

THE PRINCIPLES OF EFFECTIVE CORRECTIONAL PROGRAMS

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As we have read, Martinson was actually more cautious in his conclusions than many believe. The message, however, was interpreted as "nothing works." While some have criticized Martinson for his methodology and public pronouncements, the real value of his work comes from others who answered the challenge. Scholars like Don Andrews began focusing on determining "what works" with offenders. Using a relatively new technique, meta-analysis, researchers have been able to demonstrate that correctional treatment can indeed have an appreciable effect on recidivism rates, provided that certain principles are met. The principles of effective intervention identified by Andrews include the risk principle (targeting higher-risk offenders), the need principle (targeting crime-producing needs), the responsivity principle (cognitive and behavioral treatment matched with offender need and learning styles), and the fidelity principles (attending to program integrity). These and other important principles are clearly identified and explained in this selection.

This chapter provides a brief outline of principles of effective correctional treatment. The principles recognize the importance of individual differences in criminal behaviour. A truly interdisciplinary psychology of criminal conduct (PCC; Andrews & Bonta, 1998) has matured to the extent that progress has been made with reference to the achievement of two major scientific standards of understanding. In brief, individual differences in criminal activity can be predicted and influenced at levels well above chance and to a practically significant degree. The following principles of effective treatment draw heavily upon that knowledge base. This does not imply that the research base is anywhere near complete with reference to most issues. Rather, all of the

following principles are subject to further investigation, including even those principles with relatively strong research support at this time. Also, principles not even hinted at here are expected to be developed and validated in the coming months and years.

To date, PCC has advanced because it is specific about what it attempts to account for, that is, individual differences in criminal behaviour including reoffending on the part of adjudicated offenders. It has advanced also because it recognizes that the risk factors for criminal conduct may be biological, personal, interpersonal, and/or structural, cultural, political and economic; and may reflect immediate circumstances. PCC does not limit its view to the biological, the personal, or to differential levels of

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privilege and/or victimisation in social origin as may be indexed by age, race, class and gender. This PCC does not purport to be a psychology of criminal justice, a psychology of social justice, a sociology of aggregated crime rates, or a behavioural or social science of social inequality, of poverty, or of a host of other legitimate but different interests.

In applications of PCC, however, these many other legitimate but different interests may not only be of value but may well be paramount. For example, within criminal law and justice systems, principles of retribution and/or restoration may be considered paramount and hence any correctional treatment efforts, if offered at all, must be offered and evaluated within the retributive and/or restorative context. Similarly, the effects of human service efforts may be evaluated within the context of institutional and/or community corrections. Moreover, ideals of justice, ethicality, decency, legality, safety and cost-efficiency are operating in judicial and correctional contexts as they are operating in other contexts of human endeavour. Thus, the principles of effective human service reviewed here are presented in the context of seeking ethical, legal, decent, cost-effective, safe, just and otherwise normative human service efforts aimed at reducing reoffending.

The phrase "otherwise normative" covers a vast area and is included in recognition of the fact that under some political conditions the values and norms of some privileged groups may be dominant no matter how weak the connection between compliance with their norms and the enhancement of peace and security. For example, sentencing according to criminal law and the principle of specific deterrence continues to occur in Canada and other countries even though there is no consistent evidence that reoffending is reduced through increases in the severity of negative sanctioning. Similarly, principles of effective human service in a justice context may be applied even when the sanctions themselves have been handed down with little concern for reducing reoffending (for example, under a pure just desert sanction) or as an attempt

to provide restitution for the victim (for example, under a restorative justice disposition).

The following principles have to do with clinically relevant programming and with setting, staff, implementation and integrity issues. The first set of principles, however, restate and underscore the importance of the theoretical and normative issues referred to in the opening paragraphs. The research evidence is appended along with some relevant references to earlier reviews of principles.

SOME PRINCIPLES OF THEORY, IDEOLOGY, JUSTICE, AND SETTING IN SEEKING REDUCED REOFFENDING

PRINCIPLE 1

Base your intervention efforts on a psychological theory of criminal behaviour as opposed to a biological, behavioural, psychological, sociological, humanistic, judicial or legal perspective on justice, social equality or aggregated crime rates. When the interest is reduced reoffending at the individual level, theories that focus on some other outcome are of reduced value because they are less likely to identify relevant variables and strategies. The average effects on reduced reoffending of interventions based on alternatives to a psychology of crime have been negative or negligible....In brief, if you are interested in individual differences in criminal activity (for example, reducing reoffending) work from a theory of criminal behaviour.

PRINCIPLE 2

The recommended psychological perspective is a broad band general personality and social learning approach to understanding variation in criminal behaviour including criminal recidivism. This perspective identifies the [six] following major risk factors for criminal behaviour:

- attitudes, values, beliefs, rationalisations and cognitive emotional states specifically supportive of criminal behaviour;

- immediate interpersonal and social support for antisocial behaviour;
- fundamental personality and temperamental supports such as weak self-control, restless aggressive energy and adventurous pleasure seeking;
- a history of antisocial behaviour including early onset;
- problematic circumstances in the domains of home, school/work, and leisure/recreation; substance abuse. (Principles 5–8.)

The general personality and social learning perspectives also identify the major behavioural influence strategies such as modelling, reinforcement and cognitive restructuring in the context of a reasonably high quality interpersonal relationship (Principle 9, 16). The behavioural base of this perspective also suggests that treatment is best offered in the community-based settings in which problematic behaviour occurs (Principle 4). In addition, the behaviour of workers in correctional settings is also under the influence of cognition, social support, behavioural history and fundamental personality predisposition and hence the emphasis placed on the selection, training and supervision of workers (Principle 16, 17).

PRINCIPLE 3

Introduce human service strategies and do not rely on the principles of retribution or restorative justice and do not rely on principles of deterrence (specific and/or general) and/or on incapacitation. Moreover, seriously consider and introduce but do not rely upon other principles of justice and normative appropriateness such as professional credentials, ethicality, legality, decency, and efficiency. Rather, reductions in reoffending are to be found through the design and delivery of clinically relevant and psychologically appropriate human service under conditions and settings considered just, ethical, legal, decent, efficient, and otherwise normative. In brief, the task assigned by the human service principle of effective service is to design and deliver effective human service in a just and otherwise normative context. The principles of effective human service do not vary greatly with such considerations, although the justice and normative

contexts themselves may vary tremendously. The setting factor of community versus institutional corrections, however, does lead to a separate principle.

PRINCIPLE 4

Community-based services are preferred over residential/institutional settings but, if justice or other concerns demand a residential or custodial placement, community-oriented services are recommended. Community-oriented services refer to services facilitating return to the community and facilitating appropriate service delivery in the community. The principles of relapse prevention provide guidance for clinically relevant community-oriented services. When services are community-based, a supplementary consideration is to favour home and school-based services rather than agency-based services. For example, the best of the family interventions are not delivered in agency offices but in the natural settings of home and community.

PRINCIPLES OF RISK, NEED, RESPONSIVITY, STRENGTH, MULTIMODAL SERVICE, AND SERVICE RELEVANT ASSESSMENT

PRINCIPLE 5—RISK

More intensive human services are best reserved for higher risk cases. Low risk cases have a low probability of recidivism even in the absence of service. With the lowest risk cases, justice may be served through just dispositions and there is no need to introduce correctional treatment services in order to reduce risk. Indeed, a concern in working with the lowest risk cases is that the pursuit of justice does not inadvertently increase risk through, for example, increased association with offenders and/or the acquisition of pro-criminal attitudes and beliefs. Additionally, recognize that well controlled outcome studies have yet to find reduced reoffending when human service is delivered to the highest risk cases such as very high risk egocentric offenders with extended histories of antisocial behaviour. There is the possibility

that psychopaths may put any new skills acquired in treatment to antisocial use (see Principle 10, specific responsivity). At this time, however, there are no well-controlled outcome studies of clinically appropriate treatment with psychopaths.

PRINCIPLE 6—TARGET CRIMINOGENIC NEED

Treatment services best attempt to reduce major dynamic risk factors and/or to enhance major protective or strength factors. Criminogenic needs are dynamic risk factors that when reduced are followed by reduced reoffending and/or protective factors that when enhanced are followed by reduced reoffending. Following the major risk factors, the most promising targets include moving antisocial cognition and cognitive emotional states such as resentment in the less antisocial direction, reducing association with antisocial others and enhancing association with anticriminal others, and building self-management, self-regulation and problem solving skills. A history of antisocial behaviour can not be eliminated but new less risky behaviours may be acquired and practised in risky situations (as in relapse prevention programs). Rewards for non-criminal behaviour may be enhanced in the settings of home, school/work and leisure. In the home, the major intermediate targets are enhanced caring, nurturance and mutual respect in combination with monitoring, supervision and appropriate discipline. Similarly, reduced substance abuse may shift the pattern of rewards such that the non-criminal is favoured. The less promising intermediate targets of change include enhancing self-esteem and reducing personal distress without touching personal and interpersonal supports for crime, increasing fear of official punishment, and a focus on other weak risk factors. In summary, for adherence with the need principle, emphasize the reduction of criminogenic need and do not rely upon or emphasize the reduction of noncriminogenic need.

PRINCIPLE 7—MULTIMODAL

Target a number of criminogenic needs. The meta-analyses now make it clear that a number of the

criminogenic needs of high-risk cases are best targeted.

PRINCIPLE 8—ASSESSING RISK AND DYNAMIC FACTOR

Adherence to the principles of risk and criminogenic need depend upon the reliable and valid assessment of risk and need. The best instruments sample the major risk factors and can provide evidence of validity with younger and older cases, men and women, and different ethnic groups in a number of justice and correctional contexts. Assessments of risk best sample the eight risk factors as well as very specific indicators when specialized outcomes are sought. The latter specific indicators, for example, would include deviant sexual arousal and cognitive and/or social support for sexual offending when reduced sex offending is the desired outcome. Similarly, attitudinal and social support for battering would be specific risk factors when reduced family violence is the desired outcome. Please do not confuse seriousness of the current offence with risk of reoffending. Seriousness of the offence is an aggravating factor at time of sentencing but not a major risk factor.

PRINCIPLE 9—GENERAL RESPONSIVITY

Responsivity has to do with matching the style, modes and influence strategies of service with the learning styles, motivation, aptitude and ability of cases. Generally, offenders are human beings and hence the principle suggests use of the most powerful influencing strategies that have been demonstrated with human beings. Consistent with the general personality and social learning perspective, these most powerful approaches are structured behavioural, social learning and cognitive behavioural influence strategies. These fundamentals include reinforcement, modelling, skill acquisition through reinforced practice in the context of role playing and graduated approximations, extinction, and cognitive restructuring. Reinforcement, extinction, modelling effects and the attractiveness of the setting of change are all enhanced by high quality interpersonal

relationships characterized as open, warm, non-hostile, non-blaming and engaging. Structuring activities include anticriminal modeling and reinforcement, skill building through structured learning, problem solving, advocacy and brokerage, and the effective use of authority (see Principle 16, staff considerations).

PRINCIPLE 10—SPECIFIC RESPONSIVITY AND STRENGTHS

Specific responsivity factors include personality, ability, motivation, strengths, age, gender, ethnicity/race, language, and various barriers to successful participation in service. The personality set, for example, includes interpersonal anxiety (avoid heavy confrontation), interpersonal and cognitive immaturity (use structured approaches), psychopathy (keep very open communication among all workers) and low verbal intelligence (be concrete). Motivational considerations suggest matching treatment style and goals with level of motivation for change (from not even thinking of change though currently involved in change activities). The relationship principle noted under general responsivity is widely applicable but many feminist scholars stress in particular quality of interpersonal interactions in working with female offenders. Aboriginal writers support the introduction of a spiritual component when working with Aboriginal offenders. When working with reluctant cases the general rule of high quality interpersonal interactions is underscored as is the removal of concrete barriers such as inconvenient timing and location of service. Make use of personal, interpersonal and circumstantial strengths in planning and delivering service. Some of these helpful strengths are problem-solving skills, respect for family, a particularly prosocial friend or being happily employed in delivering effective service.

PRINCIPLE 11—ASSESS RESPONSIVITY AND STRENGTH FACTORS

Sophisticated assessment instruments are available for assessment of some of the personality factors

and a new generation of risk/need scales are introducing routine assessment of strength and other responsivity factors. Generally, however, watch for particular strengths and for particular barriers for individual cases and for particular groups such as women and minorities.

PRINCIPLE 12—AFTER CARE, STRUCTURED FOLLOW-UP, CONTINUITY OF CARE, AND RELAPSE PREVENTION

This is introduced as a principle on its own because of the need to stress ongoing monitoring of progress and to intervene when circumstances deteriorate or positive opportunities emerge. Generally, and particularly for residential programs, it is important that programming be community oriented and attend to family, associates and other social settings. Going beyond Principle 4, Principle 12 stresses specific and structured after care and follow-up activity and requires co-ordination of applications of all of the previous principles. At a minimum, in the tradition of relapse prevention, high-risk situations and circumstances are identified and low-risk alternative responses are practiced.

PRINCIPLE 13—PROFESSIONAL DISCRETION

In a few cases, with documented reasons, deviations from the general principles may be introduced. For example, for some young people and their families, it may be recommended that facilitating a move out of a particular apartment building in a particularly high crime area is a priority intermediate goal. Similarly, a major mental disorder such as schizophrenia may move from the minor risk set to the major set when specific symptoms include antisocial thoughts that others are out to get the person and should be "got" first.

PRINCIPLE 14

Create and record a service plan and any modification of plans through re-assessment of risk/need and progress. The service plan describes how the

human service principles of risk, need, general responsivity, specific responsivity, multimodal service, aftercare and professional discretion will be addressed in working with a particular case.

IMPLEMENTATION AND PROGRAM INTEGRITY

PRINCIPLE 15—INTEGRITY IN PROGRAM IMPLEMENTATION AND DELIVERY

Integrity has to do with whether the human service activities were introduced and delivered as planned and designed, and indeed whether the delivery of services achieved intermediate objectives. Integrity is enhanced when a highly specific and concrete version of a rational and empirically sound theory is employed. Specificity enhances the opportunity for clarity in who is being served, what is being targeted, and what style, mode and strategy of service is to be used. Specificity readily yields the production of training and program manuals in printed, taped or other formats. Integrity is enhanced when workers are selected, trained, and clinically supervised with particular reference to the attitudes and skills required for effective service delivery. Integrity is enhanced when the clinical supervisor has been trained and has access to highly relevant consultation services. In addition, specificity implies an understanding of when treatment comes to an appropriate end or an understanding of the appropriate closing of the case. The latter implies that service personnel and researchers know when dosage has been adequate and/or when treatment has been delivered successfully and/or when intermediate targets have been achieved. Thus, integrity may be enhanced through the monitoring of service process and monitoring of the achievement of intermediate objectives. At the highest levels of integrity, when clinical supervision or other styles of monitoring identify problematic circumstances (or unanticipated service opportunities) actions are initiated to modify the service plan

and to overcome barriers and build on strengths. Involvement of researchers in the design and/or delivery of service amplifies integrity. In summary and in checklist format, integrity depends upon all of the following:

- (a) Specific version of a rational and empirically sound theory
- (b) Selection of workers
- (c) Training of workers
- (d) Clinical supervision of workers
- (e) Trained clinical supervisors
- (f) Consultation services for clinical supervisors
- (g) Printed/taped program manuals
- (h) Monitoring of intermediate service process
- (i) Monitoring of intermediate change
- (j) Action to maximize adherence to service process and enhance appropriate intermediate gain
- (k) Adequate dosage/duration/intensity
- (l) Involve a researcher in the design, delivery and evaluation of service—in particular, involve a researcher interested in service process, intermediate outcome and ultimate outcome in the design and delivery of service
- (m) Other

Implementation and integrity issues involve staff and management issues to such a degree that their importance is underscored through statements of separate principles of staff and management considerations.

PRINCIPLE 16—ATTEND TO STAFF

The selection, training and clinical supervision of staff each best reflect the particular attitudes, skills and circumstances that are supportive of the delivery of the service as planned. Reflecting the general social learning and general responsivity principles, staff skill and cognition supportive of effective practice fall into the five general core practice categories of relationship/interaction skills, structuring/contingency skills, personal cognitive supportive of human service, social support for the delivery of clinically appropriate service, and other considerations.

Relationship

Indicators of relationship skills include some combination of the following: being respectful, open, warm (not cold, hostile, indifferent), caring, non-blaming, flexible, reflective, self confident, mature, enthusiastic, understanding, genuine (real), bright and verbal, and other indicators including elements of motivational interviewing strategies (express empathy, avoid argumentation, roll with resistance). Recall from the general responsivity principle that the effectiveness of modelling, reinforcement and even expressions of disapproval are all enhanced in the context of high quality interpersonal relationships.

Structuring

Indicators of structuring skills include some combination of the following social learning/cognitive behavioural strategies reformulated with particular reference to core effective practices. Modelling anticriminal alternatives to procriminal attitudes, values, beliefs, rationalizations, thoughts, feelings and behavioural patterns; anticriminal differential reinforcement; cognitive restructuring; structured learning skills; the practice and training of problem solving skills; core advocacy/brokerage activity; and effective use of authority. More generally expressed, some indicators are being directive, solution focused, contingency based and, from motivational interviewing, developing discrepancy and supporting beliefs that the person can change his or [her] behaviour (supporting prosocial self efficacy).

Personal Cognitive Supports

Some specific indicators including:

- a knowledge base favouring human service activity;
- a belief that offenders can change;
- a belief that core correctional practices work;
- a belief that personally they have the skills to practice at high levels both in terms of relationship and structuring;
- a belief that important others value core practice and value; and

- a belief that reducing recidivism is a worthwhile pursuit.

Social Support for Effective Practice

The two major indicators are association with others who practice and support clinically relevant treatment, and relative isolation from anti-treatment others and from others who promote unstructured, non-directive, client-centered practice and/or isolation from others who promote intensive service for low risk cases and promote the targeting of non-criminogenic needs.

Other

Credentials and other factors will be relevant in so far as they tap into the core practices. Obviously, the area of staff considerations is a major area for future research.

A program scores high on staff considerations when:

- (a) staff are selected with reference to high level functioning on the relationship, structuring, cognitive and social support dimension of effective correctional practice;
- (b) staff receive preservice and inservice training that supports high levels of core practice;
- (c) staff receive on-the-job clinical supervision that is concerned with high level functioning in core practice;
- (d) staff are actually observed to be functioning at high levels in their exchanges with offenders.

PRINCIPLE 17—ATTEND TO MANAGEMENT

Effective managers are assumed to be generally good managers with, additionally, the above-noted relationship and structuring skills along with the knowledge base and their own social support system favourable to clinically relevant and psychologically informed human service. It is management that is responsible for implementing the core principles and creating the supports for creating and maintaining integrity. Effective management will take the steps required to develop program champions inside and outside of the

agency. Effective management will reward high functioning staff and have programs and sites accredited.

PRINCIPLE 18—ATTENDING TO BROADER SOCIAL ARRANGEMENTS

The effective prevention and correctional treatment agency in a public manner will locate crime reduction efforts in the context appropriate to local and surrounding conditions. In brief, the correctional agency will be able to clearly locate treatment in locally appropriate contexts of public safety, restorative justice, etc. Similarly, the primary prevention agency will be able to locate their crime prevention efforts in the locally appropriate context of child welfare, family service, mental health, community development, etc. However, if the host agency is preoccupied with punishment, restoration or child welfare etc.—if the host agency is not understanding of or interested in clinically relevant approaches to reduced antisocial behaviour—effectiveness will be reduced.

STUDY QUESTIONS

1. According to the author, why is the psychology of criminal conduct so important in understanding what works?
2. Explain the risk, need, and responsivity principles.
3. Why is program integrity so important?
4. What are the other principles identified by the author?

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