivity” principle.
- There are important interactions between the learning and personality style of the offender and their setting or situation.
- Therapist's skills should be matched with appropriate program type.
- Offender's strengths and limitations should be considered in program plans – for example, an offender with limited literacy may not be appropriate for a program requiring extensive reading or journaling.

# Principle 7: Responsivity Factors

- Responsivity factors can influence program success.
- There are few good tools that comprehensively measure responsivity factors.
- Many agencies routinely collect data, though, that can provide insight into an offender's responsivity factors:
  - ◆ Personality variables – anxiety, depression, mental illness, socialization, motivation, etc.
  - ◆ Cognitive variables – intelligence, learning disabilities/retardation, academic achievement, learning style, etc.
  - ◆ Other – culture, language, physical handicaps, etc.
- Therapist characteristics (attitudes, styles, personality) should also be taken into consideration.

## Principle 8: Include a Relapse Prevention Component

- Relapse prevention should be offered both in prison and in the community when possible and should include:
  - ◆ Rehearsal of alternative pro-social responses.
  - ◆ Practicing pro-social behaviors by rewarding improved competencies in increasingly difficult situations.

## **Principle 8: Include a Relapse Prevention Component**

- Training family and friends to provide reinforcement for pro-social behavior.
- Providing booster sessions to offenders following the formal phase of treatment.

## Principle 9: Integrate with Community-based Services

- Effective programs refer offenders to other programs with good track records.
- For example, evaluations of AOD therapeutic communities in several states found that programs that include aftercare showed the greatest reductions in recidivism (see, for example, special issue of *The Prison Journal*, Volume 79, Number 3, (1999) on Drug Treatment Outcomes for Correctional Settings).

## Principle 10: Reinforce Integrity of Services

- Effective programs continually monitor program development, organizational structure, staff development and training and other core organizational processes.
- Program evaluation is an important part of this process.

## Principle 10: PADOCC Program Evaluation Model

1. Define internally our needs for program evaluation.
2. Identify an outside expert to conduct the evaluation.
3. Form a research partnership with that expert.
4. Develop an evaluation plan in cooperation with the research partner.
5. Partner prepares grant application to a third party funding source.
6. Conduct evaluation.
7. Utilize results for program improvement and decision making.

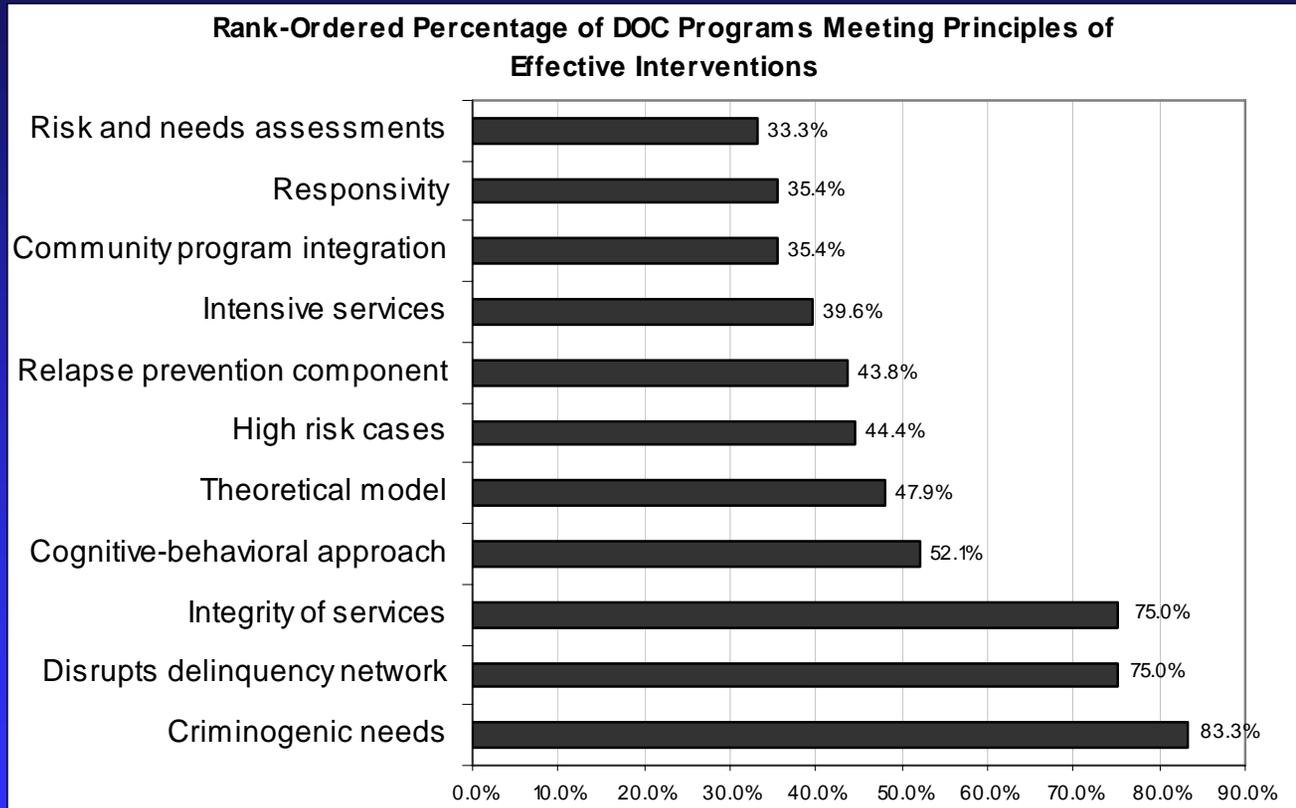
## Principle 10: PADOCC Research Partners

- Temple University – Alcohol and Other Drug (AOD) Programs.
- Correctional Education Association – Education Programs.
- Correctional Education Association – Community Orientation and Reintegration (COR) Program.
- Penn State University – Parenting Programs.
- University of Cincinnati – Quehanna Boot Camp, AOD Programs, Young Adult Offender Program.
- Urban Institute – COR Program.
- LaSalle University – Young Adult Offender Program.
- Vera Institute of Justice – Residential Substance Abuse Treatment (RSAT) Program.

# Principle 10: The “What Works” Project

- Staff from the PADOC’s Office of Planning, Research, Statistics and Grants compared the PADOC’s standard programs to the “Principles of Effective Correctional Intervention.”
- Analysis informed by the *Correctional Program Assessment Inventory (CPAI)*, a benchmarking tool, and the National Institute of Justice’s 1997 publication *Preventing Crime: What Works, What Doesn’t, What’s Promising*.

# Principle 10: What PADOA Programming Does Best



## Principle 10: Strongest PADOC Programs

- Therapeutic communities (TC's)
- Relapse Prevention
- Positive Relationships
- Thinking for a Change
- Parents Anonymous

# Principle 10: PADOCC Programs Most in Need of Improvement

- Character Development
- AOD Abuse Education
- Impact of Crime
- 12 Step Facilitation
- Reading to Your Children
- Fresh Start

# Principles of Effective Offender Intervention – Summing Up

- It is difficult to say which of these principles are more important than the other, although as we have seen, some are easier to implement.
- The best results are found when all of the principles operate together and reinforce one another.
- It is difficult to say how many principles are needed to be effective, but the more the better.

# Evidence-Based Intervention – How Strong is the Data?

- How strong is the evidence behind these principles, how much faith should we have in them?
- We base much social policy and medical practice on evidence that is not as strong as that underlying these principles.
- The correlations in the next table show the strength of some well-known relationships that guide social policy; the higher the number the stronger the evidence.

<b>Relationship</b>	<b>Correlation</b>
Aspirin & reduced risk of death by heart attack	.02
Heart bypass & 5 year survival	.08
Smoking & lung cancer within 25 years	.08
OTC meds & reduced cold symptoms	.11
Lead exposure & reduced IQ	.12
Ibuprofen & reduced pain	.14
Mammogram & cancer detection	.27
Cog-behavioral treatment & reduced recidivism	.29
Actuarial risk tools as predictors of recidivism	.30
Evidence-based treatment & reduced recidivism	.30
Antisocial attitudes/companions & recidivism	.18 - .39
Targeting criminogenic needs & reduced recidivism	.55
Andrews, et al, 1990; Andrews & Bonta, 1994; Gendreau, et al, 1996; Meyer, et al, 2001; Simourd & Andrews, 1994.	

# Evidence-Based Intervention - Recent Data

- Research into the validity of these principles continues.
- One of the most recent examples was an evaluation conducted by Dr. Edward J. Latessa of the University of Cincinnati.
- Two year follow-up study of over 13,000 offenders released in Ohio during 1999-2000, to either one of 50 community corrections treatment centers or to parole.
- Examined impact of the use (or non-use) of many of the principles described above.
- Source: Edward J. Latessa and Christopher T. Lowenkamp. *Evaluation of Ohio's Community-Based Correctional Facilities and Halfway House Programs: Final Report*. September 1, 2002. University of Cincinnati Division of Criminal Justice.

# Ohio CCC Study: Highlights of Relationship between Principles and Outcomes

- Principle 1 (Target Criminogenic Needs): programs that primarily target criminogenic needs reduced recidivism by 5 percent on average; those that target non-criminogenic needs increased recidivism.
- Principle 2 (Risk and Needs Assessment): programs that properly assessed risk and need and used the information to plan treatment reduced recidivism by 7 percent on average; those that did not use assessment saw no treatment effect. **Even those (good) programs that reduced recidivism for high risk offenders actually increased recidivism for low risk offenders they treated.**

# Ohio CCC Study: Highlights of Relationship between Principles and Outcomes (cont.)

- Principle 4 (Cognitive-Behavioral Approach): programs that used a cognitive-behavioral approach (including role playing) in most sessions reduced recidivism by almost 10 percent on average; those that did not consistently use a cognitive-behavioral approach saw little or no treatment effect.
- Principle 6 (Intensive Treatment): programs that occupied 40 to 70 percent of offenders' time with structured treatment activities reduced recidivism by almost 10 percent on average; those that spent less time on treatment increased recidivism.

## Ohio CCC Study: Highlights of Relationship between Principles and Outcomes (cont.)

- Multiple Principles: Those programs that used many or most of the principles simultaneously and consistently saw the greatest reductions in recidivism. Programs that most closely followed the principles reduced recidivism by up to 40 percent.
- The Ohio CCC study presents yet more evidence that the Principles of Effective Correctional Intervention work best when used in conjunction with one another.

# Appendix

Meta-Analyses and Reviews of  
Effective Interventions that Support  
Principles of Effective Offender  
Intervention

## Meta-Analyses and Reviews of Effective Interventions

- Andrews, D. A., Ivan Zinger, Robert D. Hoge, James Bonta, Paul Gendreau, and Francis T. Cullen. 1990. "Does Correctional Treatment Work? A Clinically-Relevant and Psychologically-Informed Meta-Analysis." *Criminology*, 28(3), 369-404.
- Andrews, D.A. and James Bonta. 1994. *The Psychology of Criminal Conduct*. Cincinnati: Anderson Publishing.
- Andrews, Donald A. 2001. "Principles of Effective Correctional Programs." pp. 9-17. In Motiuk, Laurence L. and Ralph C. Serin (eds.). *Compendium 2000 on Effective Correctional Programming*. Correctional Service Canada.
- Cullen, Francis T. and Brandon K. Applegate, eds. 1997. *Offender Rehabilitation: Effective Correctional Intervention*. Hampshire, UK: Ashgate Publishing Company.
- Gendreau, Paul, Tracy Little and Claire Goggin. 1996. "A Meta-Analysis of the Predictors of Adult Offender Recidivism: What Works!" *Criminology*, 34(4), 575-607.

## Meta-Analyses and Reviews of Effective Interventions (cont.)

- Gendreau, Paul. 1996. "The Principles of Effective Intervention with Offenders." pp. 117-130 in Alan T. Harland (ed.), *Choosing Correctional Options That Work: Defining and Evaluating the Supply*. Newbury Park, CA: Sage.
- Izzo, R. and R. Ross. 1990. "Meta-Analysis of Rehabilitation Programs for Juvenile Delinquents: A Brief Report." *Criminal Justice and Behavior*, 17, 134-142.
- Lipsey, M.W. 1992. "Juvenile Delinquency Treatment: A Meta-Analytic Inquiry into the Variability of Effects." pp. 83-127 in T.D. Cook, H. Cooper, D.S. Cordray, H. Hartmann, L.V. Hedges, R.J. Light, T.A. Lewis, and F. Mosteller (eds.), *Meta-Analysis for Explanation: A Casebook*. New York: Russell Sage.
- MacKenzie, Doris Layton. 2000. "Evidence-Based Corrections: Identifying What Works." *Crime and Delinquency*, 46(4), 457-471.
- Martinson, Robert. 1974. "What Works? Questions and Answers About Prison Reform." *The Public Interest*, 35, 22-54.

## Meta-Analyses and Reviews of Effective Interventions (cont.)

- Palmer, T. 1994. *A Profile of Correctional Effectiveness and New Directions for Research*. Albany, NY: SUNY Press.
- Sherman, Lawrence W., David P. Farrington, Brandon C. Welsh and Doris L. MacKenzie (eds.). 2002. *Evidence-Based Crime Prevention*. New York: Routledge.
- Sherman, Lawrence W., Denise Gottfredson, Doris MacKenzie, John Eck, Peter Reuter, and Shawn Bushway. 1997. *Preventing Crime: What Works, What Doesn't, What's Promising*. Washington, DC: U.S. Department of Justice, Office of Justice Programs.
- Whitehead J. and S. Lab. 1989. "A Meta-Analysis of Juvenile Correctional Treatment." *Journal of Research in Crime and Delinquency*, 26(3), 276-295.

# Other Sources Cited in this Presentation

- Meyer, Gregory J., Stephen E. Finn, Lorraine D. Eyde, Gary G. Kay, Kevin L. Moreland, Robert R. Dies, Elena J. Eisman, Tom W. Kubiszyn and Geoffrey M. Reed. 2001. "Psychological Testing and Psychological Assessment: A Review of Evidence and Issues." *American Psychologist*, 56(2), 128-165.
- Simourd, Linda and D.A. Andrews. 1994. *Correlates of Delinquency: A Look at Gender Differences*. Ottawa, Ont.: Department of Psychology, Carleton University.

**Questions regarding this presentation can be addressed to:**

Gary Zajac, Ph.D.  
Chief of Research and Evaluation

Pennsylvania Department of Corrections  
Office of Planning, Research, Statistics and Grants  
P.O. Box 598  
Camp Hill, PA 17001

Phone: (717)214-8959

Fax: (717)731-7830

[gzajac@state.pa.us](mailto:gzajac@state.pa.us)