

# FORUM

on Corrections Research

**Special  
edition**

**1989-1998**

Perspectives

Assessment

Intervention



Correctional Service  
Canada

Service correctionnel  
Canada

FORUM ON CORRECTIONS RESEARCH is published three times a year in both English and French for the staff and management of the Correctional Service of Canada and the international corrections community.

FORUM reviews applied research related to corrections policy, programming and management issues. It also features original articles contributed by staff of the Correctional Service of Canada and other international researchers and practitioners.

FORUM is prepared and published by the Research Branch of the Correctional Service of Canada.

FORUM invites contributions to any section of the magazine from researchers in the field. Please send your contributions to

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**Typesetting and Layout:** Acart  
Communications

**Printing:** National Printers

Sections of *Forum on Corrections Research* without acknowledgement of authorship have been researched and written by the staff of the Research Branch, Correctional Service of Canada.

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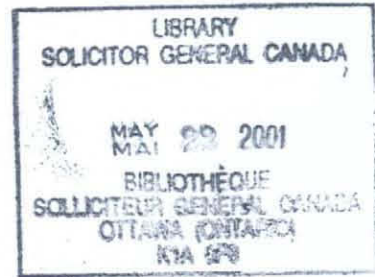
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# FORUM

on Corrections Research



## Perspectives

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## Commissioner's Message

This Special Edition of FORUM on Corrections Research illustrates visibly and concretely Correctional Service of Canada's commitment to the "*sharing of ideas, knowledge, values and experience, nationally and internationally*". We have stated this in our Mission and this special edition of FORUM is dedicated to the recognition of national and international contributors who have risen to the challenge.

Over the past ten years, FORUM has made considerable progress with increased and constantly improved articles, a successful Internet site, and renewed commitment by some 4,500 subscribers in 60 countries. It is also with a great deal of satisfaction that I discovered that many of you are as enthusiastic about correctional research as I am. The ultimate test of Correctional Service of Canada's Internet site, of course, is how often people access it. An end-of-year review of our site determined that there were about 2,000,000 accesses by the Internet community (since January 1, 1998). I am happy to report that the most popular place to visit is FORUM on Corrections Research publications followed by Research Reports and Briefs. It is notable that each day we can expect more than 5,000 accesses to the CSC Internet site and 30% of these are for FORUM. This wide and growing readership convinces me we're on the right path in the correctional research scene.

I'm delighted to share with you this Special Edition of FORUM for several important reasons. First and foremost, it documents groundbreaking applied research related to corrections policy, programming and management issues. Secondly, the selected articles push the boundaries of what is being practiced by correctional workers in most countries. I hope that you'll enjoy this Special Edition of FORUM and join us in moving corrections safely forward into the future.

Ole Ingstrup

## Letter from the Editor

Welcome to the Special Edition of FORUM on Corrections Research that constitutes selected articles from previously published volumes. We have compiled these articles, principally because of their relevance to contemporary issues in corrections but also to share specialized knowledge and background with the international corrections community. Articles were chosen that cover offender assessment, risk prediction, treatment and research in support of good corrections.

Our first section is dedicated to *perspectives*. Essentially, it provides an overview of the extensive work that Professor Don Andrews, Carleton University, and his many colleagues have done to better understand variation in criminal activity. The conceptual and practical work summarized in this section has contributed greatly to crime prevention and modern corrections.

Our next section is *assessment*. The need for increased specialization in offender classification becomes apparent as we look at some of the changing demographics, technologies and nature of criminal activities facing national and international corrections today. The lead article by Jim Bonta in this section provides a theoretical rationale and the others show how correctional practice can be improved by using research-based tools for decision-making.

Our final section deals with *intervention*. The section provides the reader with a set of general principles by Professor Paul Gendreau, University of New Brunswick, to follow in conducting effective correctional programming. A look at the contents of the Special Edition of FORUM reveals there has been significant research activity in the area of correctional interventions.

In closing, I would like to encourage contributions to future issues of FORUM on Corrections Research from international researchers.

Larry Motiuk

# Recidivism Is Predictable and Can Be Influenced: Using Risk Assessments to Reduce Recidivism

by Don A. Andrews

Department of Psychology, Carleton University

**C**riminal justice and corrections is a major area of sociological, historical, and psychological research. In part, this interest in justice and corrections reflects public concern with the control of crime. The research interests also reflect the extraordinary power that society offers criminal justice practitioners. In particular, the concern is that the resources and power be employed in ethical, legal, humane, efficient, and effective ways.

The purpose of this article is to explore how research on risk, need, and other characteristics of offenders may contribute to the humane and efficient management of the sentence and to reductions in criminal recidivism. Many of these contributions are embodied in four principles of case classification known as the principles of risk, need, responsivity, and professional discretion. These principles will be described in detail.

A secondary purpose of the article is to suggest that the contributions of research to effective corrections reflect a long history of theory and research in the area of the psychology (or human science) of crime and corrections. We will see also that Canadian researchers in particular have been committed to the humane application of research in corrections. Interestingly, most Canadian researchers have resisted the strong pressures that, in the United States, threaten to turn criminology into a field preoccupied with the art of punishment and the science of oppression.

## Research on Risk Factors

**T**he largest body of well-established research findings in the whole of criminology is that body of work devoted to the prediction of criminal behaviour. Included are the pioneering studies in which researchers attempted to identify those biological, personal, and circumstantial factors that could distinguish between samples of people with criminal histories from samples of people without criminal histories. Also included are the many studies in which well-defined samples of people are carefully assessed on various personal and social characteristics and then followed into the future to see who would become less or more involved in criminal activity.

James Bonta, Stephen Wormith and I have recently summarized the findings of several of the large-scale and classic attempts to distinguish between groups of delinquents and non-delinquents. The major

findings are remarkably consistent from study to study regarding characteristics of young people that suggest an increased risk of delinquency:

- antisocial/delinquent associates
- antisocial/antiauthority/procriminal attitudes, values and beliefs
- family conflict, low levels of affection or cohesiveness, violence
- poor supervision, monitoring, and disciplinary practices by parents
- psychological disadvantage evident among parents and siblings in the family of origin: criminal records, substance abuse, mental health problems, reliance on (as opposed to sometime use of) welfare, poor work habits and unstable work history (as opposed to a low level of occupation)
- impulsivity, weak self-management and problem solving skills, restlessly energetic
- a taste for risky activities, early adventurous exploration of adult pursuits (sex, drugs)
- early and diverse misbehaviour (lying, stealing, aggression) in a variety of settings (home, playground, school)
- below average verbal intelligence
- poor performance in school and, in particular, misconduct in school
- generalized difficulties or trouble in relationships with others (parents, siblings, teachers, peers)
- a preference for leisure and recreational activities that are unsupervised and conducted in unregulated settings
- being male

The classic research is also near unanimous in suggesting that there are several routes through which young people become at risk for delinquency. Thus, producing a list of risk factors does not suggest that any particular risk factor is always present, or that some factors not included in the list may be very important for some people under some circumstances.

In addition, a list of risk factors does not suggest that all offenders are alike, any more than it suggests that all low risk cases are alike. Thus, for example, some offenders are very bright, even though the average level of verbal skill may be lower among offenders than it is among nonoffenders. Similarly, for example, the research literature shows clearly that many restlessly energetic young people do not become delinquent or criminal, just as some loving and highly skilled parents suffer from seeing a young family member become involved in serious antisocial behaviour.

Finally, not all of the characteristics of people and their circumstances that have been identified as risk factors for delinquency and crime are "bad" characteristics. For example, there is nothing inherently wrong with being male, being antiauthority in attitude, or possessing a taste for risk. They are simply risk factors for delinquency.

No researchers have documented this better than Sheldon and Eleanor Glueck who, in their classic book of the 1950s, *Unraveling Delinquency*, reported that some young people who were at **least** risk for delinquency — the hyper-conventional young boys — were **most** at risk of suffering from long and frequent periods of personal misery in the form of feelings of guilt, worry, and anxiety. The latter fate, according to the Gluecks (and Freud), may well be worse personally and socially than is an increased chance of violating conventional rules and procedures such as those represented in legal codes.

The overall findings of studies of delinquents and nondelinquents (are very strong and very clear: the ability to distinguish between delinquents and nondelinquents increases dramatically when a number and variety of major risk factors are surveyed.

Once again, one of the early and compelling examples of this overall trend was provided by work in the 1940s and 1950s by Sheldon and Eleanor Glueck of Harvard University. Those researchers compared nondelinquents and frequent and serious delinquents from underprivileged areas in Boston on a risk scale that combined three pieces of information; high risk family conditions (as assessed by social history interviews and observations), high risk personality (as assessed in clinical interviews), and high risk personality (as assessed with psychological tests). The percentage of boys with delinquent histories by the number of risk indicators that were present is shown in the figure — delinquent history was more likely as the number of risk indicators increased (see Figure 1).

The overall pattern of results from these classic studies has also been found in studies of the

recidivism of officially processed young offenders and convicted adult criminals.

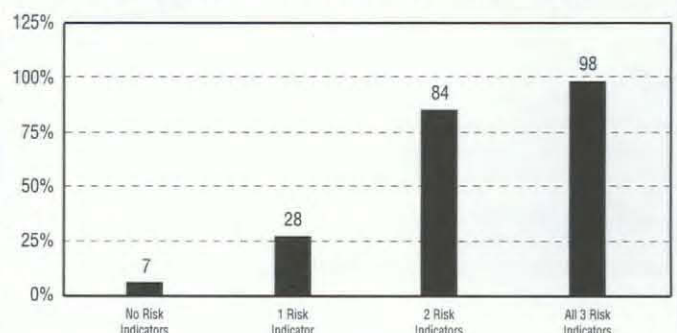
A particularly important series of studies was conducted in the 1970s under the sponsorship of the Research Branch of the Ontario Ministry of Correctional Services. Under the leadership of Drs. Andy Birkenmayer, Leah Lambert and Tom Surridge and in cooperation with various university-based researchers, detailed profiles were compiled of young offenders, adult probationers, and adult inmates of provincial institutions. Dr. Jim Bonta, a psychologist, and his colleagues at the Ottawa-Carleton Detention Centre have continued this tradition through their classification research in group homes and regional detention centres.

Sally Rogers' study of a representative sample of Ontario probationers clearly shows how combining information on several risk factors may dramatically improve the prediction of recidivistic crime. Ms. Rogers simply counted how many of the following six factors were judged to be present in a sample of offenders: being male, being young, having a criminal record, mixing with criminals, family relying on welfare, and aimless use of leisure time. As the figure demonstrates, the probability of a reconviction over a two-year follow-up period increased in a regular manner with each additional risk factor present (see Figure 2).

That a few well-chosen risk factors could predict criminal recidivism with an impressive level of accuracy has been evident in the research literature at least since the 1940s and 1950s. Routinely now, accuracy rates are in the area of 60% to 80%. Not until the 1970s and 1980s, however, were practical applications of this ability introduced into correctional practice systematically. Examples include the Wisconsin scale, the Salient Factors scale in U.S. parole, Ontario's Level of Supervision Inventory (LSI), the Statistical Information on

Figure 1

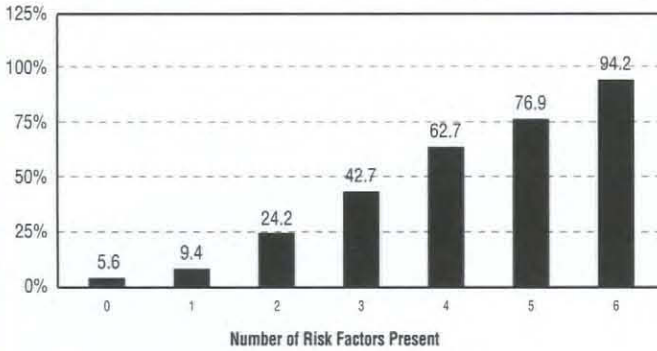
The Glueck's Risk Indicators and % of Boys with Delinquent Histories



\* Percentages are based on a sample of 416 boys.

Figure 2

Reconvictions by Number of Risk Factors Present among Ontario Probationers



Recidivism Scale (SIR) in the Correctional Service of Canada and the National Parole Board, and the Risk/Needs project being piloted in community supervision in the Correctional Service of Canada.

Research with practical risk assessment instruments has established now, beyond question, that systematic risk assessment allows the identification of lower and higher risk groups, and that the higher risk categories may be selected so that they include a majority of the cases who will recidivate. Moreover, offenders in higher risk groups will be responsible for a majority of the recidivistic offences.

As impressive as the ability to identify lower and higher risk cases may be, the predictions are not perfectly accurate: Some higher risk cases will not have a reconviction (indeed, even a majority of the higher risk cases may not be reconvicted), and some lower risk cases will be reconvicted.

At least part of this imperfection may be traced to limitations in our knowledge of what constitutes a risk factor. Notably, the risk scales in routine use today make little use of promising biological and situation-specific information. Similarly, the scales now in routine use tend to rely on information available from interviews and reviews of official records, and make little use of information that may be gleaned from systematic psychological testing.

Sometimes the accuracy of risk scales is underestimated because the follow-up period is too short for the higher risk cases to show their criminal potential. In addition, a reliance on official records as a measure of recidivism leads to an underestimation of predictive accuracy because many criminal acts of higher risk cases may never show up on official records.

All of these technical explanations of the imperfection of risk assessments, however, are trivial compared to a key consideration in the management and treatment

of offenders. The assessments of risk that we have been discussing up to this point ignore the fact that, once in the correctional system, offenders are subject to events and experiences that may produce shifts in their chances of recidivism. That is, lower risk cases may remain low risk throughout their period of supervision, or they may move into higher risk categories. On the other hand, higher risk cases may remain high risk or they may move in the direction of lower risk.

The task of improving the accuracy of prediction now turns in two key directions. First, what characteristics of offenders and their circumstances are subject to change during the sentence?

Second, of those changes, which ones really do indicate an increased or a reduced chance of recidivism?

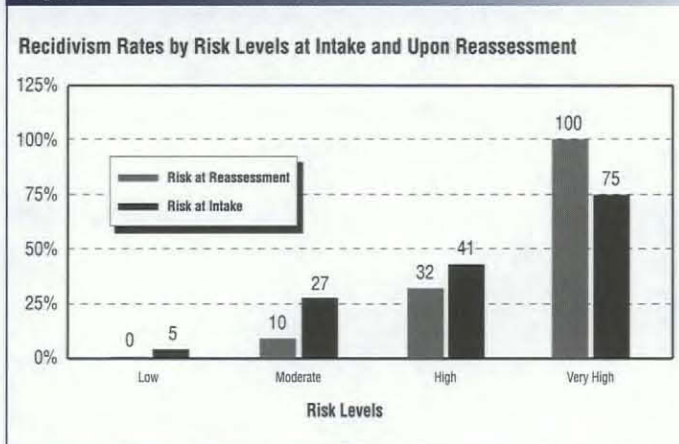
In order to answer these questions, researchers and practitioners must look beyond risk factors that cannot be changed. Risk factors such as criminal history, a history of substance abuse, and poor adjustment while serving an earlier sentence are simply not going to reveal change upon reassessment. Thus, in order to detect shifts in the chances of recidivism, risk factors which are dynamic must be assessed. These dynamic risk factors are often called "criminogenic need" factors. Examples of risk assessments which are predictive of recidivism abound in the research literature. However, concrete illustrations of the predictive accuracy of reassessments with dynamic risk scales are relatively rare. One example with Ontario's Level of Supervision Inventory (LSI) illustrates the value of reassessments of dynamic risk factors.

A group of probationers in the Ontario city of Belleville were assessed with the LSI upon probation intake, and the predictive accuracy of the intake LSI was very similar to that found in other probation offices in Ontario. More interestingly, the Belleville probation officers were in the habit of conducting quarterly reassessments of risk with the LSI. The predictive accuracy of these reassessments greatly exceeded the accuracy of the risk scores obtained at probation intake. Without suggesting that such dramatic predictive accuracy could be achieved in all studies, reassessments for the Belleville sample showed that the lowest risk probationers had no reconvictions (0%), while all of the highest risk cases were reconvicted (100%) (see Figure 3).

The overall finding suggests; for purposes of the accurate prediction of recidivism, that the important information is not risk at intake but risk later in the



Figure 3



sentence. My research lab at Carleton University has found similar results when reassessments were conducted on measures of antisocial attitudes, substance abuse, and trouble in the family. In other words, research findings are beginning to strongly support the view that an important task of corrections is to manage the sentence in such a way that low risk cases remain low risk, and higher risk cases move in the lower risk direction.

Here we move toward a real challenge for corrections: managing the criminal penalty in legal, humane, and efficient ways, while keeping low risk cases in the low risk categories, and creating and delivering programs that will move higher risk offenders into lower risk categories. This area of research involves the management and treatment of offenders according to their risk levels (the risk principle), choosing appropriate targets of rehabilitative programming (the need principle), and employing styles and modes of treatment that are appropriate for offenders (the responsivity principle).

### Risk Principle

The risk principle is so obvious that it hardly needs to be stated, and so subtle that it needs to be developed very carefully. The risk principle suggests that higher levels of service should be allocated to the higher risk cases. On the obvious side, "If it ain't broke, don't try to fix it." Of course we try to reserve higher levels of correctional control and treatment services for higher risk cases!

On the more subtle side, however, the belief persists that treatment services, if effective at all, only work for lower risk cases. Social workers call this the "casework paradox" services are great, as long as the client is not in difficult circumstances. Psychologists and other human service professionals make reference to "YAVIS" treatment is great, as long as the client is Young, Attractive, Verbal, Intelligent, and Socially Successful.

Even experienced researchers often mistake the relatively successful post-treatment functioning of low risk cases for evidence that the low risk cases profited from treatment. Similarly, they mistake the relatively poor post-treatment functioning of higher risk cases for evidence that treatment does not work for higher risk cases. The errors here involve confusing the predictive accuracy of pretreatment risk assessments with the issue of who profits from treatment.

The following illustrative data were gathered by Jerry Kiessling in the Ottawa Probation and Parole offices in a project on the value of increasing supervision and service by involving volunteer probation officers. An intake risk

assessment was conducted on all probationers in the project, and probationers were then randomly assigned to routine or amplified supervision. The recidivism rates of the probationers assigned to regular supervision reflected their level of risk at intake:

- Higher Risk Cases in Regular Supervision Program: 58%
- Lower Risk Cases in Regular Supervision Program: 10%

Similarly, the recidivism rates of probationers in amplified supervision reflected risk at intake:

- Higher Risk Cases in Amplified Supervision Program: 31%
- Lower Risk Cases in Amplified Supervision Program: 17%

Making the errors referred to above, we might conclude that the lower risk cases profited from both the regular and the amplified probation programs — because, the low risk cases had the lowest recidivism rates in both programs.

In order to appreciate the risk principle, and to avoid the errors just reviewed, the recidivism rates of probationers in the regular and amplified programs must be compared directly, and these comparisons are made separately for lower and higher risk probationers. Considering only the lower risk cases, the program effect was as follows:

- Regular Program: 10% recidivism rate
- Amplified Program: 17% recidivism rate

With this mode of presentation, it becomes very clear that amplified supervision was not effective with lower risk cases. Indeed, there is evidence that the recidivism rate of low risk probationers was greater under amplified supervision than under regular supervision.

Considering only the higher risk probationers, the program effect was as follows:

- Regular Program: 58% recidivism rate
- Amplified Program: 31% recidivism rate

Now it is clear that higher risk cases were profiting from amplified supervision. The recidivism rates of higher risk cases in amplified supervision was nearly half that of the higher risk cases on regular supervision. This is the pattern of results that our reviews of the research have been uncovering in corrections, child welfare, mental health, and family service.

Another aspect of the risk principle has to do with making efficient use of the least restrictive interpretations of the sentence. The research literature, in particular the now massive evidence compiled by Dr. James Bonta and his colleagues, suggests that lower risk cases may be assigned safely to the least restrictive correctional settings. In Ottawa and various other Ontario cities, Dr. Bonta has shown that low risk cases succeed so well in group home settings that only under very special circumstances is it necessary that their sentences be managed in institutions.

My colleagues, Drs. Jim Bonta and Robert Hoge, and I have been suggesting in recent papers that the risk principle should be considered a professional guide to research and practice in corrections. The risk principle is not simply a management tool by which the discretion of correctional workers may be monitored. It is a principle that suggests how human service professionals may allocate correctional treatment resources in ethical, humane, and effective ways. This positive perspective on risk assessment does not suggest, however, that the research evidence is complete on the many issues involved. Far from it!

For example, to suggest that higher risk cases respond better to treatment than do lower risk cases is not to suggest that effective treatment programs have been demonstrated for the highest risk cases. Thus, the excitement created by Dr. Robert Hare's work on antisocial/psychopathic personality (see the article by Ralph Serin in this issue) will lead to careful research on the types of programs that may work with groups who have been labeled chronically antisocial.

What the current research shows is that the implications of the risk principle should be explored systematically so that its limits may be fully appreciated. One set of limits has to do with the quality of the treatment services that are delivered to higher risk cases: higher risk cases will not respond well to treatment programs that are inconsistent with the principles of need and responsibility.

## Need Principle

The need principle asserts that, if correctional treatment services are to reduce criminal recidivism, the criminogenic needs of offenders must be targeted:

- "If recidivism reflects antisocial thinking, don't target self-esteem, target antisocial thinking."
- "If recidivism reflects difficulties in keeping a job, don't target getting a job, target keeping a job."

Research on criminogenic need is small in volume compared to the wealth of evidence on risk factors. At the same time, however, existing theory and research are very promising. As reviewed in more detail elsewhere, the following list suggests some promising targets of rehabilitative service:

- changing antisocial attitudes
- changing antisocial feelings
- reducing antisocial peer associations
- promoting familial affection/communication
- promoting familial monitoring and supervision
- promoting identification and association with anticriminal role models
- increasing self-control, self-management and problem solving skills
- replacing the skills of lying, stealing and aggression with more prosocial alternatives
- reducing chemical dependencies
- shifting the rewards and costs for criminal and noncriminal activities in familial, academic, vocational, recreational and other behavioural settings, so that noncriminal alternatives are favoured
- providing the chronically psychiatrically troubled with low pressure, sheltered living arrangements
- changing other attributes of clients and their circumstances that, through individualized assessments of risk and need, have been linked reasonably with criminal conduct
- insuring that the client is able to recognize risky situations, and has a concrete and well-rehearsed plan for dealing with those situations

Theory and research also suggest a list of less promising targets:

- increasing self-esteem (without simultaneous reductions in antisocial thinking, feeling and peer associations)

- focusing on vague emotional and personal complaints that have not been linked with criminal conduct
- increasing the cohesiveness of antisocial peer groups
- improving neighborhood-wide living conditions, without touching the criminogenic needs of higher risk individuals
- showing respect for antisocial thinking on the grounds that the values of one culture are as valid as the values of another culture
- increasing conventional ambition in the areas of school and work without concrete assistance in realizing these ambitions
- attempting to turn the client into a “better person,” when the standards for being a “better person” do not link with recidivism.

### Responsivity Principle

The risk principle assists in deciding who might profit most from intensive rehabilitative programming. The need principle suggests the appropriate targets of change for effective rehabilitation. Responsivity has to do with the selection of the appropriate modes and styles of service. Two components are important here:

- What styles or modes of service work for offenders in particular, as opposed to what works with undergraduates, with business people on a psycho-recreation retreat, or with people suffering from neurotic or psychotic disorders?
- **Within** offender groups, are there special responsivity considerations?

Generally, the best modes of service are **behavioural**, in particular, cognitive-behavioural and social learning: modeling and reinforcement of anticriminal behaviour, graduated practice of new skills, role playing, providing resources, and concrete verbal suggestions (giving reasons, prompting).

Jerry Kiessling and I identified five dimensions of effective correctional supervision and counselling in the 1970s that are still worthy of serious review:

- (a) Authority: “firm but fair”, distinguishing between rules and requests, monitoring progress, rewarding compliance with treatment, not interpersonal domination or abuse.
- (b) Anticriminal modeling and reinforcement: demonstrating and reinforcing vivid alternatives to procriminal styles of thinking, feeling and acting.

- (c) Concrete problem solving: skill building and removal of obstacles in order to increase the rewards and satisfactions associated with anti-criminal behaviour in settings such as home, school and work.
- (d) Advocacy and brokerage: referring the offender to other helping agencies, as long as the receiving agency offers appropriate correctional service.
- (e) Relationship factors: relating in open, enthusiastic, caring ways.

At the same time, theory and research suggest that some styles and modes of treatment have very poor track records in corrections. For example, the research literature contains several examples of group programs designed according to the principles of clinical sociology that were outright failures: these programs involved creating intense group interactions without the leader of the group being able to discourage the expression of antisocial sentiments.

Similarly, there is as yet no convincing evidence that programs designed according to the principles of either deterrence or labeling theory have been very successful. Yelling at people is inconsistent with the relationship factor described above, and fear of punishment is not a major predictor of criminal conduct. Similarly, “radical nonintervention” — doing nothing in the face of antisocial potential — is simply inconsistent with the risk principle. I am also unaware of any evidence that innovative alternative punishments such as community service orders or restitution are in any important sense rehabilitative.

Non-directive, client-centered counselling and unstructured psychodynamic therapy have also yet to prove themselves in corrections. Generally, the therapist plays the role of listener in these types of therapies and provides the offender with very little in the way of concrete direction. Some offenders, however, — those who are more interpersonally mature and comfortable with self-reflection — may respond favourably to these less structured therapies.

Gender, age, psychopathic personality, social anxiety, the existence of mental and personality disorders, verbal intelligence, language, ethnicity, and motivation are other possible responsivity factors awaiting systematic study in the context of correctional treatment. Research is needed to determine whether or not offenders who possess these characteristics respond in different ways to treatment.

A group of colleagues and I have recently completed a review of the correctional treatment literature. I think that review well represents the current state

of research on risk, need and responsivity as they apply to the objective of reduced criminal recidivism. That review revealed that front-end criminal sanctioning, that is the punitive sentence, without the delivery of rehabilitative service, at best and on average, was associated with slight increases in the chances of recidivism. The delivery of treatment services that were inconsistent with the principles of risk, need, and responsivity, on average, were also associated with slight increases in the chances of recidivism. What worked was the delivery of treatment services that were consistent with risk, need, and responsivity.

In summary, the available evidence suggests that the real action for purposes of reducing criminal recidivism resides in creating correctional settings in which correctional professionals may design, deliver, and evaluate the effectiveness of rehabilitative programs.

### Professional Discretion

The professional reviews risk, need, and responsivity for a particular case under particular circumstances, and makes the decision that best reflects ethical, humanitarian, legal, and effectiveness considerations. Principles of treatment, no matter how solid the research base, must be applied by an informed and sensitive professional.

### Conclusions

The principles of risk, need, and responsivity are both obvious and subtle. I hope, for example, that this review has served to illustrate how strong and

how limited is the research base for effective correctional programming.

I wanted to keep the tone of this article positive right up to its conclusion. It would be indefensible, however, to leave readers with the impression that the research and ideas reviewed here are widely accepted in criminology. The lack of acceptance I refer to is not simply the normal business of researchers attempting to improve knowledge through exploration of possible errors in earlier research. That type of criticism and skepticism is the very basis for gains in knowledge through research.

What I have in mind is the explicitly "antiprediction" and "anti-rehabilitation" themes that are so deeply woven into much of mainstream criminology. These themes are not presented in this text but, for completeness, samples of antiprediction and antirehabilitation themes drawn from criminological journals and textbooks are provided in a box that accompanies this paper.

Correctional researchers and practitioners have a base of research about which they may feel proud. At the same time, they must be prepared to face ideologues who appear committed to destroying that knowledge base.

This paper drew heavily upon the following papers. They are available as a package from the Research Branch, Correctional Service of Canada, 340 Laurier Avenue West, Ottawa, Canada K1A 0P9. ■

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# The psychology of criminal conduct and principles of effective prevention and rehabilitation

by D.A. Andrews and R.D. Hoge<sup>1</sup>

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**T**here is now a science of criminal conduct. More specifically, there are theories of criminal conduct that are empirically defensible and should, therefore, be helpful in designing and delivering effective services to a broad base of offenders, including young offenders. The literature in this area is reasonably strong and supports a vigorous pursuit of preventive and rehabilitative programming for higher-risk offenders under a variety of conditions.

**T**he service community must, however, enhance this knowledge base. How can we make use of "what works?" In general, we must develop a variety of approaches to the dissemination, implementation and ongoing development of effective programming to translate this theoretical and philosophical success into practical results.<sup>2</sup>

A major element in program development and dissemination is the availability of concise, yet accurate, summaries of the knowledge base. This article, therefore, reviews the major principles of the current knowledge base by briefly examining a series of effective correctional prevention and treatment principles.<sup>3</sup> We must establish and understand what we know before attempting to translate that knowledge into effective and efficient programming for offender groups such as young offenders.

## The social-psychological principle

The most promising conceptual base for prevention and rehabilitation programs is a social-psychological understanding of criminal conduct. This approach highlights four sets of risk factors:

- attitudes, thoughts, feelings, interpretations of events and rationalizations that support antisocial behaviour;
- antisocial associates;
- a history of antisocial behaviour; and
- indicators of an antisocial personality (including indicators of restless aggressiveness, impulsiveness and, for young offenders in particular, psychological immaturity).

These four sets of risk factors, of course, only translate into criminal acts in situations where temptations are present, external controls are weak and, perhaps,

stress levels are high. However, the power of the social-psychological perspective becomes clear when you consider the causes of behaviour suggested by many human behaviour theories.

For example, some humanist and feminist theorists suggest that people behave the way they do because they choose to behave that way — their behaviour reflects personal choices. On the other hand, other theorists suggest that people behave in accordance with reward/cost assessments and that their behaviour changes as these assessments change.

Whatever the underlying process, the choices or assessments are all shaped by the individual's immediate situation in combination with antisocial attitudes, antisocial associates, a history of antisocial behaviour and complex personality variables associated with antisocial behaviour.

So, whatever your preferred theory of crime, the social-psychological principle's four sets of risk factors should pervade your research, treatment and programming efforts.

## Knowledge construction, not knowledge destruction

Critics of psychological prediction and correctional treatment services typically discount positive research findings by using irrational techniques of destroying knowledge, while uncritically accepting negative findings.

A rational data-based approach to knowledge construction must overcome this tradition of knowledge destruction. There have been some methodological problems within the research literature, but, ultimately, the research's predictive accuracy and treatment effects have been proven solid.

Don't be fooled by irrational criticism from groups opposed to prediction and treatment. We must focus our dissemination and programming efforts on measures that have been shown to work.

## Punishment

Criminal sanction without correctional treatment services simply does not work. Some day, criminal justice research may discover a form of punishment that has a substantial impact on recidivism. Today,

however, the research literature is overwhelmingly clear — variation in the type and severity of offender penalties is largely irrelevant to future criminal conduct. Punishment alone does not work. Custody as a last resort Community-based treatment services yield more positive effects than treatment services within correctional facilities. Custody has its place in extreme cases, but the use of custody for service delivery is, at best, an exception requiring careful justification. It cannot be the rule.

### **Risk assessment**

The prevalence and frequency of future criminal conduct can be assessed through systematic surveys of the number and variety of risk/need factors in individual offender cases. More specifically, the most authoritative risk factors are antisocial attitudes, antisocial associates, a history of antisocial and rule-violating behaviour, indicators of antisocial personality, weak family relations and family supervision, and difficulties in school and work. Lower class origins, personal distress and neuropsychological problems are among the more minor risk factors.

When attempting to predict specific types of antisocial behaviour such as violence you should, therefore, assess the attitudinal, association and behavioural history of the offender with specific reference to violence.

### **The case-classification risk principle**

Intensive treatment services are best delivered to higher-risk cases (because lower-risk cases will do as well, or better, without the intensive service). Assigning low risk cases to the least difficult, least expensive and least intensive correctional options is not ignoring the low-risk cases, it is efficient correctional practice.

### **Need**

Treatment services should target the characteristics of higher-risk individuals (and their circumstances) that, if changed, actually reduce criminal conduct. It is no longer sound practice to select intermediate treatment targets without reference to their links to the chances of reoffending. The concept is quite straightforward — target dynamic risk factors.

### **Individualized risk/need assessment**

Systematic surveys of risk and need are best supplemented by individualized assessments that uncover individual patterns of high-risk situations and offender interpretations. In other words, build an understanding of each offender's criminality.

### **General responsiveness**

The most effective styles of treatment are those matched with the needs, circumstances and learning styles of the offenders. However, the most effective styles and modes of service are structured and active, such as social learning and cognitive-behavioural approaches. Less effective styles are less structured, relationship-dependent, self-reflective, verbally interactive and insight-oriented approaches.

### **Specific responsiveness considerations**

Offenders with interpersonal and cognitive problems require particularly structured services, but the more mature offender may respond to less structured styles of service. For example, inter-personally anxious offenders respond poorly to confrontational services. Other similar considerations may also be relevant, depending on the characteristics of the offender. Gender and ethnicity are high-priority research issues in this area.

### **Targeting weak motivation**

Resistance to therapy and weak motivation for treatment need not suggest that an offender should be excluded from treatment. It instead suggests that plans should be designed to support offender participation and to increase the offender's motivation for treatment.

### **Structured follow-up**

Criminogenic needs are dynamic (ever-changing). Therefore, the anticipation of future problems must be part of ongoing programming and treatment — structured post-program follow-up is a necessity.

### **Therapeutic integrity**

Treatment services appropriate to risk, need and responsivity levels are most effective when a specific treatment model is applied by well-trained and well-supervised therapists.

### **Professional discretion**

Effective therapists must not only apply the principles of risk, need, responsiveness and therapeutic integrity, but they must also do so with sensitivity to moral, ethical, legal and economic considerations, as well as to the uniqueness of the individual(s).

### **Social support for treatment delivery**

The prevention and rehabilitation efforts of service professionals must be actively and directly supported through training, supervision and respect for the process and goals of service. This will yield even

stronger treatment results than those documented to date under less than supportive conditions.

### **Implementation and program development**

Overall, program development and implementation depends on principles of effective consultation and significant organizational and societal change. This, of course, must involve education about, and training in, the principles discussed in this article.

It is time for evidence-based correctional treatment services and correctional management. Sole reliance on models of non-intervention, deterrence, control and just desert are no longer justifiable. They have simply not been proven effective. What is required is an active interventionist approach — one informed by a truly interdisciplinary psychology of criminal conduct. ■

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<sup>2</sup> D. Andrews and J. Bonta, *The Psychology of Criminal Conduct* (Cincinnati: Anderson Publishing, 1994).

<sup>3</sup> D. Andrews, "The Psychology of Criminal Conduct and Effective Correctional Treatment," *What Works*, James McGuire, ed. (London: John Wiley, in press).

# Do we need theory for offender risk assessment?

by James Bonta<sup>1</sup>

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**T**he Correctional Service of Canada, like correctional systems around the world, depends on the reliable assessment of offender risk to make classification decisions. Decisions regarding institutional placement, releases and supervision levels are driven by assessments of whether offenders will be problematic in an institution, return from a pass or commit a new offence while under supervision. Some offenders are at a higher risk than others to behave in a certain way, and differentiating offenders along a risk continuum is fundamental to good correctional practice.

Over the years, researchers have been striving to improve the accuracy of risk prediction. It is now widely accepted that objective risk assessments perform better than subjective, non-structured assessments which rely on "professional judgement." Although objective risk instruments are not perfect, their accuracy has improved over the last 20 years. Many of these devices involve the systematic collection of a standard set of information about the offender, assigning numerical values to the information and then evaluating whether the information is predictive of criminal behaviour.

This article discusses how the information used in risk instruments is chosen and the importance of this information being based in sound theory. The article concludes that a general personality and social psychological theory is very useful in the assessment and classification of offenders.

## Dustbowl empiricism

**O**ne approach to constructing an offender risk scale makes minimal use of theory. It is referred to as "dustbowl empiricism." In this approach, items for a scale are selected for no reason other than that the items demonstrate a relationship to criminal behaviour.

Take for example, the early research of Ernest Burgess.<sup>2</sup> He studied the records of over 3,000 men paroled from an Illinois penitentiary. From the records, he coded 21 "facts" (such as nature of the offence, length of sentence, age) and then evaluated whether or not the presence of a "fact" was associated with parole outcome. The facts selected were not derived from any theory of criminal behaviour. All that was required was that the variables predicted parole outcome. There was no attempt to explain, for example, why a factor such as type of offence would be related to parole outcome.

This atheoretical approach to risk scale development has served corrections well. There are a number of such scales that do reasonably well at predicting future criminal behaviour or recidivism. One example is the Statistical Information on Recidivism (SIR) Scale. Fifteen items comprise the SIR Scale, and these items (such as age, marital status, escape history) were chosen because they predicted recidivism among Canadian penitentiary inmates. At least with male offenders, scores on the SIR Scale predict both general and violent recidivism.<sup>3</sup>

Although the atheoretical actuarial risk scales have performed reasonably well, they can be improved by making better use of theory. At present, the atheoretical scales seem to have approached their limits in the prediction of recidivism. Risk scales like the SIR show correlation coefficient values ( $r$ ) values around .30.<sup>4</sup>

There is another disadvantage to relying on atheoretical risk scales. Typically, items in these scales are static in nature. For example, age of first conviction and escape history will never change. Static factors may predict recidivism, but they provide no information on what needs to be changed to reduce offender risk. Information on dynamic, or changeable, risk factors are needed in our assessment instruments. But, where do we find help in selecting dynamic risk factors? The answer lies in theory.

## Sociological and clinical theory

There are many different theories or explanations of criminal behaviour. Most theories can be grouped into three general perspectives of crime: some theories have a sociological perspective of crime, some a clinical perspective, still other theories follow a social learning approach. The first two perspectives have important things to say about the risk factors for criminal behaviour, but they also do not tell the whole story.

Sociological theories tend to view social-political-economic factors at the root of crime. Social inequities and biases, poor economic conditions and political oppression produce criminal behaviour. If we take these theories further, we can generate items to include in an offender risk scale. Examples of items may be social class and income.



Clinical theories place the causes for criminal conduct within the individual rather than with broad societal factors. People commit crimes because they have emotional, psychological or intellectual problems. From a clinical perspective, we may develop risk instruments that assess anxiety, self-esteem and psychotic symptoms. Although sociological perspectives suggest dynamic risk factors (such as income level, employment status), the emphasis is on factors which are very difficult to change (such as class inequalities). Clinical theories focus more on dynamic factors and less on static variables.

A theory-based risk instrument still needs to demonstrate empirical validity. It is insufficient to be satisfied with a tool based on theory and encompassing dynamic risk factors without validating it. Just how well do the variables proposed by the sociological and clinical perspectives predict recidivism?

Gendreau, Little and Goggin<sup>5</sup> conducted a meta-analytic review of the literature on the prediction of recidivism. They reviewed over 100 studies and evaluated how well the various factors predicted recidivism. The table shows some of their results along with the associated theoretical perspective. The predictor groups are ranked by the value of the correlation coefficient ( $r$ ).

Two important conclusions can be drawn from these results. First, some of the risk factors forwarded by sociological (employment, education, class) and clinical (personal distress) perspectives were not the best predictors of recidivism. At best, they were moderately correlated to recidivism and only antisocial personality was a potent predictor. Second, the two best sets of predictors (antisocial supports and antisocial thinking) are not well represented in these perspectives.

Considering the evidence on risk factors, it appears that sociological and clinical theories provide limited direction in offender risk assessment. This does not mean that theory is irrelevant. There is a theoretical perspective which accommodates the data and provides direction for the improvement of offender assessment instruments.

### **A general personality and social psychological perspective**

A general personality and social psychological theory of criminal behaviour<sup>6</sup> begins with the premise that criminal behaviour is learned like any other behaviour. Further, if we are to understand why an individual engages in antisocial behaviour in a particular situation then we must consider a variety of factors. There are no simple explanations of crime (for example, "poverty causes crime" or "he is sick").

The factors leading to crime include poverty and achievement failure as well as psychological stress and intellectual handicaps. Thus, explaining criminal behaviour from a general personality and social psychological perspective does not mean that we reject sociological and clinical explanations of crime. However, there are some important features added by the general personality and social psychological perspective.

First, many variables suggested by the sociological and clinical theories are viewed as playing a minor role, and other factors are thrust to the forefront. Yes, poverty makes life extremely difficult and some may steal to escape economic hardships; however, many people who live in poverty do not steal. And yes, using illegal drugs may be a solution for some who feel overwhelmed by life's stresses but the majority of such individuals search for non-criminal solutions to personal anguish. Consider also that there are offenders who come from financially stable backgrounds and lack significant mental health problems. Obviously, a great deal more is needed to explain criminal conduct.

Andrews and Bonta<sup>7</sup> identify four sets of factors (the Big Four) which play a prominent role in the general personality and social psychological theory of criminal conduct. One of these factors borrows from the clinical perspective: antisocial personality. Antisocial personality is broadly defined and describes an individual who is impulsive, self-centred, callous toward others and seeks excitement and self-gratifying pleasure. Other clinical variables (such as anxiety, self-esteem) do not play major roles.

The second of the Big Four is derived from learning theory. If people are rewarded for a certain behaviour, they will behave in that manner again. Behaviour that is repeated many times not only suggests that there are numerous rewards associated with the behaviour but also that a behavioural habit has developed. In the absence of rewards, behaviour with a lengthy history of reinforcement will continue. As often said, the best predictor of future behaviour is past behaviour.

According to the table, antisocial personality and criminal history are two of the best predictors of criminal behaviour. Antisocial personality was suggested by clinical theory, while criminal history was atheoretical ("dustbowl empiricism"). Now at least, we can give criminal history a more theoretical basis. The two other important predictors, antisocial supports and antisocial thinking, find their theoretical "home" in the general personality and social psychological theory. This theory, like all social learning theories, places emphasis on learning within social groups. A person's "significant other"

Table 1

Rank Order of Risk Factors		
Risk Factor	r	Theoretical Perspective
Antisocial supports	.21	—
Antisocial thinking	.18	—
Antisocial personality	.18	Clinical
Criminal history	.16	—
Employment/education	.13	Sociological
Age/gender/race	.11	Sociological
Intelligence	.07	Clinical
Lower class	.05	Sociological
Personal distress	.05	Clinical

Source: from Gendreau et al., 1996.

may provide a model for behaviour and may reward or punish certain behaviour. An individual learns criminal behaviours from watching and imitating the antisocial behaviour of offenders and receiving their approval.

Individuals can, and do, learn ways of thinking that support antisocial behaviour. They can learn that saying "it is O.K. to steal because he is insured," will earn their friends' approval. If they describe a victim as deserving of harm, then they can hurt that individual without feeling guilty. Individuals learn these ways of thinking about others and evaluating their own behaviour through interaction with others who model and reward these sentiments. With repeated reinforcement, these cognitions and sentiments can become as habitual and easy to do as tying a shoelace.

## Summary

A general personality and social psychological perspective of criminal conduct proposes that many factors are involved in the production of criminal behaviour. It is not enough to assess only one or two predictor domains. Offender risk assessments require a comprehensive assessment process. A good example is the extensive front-end assessment process of the Correctional Service of Canada. This process requires considerable time and effort to collect a diverse range of information on the offender. It is theoretically relevant.

Not all offender risk factors are created equal. Some are more important than others. Andrews and Bonta<sup>8</sup> proposed four factors that may be particularly important. For purposes of offender risk assessment, the theory indicates that, at the very minimum, we should assess criminal history, antisocial supports, antisocial thinking and antisocial personality. Not only are these variables important theoretically, but the research also shows that they are empirically important. Also noteworthy is the fact that three of the Big Four (antisocial personality, antisocial support and antisocial thinking) are dynamic factors. They can therefore, serve as treatment targets for reducing offender risk.

The title of this article poses a question about the value of theory in offender risk assessment. Theory will help improve risk assessment by directing us to new areas for assessment. Theory can also give us information on what aspects of the offender and the offender's situation need to be changed to reduce the chances of further crime. In the final analysis, both the offender and the community benefit. ■

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<sup>2</sup> E.W. Burgess, "Factors Determining Success or Failure on Parole," in *The Working of the Indeterminate-sentence Law and the Parole System in Illinois*, A.J. Harno, E.W. Burgess and J. Landesco (eds.) (Springfield, Illinois: State Board of Parole, 1928).

<sup>3</sup> J. Bonta, W.G. Harman, R.G. Hann and R.B. Cormier, "The Prediction of Recidivism among Federally Sentenced Offenders: A Re-validation of the SIR Scale," *Canadian Journal of Criminology*, 38 (January 1996): 61-79. See also J. Nuffield, *Parole Decision-making in Canada: Research towards Decision Guidelines* (Ottawa: Communication Division, Solicitor General of Canada, 1982).

<sup>4</sup> P. Gendreau, T. Little and C. Goggin, *Predicting Adult Offender Recidivism: What Works! User Report* (Ottawa: Solicitor General of Canada, 1996). A common statistic used to measure the association between scores on a risk scale and recidivism is the correlation coefficient or r. A perfect association, which is never seen, has a value of 1.0. An r of 0 indicates no association.

<sup>5</sup> P. Gendreau, T. Little and C. Goggin, *Predicting Adult Offender Recidivism*.

<sup>6</sup> D.A. Andrews and J. Bonta, *The Psychology of Criminal Conduct* (Cincinnati: Anderson, 1994).

<sup>7</sup> Andrews and Bonta, *The Psychology of Criminal Conduct*.

<sup>8</sup> Andrews and Bonta, *The Psychology of Criminal Conduct*.

# The Community Risk/Needs Management Scale: An effective supervision tool

by *Larry Motiuk*<sup>1</sup>

*Research Branch, Correctional Service of Canada*

*In practice, the analysis of offender risk and needs is the basis of many decisions made about community supervision requirements (such as frequency of contact) and program placement.<sup>2</sup> It is not surprising, therefore, to find that the Correctional Service of Canada's and the National Parole Board's Standards for Conditional Release Supervision require a "systematic method of assessing the needs of the offender, the risk of reoffending, and any other factors which might affect the offender's successful reintegration into the community."<sup>3</sup>*

*To comply with national standards for conditional release supervision, Correctional Service of Canada parole officers have been using the Community Risk/Needs Management Scale since 1990. This instrument incorporates case-specific information on criminal history and a critical set of case needs to classify federal offenders on conditional release.*

*This article illustrates the value of systematically monitoring offender risk and needs levels and how the Community Risk/Needs Management Scale can be used to reflect changes in the conditional release population over time.*

## Design

The Community Risk/Needs Management Scale was clearly intended to focus supervision resources to ensure that changes in an offender's behaviour, attitudes and circumstances while under community supervision could be monitored.<sup>4</sup> However, the Community Risk/Needs Management Scale's design had purposely followed the Case Management Strategies (CMS) approach to assessing offender needs<sup>5</sup> using a protocol called the Force-field Analysis of Needs. The CMS approach to offender assessment, developed in the mid-west United States for youthful probationers, was adopted by the Correctional Service of Canada to assess the individual case needs of federally sentenced adult prisoners. While the Force-field Analysis of Needs provided a way to make more objective and systematic judgements about offender risk and needs, it did not consider the context of the offender (pre-admission versus post-release) or changes in the offender over time and across different settings. As a result, the Community Risk/Needs Management Scale was developed which put into practice a simple scheme (combining Criminal History Risk and Case Needs assessments) that would allow parole officers to classify offenders when released into the community and, then, every six months, until the end of the offender's sentence.

*Criminal History Risk Assessment.* To assess risk (of reoffending) systematically and consistently, parole officers use the Statistical Information on Recidivism (SIR) Scale<sup>6</sup>, which has been officially adopted by the National Parole Board as a release-risk scoring system. The SIR Scale involves an extensive review of an individual's official criminal record including 15 risk-related items (such as age, number and variety of criminal convictions, breaches of trust, etc.). In addition, parole officers use two other sources of criminal history information to determine the level of criminal history in an objective, reliable and accurate way. Parole officers also use the National Parole Board's overall assessment of risk (such as low versus not low) and their own judgement of criminal history risk which is based on a thorough review of an offender's criminal record.

*Case Needs Assessment.* The needs areas selected for this part of the Community Risk/Needs Management Scale are similar to those in most needs assessment instruments used in other jurisdictions.<sup>7</sup> Twelve areas are covered: academic/vocational skills, employment pattern, financial management, marital/family relationship, companions/significant others, living arrangements, behavioural/emotional stability, alcohol usage, drug usage, mental ability, health and attitude. Although each area of need is rated (for example, factor seen as an asset to community adjustment, no current difficulties, some need for improvement, considerable need for improvement) according to specified guidelines, an overall rating of need is given simply by compiling parole officer judgements into one of three need levels: low, medium or high.

The appropriate frequency of contact for community supervision is determined by linking the two types of assessments — criminal history risk and case needs — in a matrix format, such as high risk/high need (see Table 1).

To ensure that the Community Risk/Needs Management Scale would also accommodate the community supervision needs of sexual offenders and offenders with mental disorders, two special needs categories were included. Additionally, a category of "other" was reserved for offenders who do not meet the criteria but who are viewed by parole officers as meriting a higher rating.

Table 1

Risk/Needs Level and Minimum Frequency of Contact			
Criminal History Risk	Case Needs		
	Low	Medium	High
Low	1 / month (periodic)	2 / month (active)	4 / month (intensive)
High	4 / month (intensive)	4 / month (intensive)	4 / month (intensive)

## Development

The 1988 Field Test<sup>8</sup> and 1995 Operational Review<sup>9</sup> of the Community Risk/Needs Management Scale found that parole officers in the community could easily differentiate federal offenders by the nature and level of risk and needs they presented. Furthermore, these risk/needs assessments were consistently related with conditional release outcome.

Once assessed, offenders were tracked and grouped according to their respective minimum frequency of contact requirement: "periodic" (low risk/low needs), "active" (low risk/medium needs) and "intensive" (low risk/high needs, high risk/low needs, high risk/medium needs, high risk/high needs). These cohorts (both Field Test and Operational Review samples) were tracked over a six-month period. As expected, lower risk/needs offenders were more likely to be successful than higher risk/needs offenders.

By simply combining parole officer assessments of criminal history risk with global ratings of case needs (see Table 2), as many as 95% of offenders on caseload who had been assessed as being low risk/low need were successful within six months of their Community Risk/Needs Management Scale assessment.

On the other hand, substantially fewer offenders assessed as higher risk and higher need were

successful (no new offences committed in the six-month follow-up period) while on conditional release.

For the Operational Review sample, it is important to note that the "periodic" (offenders assessed to be low risk/low need) supervision group represented more than one third of the total sample of assessed cases.

Although the "intensive" supervision level group comprised slightly more than one third (37.3%) of the Operational Review sample assessed, slightly more than two fifths of these cases (959 offenders) were assessed to be high risk/high need (16.1% of the total). The remainder of "intensive" supervision cases was made up mostly of medium risk/medium need (336 offenders or 15%) and high risk/medium need (500 offenders or 22%) cases.

As such, offenders assessed to be high risk/high need had the poorest success rate (80%) relative to any other risk/needs level grouping. Therefore, reducing the frequency of supervision for lower risk cases has important implications for the reallocation and refocusing of community resources.

The early pilot work also explored the distribution of the 12 need dimensions of the Community Risk/Needs Management Scale. The purpose of the Field Test was to learn more about each factor in terms of managing community supervision cases.

The Field Test research showed the proportion of offenders suspended within six months as well as other statistically significant relationships between specific need dimensions and the likelihood of suspension. In a similar fashion, the Operational Review sample was examined (Table 3). Statistical analysis revealed that only 1 — health — of the 12 need areas assessed for the Operational Review sample did not significantly relate to failure on conditional release.

## Application

Presently, the Community Risk/Needs Management Scale is administered and readministered to federal offenders under community supervision by parole officers across Canada. It provides an efficient system for recording criminal history risk and case needs, level of risk and need, required frequency of contact and related background information on each offender (such as release status, sentence expiry). While this scale can be used in hard-copy form, a computerized version is used by the Service's parole officers.

Table 2

1989 Field Test/1996 Operational Review Sample Distribution and Success Rates\* by Supervision Levels

Sample	Supervision Level		
	Periodic	Active	Intensive
1989 Field Test (453 offenders)	34.4% (94.9%)*	9.7% (86.4%)*	55.9% (64.4%)*
1996 Operational Review (5,968 offenders)	38.9% (96.9%)*	23.8% (92.1%)*	37.3% (83.9%)*

\* Indicates success rates — the figures in brackets are the success rates.

## The Community Risk/Needs Management Scale

### Case Need Areas:

#### Academic/Vocational Skills:

No current difficulties

Level of skills causing minor interference

Level of skills causing serious interference

#### Employment Pattern:

Stable pattern of employment

No current difficulties

Employment situation causing minor adjustment problems

Employment situation causing serious adjustment problems

#### Financial Management:

Pattern of effective management

No current difficulties

Situational or minor difficulties

Severe difficulties

#### Marital/Family Relationship:

Pattern of non-criminal and/or positive associations

No current difficulties

Occasional instability in relationships

Very unstable pattern of relationships

#### Companions/Significant Others:

Pattern of non-criminal and/or positive associations

No current difficulties

Some criminal and/or negative associations

Mostly criminal and/or negative associations

#### Accommodation:

Pattern of satisfactory accommodation

No current difficulties

Occasional changes in residence, or temporarily situated

Frequent changes in residence, or no permanent address

#### Behavioural/Emotional Stability:

No current difficulties

Behavioural/emotional problems that indicate some need for assistance

Severe behavioural/emotional problems that indicate significant need for assistance

#### Alcohol Usage:

No current difficulties

Some alcohol usage causing moderate interference

Frequent or uncontrolled usage, causing serious adjustment problems

#### Drug Usage:

No current difficulties

Some drug usage causing moderate interference

Frequent or uncontrolled usage, causing serious adjustment problems

#### Mental Ability:

No current difficulties

Deficiencies limit but do not prohibit independent functioning

Deficiencies severely limit independent functioning

#### Health:

No current difficulties

Physical handicap or illness that interferes with functioning

Serious physical handicap or illness that severely interferes with functioning

#### Attitude:

Actively involved and responding consistently well to assistance

No current difficulties

Recognizes problem areas but not receptive to assistance

Unable to recognize problem areas and not receptive to assistance

#### Special Needs:

Sex Offender

Mentally Disordered

Other

#### Case Needs Rating:

Low

Medium

High

#### Criminal History Risk Rating:

Low

Medium/High

Table 3

## Outcome on Conditional Release for Cases with Identified Needs

Need Dimension	% with identified need		% suspended within six months		Significant statistical relations	
	Operational		Operational		Operational	
	Field Test	Review	Field Test	Review	Field Test	Review
Academic/Vocational skills	20.8	36.6	35.1	14.2	**	***
Employment pattern	35.0	44.2	36.1	13.2	***	***
Financial management	37.0	38.6	37.1	12.9	***	***
Marital/Family relations	33.2	27.7	37.3	14.3	***	***
Companions/Significant others	40.4	28.2	40.7	15.7	***	***
Accommodation	15.5	11.4	45.7	16.1	***	***
Behavioural/Emotional stability	34.8	39.4	34.4	13.2	***	***
Alcohol usage	18.6	15.1	46.4	16.3	***	***
Drug usage	15.7	15.9	39.4	17.9	***	***
Mental ability	8.7	4.9	28.2	14.1	ns	**
Health	9.1	17.0	14.6	9.5	ns	ns
Attitude	25.1	10.6	40.2	14.0	***	***

Notes: ns = non-significant, \*\*  $p < .01$ ; \*\*\*  $p < .0001$ .

Identified need = some need and considerable need for improvement combined.

### More research

Today, the automated version of the Community Risk/Needs Management Scale can produce a distribution of identified needs for the entire community supervision population. This case-based information represents some 600 parole officers across Canada and reflects both their collective experience and their knowledge of the cases under direct supervision. A distribution of identified needs indicates that employment, financial, marital/family and behavioural/emotional problems are frequent among the community supervision population. Statistical analyses revealed gender differences for only 2 of the 12 need categories: male offenders were more likely than female offenders to experience drug problems while in the community, while female offenders were more likely than male offenders to have health problems.

To examine differences in case needs across the phases of conditional release, the case load snapshot of 5,286 male offenders was collapsed into three groups: 0 to 6 months, 6 to 12 months and 12 months or over. Some interesting, yet different, patterns emerged. Offenders who had been in the community 12 months or longer had a much reduced level of need compared to offenders released more recently.

Table 4 presents the correlations between each need area and suspension of conditional release (within six months of being assessed using the Community

Risk/Needs Management Scale) across the three separate phases of release. The majority of case needs, when present, were found to be significantly associated with community supervision failure. There is a consistent pattern in the relationship between identified need and failure across all three phases of release for academic/vocational skills, employment pattern, marital/family relations, companions/significant others and drug usage. In fact, the magnitude of these relationships became stronger as an offender's time out on supervision increased. This has important implications for risk prediction. Previous studies show that static variables, such as criminal history, probably have more predictive power than needs at the early stages of release. There is, however, a good explanation for this in that, over time, if an offender is going to manifest recidivism, it is the dynamic variables (such as employment status, marital/family situation, addictions) that begin to drive the likelihood of recidivism.

The most important assessment variables determining outcome on conditional release were also explored. The categories — age, criminal history risk level, case needs level and 12 identified needs — were entered into a stepwise regression equation. For male offenders under community supervision, the variables for predicting outcome (in order of magnitude) included needs level, risk (static) level, age and drug use. For female offenders under community supervision, drug use and marital/family

Table 4

## Relationship Between Identified Needs and Outcome by Phase (Pearson r)

Need Dimension	0 – 6 months	6 – 12 months	12 months or more
Academic/Vocational skills	.07**	.11***	.11***
Employment pattern	.09***	.08**	.11***
Financial management	.04	.09***	.08***
Marital/Family Relations	.06*	.08**	.12***
Companions/Significant others	.08*	.12***	.12***
Accommodation	.07**	.05	.12***
Behavioural/Emotional stability	.02	.10***	.11***
Alcohol usage	.05	.05	.15***
Drug usage	.10***	.08**	.14***
Mental ability	.01	.06*	.02
Health	-.01	.01	.03
Attitude	.06*	.03	.04

Notes: ns = non-significant; \* p < .05; \*\* p < .01; \*\*\* p < .0001.

Identified need = some need and considerable need for improvement combined.

relations were the most important predictors. This finding clearly demonstrates the shift in emphasis that has occurred over the last five years. It appears that the assessment of criminogenic needs, a subset of overall risk, is driving community supervision practices.

### Conclusion

By using the Community Risk/Needs Management Scale, the Service has more information about federal offenders under community supervision

than it did before. This instrument collects strategic information on the offenders we are dealing with — where they are, what they are like and what kind of problems they experience when released into the community and while under supervision. While targeting key areas (such as employment and substance abuse) for service delivery has considerable merit, the real challenge is to develop community-based intervention strategies that respond to offender needs. ■

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<sup>3</sup> Correctional Service of Canada and National Parole Board, Standards for Conditional Release Supervision (Ottawa: Correctional Service of Canada and National Parole Board, 1988).

<sup>4</sup> L. L. Motiuk and F.J. Porporino, Field Tests of the Community Risk/Needs Management Scale: A Study of Offenders on Caseload, Research Report No. R-06 (Ottawa: Correctional Service of Canada, 1989).

<sup>5</sup> K. Lerner, G. Arling and S.C. Baird, "Client Management Classification Strategies for Case Supervision," *Crime & Delinquency*, 32 (1986): 254-271.

<sup>6</sup> J. Nuffield, Parole Decision-making in Canada: Research towards Decision Guidelines (Ottawa: Ministry of Supply and Services Canada, 1982).

<sup>7</sup> L.L. Motiuk and S.L. Brown, The Validity of Offender Needs Identification and Analysis in Community Corrections, Research Report R-34 (Ottawa: Correctional Service of Canada, 1993).

<sup>8</sup> Motiuk and Porporino, Field Tests of the Community Risk/Needs Management Scale.

<sup>9</sup> L.L. Motiuk, "Assessment Methods in Corrections." Published paper presented at the 4th Annual International Community Corrections Association Research Conference (Austin, Texas, 1996).

# Classification for correctional programming: The Offender Intake Assessment (OIA) process

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In 1994, the Offender Intake Assessment (OIA) process was implemented in all regions of the Correctional Service of Canada. OIA is a comprehensive and integrated evaluation of the offender at the time of admission to the federal system. It involves the collection and analysis of information on each offender's criminal and mental health history, social situation, education and other factors relevant to determining criminal risk and identifying offender needs.<sup>2</sup> This provides a basis for determining the offender's institutional placement and for establishing his or her correctional plan.

Since implementation, nearly 5,350 full OIAs have been completed and entered into the Offender Management System (OMS). Until recently, only about one third of the institutional population had comprehensive risk/need assessment information derived from OIA. While this information is organized in a systematic fashion and available on OMS, profiling the entire institution population required a case-by-case review of the existing population which has not undergone OIA (stock population). This was accomplished using a streamlined OIA process whereby the bottom-line risk/need rating (criminal risk and case need), a Statistical Information on Recidivism Scale — Revised (SIR-R1).<sup>3</sup> Score and ratings on each of the seven criminogenic need areas (employment, marital/family, associates, substance abuse, community functioning, personal/emotional, attitude) were made available on all inmates.

By assessing the entire federal offender population on admission in a comprehensive, integrated and systematic fashion, the Service can forecast the growth of its prison population, monitor changes in composition, improve risk management procedures and measure correctional performance. This new technology could improve release rates by systematically identifying lower risk inmates earlier in their sentence, thereby reducing the costs of incarceration and providing a more humane response to offenders. Moreover, this approach could also bring about a reduced requirement for higher security and yield useful information for evaluation. This, in turn, has the potential to improve operations and reduce costs for the Service.

## Background

Public inquiries and internal task forces continue to illuminate the need for improved offender assessment and information sharing among components of the criminal justice system. Consequently, much attention has focused on the

decision-making policies and risk assessment procedures of the Correctional Service of Canada and the National Parole Board.

Under the auspices of the Correctional Strategy Initiative,<sup>4</sup> it had been decided that criminogenic needs should provide the basis for offender programming and that service delivery should focus primarily on successful reintegration into the community. A national working group was established to design and develop a systematic approach to offender assessment on admission to federal corrections. As a result, the Offender Intake Assessment model was developed to standardize an overall orientation and integrated offender risk/needs assessment process throughout the Correctional Service of Canada.

In 1992-93, a pilot test of the process was undertaken in all regions. On the basis of this trial exercise, refinements were made, and later work (1993-94) addressed staff training, the establishment of technological support, and data collection and analysis to measure correctional performance. In November 1994, the Service implemented the OIA process at the following institutions: Matsqui (British Columbia), Edmonton (Alberta), Saskatchewan Penitentiary (Saskatchewan), Stony Mountain (Manitoba), Millhaven (Ontario), Prison for Women (Ontario), Regional Reception Centre (Quebec) and Springhill (Nova Scotia).

Because of both its complexity and its decisive role in shaping the subsequent phases of the offender's sentence, the OIA project demanded a sizable investment of human and fiscal resources from the field as well as from regional and national headquarters.

## The intake assessment process

Beginning at the time of sentence, case management officers (parole officers) co-ordinate the collection of all relevant information (criminal records, police reports, court transcripts, crown briefs, judges' comments, pre-sentence reports, victim impact statements, etc.) from sources within and outside the Correctional Service of Canada. This information provides the basis for all future decisions and recommendations throughout the management of the offender's sentence. On receiving a federal



sentence (two years or more), the offender is interviewed by a case management officer who starts by identifying critical concerns (such as suicide potential, security risk, health). This information is transferred, with the offender, to a federal institution which has a specialized Intake Assessment Unit (formerly reception centre).

A postsentence community investigation is initiated by a case manager (parole officer) located in the community from which the offender came. The nature of relationships with significant others (such as family, peers, employers), the impact of future contacts with the offender, during incarceration or at release, and the degree of support others are prepared to offer the offender on return to the community are of particular interest.

On arrival at an Intake Assessment Unit, an admission interview is completed and an orientation session provided. The initial assessment screens an offender for immediate physical health, security (personal and others' safety), mental health and suicide concerns. Following this, the offender progresses to the two core components of the OIA process: Criminal Risk Assessment and Case Needs Identification and Analysis.

The Criminal Risk Assessment for every offender is based on the criminal history record, the offence severity record, the sex offence history checklist, whether detention criteria are met, the results of the SIR-R1 Scale and any other risk factors as detailed in a criminal profile report. The criminal profile provides details of the crime or crimes for which the offender is currently sentenced.

The Case Needs Identification and Analysis protocol identifies seven need dimensions, including employment, marital/family, associates, substance abuse, community functioning, personal/emotional and attitude. A list of indicators (about 200 in total) and rating guidelines are provided for each criminogenic need area. During assessment, the offender's complete background is considered, including personal characteristics, interpersonal influences, situational determinants and environmental conditions.

Added to the OIA process are psychological evaluations, behavioural observation by unit staff and supplementary assessments (such as education, vocational and substance abuse). All this information is brought together at a case conference attended by a multidisciplinary OIA team.

A summary report for each offender is completed. It includes a bottom-line or overall risk/needs

level ranging from low risk, low need to high risk, high need; a statement on each of seven criminogenic need areas ranging from a "factor seen as an asset to community adjustment" to "no need for improvement" to "some need for improvement" to "considerable need for improvement"; a set of priorities for needs; an estimate of motivation; a custody rating designation ranging from minimum through medium to maximum security; a complete social history; and an institutional placement decision. This comprehensive, integrated assessment package is the basis for a correctional plan for the offender.

### Criminal history background

Table 1 shows a distribution of selected Criminal Risk Assessment indicators by gender for all completed OIAs since implementation. What does this say about the criminal history background of the federal population at admission? The table clearly illustrates considerable previous involvement with the criminal justice system. In fact, roughly nine out of ten males and two out of three females admitted were repeat offenders. Also noteworthy is the finding that nearly one quarter of the male admissions had a sex offence history (current or past). This information allows the Correctional Service of Canada to profile its offender population on the basis of criminal history background which incorporates exposure and response to previous criminal sanctioning.

Table 1

Criminal History Background of Federal Admissions				
Variable	Male Offenders (5,235)		Female Offenders (114)	
	<b>Previous Youth Court</b>	<b>2,077</b>	<b>40%</b>	<b>25</b>
Community supervision	1,435	27%	16	14%
Open custody	1,048	20%	15	13%
Secure custody	1,158	22%	12	11%
<b>Previous Adult Court</b>	<b>4,436</b>	<b>85%</b>	<b>65</b>	<b>57%</b>
Community supervision	3,732	71%	48	42%
Provincial terms	3,687	70%	48	42%
Federal terms	1,672	32%	18	16%
<b>Total (Youth and/or Adult)</b>	<b>4,623</b>	<b>88%</b>	<b>72</b>	<b>63%</b>
<b>Previous:</b>				
Segregation	1,920	37%	20	18%
Escape/UAL	1,270	24%	10	9%
Failure on conditional release	1,916	37%	20	18%
< 6 months since last incarceration	1,219	23%	16	14%
Sex offence history (includes current)	1,194	23%	5	4%

Note: as of August 1996.

Table 2

**Relationships (Pearson *r*'s) between OIA Criminal Risk Assessment Components and Other Risk Measures (4,067 offenders)**

	Risk Level	Institutional Adjustment Score	Security Risk Score	SIR-R1 Score
<b>Criminal History Record (any)</b>	.41***	.54***	.28***	-.83***
Previous — youth court	.24***	.44***	.30***	-.48***
Previous — adult court	.37***	.42***	.17***	-.78***
<b>Offence Severity Record</b>	.49***	.26***	.46***	-.29***
<b>Sex Offence History</b>	.17***	-.13***	.00 ns	.20***

Note: \*\*\*  $p < 0.001$ ; ns = non-significant.

### Validity

One way of looking at the validity of the OIA process is to examine the relationships between the various components of OIA — Criminal Risk Assessment and other related risk measures (see Table 2).

The correlations between criminal history record (any, previous — youth court, previous — adult court) and risk level drawn from the OIA process, custody rating subscale scores (institutional adjustment and security risk) and the SIR-R1 Scale were highly significant and in the expected direction. Similarly, the offence severity record converged on these other measures of offender risk.

Although sex offence history was positively correlated with the OIA risk level, it correlated negatively with both the institutional adjustment subscale of the custody rating scale and the SIR-R1 Score. Given that sex offenders, as a group, are considerably older than the general prison population and typically have had less exposure to the criminal justice system, this finding is not surprising as these scales are heavily influenced by criminal history.

Another important way to explore the validity of the OIA process is through the relationships between individual need level ratings and the number of indicators endorsed in each of the seven need domains (see Table 3).

For example, level of need for each domain should be positively correlated with the number of indicators (hits) checked off. The correlations in the shaded diagonal represent the extent to which these relationships are consistent and in the expected direction. Outside the diagonal is the extent to which the need areas being assessed are interdependent. As we can see, all the relationships are significant.

Being able to produce an offender risk/needs profile of an entire prison population (taken at admission) can be extremely useful for correctional planning and evaluating progress post-intake. At present, an overall risk/needs level and a statement on each of seven criminogenic need areas is available for federal offenders. (Note: there are a number of OIAs

Table 3

**Relationship (*r*'s) between OIA Need Level Ratings and Domain Indicators (5 238 male offenders)**

INDICATORS	NEED LEVEL						
	Employment	Marital/ Family	Associates	Substance Abuse	Community Functioning	Personal/ Emotional	Attitude
Employment M=10.9 ET=5.6	.60	.20	.32	.28	.39	.24	.20
Marital/Family M=6.9 SD=4.1	.15	.56	.05	.26	.15	.32	.11
Associates M=4.0 SD=2.3	.43	.20	.63	.38	.40	.26	.26
Substance Abuse M=12.0 SD=8.8	.27	.26	.33	.78	.25	.24	.13
Community Functioning M=5.7 SD=3.1	.43	.27	.30	.31	.54	.25	.22
Personal/Emotional M=13.2 SD=7.3	.29	.38	.23	.29	.35	.58	.40
Attitude M=5.6 SD=4.7	.37	.24	.40	.28	.38	.34	.60
<b>TOTAL</b> <b>M=58.1 D=25.8</b>	<b>.49</b>	<b>.42</b>	<b>.40</b>	<b>.57</b>	<b>.46</b>	<b>.46</b>	<b>.39</b>

Note: M = Mean (or average); SD= Standard Deviation;  $p < 0.001$ .

under way and incomplete at time of snapshots.)

Table 4 shows a national overview of risk/needs levels for the prison population (taken at time of admission) by gender. As we can see from the distribution of risk/need levels, male offenders are more likely to be assessed higher risk/higher need than female offenders. However, keep in mind that this distribution is based on an institutional population. A recent-admission population would break down differently as it would be composed of offenders serving shorter sentences, with less criminal history and lower risk ratings. The relatively high proportion of higher risk, higher need cases likely reflects an accumulation of longer term offenders (lifers, dangerous offenders) and detention cases. Such cases require a systematic reassessment of risk/needs throughout the period of incarceration.

The OIA process also gathers information on each offender's need ratings. Based on a total prison population snapshot, there is considerable variation across the differing need areas between male offenders and female offenders (see Table 5).

At time of admission, male offenders were more likely to have been experiencing problems in substance abuse and attitude. However, female offenders were more likely to have had difficulties in the area of associates/ significant others. There appear to be no statistically meaningful differences between male and female offenders with respect to difficulties in employment, community functioning or personal/emotional orientation. That is, male and female offenders were equally as likely to have been experiencing difficulties in these areas.

### Correctional Plans

The results of OIA are used by case management officers to develop initial correctional plans for the offender. Basically, the Correctional Plan is designed to address the factors identified as contributing to criminal behavior. Like OIA, the Correctional Plan is fully automated on the Offender Management System. It comprises three sections: an overview, a needs analysis and needs and program objectives.

Table 4

#### National Overview of the Federal Institutional Population: Percentage Distribution of Risk/Need Levels (At time of admission)

Risk/Need Level:	Male Offenders		Female Offenders	
	(11,541)		(182)	
Low risk/Low need	506	4.4%	48	26.4%
Low risk/Medium need	490	4.3%	25	13.7%
Low risk/High need	138	1.2%	8	4.4%
<b>Subtotal</b>	<b>1,134</b>	<b>9.8%</b>	<b>81</b>	<b>44.5%</b>
Medium risk/Low need	213	1.9%	8	4.4%
Medium risk/Medium need	2,340	20.3%	25	13.7%
Medium risk/High need	1,558	13.5%	22	12.1%
<b>Subtotal</b>	<b>4,111</b>	<b>35.6%</b>	<b>55</b>	<b>30.2%</b>
High risk/Low need	62	0.5%	2	1.1%
High risk/Medium need	976	8.5%	10	5.5%
High risk/High need	5,258	45.6%	34	18.7%
<b>Subtotal</b>	<b>6,296</b>	<b>54.6%</b>	<b>46</b>	<b>25.3%</b>

Note: as of August, 1996.

For example, the later section could identify a need domain (such as personal/emotional orientation) that has a principal component (such as cognition) and recommend a particular program (such as cognitive skills training).

Priorities must be assigned for each offender's programming needs so interventions can be delivered in a logical fashion. The Correctional Plan is reviewed regularly and revised as criminogenic needs are met or progress made in reducing the level of risk. Moreover, a Correctional Plan ensures that there is continuity in programming between institutions and community.

### Conclusion

The day has arrived where the Correctional Service of Canada can assess offenders at admission in a comprehensive, integrated and systematic fashion and reassess them routinely in the community thereafter. Where are we in our ability to assess risk? We have made some important breakthroughs. What needs to be done next? We need to study how well our correctional plans and interventions work. ■

Table 5

**National Overview of the Federal Institutional Population:  
Percentage Distribution of Case Need Levels (at time of  
admission)**

	Male Offenders		Female Offenders	
	(11,541)		(182)	
<b>Need Level: Domain</b>				
<b>An Asset</b>				
Employment	1,011	8.8%	26	14.3%
Marital/Family	1,060	9.2%	16	8.8%
Associates	915	7.9%	16	8.8%
Substance Abuse	—	—	—	—
Community Functioning	731	6.3%	25	13.7%
Personal/Emotional	—	—	—	—
Attitude	1,006	8.7%	32	17.6%
<b>No Difficulty</b>				
Employment	1,758	15.2%	22	12.1%
Marital/Family	2,905	25.2%	38	20.9%
Associates	2,111	18.3%	19	10.4%
Substance Abuse	2,687	23.3%	69	37.9%
Community Functioning	2,859	24.8%	31	17.0%
Personal/Emotional	1,034	9.0%	22	12.1%
Attitude	2,875	24.9%	96	52.8%
<b>Some Difficulty</b>				
Employment	4,350	37.7%	89	48.9%
Marital/Family	3,963	34.3%	86	47.3%
Associates	4,535	39.3%	116	63.7%
Substance Abuse	2,317	20.1%	43	23.6%
Community Functioning	5,229	45.3%	107	58.8%
Personal/Emotional	3,215	27.9%	95	52.2%
Attitude	3,321	28.8%	38	20.9%
<b>Considerable Difficulty</b>				
Employment	4,422	38.3%	45	24.7%
Marital/Family	3,613	31.3%	42	23.1%
Associates	3,980	34.5%	31	17.0%
Substance Abuse	6,537	56.6%	70	38.5%
Community Functioning	2,722	23.6%	19	10.4%
Personal/Emotional	7,292	63.2%	65	35.7%
Attitude	4,339	37.6%	16	8.8%

Note: as of August, 1996.

- <sup>1</sup> Research Branch, Correctional Service of Canada, 340 Laurier Avenue West, Ottawa, Ontario K1A 0P9.
- <sup>2</sup> L. L. Motiuk, "Where Are We in Our Ability to Assess Risk?" *Forum on Corrections Research*, 5, 2 (1993): 14-21.
- <sup>3</sup> Correctional Service of Canada, *Revised Statistical Information on Recidivism Scale (SIR-R1)* (Ottawa: Correctional Service of Canada, 1996).
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# Classifying female offenders for correctional interventions

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The ultimate goal of Canadian corrections is the management of risk and its subsidiary, criminogenic need.<sup>2</sup> Offender risk is evaluated by identifying and then assessing the variables that contribute to unlawful behaviour. Offenders vary across several dimensions including the precursors to, and consequences of, their criminal behaviour, as well as their response to incarceration and treatment. A comprehensive assessment serves a variety of purposes, ranging from security classification through treatment planning and responsivity to prerelease risk evaluation. Thus, assessment of both static and dynamic risk/needs factors<sup>3</sup> should occur throughout an offender's sentence. This provides for appropriate classification and contributes specific information to the offender's correctional plan. This article provides an overview of current assessment and classification practices with female offenders.

In the past, female offenders received little empirical attention compared to their male counterparts. This is particularly true in the area of objective offender assessment procedures. This trend is changing as research interest in female offender classification and assessment has grown.

While most classification instruments have been developed for use with males, some, such as the Case Management Strategies and the Level of Service Inventory — Revised, are also consistently and reliably used with female offenders. This is particularly noteworthy since offender assessment plays an important role in correctional programming and management.

## Intake assessment

All federal offenders undergo a comprehensive and integrated Offender Intake Assessment process (OIA). The OIA has several subcomponents: community intake assessment, initial assessment, criminal risk assessment, case needs identification and analysis, psychological and supplementary assessments, and a criminal profile. The OIA process was first implemented in November 1994. It provides a summary of special concerns (if any), offender treatment needs and treatability, and perceived risk to reoffend.

The community intake subcomponent outlines critical concerns (if any) and includes police, forensic and institutional records. The initial assessment covers sentence administration and security information,

medical history and examination, mental health status, and suicide risk and potential. Assessment of criminal risk encompasses the offender's criminal history record (including youth court, previous adult convictions and current offences), detention criteria and any other related factors. Case Needs Identification and Analysis (CNIA) queries seven potential need areas, including employment/education, marital/family relations, associates (criminal versus non-criminal), substance abuse, community functioning, personal/emotional orientation and attitudes. Psychological and supplementary assessments are tailored to the offender and might cover specific concerns and needs areas. Finally, a criminal profile is constructed, providing a narrative description of the current offence.

## Security classification

In Canada, offenders sentenced to periods of incarceration of two years or more serve their time in federal institutions. Alternatively, those sentenced to less than two years are under provincial jurisdiction and are incarcerated in provincial facilities. Until recently, Canada had only one federal prison for female offenders, the Prison for Women (P4W) in Kingston. The P4W is a maximum security prison and, as a result (with few exceptions), women sentenced to two years or more served their sentence at the P4W, regardless of their security classification.

Some authors<sup>4</sup> have questioned the value of assessing and classifying federally sentenced women for security placement since they were housed together in a single institution. However, since five new federal prisons have been built for women offenders, the issue of assessment for security classification has become a primary concern.

In 1988, the Correctional Service of Canada introduced the Custody Rating Scale (CRS) to classify federal offenders for security in an objective, standardized manner. The CRS consists of two independently scored subscales: the Institutional Adjustment subscale (five items) and the Security Risk subscale (seven items). Potential scores range from 0 to 186 points on the Institutional Adjustment subscale and from 17 to 190 points of the Security Risk subscale. As scores increase on either subscale,

a higher security classification is predicted. Cutoff values of the CRS are designed so offender classification renders 15% of offenders as minimum security, 73% as medium security and 12% as maximum security.

A recent report<sup>5</sup> demonstrated the CRS to be a reliable and valid classification tool with practical utility for both male and female offenders. It is interesting to note that total average CRS scores were identical (111.6) for both men and women. With a sample of 65 female offenders, the researchers demonstrated that CRS classifications were concordant with penitentiary placement decisions 100% of the time.

### Needs assessment and correctional programming

Research has affirmed that the needs of female offenders are diverse, ranging from employment and education deficits, to marital and family problems, and alcohol and drug addictions. Although many of these needs are similar to those shown by male offenders, research shows that female offenders also possess disparate needs and need priorities.

For instance, while male inmates have a higher prevalence of mental disorder than men and women in the general population,<sup>6</sup> female inmates have a higher prevalence of mental disorder than men and women, in general, and incarcerated men.<sup>7</sup> This is especially true for serious psychiatric disorders such as schizophrenia and bipolar disorder, as well as for diagnoses such as depression, anxiety disorders and drug dependence problems. Although mental disorder per se is not directly associated with criminality or recidivism, other emotional health needs of female offenders warrant intervention and appear to be criminogenic in nature.

One study,<sup>8</sup> for example, demonstrated that a history of attempted suicide was the strongest predictor of violent recidivism in a sample of federally sentenced women; another<sup>9</sup> found much higher rates of self-injury in women recidivists than non-recidivists. This is especially noteworthy considering that almost 50% of the federal female offender population has a history of attempted suicide (compared to less than 15% of the male offender population).<sup>10</sup> Although past self-injury or attempts at suicide reflect static risk factors, it is feasible that current or future self-destructive behaviour enhances a prediction of recidivism. These reflect dynamic needs that are amenable to treatment. There is a good possibility that prospective research will demonstrate these needs as only criminogenic to female offenders.

The OIA process includes a structured needs assessment protocol called the Case Needs Identification and Analysis (CNIA). It evaluates offenders on seven need areas (target domains), with multiple indicators for each domain. These include: employment (35 indicators), marital/family (31 indicators), associates/social interaction (11 indicators), substance abuse (29 indicators), community functioning (21 indicators), personal/emotional orientation (46 indicators) and attitude (24 indicators). CNIA classifies offenders within each domain on a four-point continuum, ranging from "asset to community functioning" to "considerable need for improvement." As such, the CNIA can be used as a tool to identify and assess the priority of treatment needs.

Table 1 outlines percentage distributions of the CNIA target domains for federally sentenced women at admission. It includes all federal women offenders who have been assessed by the CNIA since its implementation in November 1994.

The majority of federally sentenced women present some type of substance abuse problem at admission. Moreover, almost 90% demonstrate either "some" or "considerable" need for improvement in the personal/emotional domain. Like their male counterparts, they also show significant education/employment problems and marital/family difficulties. Fortunately, all the target domains (though not necessarily all the indicators within them) reflect needs that are criminogenic and amenable to intervention. As more indicators are endorsed within each particular target domain, the likelihood of that area scoring higher along the continuum and falling within the "some" or "considerable" need for improvement area increases. Table 2 demonstrates the relationship between the number of domain

Table 1

Identification of Needs of Federally Sentenced Women at Admission (n=182)

Need Areas	Asset to community adjustment (%)	No immediate need for improvement (%)	Some need for improvement (%)	Considerable need for improvement (%)
Education/Employment	14.3	12.1	48.9	24.7
Marital/Family	8.8	20.9	47.3	23.1
Associates	8.8	10.4	63.7	17.0
Substance abuse	n/a	37.9	23.6	38.5
Community functioning	13.7	17.0	58.8	10.4
Personal/Emotional	n/a	12.1	52.2	35.7
Attitude	17.6	52.7	20.9	8.8

Table 2

## Relationships between Risk/Needs Level Rating and Domain Indicators for Federally Sentenced Women (n = 182)

Indicators	Risk/Needs Level						
	E	F	A	SA	CF	PE	At
Employment (E)	.44 <sup>d</sup>	.04	.16 <sup>a</sup>	.16 <sup>a</sup>	.17 <sup>a</sup>	.14	.07
Family (F)	.23 <sup>b</sup>	.24 <sup>b</sup>	.04	.14	.05	.17 <sup>a</sup>	-.05
Associates (A)	.36 <sup>d</sup>	.15 <sup>a</sup>	.30 <sup>d</sup>	.14	.14	.22 <sup>b</sup>	.10
Substance abuse (SA)	.24 <sup>b</sup>	.20 <sup>b</sup>	.20 <sup>b</sup>	.55 <sup>d</sup>	.07	.26 <sup>c</sup>	.13
Community functioning (CF)	.38 <sup>d</sup>	.09	.13	.09	.23 <sup>b</sup>	.21 <sup>b</sup>	.07
Personal/Emotional (PE)	.31 <sup>d</sup>	.16 <sup>a</sup>	.13	.22 <sup>b</sup>	.08	.35 <sup>d</sup>	.18 <sup>a</sup>
Attitude (At)	.32 <sup>d</sup>	.19 <sup>b</sup>	.28 <sup>c</sup>	.31 <sup>d</sup>	.09	.33 <sup>d</sup>	.38 <sup>d</sup>

Note: <sup>a</sup> p < 0.5; <sup>b</sup> p < 0.01; <sup>c</sup> p < 0.001; <sup>d</sup> p < 0.0001

indicators and the risk/needs level as identified on the four-point continuum.

As expected, all correlations along the diagonal show a positive and statistically significant relationship. This confirms that the CNIA is being appropriately applied since a higher risk/needs level is suggested as more indicators are endorsed. Also, a high level of education/employment need is associated with endorsement of indicators in other domains. According to one interpretation, if an offender shows a considerable need for improvement in the education/employment domain, it is likely that she has serious problems in other areas as well.

The Community Risk/Needs Management Scale (CRNMS), the predecessor to CNIA, contains 12 target domains for assessing criminogenic needs at and after release into the community. The CRNMS was first implemented in 1990 to assess risk and establish standards for community supervision. Table 3 provides a percentage distribution of CRNMS target domains for a sample of 175 federally sentenced women on conditional release.

A comparison of Table 1 and Table 3 indicates that federally sentenced women have higher levels of need at admission than at discharge. However, this does not necessarily mean that needs diminish (for example, through treatment) through the offender's term of incarceration. These data were extracted from two different samples, and might be interpreted to mean that offenders with lower criminogenic needs are more likely to be released.

Although there is very little pertinent research available, investigations into treatment effectiveness with female offenders have shown ambiguous results.<sup>11</sup> More specifically, there is little or no evidence that institutional programming reduces recidivism in released

female offenders. This was also demonstrated in a recent literature review on "exemplary" community programs for federally sentenced women,<sup>12</sup> where it was determined that programs available to women tend to be not only structured for men but also ill-adapted to women.

On a more positive note, it can be argued that there is no evidence which shows that treatment programs for female offenders are ineffective. Moreover, implementing structured needs assessment protocols, and gradually refining their utility in program planning and risk prediction, might greatly enhance the ability of tailored programming to reduce risk in female offenders.

Table 3

## Identified Needs of Federally Sentenced Women after Release (n = 175)

Need Areas	Asset to community adjustment (%)	No immediate need for improvement (%)	Some need for improvement (%)	Considerable need for improvement (%)
Academic/Vocational	n/a	65.7	29.1	5.1
Employment	12.0	44.6	36.6	6.9
Financial management	10.2	54.0	26.1	9.7
Marital/Family	21.1	44.6	24.6	9.7
Companions	25.6	45.3	25.0	4.1
Accommodation	19.0	65.5	12.6	2.9
Behavioural/Emotional	n/a	56.3	33.0	10.8
Alcohol use	n/a	89.1	8.6	2.3
Drug use	n/a	89.7	8.6	1.7
Mental ability	n/a	95.4	4.0	0.6
Health	n/a	76.7	18.8	4.5
Attitude	36.2	55.7	6.3	1.7

Note: n/a: not applicable.

## Risk assessment and recidivism

Needs and risk assessments are commensurate as both direct correctional management strategies. Traditionally, risk assessments encompass both risk and criminogenic need variables. However, the needs component is amenable to intervention and thus serves to guide and tailor treatment strategies.

At both provincial and federal corrections levels, objective actuarial instruments<sup>13</sup> are customarily employed in risk assessment. The Level of Service Inventory — Revised (LSI-R)<sup>14</sup> is routinely used in both jurisdictions. The LSI-R is the most extensively researched classification instrument in North America. It is unique because it was tested and norms were established for both male and female offenders (956 and 1,141, respectively). Proven valid and reliable for both groups, it has demonstrated utility in predicting security placement, institutional adjustment and placement in segregation, parole selection and violations, halfway house placement and various measures of postrelease outcome.

A recent study<sup>15</sup> administered the LSI to a large sample (n = 526) of female offenders serving sentences of less than two years. Results suggested that cutoff scores based on male norms do not work with female offenders. The average LSI score for the sample was 15.5; average scores for similarly situated males ranged from 20.9 to 25.1. The authors constructed five risk categories so approximately 20% of the sample scores could be classified into each level. Statistical analyses revealed a consistent increase in recidivism as the LSI risk level increased.

This is the first documented application of the LSI to a large sample of female offenders in a longitudinal design study. Although results point to the utility of the LSI in classification and risk prediction with female offenders, they also highlight the need for distinct risk categories for this group. It is hoped that further research will further elucidate the viability of this suggestion.

Case Management Strategies (CMS) is an assessment instrument originally developed to provide probation officers with information that would aid in case-appropriate intervention. Although CMS considers a variety of information sources, the major component is a semistructured interview with questions developed to elicit attitude information about the offence, and the offender's background and present plans and problems. The CMS interview is generally conducted as a component of the offender intake process. The interview record is a standardized 71-item schedule surveying offender attitudes, objective history, behavioural observations and the officer's impression of contributing factors.

In an innovative investigation,<sup>16</sup> researchers employed CMS to extract particular items and construct composite risk scores for each general and violent recidivism in a sample of 81 released federal female offenders. Overall, composite risk scores accounted for 48% and 45% of the explained variance in general and violent recidivism, respectively. The results demonstrated that estimates of risk for reoffending can be derived from objective measures of risk. Moreover, these measures can be manipulated and tailored to specific groups, such as federal women offenders.

## Discussion

Assessment and classification paradigms are composites or reformulations of what we already know about variables pertaining to risk and need. Comprehensive assessment and classification of all offenders are paramount for appropriate security placement, treatment and risk prediction.

Proper security classification identifies low risk offenders, allowing for more humane and cost-effective alternatives to incarceration. Moreover, funding could be reallocated to tailored programming strategies for higher risk offenders. Preliminary findings support the use of the CRS in classifying female offenders. Prospective research will evaluate its utility as a predictive tool (for example, institutional incidents) for this particular group.

There is solid evidence that our current risk/needs assessment instruments are both reliable and valid for female offenders. However, the evaluation of women offenders should also address issues that might be particularly relevant to their success or failure on release (such as incidents of self-injury or attempted suicide). Although the CNIA and the CRNMS include suicide/self-injury as an indicator of personal/emotional problems, it is suggested that more consideration be allotted to this variable when dealing with women offenders. It may have powerful predictive potential. Additionally, marital/family problems may be key indices to forecasting postrelease outcome. For example, women offenders are much more likely than their male counterparts to be charged with child care responsibilities. This is significant when one considers that most actuarial instruments fail to consider full-time child rearing as significant "employment."

While current assessment tools appear to be accurate in identifying risk and need variables for female offenders, there is still room for improvement. As demonstrated with CMS, our current classification repertoire can be improved by tailoring the



instruments to ensure that they are particularly relevant to the group of interest.

Dynamic risk prediction involves the assessment and reassessment of various risk and need factors on a regular basis (for example, every six months). One final suggestion is that predictive accuracy will be

enhanced with more current assessment of dynamic variables. This would mean regularly assessing variables that might change over time, so risk prediction is based on the most current information available. ■

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- <sup>2</sup> Criminogenic needs reflect risk factors of the offender that are changeable and, when modified, reflect changes in the likelihood of recidivism.
- <sup>3</sup> Static factors are characteristics of the offender that cannot be changed (examples include gender and criminal history). Dynamic factors are characteristics of the offender that are changeable and may be targeted for intervention (examples include procriminal attitudes, education and substance abuse problems).
- <sup>4</sup> P. Burke and L. Adams, *Classification of Women Offenders in State Correctional Facilities: A Handbook for Practitioners* (Washington: U.S. Department of Justice, 1991).
- <sup>5</sup> F.P. Luciani, L.L. Motiuk and M. Nafekh, *An Operational Review of the Custody Rating Scale: Reliability, Validity, and Practical Utility* (Ottawa: Correctional Service of Canada, 1996).
- <sup>6</sup> L.L. Motiuk and F. Porporino, *The Prevalence, Nature, and Severity of Mental Health Problems among Federal Male Inmates in Canadian Penitentiaries* (Ottawa: Correctional Service of Canada, 1991).
- <sup>7</sup> K. Blanchette, "The Relationships between Criminal History, Mental Disorder, and Recidivism among Federally Sentenced Female Offenders," Unpublished master's thesis (Ottawa: Carleton University, 1996).
- <sup>8</sup> K. Blanchette and L.L. Motiuk, "Female Offender Risk Assessment: The Case Management Strategies Approach," Paper presented at the Annual Convention of the Canadian Psychological Association (Charlottetown, 1995).
- <sup>9</sup> J. Bonta, B. Pang and S. Wallace-Capretta, "Predictors of Recidivism among Incarcerated Female Offenders," *The Prison Journal*, 75, 3 (1990): 227-293.
- <sup>10</sup> A. Loucks and E. Zamble, "Some Comparisons of Female and Male Serious Offenders," *Forum on Corrections Research*, 6, 1 (1994): 22-25.
- <sup>11</sup> Blanchette and Motiuk, *Female Offender Risk Assessment*. See also Bonta, Pang and Wallace-Capretta, *Predictors of Recidivism*.
- <sup>12</sup> M. Dauvergne-Latimer, *Exemplary Community Programs for Federally Sentenced Women: A Literature Review* (Ottawa: Correctional Service of Canada, 1995).
- <sup>13</sup> Actuarial measures use empirically derived predictor variables in combination such that their statistical association with recidivism is maximized. In the context of risk assessment, actuarial measures yield a value within a possible range of scores, with a higher score suggesting a greater likelihood of recidivism.
- <sup>14</sup> D.A. Andrews and J. Bonta, *The Level of Service Inventory — Revised* (Toronto: Multi-Health Systems, 1995).
- <sup>15</sup> G. Coulson, G. Ilacqua, V. Nutbrown, D. Giulekas and F. Cudjoe, "Predictive Utility of the LSI for Incarcerated Female Offenders," *Criminal Justice and Behavior*, 23, 3 (1996): 427-439.
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# Implementing risk and needs classification in the Correctional Service of Canada

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The mandate of the Correctional Service of Canada is to protect the public while assisting offenders to prepare for a law-abiding return to the community. To achieve this, the Service must accurately assess the risk and needs of offenders and exercise a risk management response (such as incarceration, programming, structured community supervision) which corresponds to that assessment. This is particularly critical for high risk and high need offenders. The Correctional Service of Canada has made major advances in implementing policy and procedures for the systematic assessment and management of offender risk and needs.

This article examines the Service's experience in the development and implementation of an approach for the classification of offenders according to the level of risk and needs each presents.

## Why assess offender risk and needs?

Research<sup>2</sup> both within and outside the Correctional Service of Canada has shown that:

- factors related to an offender's criminal history are strongly related to failure on conditional release;
- there is a consistent relationship between the number and type of offender needs and recidivism; and
- the combined assessment of **both** risk and needs greatly improves our ability to predict which offenders will be recidivists.

Accurately classifying offenders according to their risk/needs level helps the Correctional Service of Canada and the National Parole Board to make appropriate management decisions which will, in turn, reduce recidivism and better protect the public.

## How is offender risk/needs classification conducted?

Structured risk/needs assessment is exemplified by the Offender Intake Assessment (OIA) process, an improved approach to penitentiary placement that represents the latest advance in risk assessment technology. Information is obtained (through face-to-face interviews and file review) from internal and external sources including the courts, police, probation files, victims' reports, family, employers and offender self-reports. This may include

supplementary assessments such as psychological, educational/vocational, substance abuse, family violence or psychopathy. Using a multidisciplinary team approach and case conferences, case managers at centralized intake units integrate the information into a comprehensive summary report. For each offender, case managers provide an overall risk/needs rating ranging from "low-low" to "high-high."

The Intake Assessment Report uses a revolutionary automated format for recording information: details of the assessment are entered on-screen in the Offender Management System (OMS), the Service's mainframe computer network. In each area of the assessment, **indicators** (short statements describing a risk factor) — where present — are flagged, risk and need levels are rated, and a narrative text is provided to round off the analysis. This approach permits easy accessibility to precise statistical information related to offender needs and risk for management and research purposes.

The Offender Intake Assessment process has two principal components: criminal risk assessment, and case needs identification and analysis.

## Criminal risk assessment

The offender's Criminal Risk Level is rated as high, medium or low based on a systematic review of information in the following areas:

- Criminal History Record, number and type of previous and current offences — both as a youth and adult — and number of crime-free periods;
- Offence Severity Record, for previous and current convictions — offence type, sentence length, degree of force used and physical/mental harm caused;
- Sex Offence History Checklist, type of past and current sex or sex-related offences, victim information, serious harm assessment and treatment history;
- Review of Detention Criteria, legislated criteria used to prevent the statutory release of dangerous offenders; and
- Statistical Information on Recidivism Scale, a statistically derived tool used for predicting recidivism.

Case managers then record a narrative description of current offences and an analysis of criminal behaviour patterns.

### **Case needs identification and analysis**

Using a similar approach, the offender's Case Needs Level is rated, based on a detailed review of seven need areas:

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

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

### **How does the Correctional Service of Canada use this information?**

Having an accurate assessment of the offender's risk/needs classification is important for making sound management decisions throughout the sentence. The information collected and analyzed during the Offender Intake Assessment process is used to help make decisions regarding the need for immediate intervention or intensive supervision, programming and security requirements, initial custody level and assignment to a placement institution.

At the receiving institution, the results of the intake risk/needs assessment form the base of the offender's correctional treatment plan: criminogenic need priorities are set and targeted for intervention, with intensity of treatment corresponding to the offender's level of risk.

Decisions to transfer the offender to reduced security, to grant a conditional release into the community or to detain the offender past the statutory release date are also based on a structured assessment of the offender's risk and needs. Once the offender is granted a supervised release, risk/needs classification is used to determine the minimum frequency of supervision contacts and to orient case management.

### **How risk/needs classification was introduced**

The Community Risk/Needs Management Scale (CRNMS) was part of a 1988 initiative to develop new standards for supervision of conditionally released offenders. Implemented in 1990, it represents the Correctional Service of Canada's first systematic and comprehensive approach to risk/needs classification.

### **What happened next?**

Following an extensive period of research and development that included pilot projects at male institutions in all regions and at the Prison for Women, the Offender Intake Assessment process began in November 1994.

The approach offered some significant improvements over the original community version, including:

- collapse of the 12 need dimensions of the CRNMS into 7 areas;
- detailed review and flagging of risk factors (indicators);
- addition of a medium level of risk; and
- creation of screening inventories for suicide prevention and living skills programs.

Since the process was implemented, approximately 6,000 newly admitted federal offenders have been assigned a risk/needs classification. In addition, the Correctional Service of Canada has just completed a catch-up exercise for incarcerated offenders admitted before its introduction, using a modified approach where case managers assign ratings only to the levels of case needs and criminal risk and to the seven need areas.

### **What does the risk/needs profile of offenders look like?**

With a risk/needs classification assigned to all federal offenders, it is now possible to examine a profile of the offender population. The table provides a national overview of the risk/needs levels of all currently incarcerated offenders at the time of their admission to federal custody.

### **What were some of the challenges of implementing risk/needs classification?**

When the Correctional Service of Canada's executive committee approved the implementation of Offender Intake Assessment, the first major task was to convert the process from a Windows-based application (chosen to facilitate future development)

Table

**National Overview of the Federal Institutional Population:  
Percentage Distribution of Risk/Needs Levels (at Admission)  
by Region (10,908 male offenders)**

Risk/Need Level	Region				
	Atlantic (1,209)	Quebec (2,999)	Ontario (3,090)	Prairies (2,114)	Pacific (1,496)
Low-Low	4.9	4.4	5.8	3.9	2.8
Low-Medium	5.3	5.7	3.9	4.2	1.9
Low-High	2.1	2.2	0.5	1.1	0.3
Medium-Low	2.8	1.7	2.3	1.3	1.4
Medium-Medium	24.2	18.0	19.9	20.6	21.3
Medium-High	12.0	19.7	10.5	13.1	9.8
High-Low	0.7	0.3	1.1	0.2	0.1
High-Medium	7.1	6.0	13.0	7.5	7.0
High-High	40.9	42.0	42.9	48.0	55.2
<b>Total</b>	<b>11.1</b>	<b>27.5</b>	<b>28.3</b>	<b>19.4</b>	<b>13.7</b>

to the existing OMS environment. This involved a complete redesign and testing of screens and reports, a process which took six months. Also, an extensive communication and training exercise was developed and delivered to all operational staff affected by the changes.

Implementing the assessment process presented a variety of challenges for intake units across the country. Here is a sample.

- Some regions were required to convert from a decentralized admission process to the centralized approach used with this process, which involved recruiting additional staff, converting facilities and staff responsibilities and establishing new procedures and lines of communication.
- Where centralized processes already existed, staff needed to shift to a different approach involving a greater degree of structure and the use of a standardized computer program to record the results of their assessments.
- Most locations experienced an increase in workload; in some instances, this was temporary resulting from the training and implementation exercise; in other cases, requirements were more demanding than previous assessment practices, necessitating the long-term allocation of new resources.

### What developments can we expect in the near future?

A research project has been launched to examine closely issues involved in the collection and use of information during the Offender Intake Assessment process. This study will pinpoint areas of difficulty

and identify examples of best practices, to improve the information retrieval process in all regions.

Improved OMS screens and reports for Offender Intake Assessment, which integrate penitentiary placement requirements and incorporate user suggestions, have been designed and will soon be implemented. Other planned changes include:

- improving the Statistical Information on Recidivism (SIR) Scale;
- adding a screening inventory of risk factors for violent recidivism;
- creating a separate protocol for psychological intake assessments; and
- using artificial intelligence technology to assist staff in rating criminal risk.

Some important changes are under way for post-intake risk assessment and management practices. Responding to user feedback, the Correctional Service of Canada has made plans not only to bring the Community Risk/Needs Management Scale into line with the risk/needs classification approach used with Offender Intake Assessment, but also to integrate existing correctional planning and case reporting requirements into this exercise. The result will be a single comprehensive case management document that will ensure consistency in assessments and reduce data-entry time for case managers.

This new approach, the reassessment and management of risk, is based on the work of a major pilot project in the Ontario region (Community Offender Management Strategy)<sup>3</sup>. The integrated process will also be extended for use in federal institutions, making it possible for case managers to conduct dynamic risk/needs classification throughout the entire sentence. ■

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<sup>2</sup> L.L. Motiuk and S.L. Brown, *The Validity of Offender Needs Identification and Analysis in Community Corrections*, Research Report R-34 (Ottawa: Correctional Service of Canada, 1993). See also D.A. Andrews and J. Bonta, *Psychology of Criminal Conduct* (Cincinnati, Ohio: Anderson Publishing Company, 1994).

<sup>3</sup> C. Townson, "An Improved Risk-Assessment Process: Ontario Region's Community Offender Management Strategy," *Forum on Corrections Research*, 6, 3 (1994): 17-19.

# Tried and true: Proof that the Custody Rating Scale is still reliable and valid

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*In the last decade, the Correctional Service of Canada has introduced a number of standardized assessment instruments and related protocols to guide correctional decisions on a range of areas from offender admission through to sentence expiry. Increasingly, managers and case management officers are asked to anchor their decisions in empirically derived, objective, risk assessment tools. Decisions governing initial security classification,<sup>2</sup> offender intake assessment<sup>3</sup>, recidivism potential<sup>4</sup> psychological intake assessment<sup>5</sup> and conditional release supervision strategies are now supported by standardized assessment protocols. Collectively, these measures represent an integrated, contiguous system of structured assessment relevant to the critical stages of incarceration and release.*

Objective classification instruments minimize subjective bias,<sup>6</sup> promote fair and equitable treatment and are helpful in planning accommodation needs and defining correctional strategies. They make public a correctional agency's security classification norms and consequences for offender behaviour, provide authority for decisions and establish the basis for both personal and organizational accountability.

Standardized assessments are not intended to replace professional or clinical discretion but rather to supplement it. By publicly defining its protocols for making assessments, the Correctional Service of Canada takes responsibility for its risk criteria, leaving the primary responsibility for competently applying those protocols to case management staff.<sup>7</sup> This is not to suggest that staff members do not have a vested interest in how these instruments are designed, developed and implemented, as many of these tools derive directly from case management experience and practice. Rather, it is important for case management officers to apply the assessment tools competently, and to do so requires an understanding of their theoretical framework and development.

Recently, the Correctional Service of Canada completed a validation study of the Custody Rating Scale.<sup>8</sup> The study used many of the traditional tests of psychometric properties<sup>9</sup> that standardized classification tools undergo before they are implemented. The results of these tests are summarized here, and it is hoped this will reassure staff members and improve their understanding of how standardized tools contribute to professional judgment.

## Custody Rating Scale

Offender security classification is grounded in the belief that measurable differences exist among offenders. It is also supported by the growing evidence that offenders can be grouped into distinct categories according to their ability to adjust in institutions, their escape risk and their risk to public safety should they escape.<sup>10</sup> Modern classification systems are often formulated on a two-tiered model in which an initial security rating, based on static factors, is made at admission followed by regular reassessments based on behaviour during incarceration. Classification systems often include a provision allowing for a security rating to be overridden for factors not related to risk (such as cell accommodation, protection or health needs) and for the cutoff values for security ratings to be adjusted. This gives considerable control over how offenders are distributed across security levels, contributes to the management and control of offenders,<sup>11</sup> and can play a major role in placing offenders to the least restrictive levels of confinement.<sup>12</sup>

The Custody Rating Scale (CRS) consists of two, independently scored subscales — a five-item Institutional Adjustment subscale and a seven-item Security Risk subscale. In most cases, scores on each item increase according to the frequency of incidents and, as scores increase on either subscale, the predicted security classification also increases. Security classification is determined by combining the total scores, in accordance with predetermined protocols that specify cutoff values for minimum and maximum security. If the score on one subscale indicates a level of security that differs from the other subscale, the overall CRS outcome is determined by the subscale that assigns the higher classification rating.

## Operational research

The CRS was developed and validated in 1987 based on a retrospective sample of 600 male federal offenders. It was approved for national implementation in 1990. Two previous examinations of the scale were undertaken, but they involved pilot samples from only two regions of the Correctional Service of Canada and predated the 1991 automated electronic version found on the Offender Management System.

The study described in this article was intended to establish the current reliability and validity of the scale, determine the impact of the Offender Management System and analyze initial placement practices. In March 1995, a sample was drawn from the Offender Management System of all active offender files that contained a complete and accurate CRS report. This sample of 6,745 cases represented 48% of the incarcerated population at that time.

## Reliability

The CRS is applied in all five administrative regions of the Correctional Service of Canada. While each region has its unique classification traditions, local perspectives and accommodation options, it is important to ensure the scale is applied consistently and meets acceptable reliability standards.

In earlier studies where the CRS was scored by hand,<sup>13</sup> errors related to omissions, out-of-range responses and computation problems were found in as many as 40% of the files sampled. Since the automation of the scale and its inclusion in the Offender Intake Assessment process, these types of errors have been eliminated, suggesting its more consistent administration.

Scale reliability was also explored in terms of the internal consistency among items as measured by coefficient alpha tests. Alpha measures the average correlation between scores on each item of a scale, and where the alpha is high, it is assumed the consistency between scores is also high. The overall coefficient alpha was .39 for the Institutional Adjustment subscale, and all intercorrelations between items, with one exception, were significant ( $p < .005$ ). The overall coefficient alpha was .10 for the Security Risk subscale, and for only three of the seven items were the intercorrelations found to be significant. Policy decisions to inflate the weighting for certain items may explain the poorer internal consistency for the Security Risk subscale.

Finally, the effectiveness of the CRS in grouping offenders into security classification categories that are discrete, exclusive and comprehensive was explored. The sample was grouped according to the security level designation given by the CRS and the average (mean) scores for each of the 12 items on the scale were analyzed. The average scores of the maximum-, medium- and minimum-rated groups were found to be significantly different ( $p < .001$ ) on all 12 items. This suggests that the CRS is quite capable of establishing an institutional-adjustment and security-risk continuum that effectively distinguishes between security classification groups.

## Validity

It is of little value to develop an instrument that is reliable but does not measure the behaviour it was intended to measure or fails to classify offenders according to anticipated behaviour. Therefore, the concurrent and predictive validity of the CRS was tested.

Tests of concurrent validity measure the extent to which ratings from the CRS are in accordance with ratings from an alternate method of security classification. In this case, the actual penitentiary placement decisions were used as an alternate method of security classification. The extent and nature of the agreement can be illustrated with a concordance table which also provides a rich source of information about placement patterns.

The frequencies and percentages in the cells on the diagonal as marked in Table 1 represent those cases where the CRS designation and the penitentiary placement decision agree on the security classification. The figures in the cells to the right of the diagonal represent cases where the CRS designation was overridden and a placement decision was made to a **higher** level of security. The figures in the cells to the left of the diagonal represent cases where the CRS designation was overridden by a placement decision to a **lower** level of security.

The overall concordance rate, as represented by the sum of the diagonal, was 74%. (Based on previous reviews, when the effects of legitimate overrides to the scale, such as protection and medical considerations, are accounted for, the actual concordance rate may reach as high as 84%.) Most disagreements with the scale (16%) were in the form of overrides to higher security levels, while the remaining disagreements (10%) were overrides to lower security.

Table 1

### Concordance Between the Custody Rating Scale and the Penitentiary Placement Decision

Custody Rating Scale Designation	Penitentiary Placement Decisions			Total
	Minimum	Medium	Maximum	
Security Minimum	16.3% (1,078)	10.7% (707)	0.3% (21)	27.3% (1,806)
Medium	7.7% (508)	54.7% (3,629)	5.3% (349)	67.7% (4,486)
Maximum	0.1% (4)	2.1% (142)	2.9% (195)	5.1% (341)
<b>Total</b>	<b>24.0%</b> <b>(1,590)</b>	<b>67.5%</b> <b>(4,478)</b>	<b>8.5%</b> <b>(545)</b>	

These results suggest a high level of agreement between the security designations given by the CRS and the actual penitentiary decisions made. A closer examination of override patterns is revealing. For example, of 1,806 offenders rated as minimum security by the CRS, almost 60% (1,078) were actually placed to minimum security; 707 were placed to medium security. Similarly, 508 cases placed to minimum security were actually overrides of medium security ratings by the CRS.

It is interesting to note that the overall base rates for institutional incident (16%) and escape (4%) of offenders rated by the CRS as minimum security risks was lower than the incident (18%) and escape (6%) rates for all offenders initially placed to minimum security. These higher rates result from medium rated offenders placed to minimum whose substantially higher incident (26%) and escape (8%) rates inflated the base rates of all minimum placed offenders. A similar effect was noted with respect to base rates for violence and drug and alcohol incidents. The results suggest that placement of higher risk offenders to the least restrictive level of confinement is not without costs.

Tests for predictive validity assess the extent to which initial classification ratings are confirmed by future institutional behaviour. A number of indices of predictive validity were examined using data gathered after the CRS had been completed and the penitentiary placement decision had been made. Table 2 provides the rates of overall institutional incidents, violent incidents and escapes from minimum security among offenders classified as minimum, medium and maximum security by the CRS.

As expected, there are significant differences in the rates of misbehaviour across the various security ratings of the CRS. The overall incident rate and the violent incident rate for minimum rated offenders (15.6% and 3.1% respectively) are lower than those of offenders rated as medium security (35% and 8.1% respectively) and markedly lower than those of offenders rated as maximum security (51% and 14.3% respectively). Similarly, the escape rate of offenders designated by the CRS as minimum security is significantly lower than that of offenders designated higher security by the CRS but placed to minimum security (4.6% versus 7.7%). Similar results can be demonstrated for a variety of other predictive indices including likelihood of drug and alcohol offences, discretionary versus non-discretionary release and conditional release adjustment.

Overall, then, the CRS performed very well in terms of categorizing offenders according to their relative risk for escape, disruptive or violent behaviour and drug and alcohol involvement, as well as according to their potential for discretionary release and behaviour on conditional release.

### Practical utility

Finally, the CRS's usefulness in promoting the values and meeting the objectives of the Correctional Service of Canada was examined. One way was by looking at the effect of initial placement on release potential.

Effective classification should encourage the placement of offenders at the least restrictive level of confinement and, in so doing, maximize offenders' potential for discretionary release (that is, release on full parole as opposed to statutory release). Where

Table 2

Rates of Misbehaviour among Offenders by Custody Rating Scale Designation

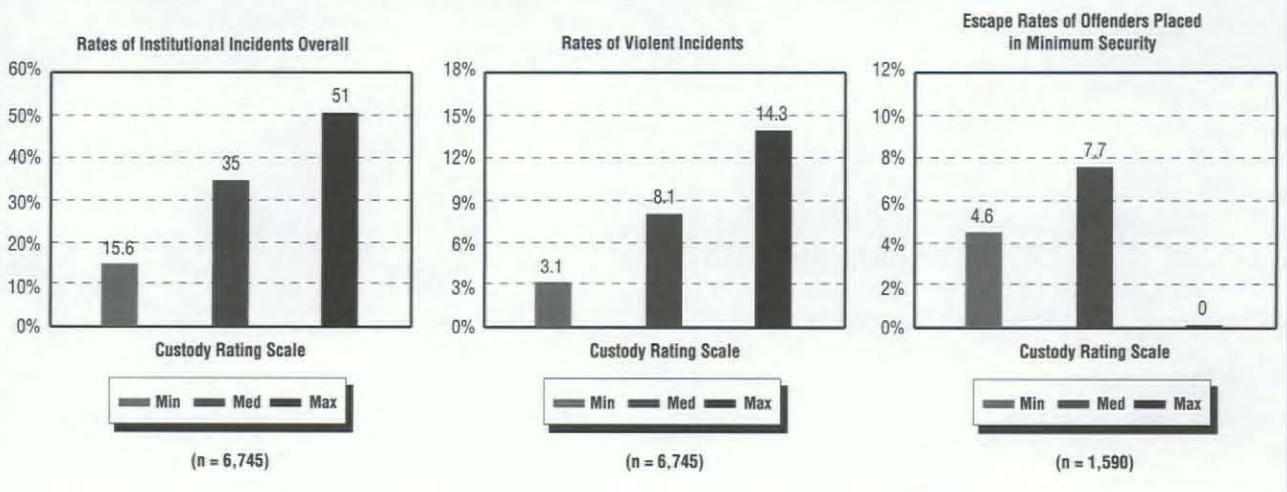


Table 3

**Discretionary Release Rates and Average Days to Release by Rating and Placement Decision**

Custody Rating Scale Designation	Penitentiary Placement Decision			
	Minimum		Medium	
Minimum	Release Rate	85%	Release Rate	68%
	Days to Release	379 days	Days to Release	462 days
Medium	Release Rate	78%	Release Rate	63%
	Days to Release	423 days	Days to Release	529 days

an offender is initially placed has an important bearing on if and how quickly the offender is released. Offenders placed at lower security institutions have better opportunities to establish their release credibility than offenders with similar classification ratings who are placed at higher security institutions. Table 3 shows the discretionary release rates and average number of days of incarceration before release for offenders rated and/or placed at minimum and medium security levels.

Eighty-five percent of the offenders rated (by the CRS) and placed to minimum security were awarded a discretionary release after an average of 379 days of incarceration. This compares with a 68% release rate and an average of 462 days of incarceration for offenders rated as minimum but initially placed to medium security. Medium-security rated offenders placed to minimum security, on the other hand, enjoyed higher release rates (78%) and shorter incarceration periods (423 days) than offenders rated and placed to medium security (63% and 529 days) or even the minimum-rated, medium-placed offenders. (Statistical Information on Recidivism Scale scores were examined, and nothing

was found to suggest the risk to recidivate may have influenced the placement and release potential.)

While medium-security rated offenders placed to minimum security enjoyed higher release rates and shorter incarceration periods than offenders rated at lower security levels, they also had substantially higher rates of institutional incidents, escapes and conditional release suspensions. It is clear that initial placement to minimum security, regardless of risk, has a dramatic effect on release potential. It is also clear that there are costs associated with overriding the CRS ratings: placement to

higher security impedes release potential, while placement to lower security is associated with higher rates of institutional and conditional release maladjustment.

### Conclusion

The Custody Rating Scale performed well in assigning discrete security classification ratings to newly admitted offenders and also in terms of its concordance with actual placement decisions. The scale also proved effective in assigning ratings that correlated with institutional adjustment patterns, escape risk, discretionary release potential and conditional release adjustment. An analysis of overrides of the scale illustrated the impact of initial placement on release potential.

The CRS provides the Correctional Service of Canada with an effective and objective measure of security classification, is a valuable resource to management and guides case management staff consistently in initial placement decisions. ■



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- <sup>2</sup> Solicitor General of Canada, Development of a Security Classification Model for Canadian Federal Offenders: A Report to the Offender Management Division (Ottawa: Correctional Service of Canada, 1987).
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- <sup>10</sup> D.A. Andrews, J. Bonta and R.D. Hoge, "Classification of Effective Rehabilitation: Rediscovering Psychology," *Criminal Justice and Behavior*, 17 (1990): 19-52. See also C.B. Clements, "Offender Classification: Two Decades of Progress," *Criminal Justice and Behavior*, 23 (1996): 121-143. See also D.M. Gottfredson and M.H. Tony, *Prediction and Classification: Criminal Justice Decision Making* (Chicago: University of Chicago Press, 1987).
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# Situating risk assessment in the reintegration potential framework

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Over recent decades, criminal justice researchers have highlighted conceptual and methodological advances in risk assessment technology, distinguishing between “statistical” and “clinical” prediction, and between “static” and “dynamic” factors. Throughout the 1970s and 1980s, because of the relatively low predictive accuracy of the available risk assessment instruments, researchers focused on false positives — that is, incorrect placement or release of offenders who subsequently succeeded. By the late 1980s and early 1990s, improvements in the accuracy of various risk scales had shifted concerns to false negatives — that is, prematurely released offenders who subsequently failed. This latter research was fueled by public concerns for community safety and new legislation developed to allay those concerns.

Today, because society has a low tolerance for false negatives, decision makers are overly concerned about failures, and this excessive concern may be impeding reintegration efforts. Correctional decision errors can be minimized by improving systematic risk/needs assessment strategies and standards of practice. Such a strategy should help us to identify and release offenders with good potential for successful reintegration. Offenders with high reintegration potential might be defined as low-risk offenders or moderate-risk offenders who are manageable in the community with prescriptive intervention and appropriate supervision.

This article identifies several issues relating to reintegration potential that apply to all correctional jurisdictions to help decision makers determine where to make judicious changes to increase reintegration. This approach should also ensure that offenders are released safely and in a timely manner, consistent with each jurisdiction’s mission statement. This article argues that risk assessment can be bound into reintegration efforts in a way that minimizes decision errors. It also recognizes that jurisdictions may vary in their tolerance of false negatives, particularly with specific types of offenders or specific types of failure.

## Reintegration

A recent report by the Canadian Centre for Justice Statistics presents a one-day snapshot of provincial and federal offenders.<sup>2</sup> Although the federal jurisdiction differs from provincial and territorial jurisdictions in the risk/needs profiles of their inmates and the proportion of violent offenders in their correctional population, there is sufficient range to suggest developing differentiated

strategies according to risk/need factors. Reintegration encompasses a broad range of decisions intended to: place offenders in the least restrictive setting possible, grant temporary absence or conditional release, and invoke suspension or revocation of conditional release when necessary. Each of these correctional practices, however, is also an index of reintegration success, and significantly affect an offender’s movement through his or her sentence. For instance, Luciani, Motiuk and Nafekh<sup>3</sup> reviewed case management decisions regarding placement in minimum security using different cutoffs for the Custody Rating Scale (CRS), an initial security classification tool used by the Correctional Service of Canada. Modifying CRS cutoffs reduced the number of days served, with minimal impact on the number of escapes. Specifically, offenders placed directly in minimum security spent fewer days incarcerated than offenders placed directly in medium security. Offenders who went straight to minimum security also benefited from a higher rate of parole grants.

“Decarceration” has been defined as the selection of offenders suitable for early release.<sup>4</sup> Identification of suitable offenders raises questions about selection criteria, risk scales, and using treatment and program information in correctional and parole decision making. Although this emphasis on early release is central to reintegration, other factors may also influence the likelihood of decisions to grant discretionary release. For instance, Motiuk and Belcourt<sup>5</sup> found that an offender who had received a temporary absence was highly likely to be subsequently granted parole. This suggests gains in one area of reintegration may yield increases in another.

## Risk and security classification instruments

Most jurisdictions have specific strategies for assessing offender risk. Although an overview of these approaches is beyond the scope of this paper, such work is in progress.<sup>6</sup> Evidence indicates that the various risk scales used in Canadian corrections are highly intercorrelated — that is, the choice of a specific risk assessment instrument is mainly an operational issue, since none has been proved to be markedly superior. In fact, a thorough review of the

offender assessment literature strongly encourages assessment strategies that use several instruments.<sup>7</sup>

Other issues to consider from a systems perspective are content and process: Do the instruments reflect sufficient content to meet the guidelines for risk assessment?<sup>8</sup> In the case of objective classification instruments, it has been proposed that they be used as anchors, and that the use of case-specific information be increased. For process, it is important that staff who prepare reports for decision makers clearly articulate how they have integrated risk factors and estimates of recidivism into their assessments. Staff in several jurisdictions have received comprehensive risk assessment training to ensure that they understand that risk assessment scales are valuable but no substitute for sound correctional decision making.

Offender risk/needs assessments are done to inform staff about an offender's requirements and criminogenic needs. This allows decisions to be made regarding specific treatment targets and the appropriate intensity and mode of intervention for an offender. Recently, a systems approach to community-based offender risk management led to the development and implementation of risk/needs instruments such as the Level of Service Inventory — Ontario Revised (LSI-OR) in Ontario, and the Community Risk/Needs Management Scale (CRNMS) in federal corrections. These dynamic risk assessment tools produce indications of reassessment needs as well as case needs. The LSI-OR and the CRNMS have been demonstrated to be correlated to recidivism. Such an assessment strategy can be incorporated into guidelines for preventive supervision that would yield gains in reintegration — that is, monitoring, supervision and intervention could be gradually increased to coincide with an offender's time of increased risk. Even modest reductions in suspensions and revocations would increase the number of offenders safely serving their sentences in the community.

One final risk assessment issue is the need to address decision errors. Currently, many decision makers use risk assessment tools to estimate the offender's risk of reoffending. These scales can also be used to inform staff about the probability of types of failure, and the decision errors most associated with the various cutoff scores on the instrument. This method permits staff to consider the likelihood and costs of recidivism. For example, some events, especially sexual reoffences, are relatively rare, but have high costs when they occur. Including decision errors in the risk assessment tool allows consideration of multiple cutoffs to minimize both false positives and false negatives. It is crucial that

base rates be known for various types of failure, various types of release (e.g., discretionary, expiration of sentence) and various settings, regions and security levels.

### **Meeting the full potential for reintegration of offenders**

Several indicators show that emphasizing false negatives may be impeding reintegration efforts. By changing the way the CRS is applied, transfers to minimum security and parole grants could be increased, without an increase in escapes. This would minimize false positives, which lead to unnecessary higher-security incarceration, without increasing false negatives, which lead to escapes. Another indicator relates to the results of examination of temporary absence program participation and release of offenders. The number of offenders granted temporary absences has diminished markedly over the past several years, and it is not clear whether this reduction is related to policy changes or concern about failure. When one considers that successful temporary absences predict successful release on parole, then reductions in temporary absence grants tend to reduce parole grants. This situation suggests considerable opportunity for reintegration gains.

### **What intervention could do**

It is generally accepted that effective correctional intervention is important to the reduction of offender risk. Consistent with this view, a concerted effort is required to ensure that correctional programs and intervention are linked to reintegration efforts. If this is to occur, however, core programs must be continuously evaluated and the changes indicated by the evaluations must be integrated. Furthermore, the accreditation of correctional programs must ensure that programs meet standards for content and delivery. Finally, a mechanism is required to incorporate treatment information into decisions regarding reintegration potential.<sup>9</sup>

### **Application to various jurisdictions**

Although the application of approaches noted in this article may vary from jurisdiction to jurisdiction, several themes merit attention. Objective security classification is desirable for good correctional management and to demonstrate that decisions are informed and rationalized. Systematic and objective classification may also reduce decision errors regarding the security level at which offenders are incarcerated. Not only is over-classification more expensive, but it also limits offenders' release opportunities.

In correctional systems, temporary absence programs are inextricably linked to subsequent discretionary release. Careful attention to temporary absence programs should yield gains in other reintegration areas. Similarly, overly stringent parole-suspension practices will concentrate the offender population in prison. Even a modest reduction in suspensions and probation breaches through better community management might yield substantial gains in the population of offenders living safely in the community.

Correctional programs remain an important risk-reduction strategy, but speculation continues on the best way to integrate treatment into reintegration decisions. We do know, however, that community-based programs tend to be more efficacious, which suggests that they should be used more.

Offence-based guidelines for security classification or discretionary release are unlikely to minimize decision errors as effectively as statistically anchored and case-differential risk/needs assessment strategies do. All jurisdictions must make release decisions before expiration of sentence, preferably through operational applications of research findings (e.g., LSI-OR, Statistical Information on Recidivism Scale). Further, standards of practice are available for guidelines on completing risk assessments,<sup>10</sup> and should be incorporated into correctional practices.

## Summary

Incorporating systematic risk/needs assessments and principles into a reintegration potential framework seems both legitimate and potentially fruitful. The process and content reflected in traditional risk/needs assessments are compatible with the goals of reintegration, but require refocusing. This can be done only if correctional staff and decision makers consider the issue of decision errors more carefully. Current research highlights several areas where gains can be made, and indicates that reintegration efforts in one area may produce gains in several other areas. If such gain is, in fact, exponential, then only modest gains might be preferred at the initial stage. This would allow researchers to evaluate the impact of changes in procedures, guidelines and cutoffs designed to improve reintegration efforts. This policy will also appeal to those who argue that reintegration is not indicated for resistant and high-risk offenders. The release of offenders with high reintegration potential is consistent with recent legislation targeting high-risk offenders. ■

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<sup>2</sup> F. J. Porporino, National Overview, A Snapshot Profile of All Inmates On-register in Federal and Provincial/Territorial Adult Correctional Facilities on Saturday, October 5th, 1996 (In press).

<sup>3</sup> F. P. Luciani, L. L. Motiuk and M. Nafekh, *An Operational Review of the Custody Rating Scale: Reliability, Validity and Practical Utility* (Ottawa: Correctional Service of Canada, 1996).

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<sup>5</sup> L. L. Motiuk and R. Belcourt, *Temporary Absence Program Participation and the Release of Federal Offenders* (Ottawa: Correctional Service of Canada, 1996).

<sup>6</sup> S. L. Brown and R. L. Serin, *A Consumer's Guide to Risk Assessment: A Systematic Review* (Manuscript in press, 1998).

<sup>7</sup> T. A. Leis, L. L. Motiuk and J. R. P. Ogloff, *Forensic Psychology: Policy and Practice in Corrections* (Ottawa: Correctional Service of Canada, 1995).

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<sup>9</sup> R. C. Serin and S. Kennedy, *Treatment Readiness and Responsivity: Contributing to Effective Correctional Programming* (Ottawa: Correctional Service of Canada, 1997).

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# Principles of effective correctional programming

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When the first author first began reviewing offender treatment studies in the 1970s, the amount of available information was rather limited<sup>3</sup>. However, with the passage of time, a sizeable literature has emerged and recent developments in quantitative literature review techniques (such as meta-analysis) now allow us to make summary statements of the data with reasonable confidence.

This article will, therefore, highlight some key points that have emerged from this literature. In short, it will set out some of the basic principles of effective correctional treatment.

## Summary of key data

There are currently 13 (and counting) quantitative reviews of the literature.<sup>4</sup> Taken together, they represent at least 700 studies. The average effect size across these meta-analyses, expressed in terms of the correlation coefficient  $r$  is about 0.10. This simple statistical relationship can be taken at face value.<sup>5</sup> In other words, offender treatment programs reduce recidivism by about 10%. While this is a modest result for some treatment literatures, it is acknowledged that serious antisocial behaviour is very difficult to treat. Further, a 10% reduction is comparable to what is acceptable for many medical interventions and represents substantial cost savings.<sup>6</sup>

But that is only half the story. It has been repeatedly said that to better understand the robustness of the offender treatment literature, one must look into the "black box"<sup>7</sup> of the programs themselves. At the risk of oversimplifying a complex literature, it is fair to say the consensus reached is that effective (appropriate) programs are behavioural/highly structured in nature and target the criminogenic attitudes, values and behaviours of higher-risk offenders. Inappropriate or ineffective programs tend to be those that are psychodynamic, non-directive, medical model, use vague group milieu/vocational/educational strategies or sanctions, or any treatment that does not target criminogenic needs.

The potency of the results that emanate from this type of "black box" analysis are informative. For example, three types of programs were outlined in a

Table 1

### Type of Treatment and Recidivism Reduction

Type of Program	1990		1995	
	Number of comparisons between a treatment and control group	$r$	Number of comparisons between a treatment and control group	$r$
Appropriate	54	0.30	85	0.25
Inappropriate	38	-0.06	64	-0.03
Unspecified	32	0.13	66	0.13
Total	124	0.15	215	0.13

meta-analysis that was completed in 1990 and then updated in 1995:<sup>8</sup> the aforementioned appropriate and inappropriate types,<sup>9</sup> and an unspecified category where it was not clear what was offered under the guise of therapy (see Table 1).

Appropriate programs produced convincing results. In 1990, there were 54 comparisons between an appropriate treatment and a control group, with an average reduction in recidivism of 30% ( $r = .30$ ). This result still held five years later, when 85 comparisons were available. Although the new average effect size of  $r = .25$  is somewhat smaller,<sup>10</sup> it is virtually identical to the potency effects found for therapies across a wide variety of "clinical" (non-criminal justice) areas.<sup>11</sup>

Obviously, from a clinical and policy perspective, the utility of this effect is far from trivial. The old myth<sup>12</sup> propagated by "nothing works" devotees, that offenders are of such a peculiar psycho-biological nature that they are beyond responding positively to interventions designed to reduce criminal behaviour has finally been put to rest.

A second table was prepared specifically for this paper. We did this because "punishing smarter" programs have assumed such a high profile — they are found in every U.S. state and are making significant advances into Canada.

We gathered 138 punishment versus control group (no or reduced punishment) comparisons in this table (see Table 2).

Table 2

Punishment type	Recidivism	
	Punishment group	Comparison group
Drug testing (7)	16.7%	17.1%
Electronic monitoring (8)	7.1%	9.9%
Fine (5)	29.5%	22.6%
Intermittent incarceration (38)	31.5%	30.5%
Restitution (19)	36.1%	41.9%
Scared straight (15)	30.5%	29.5%
Incarceration (46)	25.4%	22.8%
<b>Total (138)</b>	<b>27.8%</b>	<b>27.2%</b>

Summing across all seven types of punishment, we find that the recidivism rates for the two groups are virtually identical (27.8% versus 27.2%), with an average effect size of  $r = .00$ . Indeed, the punishment (restitution) that produced the best result ( $r = .06$ ) is four times less effective than the 1995 appropriate treatment group in Table 1.

### Principles of effective intervention

Some caveats should be noted in reading this information. Most of these principles are drawn from the meta-analyses, which are not infallible. There is variation between the meta-analyses in terms of methodology and literature surveyed, and disagreement over some issues (such as setting effects).<sup>13</sup> The meta-analyses also did not address several program issues, but this is mainly due to the inadequacy of the original literature.

No doubt, as new data on program effectiveness are produced, a few of the following principles will be revised and some additional principles will emerge. In drawing up these principles, we have relied on several key meta-analyses/reviews of meta-analyses, as well as narrative reviews, selected experimental studies and clinical wisdom.<sup>14</sup>

#### i) Assessment factors

Offender risk factors should be assessed using an actuarial method (such as the LSI-R) with proven predictive validity for recidivism. The risk measure should be based on local norms and should assess a variety of static (such as age) and dynamic (such as criminogenic need) risk factors. Higher-risk offenders should be identified and assigned to the more intensive levels of treatment.

#### ii) Treatment characteristics

Treatment should be based on behavioural strategies (such as radical behavioural, social learning, cognitive

behavioural or skill building) and preferably located in the offender's natural environment. The treatment dosage should be substantial (at least three to four months or 100 hours of direct service), and daily contact is desirable.

Treatment should be multi-model, emphasize positive reinforcement contingencies, and be individualized whenever possible. Treatment should target criminogenic needs, and should be designed to match the characteristics of the offender, the therapists and the program in such a way as to motivate the offender to participate and provide optimal conditions for learning pro-social behaviours.

Finally, the treatment should be designed to provide continuing assistance/aftercare to the offender once the formal phase of treatment ends.

#### iii) System factors

Effective program implementation is necessary for program sustainability and integrity. Some relevant factors in this area are that the program designer/director has professional credibility, prepares a strong curriculum, and conducts staff training and program evaluation. The program should be supported by administration, line staff and external stakeholders, and funding must be adequate and internally generated.

Staff must have appropriate training, experience and counselling skills (such as clarity, empathy, the ability to be firm and fair, and problem solving abilities). Technology transfer should be encouraged by ongoing staff training on relevant theoretical, assessment and treatment developments, supporting the use of responsible professional discretion in making changes to program components, and the improvement of staff clinical skills through the periodic monitoring of therapeutic sessions.

To ensure effective case management, changes in offender criminogenic need factors must be monitored while the offender completes the program. Additionally, post-program client outcome must be gathered to determine whether changes are needed to program modalities.

Finally, the treatment unit should pursue advocacy/brokerage of services under the condition that a thorough assessment is made of the adequacy of those services.

#### Optimal results

As noted previously, the average reduction in recidivism for appropriate treatments is in the 25% to 30% range. Nevertheless, we can expect even better results under conditions of optimal therapeutic

integrity. Therapeutic integrity consists of several dozen elements.<sup>15</sup> Essentially, it means that programs not only fit the "appropriate" definition, but have an evaluator/program designer who is very well versed in behavioural interventions, and well qualified and trained clinical staff who provide a very intensive service.

In the case of prison-based programs that fall within the minimum criteria of the appropriate category (such as behavioural treatment), reductions in recidivism of about 5% to 16% are the norm.<sup>16</sup> Prison programs with, in our opinion, a great deal of therapeutic integrity, can produce reductions in recidivism in the range of 20% to 35%. Two such current programs are the Rideau Correctional Centre anger management and relapse prevention program (see the Marquis article in this issue) and the Stay'n Out substance abuse program.<sup>17</sup>

With regard to contemporary community-based interventions, the Ohio and South Carolina programs<sup>18</sup> for high risk-juveniles are especially noteworthy. Reductions in recidivism of at least 30% are typical of these programs. In one South Carolina comparison, a 50% reduction was reported. In addition, the South Carolina group is replicating their program results in several other jurisdictions.<sup>19</sup> One of the truly impressive features of these programs is that they are multi-faceted. They are also based in the offenders' natural environment (home, peers, school). In short, they adhere to a social ecological model<sup>20</sup> of human behaviour. We are confident that this model will continue to generate the most robust and generalizable results, attesting to the effectiveness of offender rehabilitation. ■

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<sup>4</sup> F. Lösel, "Increasing consensus in the evaluation of offender rehabilitation? Lessons from recent research syntheses," *Psychology, Crime & Law*, 2 (1995): 19-39.

<sup>5</sup> See the Binomial Effect Size Display in R. Rosenthal, *Meta-analytic Procedures for Social Research* (Newbury Park: Sage Publications, 1991).

<sup>6</sup> Lösel, "Increasing consensus in the evaluation of offender rehabilitation? Lessons from recent research syntheses." See also Rosenthal, *Meta-analytic Procedures for Social Research*. And see F. Lösel, "The efficacy of correctional treatment: A review and synthesis of meta-evaluations," *What Works: Reducing Reoffending*, J. McGuire, Ed. (Chichester: John Wiley & Sons, 1995): 79-114.

<sup>7</sup> P. Gendreau and R. R. Ross, "Correctional treatment: Some recommendations for effective intervention," *Juvenile and Family Court Journal* (1983-1984): 31-39. See also P. Gendreau, "The principles of effective intervention with offenders," *Choosing Correctional Options that Work: Defining the Demand and Evaluating the Supply*, A. T. Harland, Ed. (Thousand Oaks: Sage Publications, 1996): 117-130.

<sup>8</sup> The 1990 and 1995 meta-analyses were completed by Don Andrews and colleagues. See D. A. Andrews, I. Zinger, R. D. Hoge, J. Bonta, P. Gendreau and F. T. Cullen, "Does correctional treatment work? A clinically relevant and psychologically informed meta-analysis," *Criminology*, 28 (1990): 369-404. The 1995 dataset was presented at the American Society of Criminology Conference, Boston, 1995, and was discussed in personal communication, 1996.

<sup>9</sup> Andrews' inappropriate category does not include sanctions or what are commonly known as "punishing smarter" strategies. We address the efficacy of this type of intervention separately.

<sup>10</sup> The shrinkage is due to the fact that some of the newer studies were institutionally based and the evaluator was not involved in the design of the program. There are still a few studies to be added to the 1995 database, most of which have proven quite effective.

<sup>11</sup> M. W. Lipsey and D. B. Wilson, "The Efficacy of Psychological Educational and Behavioural Treatment: Confirmation from Meta-Analysis," *American Psychologist*, 48 (1993): 1181-1209.

<sup>12</sup> Gendreau and Ross, "Effective Correctional Treatment: Bibliotherapy for Cynics."

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# Effective correctional programming: What empirical research tells us and what it doesn't

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**T**he correctional politics of many countries have changed as dramatically as fashion trends during the last 25 years. For example, the United States has moved from optimistic experiments on offender rehabilitation to tough punishment and frequent imprisonment.

*Although these waves may be understandable within the broader political, societal and cultural context, they are only loosely related to empirical research and practice. The research world has produced more consistent, step-by-step development.*

*Recent meta-analyses and other research syntheses have examined more than 500 controlled studies.<sup>2</sup> Although the research varies greatly, a fairly consistent picture has been painted of several fundamental topics. However, other areas have been plagued by either inconsistent or minimal study.*

*This article, therefore, sets out a brief overview of what we know and what we still have yet to learn about effective correctional programming.*

## General effectiveness

**A**ll meta-analyses on offender treatment suggest that offenders who receive some kind of psychosocial treatment tend to do better than those who do not. This conclusion cannot be attributed solely to reliance on selected positive results because various meta-analyses have also included unpublished research reports.

The overall effect of such treatment is relatively small. On average, offender treatment tends to reduce recidivism by approximately 10 percentage points. However, even such a small effect can produce significant cost savings.<sup>3</sup> Further, many recognized and praised medical treatments produce similar results.<sup>4</sup> Methodological studies also suggest that the potential upper limit of such reductions is actually between 30 percentage points and 40 percentage points.<sup>5</sup>

## Type of treatment

There are remarkable differences in the effectiveness of different types of programming. Intervention based on empirically valid theories of criminal behaviour that address criminogenic needs (the need principle) and account for offender learning styles and characteristics (responsivity) produce greater results.<sup>6</sup> Successful programs also tend

to be either behavioural, cognitive-behavioural or multi-modal.

Unstructured case work, counseling, and psychodynamic, insight-oriented and nondirective approaches tend to have less impact. The same is true of pure punishment, deterrence measures (such as boot camps), or measures with no educational or psychosocial component (such as diversion). Some of these less-appropriate programs have even been found to have negative effects.

## Program integrity

Various studies suggest that high program integrity can lead to better offender outcomes. However, if the program is inappropriate to begin with, integrity will not improve outcome.

Low program integrity may be caused by things like weak program structure, lack of a manual, insufficient staff training, organizational barriers, staff resistance to proper program implementation, incidents that lead to political changes, unsystematic changes to the program, and lack of a basic philosophy of criminality and treatment.<sup>7</sup>

Of course, any form of programming is largely individual and cannot be completely standardized. It is, however, important to continually monitor areas such as program development, organizational structure, staff selection and training, communication and decision-making rules.

## Methodological considerations

A large portion of the variances in treatment outcome can be attributed to methodological variations between studies.<sup>8</sup> One should, therefore, be cautious about generalizing the results of a single study.

The criteria used to measure program effects are particularly important. Behavioural and more objective measures of criminality and recidivism tend to produce smaller effect findings than measures of institutional adaptation, attitudes or personality change. Reliable criteria and longer follow-up periods are also associated with smaller effects.

In many studies, measures of intermediate goals (such as personality change) tend to be too unspecific for sound prediction of future criminality. This



suggests the need for thorough assessment of offender development before, during and after program participation.

### **Location**

Community-based programming tends to produce greater results than programming delivered in custody. However, some institutional programs have produced positive results.<sup>9</sup>

The negative impact of incarceration depends on personal, situational and organizational characteristics that can be addressed at least partially by programming. Many offenders have hazardous lifestyles, so institutions may be a stabilizing influence. However, these arguments should not be misunderstood as a plea for custodial programs. Custody should be a last resort. Systematic risk and dangerousness assessments have proven useful in making placement decisions<sup>10</sup> and should be continually improved.

### **Offender characteristics**

A focus on simple offender variables like age, sex or type of offence does not normally produce particularly strong results. It is more effective to assess high-risk personality disorders (such as psychopathy),<sup>11</sup> specific criminogenic needs, and responsivity.<sup>12</sup> Antisocial cognitive styles, lack of social skills, impulsivity, and verbal and neuropsychological problems indicate a risk of persistent offending.<sup>13</sup>

Such characteristics are relevant not only to treatment characteristics, but also to the fit between offender and program. For example, while role-playing and interpersonal skills training may help "ordinary" offenders,<sup>14</sup> they can be counterproductive for primary psychopaths. Learned skills can be misused, which could result in treated offenders recidivating more frequently than untreated offenders.<sup>15</sup>

### **Risk and program intensity**

The risk principle suggests that high-risk offenders need intensive treatment, while low-risk offenders should not receive too-intensive (and costly) programming. However, very high-risk offenders are difficult to change, even through intensive treatment.

The best way to understand the relationship between risk and treatment failure is to imagine the letter "u," where the top of one end of the "u" represents high risk and the top of the other end represents low

risk. The fit between risk and service level is most important at the bottom of the "u" — the broad middle range of offender risk.

Program intensity can also be influenced by other factors. For example, psychopathic offenders tend to express less motivation and effort,<sup>16</sup> putting them at risk of receiving less intensive treatment or of dropping out of the program.

### **Organizational and staff characteristics**

Unfortunately, little systematic research has been done on the impact of organizational characteristics such as facility climate, prison regime or relationship with other services. However, institutional features vary widely.<sup>17</sup> A regime that is emotionally and socially responsive, well structured, norm-oriented and controlling can be important not only to program interaction but also to future nonoffending.<sup>18</sup>

The impact of staff characteristics is also rarely investigated. Yet, psychotherapy research indicates that the personal variables of a therapist are very important to effective intervention.<sup>19</sup> Effective treatment requires well-selected, specifically trained, highly motivated and continuously supervised staff. Staff attitudes and competence that do not match the aims and content of a program may not only lower treatment integrity, they may also hinder its effectiveness.

### **Natural protective factors**

Some individuals can cope relatively well without professional help. Cognitive and social competencies, an "easy" temperament, success at school or in hobbies, attachment to a stable reference person, social support from outside the family, and accepting/responsive or demanding/controlling educational styles can help protect an individual.<sup>20</sup>

Correctional programs do not generally account for such natural protective factors. However, young offender programming and early intervention in at-risk groups have shown that working with young offenders and their families is particularly effective.<sup>21</sup>

Unfortunately, this is much more difficult to accomplish with offenders who are older or in custody. Their natural environment is often heavily disturbed and they frequently lack personal and social factors that could help in decreasing criminality. Depending on the context, some of these factors (such as support from a deviant peer group) could even have a negative effect.<sup>22</sup> Despite these realities, efforts should be made to integrate such natural protectors into programming.<sup>23</sup>

## Relapse prevention

Various types of programming are relatively successful in the short term, but fail over the long term. However, the positive changes offenders achieved in these programs could be preserved by additional or relapse-prevention programming.<sup>24</sup>

Although the necessity for effective after-care is unquestioned, there is little research on the combination of treatment and relapse-prevention measures. Practical problems such as resource allocation also must be solved.<sup>25</sup>

## Discussion

Empirical evaluations of correctional programs have more to offer than do fashionable crime policy trends.

Although many inconsistencies and blind spots remain in the research, there are clearly some concepts that are key to effective correctional programming:<sup>26</sup>

- realistic expectations of results;
- theoretically sound concepts;
- dynamic offender risk assessment that matches the service level;

- appropriate targeting of specific criminogenic needs;
- awareness of the consequences of applying reinforcement;
- teaching self-control, thinking and social skills;
- matching program type, offender and staff;
- thorough selection, motivation, training and supervision of staff;
- acceptance/reward and structure/control within the institutional regime;
- neutralization of criminogenic social networks;
- strengthening of "natural" protective factors;
- high program integrity;
- selection and assessment of adequate intermediate treatment goals;
- assessment and monitoring of offender behavioural change; and
- relapse-prevention and after-care programming.\* ■

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# Motivating treatment-resistant clients in therapy

by Denise L. Preston and Stafford Murphy<sup>1</sup>

**T**he effectiveness of psychotherapy in non-correctional settings has been actively debated over the last 40 years. The earliest reviews of treatment outcome studies suggested no difference in recovery rates between treated and untreated patients, regardless of type of patient under study, outcome measure used or method of therapy employed.<sup>2</sup> More recent reviews have indicated that, on average, patients undergoing psychotherapy improve more quickly and to a greater degree than untreated patients with no advantage for any particular type of therapy.<sup>3</sup> Subsequent studies have attempted to identify specific variables relating to positive therapeutic outcome, including an examination of client, therapist and therapy variables. Some of the numerous methodological problems inherent in this research are the selection of convenient populations of study, variability in the training and experience of clinicians and difficulties in operationally defining treatment outcome measures and in monitoring outcome at varying times after treatment. Even in the face of inherent problems, these studies point to important client and therapist variables that potentially have an impact on the efficacy of treatment with treatment-resistant clients.

## Effectiveness of psychotherapy

**T**wo client variables that seem to be moderately related to treatment outcome are client openness, or non-defensiveness, and motivation for treatment. Clients who are more open and less defensive tend to demonstrate more favourable treatment outcomes than those who are not. In addition, while motivation for treatment is inconsistently related to treatment outcome, it appears that motivation developed during treatment is more predictive of positive treatment outcome than motivation a client may have before treatment. However, motivation for treatment is difficult both to define and measure. Given its apparent significance to treatment gain, the development of theoretically relevant, empirically sound and clinically useful measures of motivation would be a useful endeavour. These measures would enable an examination of issues, such as the importance of the degree of change in motivation during treatment as compared to a minimum "threshold" level of motivation, either before or during treatment.

Three therapist variables that appear to relate to treatment outcome are therapist experience, competence and emotional well-being, all three being related in the expected direction.

The most important therapy variable relating to treatment outcome is a therapeutic alliance (a positive interpersonal relationship) between clinician and client. Therapeutic alliance accounts for most of the variance in treatment outcome research and seems to be more important than the specific intervention used.<sup>4</sup> Of course, therapeutic alliance is contingent on the therapist qualities noted above as well as others such as warmth, genuineness and empathy,<sup>5</sup> but more important, it is contingent on the client's ability to establish positive interpersonal relationships.

## Effectiveness of correctional treatment

A similar debate exists concerning the effectiveness of correctional treatment.<sup>6</sup> Although early reviews concluded that "nothing works," more recent studies have been more positive and have identified some principles of effective correctional programming. Andrews and Bonta<sup>7</sup> conclude that treatment should be delivered to higher risk offenders, target criminogenic needs, be based on cognitive-behavioural or social learning theories, and consider the principles of risk, need and responsivity. They also conclude that treatment must entail consideration of therapist and therapy variables such as the relationship and contingency principles. The relationship principle posits that a positive therapeutic alliance between clinicians and offenders has the potential to facilitate learning. Therapist qualities that contribute to this alliance include being open, enthusiastic, flexible, attentive and understanding, and demonstrating acceptance, respect and caring for offenders. The contingency principle holds that clinicians must set and enforce agreed-on limits to physical and emotional intimacy, as well as clear anticriminal contingencies such as effective reinforcement for prosocial behaviour and disapproval for antisocial behaviour.

It appears, then, that the development of a therapeutic alliance is of primary importance to the effectiveness of both non-correctional and correctional treatment. As already mentioned, however, the development of this alliance depends most notably on the client's capacity to establish and maintain meaningful interpersonal relationships. This is a major impediment for those whose lives have revolved around mistrust and fear of, or indifference to, others.<sup>8</sup> Some of the

diagnoses applied to such individuals are schizophrenia, borderline personality disorder, antisocial personality disorder and psychopathy. A common label applied to these clients is "treatment resistant."

A review of Correctional Service of Canada offender files would reveal that these diagnoses and labels abound. Reviews of treatment efforts with such offenders indicate that they tend to: 1) be less motivated for treatment; 2) be more resistant or non-compliant while in treatment; 3) have higher attrition rates; 4) demonstrate fewer positive behavioural changes while in treatment and; 5) possibly demonstrate higher recidivism rates after participating in treatment.<sup>9</sup> Given the substantial risk that these offenders may commit further violent offences, it is imperative that clinicians make every effort to motivate clients to commit themselves to treatment and to deliver this treatment in ways that maximize the likelihood that clients will make important behavioural changes.

### The process of change

Clinicians have traditionally viewed motivation as a relatively fixed personality trait and so have had a tendency to become demoralized when working with treatment-resistant clients. A more effective way to conceptualize motivation is as a state of readiness to change. Following from this, the purpose of treatment is to help clients progress from one state to another. Evidently, what clinicians do to facilitate movement between states depends on the client's state of readiness. Similarly, the amount of progress demonstrated in moving from one state to another depends on the client's state when treatment begins.

Some<sup>10</sup> have written extensively about the process of therapeutic change, identifying four stages of change. In the precontemplation stage, people do not recognize that they have any problems that require attention or, if they do, have no immediate intention of making changes. People in this stage typically enter treatment under duress, are less open, put forth little effort and are typically quick to relapse to maladaptive behaviours. In the second stage, contemplation, people are aware that they have problems that require attention, but waver between taking no immediate action and expressing or demonstrating some commitment to change. In the action stage, having made a commitment to change, people actively begin modifying their behaviour, experiences and environments. Finally, in maintenance, people have made significant behavioural changes and are actively working to prevent relapse.

This four-stage model implies that it is important for clinicians to expend both time and effort prior to and early in treatment, motivating clients to move from precontemplation to contemplation to action, if necessary. To facilitate this, clinicians must attempt to develop a therapeutic alliance with clients to engage them effectively in treatment.

### Therapeutic engagement of treatment-resistant clients

Many authors<sup>11</sup> have identified therapist qualities that promote the development of a therapeutic alliance. Some authors,<sup>12</sup> however, have suggested specific strategies for the engagement of treatment-resistant clients. While the list is not exhaustive, these authors suggest that clinicians should acknowledge that ambivalence and resistance on the part of clients are natural and understandable. How they handle their clients' resistance determines, in large part, the outcome of subsequent treatment efforts. Clinicians should take an active role in helping resistant clients by, for example, attempting to remove practical and attitudinal obstacles to change. They should, however, maintain a balance between actively helping and having clients assume responsibility for behavioural change. To work with, rather than against, client resistance, clinicians should not attempt to force clients to accept their opinions about the nature of their problems or the appropriate changes to make. Rather, they should invite the client to consider alternative perspectives and information.

Clinicians should provide information and feedback about clients' current situations and the consequences of maintaining their current behaviour. They should also provide information about the likely advantages of changing. In doing so, clinicians can clarify for clients, the discrepancy between current behaviour and important personal goals. Clients may then shift their "motivational balance" in favour of the pros of change versus those of the status quo.

Wherever possible, clinicians should provide clients with choices regarding the type of treatment undertaken and its goals. The agreed-on goals must be reasonable, attainable and prosocial, and clinicians should provide regular feedback concerning clients' attempts to achieve these goals.

Finally, in dealing with resistant clients, clinicians should be empathic. They should seek to understand clients' feelings and perspectives by reflecting and reframing what clients reveal. They should also support and promote clients' feelings of, and efforts toward, self-efficacy. While being empathic toward clients does not necessarily entail condoning their

behaviour, it does preclude a number of counter-therapeutic approaches. Clinicians working with any clients, particularly those considered treatment resistant, should avoid judging, denigrating, labelling or otherwise blaming them. Clinicians can encourage clients to take responsibility for their behaviour without attributing blame. They should avoid playing the role of the "expert" with special capabilities to "fix" them.

Most important, clinicians should avoid argumentation or strong confrontation with treatment-resistant clients. Aggressive confrontation typically results in increased defensiveness on the part of clients and forces them into a position of arguing more strongly in favour of their perhaps misguided opinions. It exemplifies clinicians taking responsibility for bringing about behavioural change in clients.<sup>13</sup>

### **Therapeutic engagement of psychopaths**

Some of the techniques for therapeutic engagement of treatment-resistant clients may be contraindicated when applied to psychopaths, perhaps the most resistant of clients. As noted by several researchers and clinicians, psychopaths possess a unique cluster of personality characteristics.<sup>14</sup> Most notably, they have a diminished capacity to form meaningful interpersonal relationships although they can effectively mimic such a capacity. This suggests that treatments placing heavy emphasis on the development of a therapeutic alliance between clinicians and clients are likely to fail with psychopathic clients. Moreover, such treatments may be risky to clinicians because they may perceive a false sense of personal safety with psychopathic clients. Psychopaths are grandiose and may demand to see the most senior available staff member. For example, during police investigations they may request to be interviewed by the most senior investigating officer and, in treatment, they may expect to be treated by the most senior clinician.<sup>15</sup> This suggests that they may respond most favourably to characteristics other than the interpersonal qualities of clinicians. Psychopathic clients are also manipulative, and clinicians must be persistent in setting and enforcing limits on their relationships with psychopaths. Clinicians must not protect them from the legal and social consequences of their behaviour<sup>16</sup> and must repeatedly reinforce that, when assessing changes in behaviour, they will be convinced by actions rather than words. Clinicians must be wary of giving psychopathic clients the benefit of the doubt even in seemingly innocuous situations. Psychopaths will perceive clinicians as gullible and, thus, as legitimate targets for future manipulation.

### **Applying therapeutic engagement techniques with treatment-resistant offenders**

The Persistently Violent Offender (PVO) Treatment Program is a demonstration project developed and funded by the Research Branch of the Correctional Service of Canada. It is a multiyear, multisite, non-residential treatment program currently being piloted at Collins Bay Institution in Ontario. The program targets persistently violent offenders, defined as those having at least three convictions for violent offences. It is based on a social problem-solving theoretical framework and is delivered according to cognitive behavioural principles. It involves 18 weeks of half-time participation.

Given the population in question, most are expected to be treatment resistant. For this reason, the first two weeks of the program constitute a motivational module designed to facilitate participant interaction, commitment and trust. Among other specific topics, participants and therapists generate group rules and complete a cost-benefit analysis of completing the program. The group rules emphasize the positive or negative impact of various behaviours on others. Similarly, the cost-benefit analysis comprehensively examines the short-term and long-term advantages and disadvantages of completing versus not completing the program. This analysis includes the perspectives of participants, their families and significant others, friends, victims and society in general. The module also includes consideration of various obstacles to change, including aggressive non-verbal and verbal communication, aggressive beliefs, substance abuse and impulsivity. Each of these is discussed with an emphasis on how they promote violent behaviour and, conversely, inhibit non-violent behaviour.

Preliminary observations of the first group support the expectation that the PVO program is targeting primarily treatment-resistant offenders. The majority consented to treatment only after many protests about the duration, content and title of the program. Many offenders also argued that they are not persistently violent and that the criterion for program eligibility ought to be five convictions for violent offences instead of the requisite three. The majority have had at least one unsuccessful prior attempt at some form of treatment, and most have received numerous institutional charges for failing to comply with various aspects of their correctional plans. Finally, most of them are extremely confrontational with other members of the group, but primarily with the therapists.

The impact of the motivational module was considerable. No one was discharged from the

program in the first two weeks, perhaps because, after the first week, the therapists removed a major practical obstacle to treatment: they changed the time of the group from the morning to the afternoon. This minor concession resulted in a reduction in tardiness, absenteeism and complaints, and in a significant increase in attention and participation. It was clear that it was the first time that some group members had ever considered some of the issues presented. For example, when discussing communication strategies, some were oblivious to the concept of non-verbal communication or its impact on others. In completing the cost-benefit analysis, most participants failed to consider the impact of violence on anyone other than themselves, and most expressed scepticism about the impact on victims in particular.

Many entered the program claiming that most violent behaviour is spontaneous or even inevitable. By the end of the module, most conceded that distorted thinking plays a role in motivating violent behaviour and that, in most situations, there may be at least one non-violent alternative for problem resolution. Even more encouraging is that some group members expressed enthusiasm about learning new solutions.

These are no small accomplishments for such a resistant group. ■

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# Factors influencing the effectiveness of cognitive skills training

by David Robinson<sup>1</sup>

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Cognitive skills training was the core component of the living skills programs introduced in 1988 by the Correctional Service of Canada. It combines several state-of-the-art techniques and is designed to teach offenders the thinking skills essential to maintaining a crime-free lifestyle.

This article summarizes recent post-release follow-up research that examined a pool of program participants large enough to permit study of the impact of a variety of factors on the effectiveness of this type of programming.<sup>2</sup> This study contributes further evidence to a growing body of research identifying factors (including offender characteristics and program variables) that influence program effectiveness.

## Program basics

Cognitive skills training coaches must undergo an intensive training and certification process. Participants are also carefully assessed and selected, and cognitive behavioural methods are matched to offender learning styles.

The problems targeted by the program include impulsivity, lack of social perspective, poor interpersonal problem-solving skills, insufficiently concrete thinking, inadequate planning skills, and the inability to set goals.<sup>3</sup>

## Methodology

The experimental design of this study used a waiting-list control group. This control group was made up of offenders who went through pre-program assessment, but were then randomly assigned to the program waiting list. The overall sample consisted of 2,125 offenders randomly assigned to either the waiting list (379)<sup>4</sup> or to program participation groups (1,746). All offenders in the sample were subject to at least 12 months follow-up after release.

Most demographic (such as age and Aboriginal status) and criminal history (such as previous federal admissions and admission type) variables were comparable for the two groups. However, the waiting-list control group included fewer offenders serving life sentences and a higher proportion of non-violent property offenders and offenders serving shorter sentences. Statistical controls were used to correct for the possible effects of these differences.

## Return to custody

Overall, 47.4% of the sample was re-admitted to federal custody within one year of release — 21.9% because of a conviction for a new offence. This high recidivism rate illustrates the relatively high-risk nature of the sample offenders. Cognitive skills training generally targets offenders at high risk of recidivism.

Roughly 44.5% of those who completed the program were re-admitted to custody (see Figure 1), compared with 50.1% of the waiting-list control group and 58.2% of those who dropped out of the program (17.3% of the overall sample). The difference ( $p < .05$ ) between the program group and the control group represents an 11% reduction for those who completed the program.

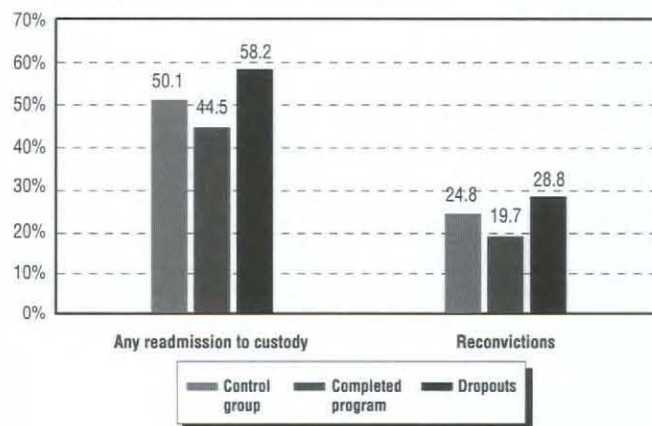
The reduction in reconvictions was even greater. Program completion reduced recidivism by 20% ( $p < .03$ ), although the program appeared to have no significant impact on re-admissions to custody for technical violations of conditional release.

However, statistical controls indicate that these effects were reduced when differences in the criminal history variables for the two groups were accounted for.

These numbers also suggest that offenders who started but did not complete the program had higher recidivism rates than those who did. Why? The dropouts simply may have been higher-risk offenders.

Figure 1

Release Outcomes and Program Participation





About two thirds of the dropouts withdrew for reasons such as lack of interest or disruptive behaviour. Further, the dropouts may not have received the full benefits of the program because of their early departure.

Some researchers might argue that program effectiveness should be assessed by directly comparing the outcomes of all program participants (including dropouts) with the waiting-list control group. Dropouts tend to be higher-risk offenders, so their removal from the program group could lower its risk profile and make it less comparable to the control group. Others might argue that program dropouts cannot be included because they were not fully exposed to the program and, therefore, compromise the internal validity of the study. The full report on the study sets out both methods of comparison. The inclusion of the dropouts with those who completed the program did tend to dilute the program's effects. However, the basic trends remained generally intact.

### Offender risk

While the program seemed to have a moderate impact on recidivism, it was more successful with certain types of offenders and had no appreciable impact on others. For example, the offenders were divided into lower- and higher-risk groups.<sup>5</sup> The higher-risk offenders appeared to gain little from the program, while the rate of return to custody for the lower-risk offenders declined by 20% ( $p < .04$ ) and their recidivism rate was reduced by 34.2% ( $p < .03$ ).

These data are consistent with other research indicating that programming works best with medium- to high-risk offenders, but not necessarily with those at the highest risk of recidivism.<sup>6</sup>

### Program characteristics

The effects of the program also seemed to vary according to whether it was taken in an institution or in the community. The return to custody rate for offenders who took the program in the community declined by 39.1% ( $p < .001$ ), while their recidivism rate dropped 66.3% ( $p < .001$ ). The comparable reductions for offenders who completed the program in an institution were only 8% and 16.2%, respectively (see Figure 2).<sup>7</sup> This disparity is consistent with other research findings.<sup>8</sup>

Although the dropout rate from the community-based programs was high (55 of 186 participants), program impact remained strong even when the dropouts were grouped with those who completed the program ( $p < .02$ ;  $p < .001$ ). Further,

the community-based programs appeared to reduce the recidivism of even the higher-risk offenders.

### Offence type

Violent offenders, sex offenders and drug offenders who completed the program all had lower recidivism rates than their counterparts in the control group (see Figure 3).

However, program completion produced no statistically significant effects for robbery and non-violent property offenders (these particular offenders tended to have higher risk ratings).

The reduction in the return to custody rate of sex offenders, violent offenders and drug offenders ranged from 18.5% to 39.4% ( $p < .02$ ;  $p < .006$ ), while the drop in their recidivism rates ranged from 35.3% to 57.8% ( $p < .03$ ;  $p < .001$ ). Sex offenders appeared to achieve the greatest gains, but about 30% of this group had received sex offender treatment before participating in cognitive skills training.

### Discussion

Previous studies of the effects of programming on recidivism have produced estimates of an approximately 10% average reduction in recidivism.<sup>9</sup> However, there is a lack of research on the effects of programming on high-risk offenders such as those in this study sample.

While the cognitive skills training program did not reduce the recidivism of all members of the sample, the reduction in recidivism for some groups of offenders exceeded the average impact of programming. The current study furnishes optimistic evidence about the effect of the program with generally high-risk offenders.

Figure 2

Release Outcomes for Community-based and Institutional Programs

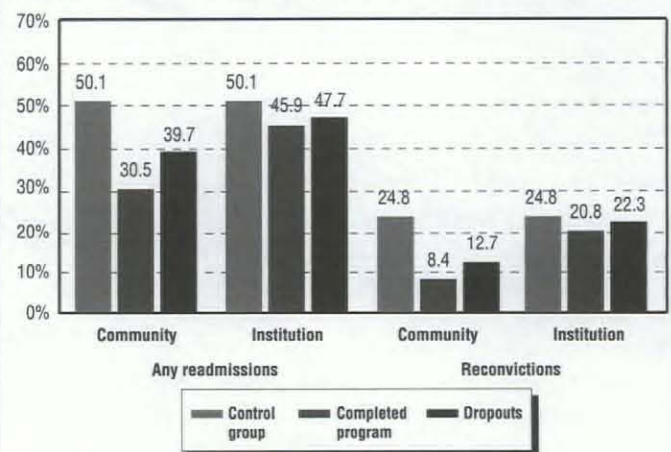
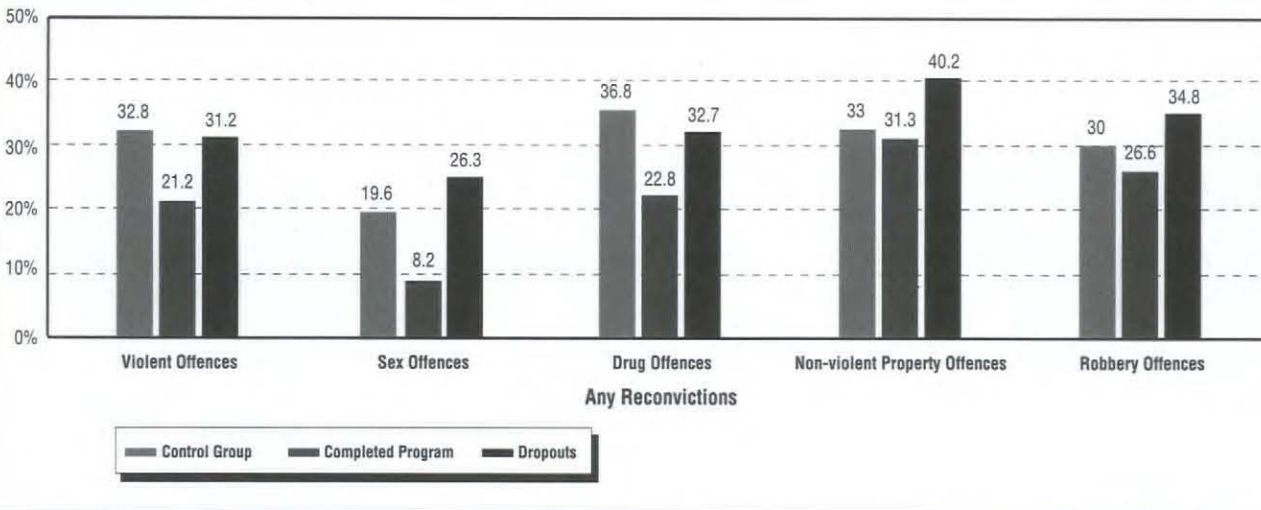


Figure 3

Release Outcomes and Offence Types



The results also point to selection and program assignment issues that deserve further attention. Clearly, the program delivery system must be adapted to the needs of highest-risk offenders. For example, we could capitalize on the potentially greater impact of community programming. The highest-risk offenders may need to be incarcerated while they receive programming to produce the necessary motivation, but this initial programming could be followed by additional training after release.

A cognitive skills "booster" was developed by the Service's Pacific Region to respond to offender need for contact with the program after release. Higher-risk offenders could be induced to stay with the

program through incentives such as parole conditions. However, the fact that offenders are more likely to complete programs while incarcerated (because of their desire to obtain parole) suggests that correctional institutions should remain the setting for initial program exposure.

Future research will undoubtedly identify more factors that enhance program effectiveness. Along these lines, a series of projects aimed at assessing other Service living-skills programming components are currently under way. These projects include research on programs (such as parenting skills training and anger/emotions management) that are based on the cognitive model of offender rehabilitation.\* ■

<sup>1</sup> 340 Laurier Avenue West, Second Floor, Ottawa, Ontario K1A 0P9.

<sup>2</sup> D. Robinson, *The Impact of Cognitive Skills Training on Post-Release Recidivism among Canadian Federal Offenders* (Ottawa: Correctional Service Canada, 1995).

<sup>3</sup> F. J. Porporino, E. Fabiano and D. Robinson, *Focusing on Successful Reintegration: Cognitive Skills Training for Offenders* (Ottawa: Correctional Service Canada, 1991).

<sup>4</sup> To avoid denying eligible offenders access to the program, all offenders randomly assigned to the waiting-list control group were given the option of participating in the program at a later time. These offenders were given priority admission if they were still available to participate the next time the program was offered. As a result, the waiting-list control group was reduced by approximately 25% over time. However, none of these 379 offenders was exposed to the program before release.

<sup>5</sup> The lower-risk group might be more appropriately labeled as medium-risk, given the high-risk nature of federal offenders with serious cognitive problems. A risk scale similar to the Statistical Information on Recidivism Scale was used to define risk. See J. Nuffield, *Parole Decision-Making in Canada: Research Towards Decision Guidelines* (Ottawa: Solicitor General Canada, 1982).

<sup>6</sup> D. A. Andrews, J. Bonta and R. D. Hoge, "Classification for effective rehabilitation: Rediscovering psychology," *Criminal Justice and Behaviour*, 17 (1990): 19-52.

<sup>7</sup> A sufficiently large waiting-list control group could not be established for community-based sites. The overall waiting-list control group from the previous examinations was, therefore, used in this comparison. Although community and institutional program participants were similar in most characteristics, statistical controls were used to equate the community group with the waiting-list control group. Statistically significant effects nevertheless persevered.

<sup>8</sup> D. A. Andrews, I. Zinger, R. D. Hoge, J. Bonta, P. Gendreau and F. T. Cullen, "Does correctional treatment work? A clinically relevant and psychologically informed meta-analysis," *Criminology*, 28 (1990): 369-404. See also R. L. Izzo and R. R. Ross, "Meta-analysis of rehabilitation programs for juvenile delinquents: A brief report," *Criminal Justice and Behavior*, 17 (1990): 134-142. And see F. Lösel, "The efficacy of correctional treatment: A review and synthesis of meta-evaluations," *What Works: Reducing Reoffending*, J. McGuire, Ed. (Chichester: John Wiley & Sons, 1995): 79-111.

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# Applying the risk principle to sex offender treatment

by Arthur Gordon<sup>1</sup>

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Many correctional jurisdictions include treatment as a component of a comprehensive risk management plan for sex offenders. Unfortunately, only a few studies have demonstrated that treatment can lead to reduced recidivism.<sup>2</sup> As a result, some jurisdictions are citing the lack of evidence that treatment "works" and imposing increasingly harsh (and very expensive) sentences on sex offenders and eliminating treatment programs. Researchers must, therefore, demonstrate the value of treating this politically sensitive population.

Current treatment and program evaluation designs may mask potential treatment effects. For example, despite the recognized diversity of sex offenders, many programs provide the same interventions for all sex offenders. Further, program evaluations typically determine whether the treatment package affects the release outcome of the entire group. It seems more likely that specific interventions might reduce recidivism in some, but not necessarily all, offenders.

Recent conclusions about the treatment that works with general criminal populations may provide a useful framework for improving our treatment and evaluation efforts with sex offenders. For example, higher-risk offenders seem to experience the greatest reductions in recidivism following appropriate treatment.<sup>3</sup> This article examines recent sex offender treatment outcome data<sup>4</sup> that illustrate this risk principle.

## The Clearwater program

The Clearwater sex offender treatment program began operation in 1981 at the Correctional Service of Canada's Regional Psychiatric Centre (Prairies). Using a structured, cognitive-behavioural approach, the program has increasingly adopted a relapse prevention treatment framework.

A recent study examined the post-release outcome of 257 sex offenders who completed Clearwater treatment between 1981 and 1994, and were followed up for an average of 5.2 years. Of these offenders, 55% were rapists, 16% were pedophiles, 11% were incest offenders, and 18% had had both adult and child victims.

This article compares the post-release outcome of these offenders with a Service national sample of 1,164 sex offenders<sup>5</sup> (see Table 1). The

national sample was made up of all sex offenders released from Service institutions in 1988 (who were then followed up for three years). To remain consistent with the national data, the Clearwater study defined outcome as the offender's first post-release event that resulted in a return to custody.

Treated (Clearwater) offenders were less likely to be convicted of non-sex offences, but more likely to have their conditional release revoked. Both groups did have low sexual reconviction rates, but there was no statistical advantage for treated offenders.

However, the application of the risk principle produces different results. Higher risk was defined as having previous sex offence conviction (because the national sample data only allowed for defining risk based on previous sex offences). Using this definition, higher-risk treated offenders were found to have significantly lower sexual reconviction rates, somewhat lower non-sexual reconviction rates, and were found to be less likely to return to prison for any reason (see Table 2).

Not all offenders were equally likely to be convicted of new sex offences. In the Clearwater sample, pedophiles (9.5%) were more likely to reoffend sexually than rapists (5%), offenders with adult and child victims (2.2%) or incest offenders (0%). In contrast, rapists (10.2%) and offenders whose victims were both adults and children (10.9%) were more likely to be convicted of non-sex offences than child molesters (0%). Unfortunately, the national sample did not identify offender subtypes, so we cannot complete group comparisons.

Table 1

Post-release Outcome for the Clearwater (257 offenders) and National (1,164 offenders) Samples

Outcome	Clearwater Sample	National Sample	p value
Sexual reconviction	4.7%	6.2%	0.18
Non-sexual reconviction	7.8%	13.6%	0.006
Conditional release revocation	23.3%	11.3%	0.000
No return to prison	64.2%	68.8%	0.078

Tabla 2

**Post-release Outcome for Higher Risk Offenders**

Outcome	Clearwater Sample (80 offenders)	National Sample (116 offenders)	p value
Sexual reconviction	6.0%	14.6%	0.022
Non-sexual reconviction	8.6%	14.6	0.093
Conditional release revocation	20.7%	21.9%	0.43
No return to prison	64.7%	48.8%	0.013

The definitions of recidivism and risk used in this comparison are admittedly limited. Further analyses will help define other outcome measures and dimensions that correlate with successful treatment outcome. However, these data seem to indicate that a structured cognitive-behavioural treatment program can contribute to reducing sexual recidivism, and that applying the risk principle can optimize treatment impact.

**Applying the risk principle**

One strategy for applying the risk principle is to withhold treatment from all but higher-risk offenders. Based on the Clearwater data, this means that incest offenders would not receive treatment during incarceration.

However, this strategy has several drawbacks. First, treatment may benefit lower-risk offenders in ways that are not necessarily captured by recidivism data, such as successful re-integration with their families.

Further, some victims (particularly incest victims) may be less likely to report offences and help prosecute offenders if they know that the offender will not receive treatment.

Finally, a clinician may not discover that an apparently low-risk incest offender actually has pedophilic interests until after a period of treatment. A better strategy might involve improving efficiency through use of the risk principle within a policy that offers treatment to all willing offenders.

There are several models for such an approach. For example, institutions might specialize in providing more or less intensive treatment to various types of sexual offenders. The Service has adopted this strategy, and offers the most intensive treatment to highest-risk offenders in psychiatric/treatment centres, while offering lower-intensity treatment in medium- and minimum-security facilities.

In contrast, the Twin Rivers Corrections Center in Washington State provides treatment of various intensities within a single, 200-bed program. In 1994,

incest offenders required 28% less time to complete treatment than offenders who had sexually assaulted non-familial children.

Finally, Washington State has also developed a highly effective sentencing alternative for lower-risk, first-time sex offenders who admit their guilt.<sup>6</sup> Eligible offenders may be sentenced to several years of lower-cost out-patient treatment in the community instead of incarceration. A variety of sentencing and treatment options should help match offender risk and needs with the most appropriate and cost-effective treatment, while still protecting the community.

**Practical considerations**

Higher-risk sex offenders can be difficult to treat. Such offenders can be more entrenched in their sexual deviance, more likely to minimize and defend their actions, and more resistant to seeing the world through the therapist's eyes. Most do not meet therapist expectations of articulateness, cooperation and motivation.

As a result, these offenders are often expelled from treatment.

Recent research suggests that failing to complete treatment may be a potent recidivism predictor.

For example, the 13% of the Clearwater participants who failed to complete treatment were 50% more likely to be convicted of a new sex offence. Pedophiles who did not complete treatment were twice as likely to reoffend.

Therapists must, therefore, persist with these hard-to-serve offenders. This requires great therapist dedication and even greater supervisor leadership.

Treating higher-risk clients may also carry a political cost. Although treatment may be more likely to reduce recidivism among these offenders, their risk level suggests that some will reoffend — even after treatment.

Unfortunately, the public and the media are not likely to be impressed with statistically significant treatment effects when some treatment graduates reoffend. As a result, many community treatment providers and some institutional programs may refuse to accept high-risk offenders.

It is not easy to choose between providing potentially effective services that may eventually close a program because of societal reaction to the recidivism of some high-risk sex offenders and providing low-impact services to lower-risk sex offenders who, as a group, will recidivate less often.

We argue that, as clinical professionals and/or public servants, we have a duty to provide the services that will have the greatest impact on offenders — treating higher-risk sex offenders.

We hope that this choice can be made easier by creating more realistic public and media expectations. ■

- <sup>1</sup> P.O. Box 888, Monroe, Washington 98272.
- <sup>2</sup> W. L. Marshall and H. E. Barbaree, "The long-term evaluation of a behavioural treatment program for child molesters," *Behaviour Research and Therapy*, 26 (1988): 499-511.
- <sup>3</sup> D. Andrews et al., "Does correctional treatment work? A clinically relevant and psychologically informed meta-analysis," *Criminology*, 28, 3 (1990): 369-404.
- <sup>4</sup> T. Nicholaichuk and A. Gordon, *Outcome of the Clearwater Sex Offender Treatment Program*, Paper presented to the 14th annual Association for the Treatment of Sexual Abusers Research and Treatment Conference, New Orleans, 1995.
- <sup>5</sup> A. Gordon and F. Porporino, *Managing the Treatment of Sex Offenders: A Canadian Perspective*, B-05 (Ottawa: Correctional Service of Canada, 1991).
- <sup>6</sup> L. Berliner, D. Schram, L. Miller and C. D. Milloy, "A sentencing alternative for sexual offenders: A study of decision making and recidivism," *Journal of Interpersonal Violence*, 10, 4 (1995): 487-502.

# Intensive programming for violent offenders: A comparative investigation

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In 1990, the Correctional Service of Canada's Regional Health Centre (Pacific) implemented an intensive program for the treatment of violent male offenders. This specialized program emphasizes a cognitive-behavioural and psychosocial dynamic approach to changing the antisocial behaviour of these offenders. A group of 12 to 16 offenders is co-led by at least two professional staff members for eight months of intensive treatment.

This program helps offenders deal with patterns related to their crime cycle. While learning about the behavioural, cognitive, interpersonal and affective components of violent offending, the offenders focus on communication, addictions, thinking errors, human sexuality/relationships, anger management and empathy. Research suggests that offenders with significant problems in these areas are much more likely to recidivate after release than offenders without such difficulties.

However, an important question remains — does specialized programming targeting these key needs have an impact on the criminal futures of violent offenders? This article examines this question within the context of this specific offender program.

## Methodology

The study sample was drawn from a group of 169 federally incarcerated male offenders who had completed the Regional Health Centre (Pacific)'s intensive program for violent offenders. Of these offenders, 60 had been released from custody and were available for follow-up.

A matched sample of 60 similarly situated (under federal responsibility in the Correctional Service of Canada's Pacific region) male offenders who had not participated in the program was selected from the available offender release population. These offenders were matched with the treatment sample based on release date, age at release and sentence length.

No significant differences were found between the two offender groups. The offenders spent an average 6.9 years in custody before release, had an average age of 35 at release and had an average sentence length of 7.2 years (excluding the 14 lifers in each group). The groups could also not be distinguished as to risk (as measured by the Statistical Information on Recidivism Scale [revised]).<sup>2</sup>

## Sample characteristics

Although there were no significant differences between the treatment and comparison groups as to history of violent offending, differences did emerge with respect to type of previous violent offending (see Table 1).

For example, the treatment group had roughly double the number of homicide offenders as the comparison group (23 versus 12). The treatment group also had no offenders with an official history of sex offences.

Overall, it appears that this intensive treatment program selects mostly homicide and robbery offenders as participants. These offenders account for four fifths of the treatment group.

Both the treatment and the comparison groups had the same proportion of offenders in the poorer risk categories (58%). However, nearly twice as many homicide offenders in the treatment group were assessed as a very poor risk as homicide offenders in the comparison group.

Table 1

A Breakdown of the Treatment and Comparison Groups by Type of Violent Offence and Risk Level

Offence type (n)	Risk Level				
	Very poor	Poor	Fair	Good	Very good
<b>Homicide</b>					
Treatment (23)	30.4%	13.0%	4.4%	34.8%	17.4%
Comparison (12)	16.7%	25.0%	16.7%	8.3%	33.3%
<b>Sex offence</b>					
Treatment (0)	0	0	0	0	0
Comparison (11)	9.1%	27.3%	9.1%	18.2%	36.4%
<b>Robbery</b>					
Treatment (25)	56.0%	20.0%	20.0%	4.0%	0
Comparison (26)	57.7%	19.2%	3.9%	15.4%	3.9%
<b>Assault</b>					
Treatment (9)	44.4%	0	33.3%	11.1%	11.1%
Comparison (3)	33.3%	33.3%	33.3%	0	0
<b>Other offence</b>					
Treatment (3)	33.3%	33.3%	0	33.3%	0
Comparison (8)	50.0%	0	0	0	50.0%

Similarly, nearly twice as many homicide offenders in the comparison group were assessed as a very good risk as homicide offenders in the treatment group.

This indicates that this program may be selecting relatively higher-risk homicide offenders (as suggested by previous convictions, incarcerations and parole revocations) as participants.

### Post-release outcome

The recidivism rates calculated for this study refer to offender reconvictions. The average follow-up period was about two years, with a range from about three months to almost six years.

There was also an average one-year gap between the treatment and the treated offender's release from custody.

The overall recidivism rate for any offence was 40% for the treatment group and 35% for the comparison group. These numbers dropped to 18% and 15% for violent recidivism. Neither of these rates differed significantly between the groups.

To examine differences in the type of reconviction for a new violent offence, we again collapsed offence history (past and/or current) into five groups: homicide, sex offence, robbery, assault and other offence (see Table 2).

This analysis revealed that just one homicide offender in the treatment group recidivated, and that this offence was just a minor assault.

Further, although robbery offenders in both the treatment and comparison groups had convictions for new violent offences, the treatment offenders committed fewer serious personal injury offences. All of the robbery offenders' new homicides and sex offences were committed by comparison group offenders.

### Level of risk and outcome

This study also reconfirmed that risk assessments (based mainly on the offender's criminal history) can predict post-release general recidivism. The risk levels of both the treatment ( $r = -.35, p < .01$ ) and comparison ( $r = -.27, p < .05$ ) offender groups were significantly related to their rates of reconviction for any new offence.

However, the risk levels were statistically unrelated to rates of reconviction for a new violent offence for both groups.

Table 2

**A Breakdown of the Treatment and Comparison Groups by Type of Violent Offence and Type of Reconviction**

Offence type (n)	Risk Level				
	Very poor	Poor	Fair	Good	Very good
<b>Homicide</b>					
Treatment (23)	0	0	0	1	1
Comparison (12)	0	0	0	0	0
<b>Sex offence</b>					
Treatment (0)	0	0	0	0	0
Comparison (11)	0	1	0	0	1
<b>Robbery</b>					
Treatment (25)	0	0	3	3	6
Comparison (26)	1	1	3	2	7
<b>Assault</b>					
Treatment (9)	0	0	2	0	2
Comparison (3)	1	0	0	0	1
<b>Other offence</b>					
Treatment (3)	0	0	1	1	2
Comparison (8)	0	0	0	0	0

### Treatment impact

The results of this comparative investigation indicate that participation in an intensive treatment program for violent offenders can positively affect offender post-release violent recidivism, particularly for homicide and robbery offenders.

The fact that homicide and robbery offenders appear to have benefited from this intensive programming and that the offenders chosen for the program tend to be categorized as "poorer risks" points to the importance of continuing to offer specialized services to these individuals.

It also emphasizes that research into program effectiveness must look deeper into the nature of recidivism before drawing hasty conclusions as to whether treatment has had any impact. ■

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2 The Statistical Information on Recidivism Scale [revised] is based on 15 risk-related factors that are significantly associated with offender re-arrest after release from prison.

# Strategies for enhancing the treatment of violent offenders

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**T**he identification and management of adult violent offenders has received considerable recent attention. The assessment and treatment of violent offenders should, therefore, be a major correctional focus. However, much of the work in this area has focused on the prediction and characteristics of violent offenders.<sup>2</sup>

*In fact, there are few controlled studies of the effectiveness of treatment with violent non-sexual offenders. There is growing research on domestic abuse and family violence, but that is a separate subject.*<sup>3</sup>

*This article will, therefore, review the best practices in the treatment of violent offenders. Within this framework, the article will examine both traditional and emerging approaches to the treatment of such offenders.*

## Offender programming

Recent research has concluded that appropriate offender treatment can reduce offender recidivism,<sup>4</sup> although these studies do not distinguish between violent and nonviolent offenders. "Appropriate" treatment is highly structured, behavioural or cognitive-behavioural, and responsive to risk/need principles.<sup>5</sup> Program effectiveness is further improved by sustained treatment integrity, qualified and dedicated staff, and a hospitable setting.<sup>6</sup>

The following concepts are also crucial to effective offender programming:

- the role of diagnosis (for example, Antisocial Personality Disorder and substance abuse are overrepresented);
- recognition of offenders as individuals (heterogeneity issue);
- treatment targets (problems vs. symptoms);
- multi-method measurement of treatment gain;
- responsivity factors; and
- treatment duration and intensity.

## Violent offenders

Violent offenders are distinguished by the injuries they cause, their motivation for violence, the types of events and emotions that cause them to offend, the culpability they accept, the characteristics of their offences, their risk and need levels, and their

motivation for treatment.<sup>7</sup> They also differ as to the degree of planning involved in their violent crimes, their histories of violent and nonviolent crime, and their mental status.

Like most offender "types," violent offenders vary widely and no single program can be expected to meet all their needs. Therefore, treatment gain should be assessed in a variety of ways, offender motivation/readiness for treatment should be evaluated,<sup>8</sup> and responsivity factors such as psychopathy should be considered.<sup>9</sup> Programming should also be of varying intensity to address the range and pervasiveness of these offenders' needs.

## The research base

The treatment of violent offenders has been plagued by methodological limitations, such as offender self-reported treatment needs and gains, a lack of control groups, the absence of follow-up data, a lack of clearly specified admission or selection criteria, and the failure to link treatment to a conceptual model of violence.

While the data collected have generally been promising in terms of within-treatment effects, the impact on recidivism rates appears minimal (see Table 1). This research also illustrates that anger control is the most prominent treatment approach and that diagnosis is generally limited in its usefulness in identifying treatment targets.

## The traditional approach

So far, the treatment of violent offenders has focused on anger control. This approach conceptualizes violence as resulting from an offender's inability to identify and manage anger. The cognitive aspect is therefore emphasized in treatment, as is improved assertiveness and communication skills. Relapse prevention has also recently been incorporated into this process.<sup>10</sup>

It is unclear whether violent offenders have specific offence cycles like sex offenders and addicts. Regardless, this strategy facilitates the identification of high-risk situations and emotions.

The assumption that all violent offenders must be angry typifies the traditional approach to treating these offenders. This is not unlike the assumption



Table 1

**A Summary of the Research on the Treatment of Adult Violent Offenders**

Study	Sample	Characteristics	Evaluation	Outcome
Rokach (1987)	52 treated incarcerated male offenders and 44 control-group offenders with violent criminal histories and self-reported anger problems	Anger management, cognitive-behavioural, short term (27 hours), group format	Non-random referrals, partially matched control group, pre/post-test self-reports, non-blind post-treatment interviews	Positive within-treatment effects, no recidivism data
Stermac (1987)	Offenders remanded for psychiatric assessment: 20 treated and 20 not, all with anger problems	Anger management, cognitive-behavioural, short term (12 hours), group format	Randomly assigned, control group, pre/post self-report measures	Some positive within-treatment effects, no recidivism data
Kennedy (1990)	Provincially incarcerated male offenders referred for anger management, 19 treated and 18 not	Anger management, cognitive-behavioural, short term (60 hours), group format	Non-random unmatched control group, pre/post self-reports, blind behavioural role-play ratings, 2-month follow-up of institutional misconduct	Positive within treatment effects, mixed findings on institutional misconduct
Rice, Harris and Cormier (1992)	176 treated mentally disordered male offenders and 146 matched control-group offenders with violent histories	Intensive 2-year therapeutic community therapy, group therapy, 80 hours per week	Non-random, matched control group, retrospective 10-year follow-up measuring general/violent recidivism	Overall, significant treatment effects
Hughes (1993)	Federally incarcerated male offenders: 52 treated and 27 not, all with violent criminal histories	Cognitive-behavioural, anger management, short term (24 hours), group format	Referrals, non-random, unmatched control group, pre/post self-reports, role plays, coping ability ratings, 4-year follow-up assessing time to re-arrest, and recidivism	Positive within-recidivism effects, mixed results as to recidivism
Hunter (1993)	Federally incarcerated male offenders: 28 treated and 27 not, all with violent histories	Cognitive-behavioural anger management, short term (10 weeks), group format institutional misconduct	Non-random, unmatched waiting list control group, pre/post self-reports, 2-month follow up	Positive within- and post-treatment effects
Smiley, Mulloy and Brown (1995)	134 treated federally incarcerated male offenders with a violent index offence, 14,500 control-group offenders	Cognitive-behavioural violent offender personality-disorder program, group format, 8 months	Non-random, control group not matched, unspecified follow-up period, recidivism defined as failure on conditional release	No post-treatment effects

Please note that this table is merely an attempt to present a summary. It is not an attempt to list all important research in this area.

that all sex offenders have deviant sexual interests. However, we now know that deviant sexual preference is but one treatment target for sex offenders.<sup>11</sup> Assertiveness and social skills training have, therefore, been recently added to the treatment of violent offenders.<sup>12</sup>

Despite this change, researchers are speculating that increased emphasis on aggressive beliefs and impulsivity may produce better results.<sup>13</sup>

### An alternative approach

Developmental research on aggressive children has identified information-processing problems as an important treatment target.<sup>14</sup> This approach may be equally relevant for violent adults. It assumes that violent offenders have problems with social-cognitive skills such as problem solving, hostility

toward others and self-regulation, and that these deficits lead to violence in conflict situations.

This model focuses on the fact that these offenders tend to have "self-schemas" about aggression because of their violent histories. These schemas evolve over time and are affected by arousal, problem-solving deficits, beliefs about violent behaviour and impulsivity.

As such, treatment must target the factors that affect the offender's hostile schema, such as aggressive beliefs and attitudes.

This approach has produced promising results in the treatment of violent juveniles.<sup>15</sup> For adult offenders, an alternative treatment approach of this type should emphasize that:

- hostile schemas contribute to violent behaviour by distorting offender goals and expectancies in

conflict situations; violent offenders lack problem-solving skills;

- schemas are affected by aggressive beliefs that elicit and sustain violence; and
- impulsivity and arousal further contribute to violence, although this varies by offender.

### Discussion

What does all this mean to the development and delivery of programming for violent offenders? There seem to be two possible treatment approaches, both of which have yielded optimistic preliminary results (although the samples used were small and sometimes included individuals who were not incarcerated).

The Anger and Emotions Management Program, a component of Correctional Service of Canada cognitive skills training, typifies the anger control approach (see Figure 1). The Service has also developed a Cognitive Mediation Program that incorporates the information-processing/problem-solving approach (see Figure 2).

An initiative is currently under way to address the methodological shortcomings of the earlier research and to evaluate the relative effectiveness of these approaches with persistently violent offenders. Offenders will be randomly assigned to one of the treatment approaches and multi-method assessment will be used to assess any treatment gains.<sup>16</sup> ■

Figure 1

#### Anger Management Approach to Treating Violent Offenders

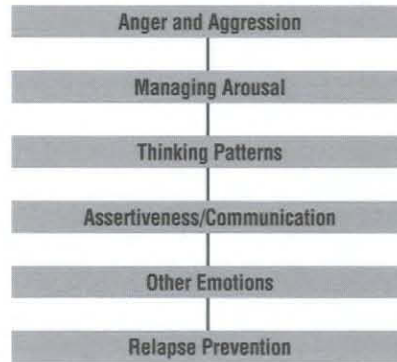
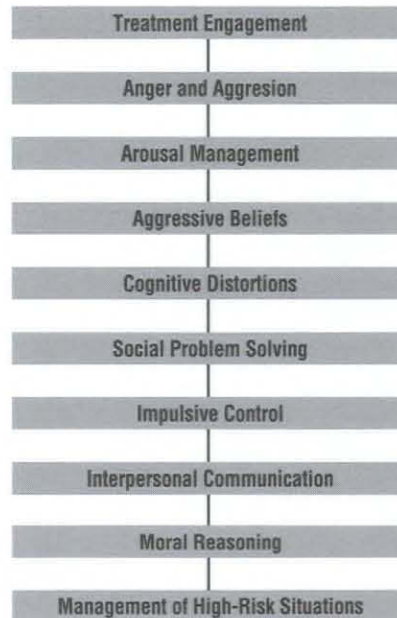


Figure 2

#### Information-Processing Approach to Treating Violent Offenders



- <sup>1</sup> National Headquarters c/o Joyceville Institution, P. O. Box 880, Kingston, Ontario K7L 4X9.
- <sup>2</sup> S. Hodgins, *Mental Disorder and Crime* (Newbury Park: Sage Publications, 1993). See also J. Monahan and H. J. Steadman, *Violence and Mental Disorder: Developments in Risk Assessment* (Chicago: University of Chicago Press, 1994).
- <sup>3</sup> D. G. Dutton, *The Batterer: A Psychological Profile* (New York: Basic Books, 1995). See also *Forum on Corrections Research*, 7, 2 (1995). This paper will, therefore, limit itself to the treatment of persistent, non-sexually violent offenders whose violence is not restricted to partners or family members.
- <sup>4</sup> G. T. Harris and M. E. Rice, "Mentally disordered offenders: What research says about effective service," *IARCA Journal*, 5 (1995): 21-23. M. E. Rice and G. T. Harris, *Treatment for Prisoners with Mental Disorder*, Research Report X-2 (Penetanguishene: Mental Health Centre, 1993). And see M. E. Rice, G. T. Harris, V. L. Quinsey and M. Cyr, "Planning treatment programs in secure psychiatric facilities," *Law and Mental Health: International Perspectives*, D. N. Weisstub, Ed. (New York: Pergamon Press, 1990): 162-230. And see M. E. Rice, G. T. Harris, V. L. Quinsey and C. Lang, "Treatment of forensic patients," *Mental Health and Law: Research, Policy, and Practice*, B. Sales and S. Shah, Eds. (In press). And see P. Gendreau, T. Little and C. Goggin, *A Meta-analysis of the Predictors of Adult Offender Recidivism: Assessment Guidelines for Classification and Treatment* (Ottawa: Solicitor General Canada, 1995).
- <sup>5</sup> P. Gendreau, "The principles of effective intervention with offenders," *Choosing Correctional Options that Work: Defining the Demand and Evaluating the Supply*, A. T. Harland, Ed. (Thousand Oaks: Sage Publications, 1996): 117-130.
- <sup>6</sup> Rice and Harris, *Treatment for Prisoners with Mental Disorder*.
- <sup>7</sup> R. Blackburn, *The Psychology of Criminal Conduct* (Chichester: John Wiley & Sons, 1993). See also R. C. Serin, *Treating Violent Offenders: A Review of Current Practices*, Research Report R-38 (Ottawa: Correctional Service of Canada, 1994).
- <sup>8</sup> W. R. Miller and S. Rollnick, *Motivational Interviewing: Preparing People to Change Addictive Behaviour* (New York: Guilford Press, 1991).
- <sup>9</sup> Harris and Rice, "Mentally disordered offenders: What research says about effective service." See also R. C. Serin, "Treatment responsivity in criminal psychopaths," *Forum on Corrections Research*, 7, 3 (1995): 23-26.
- <sup>10</sup> P. Prigrove, "A relapse prevention approach to reducing aggressive behavior," *Serious Violent Offenders: Sentencing, Psychiatry and Law Reform*, S. A. Gerrull and W. Lucas, Eds. (Canberra: Australian Institute of Criminology, 1993).
- <sup>11</sup> *Forum on Corrections Research*, 8, 2 (1996).
- <sup>12</sup> M. Henderson and C. R. Hollin, "Social skills training and delinquency," *Handbook of Social Skills Training (Vol. 1): Applications Across the Life Span*, C. R. Hollin and P. Trower, Eds. (Oxford: Pergamon, 1986).
- <sup>13</sup> Serin, "Treatment responsivity in criminal psychopaths." See also R. C. Serin and M. Kuriyuchuk, "Social and cognitive processing deficits in violent offenders: Implications for treatment," *International Journal of Law and Psychiatry*, 17 (1994): 431-441.
- <sup>14</sup> R. G. Slaby and N. G. Guerra, "Cognitive mediators of aggression in adolescent offenders: Assessment," *Developmental Psychology*, 24 (1988): 580-588.
- <sup>15</sup> N. G. Guerra and R. G. Slaby, "Cognitive mediators of aggression in adolescent offenders: Intervention," *Developmental Psychology*, 26 (1990): 269-277.
- <sup>16</sup> For more detailed information, see *Persistently Violent (Non-sexual) Offenders: A Program Proposal* (Ottawa: Correctional Service of Canada, 1995).

