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# Taking rehabilitation seriously

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## Creativity, science, and the challenge of offender change

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Jo Brayford, Francis Cowe, and John Deering (eds), *What Else Works? Creative Work with Offenders*, Willan Publishing: Cullompton, Devon, UK, 2010; 290 pp.: 9781843927662, \$39.95 (pbk)

Peter Raynor and Gwen Robinson, *Rehabilitation, Crime and Justice* (revised and updated edn), Palgrave Macmillan: Hampshire, UK, 2009; 214 pp.: 13:9780230232488, \$29.00 (pbk)

Bonita M. Veysey, Johnna Christian, and Damian J. Martinez (eds), *How Offenders Transform Their Lives*, Willan Publishing: Cullompton, Devon, UK, 2009; 225 pp.: 9781843925088, \$38.50 (pbk)

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**Dedication:** This essay is dedicated to the memory of Don Andrews who passed away on October 22, 2010. Through his science, collaboration with colleagues, and practice in agencies, Don attempted to create a theory of correctional intervention capable of improving the lives of offenders. Don's sharp mind and large heart left the field of corrections—and, indeed, those he touched in his daily life—far better off. He will be sorely missed.

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Between 1968 and 1972 – my days as a college undergraduate – faith in rehabilitation experienced a radical transformation in the United States and elsewhere. During this time, I became a psychology major and visited offenders in the local hospital for the criminally insane in hopes that I might help to save them from their plight. By 1972, however, I was a graduate student in sociology, had embraced labeling theory, and mistrusted the State to 'do good'. A year later, I was sitting in Richard Cloward's class at Columbia University where we discussed the role of seemingly benevolent social welfare ideologies in controlling deviant and poor populations (see, for example, Kittrie, 1971; Piven and Cloward, 1971). Not long

thereafter, I interviewed with Robert Martinson who, in the aftermath of his classic 1974 'nothing works' essay, was undertaking a new assessment of treatment effectiveness (see Martinson, 1979). Lacking computer skills, I was not hired as his research assistant. Regardless, when I started my first academic position at Western Illinois University in 1976, I remained persuaded that state efforts to 'do good' were, by and large, harmful. Indeed, when a colleague at Western Illinois – a kindly social worker – angrily confronted me one day about telling students that correctional rehabilitation was a sham, I literally held up Martinson's article and told him that 'the research shows that treatment does not work'.

My wife, Paula Dubeck, accuses me of not liking change – which is one reason, I reply, that she is still around! But when it came to rehabilitation, I did, for once, change. Starting in the summer of 1979, I became convinced not that rehabilitation was without serious faults but that the *alternative to rehabilitation* would be much worse. This change of mind was not comfortable, because it placed me at odds with virtually the entire criminological community (Gottfredson, 1979). Regardless, in 1982, Karen Gilbert and I published *Reaffirming Rehabilitation*, where I first shared systematically my sentiments on the dangers of turning away from treatment. The book was well received, but I never sensed that, at the time, it persuaded too many American criminologists to see the wisdom of my message. I was heartened, however, when I received an envelope bearing a Canadian postmark that contained a complimentary note about the volume from Paul Gendreau. It was through Paul that I discovered that Canadian psychologists did not find my views on rehabilitation so idiosyncratic and contrarian. Over the years, this association provided me with a unique appreciation for how Paul and his compatriots built a powerful treatment paradigm. This understanding of their scholarship and related efforts – some might say this 'bias' – informs the review that follows.

Three decades after the publication of *Reaffirming Rehabilitation*, there is – as the books being assessed here reveal – a renewed enthusiasm for the rehabilitation enterprise. My goal in this essay is to place these contemporary contributions in an appropriate historical and intellectual context. As will be shown, the status of correctional treatment came to hinge on the narrow issue of program effectiveness, a challenge that the Canadian scholars took up successfully. Under the umbrella of the term 'creative corrections', there is now a growing movement – prominently featured in the books reviewed in this essay – that seeks to replace the Canadians' paradigm in favor of interventions rooted more in desistance theory and research. I am skeptical, but not dismissive, of these efforts. My main message is that new ventures into offender treatment are important, but they would profit by learning from, rather than by attacking, the Canadians' approach to designing an effective rehabilitation intervention.

## Reframing the attack on rehabilitation

Today, in an era of evidence-based corrections (MacKenzie, 2006), much of the debate about rehabilitation hinges on whether treatment programs are effective in

reducing recidivism. This focus can be traced to Robert Martinson's systematic assessment of the program evaluation literature from 1945 to 1967. His account of the results was famously called the 'nothing works' essay because he concluded that, '*With few and isolated exceptions, the rehabilitative efforts that have been reported so far have had no appreciable effect on recidivism*' (1974: 25, emphasis in original). This led him to ask, 'Does nothing work?' – the answer to which he suggested was likely in the affirmative (1974: 48). As I revisit below, Martinson's study had a crucial influence in reframing the debate over rehabilitation. It consolidated complex arguments into a single, simple issue: if treatment programs do not work, then how can anyone continue to support rehabilitation as the guiding theory of corrections? Uttering the slogan that 'nothing works', as I did to my social worker colleague, was a powerful way to avoid broader policy concerns and to silence all argument. Both liberals and conservatives used Martinson's work in this way.

It is instructive that in the pre-Martinson days of the late 1960s, the rising criticism of offender treatment did not focus mainly on program effectiveness – though, of course, this was a worry. Rather, the chief concern was with the broader issue of how court and correctional officials *abused the discretion* legitimized by the rehabilitative ideal. As a social welfare ideology, rehabilitation gave officials virtually unfettered powers to decide – supposedly based on treatment criteria – who went to prison (more troubled offenders) and how long they stayed there (until they were cured). Conservatives had long been skeptical of this 'medical model' notion because they believed that judges and parole officials undercut deterrence and incapacitation by their sparing use of imprisonment and by their proclivity to parole dangerous inmates prematurely. Liberals also had realized the problems with correctional rehabilitation but believed that they were fixable – a position they forsook in the late 1960s and into the 1970s. At this specific historical juncture, they suddenly abandoned what they now called 'state enforced rehabilitation', claiming that it was inherently coercive and beyond reform. The central critique was that judges used discretion to sentence unjustly and that parole boards' decisions were similarly discriminatory or simply incompetent. While incarcerated under indeterminate terms, inmates were told not to self-actualize but to obey their custodians or never earn release. The key observation was that politics, bureaucratic interests, and ignorance most often guided officials' discretionary decision making, not a genuine concern for offenders' treatment and well-being. As Rothman (1980) eloquently put it, 'conscience' was corrupted by 'convenience'.

Let me now return to the summer of 1979. While attending a National Endowment for the Humanities program led by Gresham Sykes, I had a rather startling insight. I wondered why I – and so many other criminologists – had so rapidly and in concert rejected correctional rehabilitation. Having read about paradigm shifts in science (Kuhn, 1970), sociology (Gouldner, 1970), and criminology (Cole, 1975), I could not attribute this near-unanimous and simultaneous forfeiture of treatment to the judicious reading of the cold hard facts about rehabilitation. Something must have caused us all to think the same way at the same time. In brief, my sense was that we were members of a scholarly generation who, due to the

tumultuous events of the time (e.g. Civil Rights protests, Vietnam War, Watergate scandal), had come to mistrust state power and thus the ideologies that justified its use (Cullen and Gilbert, 1982).

This reflexivity allowed me to pause intellectually and consider whether my almost unthinking rejection of rehabilitation was as wise as it had seemed. As I probed my views and the broader issues, I concluded that the liberals' embrace of due process rights in place of rehabilitation was a mistake (Cullen and Gilbert, 1982). They did not consider how their correctional model – their conscience – might be corrupted by convenience. More specifically, I had three concerns. First, due process might constrain what the State can do *to* offenders, but it does not obligate the State to do anything *for* offenders. Second, discretion is never eliminated but rather reallocated. As judges and parole boards lost their discretion, these powers were transferred to legislators, who passed determinate and mandatory sentencing laws, and to prosecutors, whose plea bargains now were tantamount to sentences. Taking power from the correctional end of the system and placing it in the hands of more politicized officials at the other end seemed a bad bargain to me. Third, I could not see how a system whose explicit aim was to inflict pain on offenders would be more humane than a system that, despite its flaws, aimed to help offenders live a better life. Liberals mistakenly believed that they could limit the harshness of sentences and thus reduce the harm visited upon offenders. As the United States turned politically conservative, they merely opened the door to a mean season in corrections.

Today, these broader concerns about state enforced therapy have largely receded from view. Here is where Martinson enters the historical record. Again, his 1974 nothing works essay reframed the debate about rehabilitation from one involving the complexities of state discretionary power permitted by prevailing social welfare ideology to one involving the narrow issue of program effectiveness ('Does it work?'). In the short run, opponents of rehabilitation benefited from their ability to voice the 'nothing works' slogan. It was a perfect sound-bite: easily stated, damning, and imbued with scientific legitimacy. In the long run, however, Martinson's reframing of the rehabilitation debate set the stage for the tables to be turned. Treatment advocates now had a clear target – supposed program ineffectiveness – that they could defeat if they could produce evidence showing that some interventions do in fact work. Alas, advocates eventually succeeded in this scientific mission (Cullen, 2005). Two contributions proved most decisive in restoring rehabilitation's credibility.

First, perhaps the most important factor in revitalizing rehabilitation's legitimacy was the use of meta-analysis by Mark Lipsey to assess the treatment evaluation literature (see, for example, Lipsey, 1992; Lipsey and Wilson, 1998). Lipsey had no dog in the rehabilitation hunt, so to speak, so his findings could not be attributed to ideological preferences. Rather, as a leading expert in the methodology of meta-analysis, his statistical results were above reproach. Three of his conclusions, found as well in other meta-analyses, were transforming. First, across all interventions, offender treatment worked – the overall mean effect size showed that recidivism was reduced. It simply was not accurate to say that nothing works.

Second, the effects of interventions were heterogeneous, meaning that some programs worked really well and others not so well. Third, as it turned out, punitively oriented programs, such as boot camps, were the ones that did not work well; they either had null effects or were criminogenic. The meta-analyses thus allowed for a new slogan: *Rehabilitation works, punishment does not*.

The second special contribution was the treatment paradigm invented by the Canadians, most of whom were directly involved in corrections in one way or another. Among a number of others, this group included Don Andrews, James Bonta, and Paul Gendreau. In their efforts to provide 'bibliotherapy for cynics', they initially published extensive reviews of the research to show that treatment programs were effective (see, for example, Gendreau and Ross, 1979, 1987). More importantly, they developed a coherent treatment paradigm that both articulated how to rehabilitate offenders effectively and supplied the technology to undertake the task. This paradigm is often referred to as the Risk-Need-Responsivity model – or by its acronym, which I will use, the RNR model. It is fair to say that this paradigm is the dominant treatment model in terms of its legitimacy and claim to be used in preference to other programmatic options. It will be explained in more detail later in this essay. (As I will note, I use the word 'paradigm' purposefully – to imply a comprehensive intervention strategy that includes theory, research, and treatment technology.)

Contemporary advocates of rehabilitation thus are equipped with two valuable resources. First, they can hold up Lipsey's and similar meta-analyses to opponents and say that science shows that treatment, not punishment, works to change offenders. Second, they can hold up the Canadians' model and show that we now know how to change offenders in a very concrete and effective way. To be sure, mass incarceration still is the elephant in the room; its reality dominates corrections. Nonetheless, there are many signs that the penal harm movement, as Todd Clear (1994) calls it, is losing steam and that avenues for implementing progressive correctional programs are opening up (Listwan et al., 2008). We may be at a turning point in the history of corrections – a time when efforts to reaffirm rehabilitation will help to reshape policy and practice in important ways.

Thus, it is heartening that criminologists, who as a profession were once deeply suspicious of 'state-enforced therapy', are taking rehabilitation seriously. As I once was, the criminologists of my generation were strident critics of offender treatment (Gottfredson, 1979). The discipline's professional ideology, in fact, was that, short of broader social reform, nothing the State did worked to reduce crime – whether it was offender treatment, mass imprisonment, police crackdowns, or situational crime prevention (see Cullen and Gendreau, 2001). Such measures were held to be invariably thwarted by bureaucratic convenience, net widening, displacement, and the like. But the poverty of punishment and the positive results for treatment have won many scholars, across generations, over to the view that corrections should be in the business of trying to save offenders from a life of crime.

This leads me to the three books I was invited to review. It is not a coincidence that they should all appear at the same time. Again, they represent an interest among

scholars to take seriously the need to re-energize rehabilitation – to make it a viable competitor to popular but criminologically bankrupt punitive interventions. They also are, as I will note soon, quality works that are intriguing to read. However, running through these writings, especially the edited volumes, is a strategic decision to attack, either implicitly or explicitly, the Canadians' RNR paradigm. As Robert Merton (1973) pointed out, such organized skepticism toward a leading perspective is a core norm of science and healthy for any discipline. Even so, in voicing their criticisms, advocates of 'creative' treatment programs prompt me to raise the question of how their models stack up when compared to the RNR paradigm's theoretical coherence, scientific foundation, and proven effectiveness. I return to this issue below.

### Three books that should be read

Due to longevity alone – I have been studying corrections for over three decades – I know a fair amount about rehabilitation. When books for this review arrived in the mail, I wondered whether they would teach much new. Fortunately, I was heartened by the scholarly depth and fresh ideas that, taken together, they conveyed. For anyone serious about how best to intervene with offenders, these are three books that should be read – and kept on one's bookshelf for further consultation.

In *Rehabilitation, Crime and Justice*, Peter Raynor and Gwen Robinson provide the best available review on the social history, current status, and possible future of rehabilitation. For those hovering on the edge of corrections, Raynor and Robinson's work is thus an essential read; it is a concise and accessible conduit for getting readers up to speed about the complex issues involved in whether rehabilitation should serve as a guiding theory of corrections. Other works supply a more detailed assessment of the effectiveness in reducing recidivism of specific treatment modalities (see, for example, MacKenzie, 2006). Raynor and Robinson's goal, however, is different: they seek to place rehabilitation in a broader conceptual, social, and policy context.

Accordingly, they start their tour across this correctional theory by delving into the diverse ways that rehabilitation has been defined and justified. Writing from a British vantage point – a comparative perspective that should be a treat for a US audience – they first examine the origins and subsequent attack on treatment and the crisis it generated. In turn, the second half of their book explores the various correctional models that have been advanced over the past three decades to address the 'end of treatment'. They document the resurgence of rehabilitation through the 'what works' paradigm, noting its limits and promise. They also proceed to cover an emergent intervention model that rejects the more psychological treatment of offenders in favor of corrections as a means of situating the wayward in a good life that capitalizes on their strengths, nurtures a non-criminal identity, and leads them to accept responsibility for past bad acts as a means of avoiding crime in the future.

It is on this very point that the volumes edited by Bonita Veysey, Johnna Christian, and Damian Martinez and by Jo Brayford, Francis Crowe, and John

Deering enter the discussion. One brand of life-course criminology, which they implicitly reject, has advanced a decidedly pessimistic view of offenders who end up in prison. These life-course-persistent offenders, it is argued, are marked by individual differences in temperament and self-control that, along with cumulative disadvantages, ensnare them in a developmental pathway from which they can escape only through old age or death (Gottfredson and Hirschi, 1990; Moffitt, 1993). By contrast, the books' authors embrace a genre of life-course criminology that sees change or desistance as ubiquitous, if not inevitable, among adult offenders.

The exemplars of this latter perspective are Sampson and Laub (1993), who showed that persistent law-breaking did not condemn offenders to a life sentence in crime. Their data suggested not only that desistance occurred but also that its timing could not be predicted by individual traits or childhood experiences. Rather, desistance was a product of good fortune – of the seemingly random process whereby some men in their sample acquired good jobs and good mates. These relationships produced the social capital, social control, and structured living to lead the offenders away from crime. A decade later, Laub and Sampson (2003) expanded their explanation of desistance, noting that another amorphous factor was a key ingredient to halting a criminal life: human agency or the emergence in offenders of the will to go straight. This observation coincided with the findings of Maruna's (2001) classic study. He discovered that desistance among career offenders hinged mainly on the capacity to forge a new identity – based on a 'redemption script' – that enabled these individuals to define past bad acts as inconsistent with their essential decent natures and to proclaim their desire now to make good in life. Giordano et al. (2002) simultaneously offered an integrated model, arguing that change is rooted in both prosocial opportunities ('hooks for change') and a cognitive transformation that allows offenders to take advantage of these opportunities to be good.

The 11 essays in Veysey, Christian, and Martinez's *How Offenders Transform Their Lives* build in valuable ways upon these insights in the desistance literature. A key failing of the criminal justice system is that many of its practices socially exclude and stigmatize, thus reducing access to prosocial hooks for change and cementing criminal identities and what Maruna (2001) called 'condemnation scripts' in which offenders see no possibility of a different life. Taken together, however, the book's essays make a strong case that identity transformation is integral to behavioral change. They suggest that a key task for corrections is to motivate offenders to seek new, healthy identities. The broader, more provocative question is whether this view of offender change drawn from desistance theory and research should form the basis for *all correctional rehabilitation*. The editors of and authors within this volume answer this question in the affirmative.

This viewpoint is elaborated in Brayford, Cowe, and Deering's edited volume, *What Else Works? Creative Work with Offenders*. In 13 chapters, the authors offer a diverse array of fascinating ideas on how innovative programs either are currently operating or might be fashioned to assist the wayward to overcome daunting

obstacles and enjoy fulfilling lives. These include, for example, the following: a one-stop center for female offenders that offers diverse services to improve their social and economic well-being; residential hostels or 'approved premises' that, much like 'greenhouses', envelop offenders in not only a controlled but also a nurturing environment; culturally sensitive programs for minority offenders; asset-based welfare interventions that invest in youths (e.g. Child Trust Fund or 'time banks' that allow youngsters to exchange hours spent at a youth center in productive activity for desired rewards, such as driving lessons or tickets to events); the Personal Support for Developing Learning Pathways in Custody project in which youths have a worker that serves to provide and broker support for them so as to lead them out of crime and into a purposeful activity such as education and employment; Circles of Support in which trained volunteers meet with sex offenders in the community to foster accountability and to supply support; Offender and Nature programs that use meaningful forestry and conservation work to facilitate prosocial relationships and to build offender well-being, skills, and motivation to resist reentry into crime; and the National Offender Management Model, a holistic human-service approach that works with offenders from one end of the criminal justice process to the other end so as to build social capital and restore them to the community. Most impressive, the essays make reference to the Good Lives Model, the most systematic and promising of the creative corrections approaches (for statements, see Ward and Marshall, 2007; Ward and Maruna, 2007; Ward et al., 2007; Whitehead et al., 2007). I will return to this perspective later.

At this juncture, I must be – reluctantly – a bit of a criminological curmudgeon. To be sure, many of the authors' suggestions on how to intervene with offenders are plausible and inventive. Indeed, having written on labeling theory and studied symbolic interaction for a year in graduate school, I find quite promising the authors' inquiries into how a healthy identity might allow offenders to reinterpret their lives and stake out a different direction. As one of the originators of social support theory (Cullen, 1994), I also welcome the call by these authors to surround offenders with the supports they need to jump from a painful to a rewarding life. But although my sympathies are with the works set forth in these books, I have three serious reservations about what is being proposed as a new path for correctional treatment to take.

First, the authors' excitement about creative corrections causes them to cross the line into hubris. Little sense of caution is exhibited that their ideas might be wrong and their programs ineffective. They forget that corrections is littered with interventions – from the penitentiary to boot camps – that were 'creative' but proved to be examples of quackery (Latessa et al., 2002). More specifically, the ready embrace of desistance theory as the main basis for correctional rehabilitation is problematic. The science informing desistance theory is in its infancy – at most in a toddler stage of development. The empirical studies of desistance invariably use limited measures of social bonds and other supposed change factors, are based on misspecified models (especially in their omission of individual traits), and cannot unpackage why change occurs. The qualitative studies, which I find more persuasive, are few in

number, collect data on limited samples, and can only speculate as to why some offenders, but not others, are suddenly inspired to think differently and change their lives. Admittedly, *something* important occurs during the process of offender desistance that might hold important clues for understanding how *planned*, rather than naturalistic, change can be accomplished in a treatment program. These ideas are worth pursuing, but at this point they warrant caution, not hubris.

Second, this creative approach to rehabilitation is based on an assumption that, though admirable in its intent, is almost certainly incorrect. Thus, Veysey et al. (p. 5) argue that existing programs err in their view that ‘offenders are essentially different from all other human groups’ and that ‘reducing problems will reduce criminal behavior’. Instead, the authors wish to normalize offenders and to argue that interventions will only work if they foster prosocial identities and build on the strengths, not ‘fix’ the problems or deficits, of offenders. (Note that I place quotations around ‘fix’ because the use of quotes to indicate knowing irony is standard in these books!)

Of course, it would be foolish to argue that criminals are the ‘other’ – super-predators beyond redemption. This objectification of offenders as a different species – as having a different essence – is a prelude to repressive, incapacitation-oriented policies; it also is scientifically indefensible (Garland, 2001; Unnever and Cullen, 2009). But advocates of creative corrections make the opposite mistake of implying that there is homogeneity in criminal propensity. Vast amounts of criminological knowledge now show that this benign view of law-breakers is incorrect: There is substantial heterogeneity in criminality. Further, life-course-persistent offenders who show up disproportionately in the correctional system have an array of deficits that differentiate them from low-risk offenders and from the general public (Andrews and Bonta, 2010; Farrington, 2005; Loeber and Farrington, 1998; Moffitt et al., 2001; Thornberry and Krohn, 2003; Wright et al., 2008). There is certainly nothing wrong in noting that offenders also have strengths; in prior interventions, they have been called ‘protective factors’ and targeted so as to advance offender reform (Farrington and Welsh, 2007). But the notion that correctional interventions can ignore serious crime-related deficits (or risk factors) and that reducing these deficits does not reduce recidivism strains credulity (Andrews and Bonta, 2010; Andrews et al., 2010; Farrington and Welsh, 2007; Loeber and Farrington, 1998).

I have long felt the following: *conservatives deny the humanity of offenders whereas liberals deny the pathology of offenders*. In the Brayford et al. and Veysey et al. books, there is a refreshing sense of compassion that is absent from the prevailing right-wing thinking that has dominated public-policy discourse in recent times. But there also is such a desire to humanize offenders – to show that they have been unfairly subjected to what Kozol (1991) has called ‘savage inequalities’ – that the pathology of offenders is denied. One would have to scrutinize these books to find any sense that serious offenders, including those who eventually desist from crime, break the law at high rates for many years, at times enjoy the thrill of crime and a party life on the street, can be insensitive and exploitive in

social relationships, and do much damage to others in their criminal careers. The stubborn criminological reality is that individual differences exist, they are rooted in deficits, and they need to be 'fixed' or offending will continue for a lengthy period of time. I find it hard to believe that a benign view of offenders – one that assumes that all we need to do is to nudge offenders in the right direction so they can transform themselves – is a credible correctional avenue to pursue.

I might add that the advocacy of a strength approach over a deficit approach is, on closer examination, perhaps more euphemism than reality. The advocates of creative corrections take an abidingly positive approach to offenders, directing correctional workers to show offenders that they value and wish to advocate for them. They seek to have offenders articulate what they want out of life and then try to help these individuals to use human agency to obtain these goals. But in the end, there invariably are things missing in and wrong with offenders that are integral to their criminal careers – and that need, alas, to be fixed. Let us take, for example, the offender's identity. If it is redemptive and prosocial, then the transformation is complete and there is little need for treatment. But if it is condemnatory and anti-social, then it is a deficit that will continue to ensnare the person in crime. Similarly, if offenders are unable to reach life goals through conventional means – if barriers exist to be overcome – then these are, in effect, deficits that must be addressed, or should I say 'fixed'!

Of course, to silence critics such as me, the advocates of creative corrections can marshal mounds of evaluation evidence to show that their approach is effective. The books reviewed here, however, supply little hard data in this regard. For the most part, the creative approach remains either a theory or informs programs for which positive results are suggestive at best. Even the Good Lives Model has not, to my limited knowledge, yet to produce convincing data that it works better than competing approaches (Andrews et al., 2010).

Third, the creative approach seeks to build its credibility by attacking the Canadians' RNR paradigm, claiming that this model's focus on deficits causes it to ignore the power of identity and social relationships to reform (not 'fix') offenders. In my heartfelt view, this strategy is a huge mistake; I have two concerns. First, it ignores that the creative corrections advocates and the Canadians have a common enemy and thus should be allies in the effort to humanize corrections: conservatives who wish to punish and incapacitate offenders. Both sets of authors thus have the same goal, even if they wish to reach it through different means. Internecine warfare will only attenuate the legitimacy of our overall collective agenda.

Second, I once asked Robert Merton if he saw his social structure and anomie paradigm to be in competition with the Chicago school's social disorganization-differential association explanation of crime (Cullen and Messner, 2007). Merton responded that the field was too underdeveloped to assume that his model was all-encompassing. He preferred that some scholars work within his paradigm and other scholars work within the Chicago school. Each 'cognitive micro-environment' was focusing on a different set of problems that one day might be fruitfully

consolidated (see, for example, Cloward, 1959; Merton, 1995). In essence, Merton was declining to claim that his work was a grand theory, preferring instead to see it as a 'middle-range theory' (see Merton, 1968).

In this context, it is far too early to set up correctional paradigms in a battle of supremacy. We are at the stage of middle-range theories of offender treatment. I fear that attacking one another is a fruitless enterprise; the data will ultimately decide what programs should be retained or scrapped. In fact, the goal should be to develop a range of interventions that are capable of meaningfully reducing reoffending. If such a menu of effective programs existed, it would be possible to select them according to situation-specific factors, such as finances, agency-organizational contingencies, staff preferences, and politics.

At this point, advocates of creative correctional programming should not use the Canadians' RNR paradigm as a straw figure to be struck down. Rather, they should delve more deeply into how its inventors designed a powerful treatment approach. They should learn from the Canadians and then, within their own theoretical perspective, seek to model the accomplishments of these scholars. It is to this issue that I now turn.

### Taking rehabilitation seriously

The Canadians' RNR paradigm argues that there are a number of factors that place offenders at risk of crime and recidivism. Some of these, such as age or sex, cannot be changed and thus are called 'static risk factors'. Others, such as antisocial cognitions, can be changed and thus are called 'dynamic risk factors'. They also are described as 'criminogenic needs', because they are deficits in an offender that must be rectified for crime to be avoided. The importance of targeting for change criminogenic needs – risk factors that are amenable to treatment – is the *need principle* (the N in the RNR). The Canadians also note that offenders differ in their risk (or propensity) for crime. The *risk principle* states that treatment services should be targeted to higher-risk offenders; low-risk offenders should not receive intensive services. Finally, the *responsivity principle* requires that offenders be subjected to treatment modalities that are capable of changing – that is, are 'responsive' to – targeted criminogenic needs. In essence, this practice, termed general responsivity, is akin to prescribing the correct medicine for an illness. Individuals also differ, having strengths (e.g. intelligence) and weaknesses (e.g. anxiety). Specific responsivity thus demands taking these factors into account so as to deliver the treatment in the most efficacious way possible.

Why do I have an allegiance to the Canadians' RNR model – seeing it not as perfect but as the best bet to direct offender rehabilitation? I might just be biased. I have confessed my association with the Canadians. Paul Gendreau, in particular, is a close personal friend and a long-term coauthor. But I was initially won over to their way of thinking – against my sociological inclinations – not by friendship but by science. Many scholars, including some critics, simply do not understand the rigor of the science underlying this model. I will return to this point shortly.

Whenever a theory is summarized – especially by its critics – there is an almost unavoidable tendency to socially construct the theory, often in a reductionistic way, that disadvantages it. In the books reviewed, it is perhaps not surprising that the Canadians' RNR model is depicted, implicitly if not explicitly, in three misleading ways (see also Andrews et al., 2010). Let me hasten to say that I do not see this portrayal as disingenuous but rather as resulting from the tinted ideological lenses that the RNR critics seem to wear.

First, the RNR paradigm is placed under the umbrella of a 'risk management' approach. On a broad level, a concept such as 'risk management' suggests that the Canadians are part of a broader 'new penology' movement that seeks to treat offenders as inputs to be managed in the name of bureaucratic efficiency and public safety (Feeley and Simon, 1992). The Canadians are not unmindful of public safety (who in their right mind would be?). But their work in corrections is, in fact, a direct rejection of efforts to depersonalize offenders. Yes, they look at risk factors and how these affect the likelihood of recidivism. Their goal, however, is not to *manage risks* but rather to *treat individual offenders* in an ethical and effective way.

Second, there is a tendency to reduce the RNR model down to the simple embrace of cognitive-behavioral programs. Yes, the Canadians favor such approaches, but only as part of a coherent, multi-faceted treatment paradigm based on a set of principles of effective treatment (Andrews, 1995; Andrews and Bonta, 2010; Gendreau, 1996). Citing meta-analytic statistics or individual studies that show only modest effects for cognitive-behavioral programs is not evidence that the Canadians' theory is weak and in need of replacement. Although this modality of treatment scores high in most reviews of the extant research (see, for example, MacKenzie, 2006), many of the cognitive-behavioral interventions do not follow, or are not analyzed according to their compliance with, the principles of effective treatment specified by the Canadians (Lipsey and Cullen, 2007: 310). In fact, when studies are coded in this way, programs that meet RNR principles are found to reduce reoffending substantially (Andrews and Bonta, 2010; Andrews et al., 1990; Gendreau et al., 2006; Smith et al., 2009b).

Third, there is a tendency to see the RNR paradigm as only a three-principle theory – focusing, that is, on the principles of risk, need, and responsivity. This interpretation is understandable because RNR often dominates how the Canadians themselves present their theory (Andrews and Bonta, 2010). They strongly emphasize RNR because if these principles are violated, offender change will not occur. Above, I also have reduced the description of this paradigm to the RNR trinity. Such parsimony has its uses, but it also can be misleading if the other *principles and components in the paradigm* are ignored (Andrews, 1995; Andrews et al., 2010). For example, the RNR model is at times criticized for not inspiring offenders to change. But this complaint simply ignores the 'principle of targeting weak motivation for service' (Andrews, 1995: 43). Other challenges to the Canadians' approach often reveal that critics either have not read or do not fully understand the complexity of the RNR paradigm (Andrews et al., 2010)

This observation thus leads directly to a key point of this essay: I have often used the word *paradigm* (as opposed to model) to describe the Canadians' work because it captures most accurately the breadth and sophistication of their enterprise. When we describe intervention ideas – no matter how half-baked or underdeveloped – we often generously use words such as 'model', 'approach', and 'perspective'. By 'paradigm', however, I mean something far more involved. My mother Justine applied the phrase 'soup to nuts' to describe a meal that offered a complete dining experience. Paradigms provide this soup-to-nuts guidance. Thus, a rehabilitation paradigm would (1) be based on a coherent behavioral and criminological theory rooted in social science data, (2) identify both what the intervention should target for change and, based on the evidence, how to do so effectively, and (3) develop the technology for accomplishing this task successfully. The Canadians meet these criteria in the RNR model. Notably, successful interventions, such as Olds's (2007) nurse-home-visitation program and Henggeler's (1998) multisystemic therapy, are soup-to-nuts interventions. They also should be seen as paradigms.

Those in the creative corrections movement thus must strive to sophisticate their programs so that they move to paradigmatic status. There are six lessons that can be learned from how the Canadians have designed their RNR intervention. Every treatment strategy will have its unique features – ones that make it new and special. But to develop a program that can achieve meaningful reductions in reoffending, these lessons should be learned and followed.

### ***Lesson #1: The treatment intervention should be based on a sound theory of human behavior***

The Canadians' model has been grounded from the inception of their work on a theory of personality development and change – cognitive-social learning theory – that is supported scientifically. The principles of this theory explain not only criminal conduct but also human conduct. Its use implies that criminals are not a special class of humans but rather conform to the same behavioral influences as all others. This insight is also why the Canadians were, from its initial statement, appalled by Martinson's nothing works view. Because all other humans are open to change, why would offenders somehow be uniquely immune to rehabilitation?

### ***Lesson #2: The treatment intervention should be based on a sound theory of criminal behavior***

The Canadians applied cognitive-social learning theory to their model of the psychology of criminal conduct. Most important, they relied on meta-analyses to uncover the strongest dynamic risk factors or criminogenic needs – sometimes called the 'Big Four' or the 'Central Eight' – that should be targeted for change. (The Big Four = history or pattern of antisocial behavior that requires non-criminal alternatives, antisocial personality pattern, antisocial cognition, and antisocial associates; The Central Eight = The Big Four as well as family/marital

relationships, school/work performance and reward, leisure/recreation involvement and satisfaction, and substance abuse [Andrews and Bonta, 2010: 58–60].) Unsuccessful programs tend to be ill-focused or focused on altering risk factors that are unrelated or only weakly related to reoffending (e.g. self-esteem). This is why these interventions inevitably fail to produce meaningful reductions in recidivism. This is the principle of criminogenic needs.

***Lesson #3: Select treatment modalities that are capable of changing the dynamic risk factors – that can address criminogenic needs***

The Canadians understood that cognitive-behavioral programs were among the most effective strategies for changing all sorts of human behavior. Accordingly, since offender behavior is similar to other human behavior, it seemed clear that cognitive-behavioral approaches would be most responsive to – most capable of changing – the dynamic risk factors. In short, the treatment approach should be effective generally with problem behavior and be specifically effective in changing the empirically verified sources of reoffending. This is the responsivity principle.

***Lesson #4: Find out which offenders should receive the treatment***

The Canadians discovered that intervening with low-risk offenders does not ‘nip crime in the bud’ but can have iatrogenic effects. Accordingly, they prescribe intervention mainly for offenders who are of high risk. This is the risk principle.

***Lesson #5: Specify other conditions that should be followed to achieve enhanced reductions in recidivism***

Beyond RNR, the Canadians understood that a range of factors shape the effective delivery of human services. For example, in corrections, they show empirically that treatment is more effective in a community than in a prison setting, thus making a case for the non-incarceration of offenders. In short, a full set of treatment principles is necessary to guide effective treatment.

***Lesson #6: Develop the empirically validated technology required to deliver treatment***

Assessment is integral to the Canadians’ treatment model, both to identify risk levels and to identify specific criminogenic needs of offenders. As a result, they designed and revised the Level of Service Inventory (LSI), an instrument shown to have predictive validity (Smith et al., 2009a; Vose et al., 2008). They also understood that to deliver effective services, correctional agencies would have to embrace an appropriate organizational treatment culture, possess needed management and staff characteristics, and be in compliance with core RNR practices. To capture an agency’s readiness for effective treatment delivery, they designed the Correctional

Program Assessment Inventory (CPAI). The CPAI has been shown to have predictive validity and thus to be essential in guiding agencies to change so as to deliver effective services (see, for example, Lowenkamp et al., 2010).

In short, the Canadians have taken the task of rehabilitation seriously for three decades or more. Their approach is theoretically informed, evidence based, and practical. Their paradigm is, in effect, chronicled in Andrews and Bonta's (2010) 672-page *The Psychology of Criminal Conduct*. Again, their work should be scrutinized and not be viewed as sacrosanct. But it also should be appropriately appreciated and, as the lessons above suggest, richly modeled.

## The Good Lives Model

From what I can discern, the Good Lives Model (GLM) – advocated by Tony Ward of New Zealand and colleagues across the globe – is the most advanced of the treatment perspectives within the creative corrections movement. Although still short on proven success, this approach appears on its way to paradigmatic status. What I admire about this line of inquiry is that it is based on serious scholarship, published over a number of years, in which Ward and colleagues have developed the model's theoretical base and its practical applications (Ward and Marshall, 2007; Ward and Maruna, 2007; Ward et al., 2007; Whitehead et al., 2007). I will not provide a full description of this perspective, but I can furnish a truncated description using language that most criminologists would understand.

Although Ward and colleagues do not use strain theory terminology, they essentially argue that similar to all humans, offenders seek basic goals, including 'knowledge, relatedness, autonomy, play, physical health, and mastery' (Whitehead et al., 2007: 580). They call these outcomes 'primary human goods'. The problem is that due to internal and external factors, offenders have adapted by seeking these goals through illegitimate means. The key to treatment is how to induce offenders to forfeit these deviant adaptations in favor of prosocial adaptations. Ward et al.'s special insight is that offenders must desire to make this difficult change, and thus that perhaps the most important function of treatment is to motivate offenders to seek and visualize a different future. Rooted in the positive psychology movement, this is accomplished by showing offenders that living a good life is possible and can be accomplished by their developing, with the therapist's assistance, a realistic and hopeful Good Lives plan.

At this point, the overlap with the RNR paradigm becomes apparent. Many of the barriers to living such a good life – to achieving goals – are the deficits that offenders have in the criminogenic needs identified by the Canadians. Indeed, in 'the GLM, criminogenic needs (dynamic risk factors) are internal or external obstacles that frustrate and block the acquisition of primary human goods. The responses to these obstacles are learned and conditioned throughout the individual's life' (Whitehead et al., 2007: 581). For example, possessing antisocial attitudes and peers might make it impossible to gain knowledge (go to college) or to achieve true relatedness (a mutually satisfying intimate relationship). However, as offenders

see that their criminogenic needs are blocking goals or 'goods' they value, they have an enhanced motivation to change these deficits.

In my view, there are two crucial points of conflict between the two perspectives; I am sure the advocates would find many more to quibble about (see Andrews et al., 2010).

First, the Good Lives Model sees boosting offender motivation to change as central to the treatment enterprise. Unless offenders can link fixing deficits to the broader project of living a good life, they will lack the requisite sense of purpose to change. Visualizing a different and rewarding future, however, gives them the human agency to take ownership of their treatment. By contrast, the RNR paradigm sees offender motivation as important and worthy of attention but as secondary to directly attacking criminogenic needs. Unless therapists focus on the strongest dynamic predictors of recidivism, offenders will not refrain from crime. From the RNR view, the difficulty with the Good Lives Model is that its offender-centered approach might lead the intervention to concentrate on factors that offenders define as obstacles to their cherished goals but that are only tangentially related to recidivism. If this occurs, then the intervention is likely to have attenuated effects on recidivism.

Second, the RNR paradigm relies heavily on actuarial assessments, whereas the Good Lives Model places far more emphasis on a therapist's clinical ability to develop an individualized intervention with a given offender. This clinical intervention is guided by the model's theoretical principles – and hence it is not chaotic – but it allocates considerable discretion to therapists. My concern is that effectively diagnosing an offender's unique criminogenic needs takes considerable clinical skill. Such an approach typically cannot match the predictive capacity of actuarial methods. Further, whether this clinical expertise is available in most correctional agencies is doubtful and, if not, could be a significant impediment to the Good Lives Model's successful implementation across settings.

At this point, my money remains with the Canadians – producers of the best science to back up their approach (see also the recent informative rebuttal to the Good Lives Model by Andrews et al. [2010]). Still, for those enamored with the Good Lives Model, Frank Porporino's essay in the Brayford et al. volume is a must read (see also the essay by Carich et al.). Frank, who I know a bit, is a long-time advocate of the RNR principles. He has come to believe that the insights from the Good Lives Model and desistance research can enrich the Canadians' paradigm, which he worries has hit a treatment glass ceiling. My sense is that he is too critical of the RNR approach and is too generous to creative corrections-type views. Regardless, he articulates a vision for a more integrative approach to correctional treatment that offers exciting possibilities.

## **Conclusion: The challenge of offender change**

At times, I feel that I am living in a correctional idiocracy – a nation in which one foolish and dangerous intervention after another is irresponsibly visited upon

offenders. These are most often the handiwork of the political right (boot camps being the exemplar), but progressives are not immune from proposing programs that have no hope of working. My allegiance to the Canadians' paradigm is rooted in this experience; it strikes me as the most scientific, carefully designed, practical, and humanistic treatment model. My skepticism – or unwillingness to immediately jump on board the creative corrections movement – also is rooted in my experience with programs that are little more than quackery. The hubris I spoke of earlier worries me. There is, I fear, an insufficient reflexivity on the part of the movement's advocates to consider that their ideas might be problematic. There is a sense in their writings that if they can cleverly show weaknesses in the RNR paradigm, this will somehow lend legitimacy to their recommendations. In the end, however, their work will be judged by its ability to demonstrate scientifically that the programs they implement can reduce recidivism.

Understand what is at stake. Think again of boot camps. Hundreds of millions of dollars were squandered on such quackery. This correctional malpractice had enormous opportunity costs for offenders. How many adolescents and young adults were consigned to a life in crime because they were given the wrong treatment? Further, how much public safety was compromised and how many people were needlessly victimized? Reformers of all political stripes must have the ethical responsibility not to subject offenders to unproven, half-baked treatments – even when they sound plausible and are ideologically pleasing. When physicians and pharmaceutical companies induce us to use faulty treatments and drugs, we are appalled and call out the lawyers. Our outrage with correctional malpractice should be no less pronounced.

Let me end, then, by returning to Robert Martinson. In the 1970s, he did much to damage rehabilitation in the short term by overstating his conclusions and fostering the 'nothing works' idea (Cullen and Gendreau, 2000; Palmer, 1975). With other criticisms mounting, he effectively drove, for that time, the final nail into the treatment coffin. But in retrospect, I now see that he also did much to serve corrections in the long term. Although not using the phrase, his sobering nothing works claim essentially popularized the notion that corrections should be 'evidence based'. He made us confront the fact that benevolent motives and trying to help offenders did not ensure good programmatic outcomes. His implicit message was that offender change was difficult, and that we must use science to take correctional treatment seriously. His challenge to us remains: show me the data! I am persuaded that this legacy honors Martinson and well serves the field of corrections.

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