
Promoting Public Safety Through Effective Correctional Interventions: What Works and What Doesn't?

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This chapter reviews the strides that science has made in the past two decades in identifying factors that can predict the odds that an individual will re-offend. The five key predictors of recidivism are antisocial values; antisocial peers; poor self control, self management, and problem solving skills; family dysfunction; and past criminality. Programs and policies work only when they are based on a theory that addresses those characteristics and conditions that cause crime. Programs that do work assess offenders' needs and risks, use proven treatment models, understand the principles of effective interventions, and rely on credentialed people and agencies. On the other hand, ineffective programs target low-risk offenders for treatment and seek to change weak predictors of criminal behavior, such as self-esteem. Examples of programs that don't work include "scared straight" programs, boot camps, intensive supervision, wilderness programs, and psychoanalysis.

State legislatures and correctional agencies must make decisions about what programs they will use with offenders under state supervision. But how do we know that the interventions we offer prisoners will help them avoid returning to a life of crime once they are released? What assurance do we have that treatment will work well enough to keep the public safe? As recently as twenty years ago, the science of crime and treatment was relatively undeveloped when it came to determining the characteristics that would lead to recidivism, or repeat offenses. However, over the past two decades, researchers in this field have made major strides in identifying what factors predict whether or not an individual will re-offend.

Unfortunately, many policymakers and policy implementers make decisions about interventions based on outdated practices inherited from previous administrations. Alternatively, programs to treat offenders may be added in a piecemeal fashion to target specific concerns about incarcerated populations, but pay less attention to designing a coherent overall treatment strategy. Lastly, agencies can be influenced by untested "fads" in corrections that receive national attention, but fail to target the critical characteristics that make offenders likely to repeat their crimes.

What Makes a Repeat Offender?

Because of the proven link among certain characteristics and conditions and repeat criminal behavior, interventions designed for incarcerated populations are most likely to succeed if they target the following factors for change. Based on a consistent body of research evidence, the five key predictors of recidivism are:

1. Antisocial values;
2. Antisocial peers;
3. Poor self control, self management, and problem solving skills;
4. Family dysfunction; and
5. Past criminality.

Where Do Ideas for Interventions Come From?

When policymakers and corrections agencies make decisions about programs for prisoners, they often lack a theory about how the program is expected to work and end up promoting policies and programs that have no evidence of effectiveness. Alternatively, policymakers and corrections officials may rely on theories about crime and criminals that do not take into account established crime-producing factors. In many cases, these ‘theories’ would be amusing except that they can lead to missed opportunities to intervene with offenders and ineffective use of corrections budgets.

Policies and programs succeed only when they are based on a theory that intentionally addresses those characteristics and conditions that cause crime. Yet in our work we have found programs based on theories that can seem ludicrous:

- ❖ “Offenders lack creativity” theory.
- ❖ “Offenders need to get back to nature” theory.
- ❖ “Offenders have low self-esteem” theory.
- ❖ “We just want them to be happy” theory.
- ❖ “Female offenders need to learn to put on makeup and dress better” theory.
- ❖ “Male offenders need to get in touch with their feminine side” theory.

While these ideas sound laughable when written down, too often they underlie the design and implementation of programs for incarcerated populations.

A prominent example is the recent “boot camp” fad in corrections. The theory behind boot camps is one based on a vague, often unstated, idea of crime and behavioral change: namely, “offenders need to be broken down”—through a good deal of humiliation and threats—and then “built back up.” In fact, we know of no major psychological theory that would logically suggest that such treatment is a component of effective therapeutic intervention. Even so, boot camps were put into place across the nation without a shred of empirical evidence as to their effectiveness, and only now has their appeal been tarnished after years of negative evaluation studies.

Boot camps were put into place across the U.S. without any evidence of effectiveness.

Effective Interventions: What Doesn't Work?

As the example above shows, many programs designed for offenders are based on ineffective theories about what can help reduce the likelihood that they will commit future crimes. Ineffective programs also target low-risk offenders for treatment and seek to change weak predictors of criminal behavior, such as self-esteem.

A growing literature outlines what does not work in offender treatment. Such programs include:

- ❖ Punishment-oriented programs (e.g., “scared straight” programs; boot camps);
- ❖ Control-oriented programs (e.g., intensive supervision);
- ❖ Wilderness programs;
- ❖ Psychological interventions that are non-directive or insight-oriented (e.g., psychoanalysis);
- ❖ Offender-centered approaches; and
- ❖ Non-intervention.

Unfortunately, many programs do not rely on treatment models that research has shown to be effective. In a study of 240 programs (161 for adults and 79 for juveniles) assessed across 30 states, two thirds of adult programs and over half of juvenile programs did not use a treatment model that was empirically proven to work. In another study of 230 program evaluations, only 13% of the interventions were classified as following the “most appropriate” principles of effective intervention.

Effective Interventions: What Works?

Given this disheartening evidence of ineffective programs, policymakers and corrections leaders may wonder what does work to prevent offender recidivism. A growing body of research now shows how to make offender treatment effective.

- 1. Assess offenders' needs and risks.** The steady flow of offenders into correctional agencies not only strains resources, but also creates a continuing need to allocate treatment resources in the most efficient way possible. This problem is not dissimilar to a hospital that must process a steady flow of patients. In a hospital or doctor's office, the crucial first step to delivering effective treatment is diagnosing the patient's condition and its severity. Without such a diagnosis—which might involve a battery of tests—the treatment prescribed would have no clear foundation.

In this same vein, the first step in effectively treating offenders is to assess the risks and needs of each individual. Recently, researchers have developed effective instruments to classify offenders for their risk of recidivism. These instruments work by assessing a combination of “static” factors (such as criminal history) and “dynamic” factors (such as antisocial behaviors and peer associations) that have been shown to predict repeat criminal offenses.

Interventions that don't work include “scared straight” programs, intensive supervision, wilderness programs, and psychoanalysis.

Treatment models proven to work target factors such as family dysfunction, social skills, criminal thinking, and problem-solving skills.

At present, many states do not require agencies to assess offenders, or if they do, they do not ensure that the assessments are based on high-quality instruments. For example, a study of 240 programs (161 for adults and 79 for juveniles) assessed across 30 states found that 64% did not use a standardized and objective assessment tool that could distinguish offenders' levels of risks and needs.

2. **Use treatment models that are proven effective.** A growing number of treatment models for different offender populations have shown demonstrated success at reducing the odds that an individual will re-offend. Some of the more prominent models include:
 - a) *Functional Family Therapy*: a model that promotes family cohesion and affection.
 - b) *Multisystemic therapy*: an integrated behavioral approach that targets family, school, peers, and other social systems.
 - c) *The Equip Program*: a program that uses a positive peer culture to teach youths to think and act responsibly by targeting distorted thinking and poor problem solving skills.
 - d) *The Prepare Curriculum Program*: a program that helps offenders learn new social skills and prepares them for reentry back into the community.
 - e) *Integrated Service Delivery*: a model that targets criminal thinking, anger, and substance abuse.
 - f) *Cognitive Behavioral Treatment*: interventions that target criminal thinking and lack of social skills (e.g. Thinking for a Change, Reasoning and Rehabilitation, Aggression Replacement Therapy).
3. **Employ the “3 C’s” of effective corrections:**
 - a) Employ credentialed people.
 - b) Ensure that the agency is credentialed by seeing to it that it is founded on the principles of fairness and the improvement of lives.
 - c) Base treatment decisions on credentialed knowledge, that is, high-quality, research-based information.
4. **Understand the principles of effective intervention.** As listed in Table 1, programs that adhere to the principles listed below have been found to achieve meaningful reductions in recidivism.

Table 1.

Eight Principles of Effective Correctional Intervention

- 1. Create a positive environment:** Treatment facilities for offenders need to have well-defined goals for both service providers and the population they care for. This also means having ethical principles and a plan to respond efficiently to issues that affect the facility as a whole. Facility staff need to be cohesive and well-trained and have access to adequate outside resources.
- 2. Design a strong program:** Programs need to reflect a consistent set of values. The program should be based on thorough reviews of the literature on what works, and should be pilot tested for effectiveness. In order to be sustainable, programs also need to be fiscally responsible.
- 3. Build a high-quality staff:** The program director and treatment staff are professionally trained and experienced. Staff are selected based on their belief in rehabilitation and their understanding of effective therapies for offenders.
- 4. Understand offenders' needs:** Offenders are evaluated for their level of risk with a tested assessment instrument. The assessment also looks at how offenders respond to different styles and modes of service, and is repeated over time to determine if changes in treatment routine are needed.
- 5. Target what works:** Treatment plans target the factors that research shows prevent recidivism. Therapies should include more rewards than punishments, and should strategize ways to prevent relapse once offenders complete the formal treatment phase.
- 6. Demonstrate good practice:** Program therapists help offenders by practicing effective reinforcement and disapproval. Treatment includes exercises in problem-solving techniques, skill-building, appropriate use of authority, and relationship-building.
- 7. Communicate with others:** The treatment agency makes referrals and, where necessary, advocates for its offenders to help them receive high-quality services in the community.
- 8. Evaluate progress:** The program routinely conducts evaluations of its effectiveness with both staff and clients, and follows up to determine whether offenders succeed in staying away from crime.

What is the risk to public safety of releasing offenders without having effectively treated them so they don't commit crimes again?

Conclusion: What Is the Effect of Ineffective Treatment?

The recent “boot camp” fad in corrections can serve as an important cautionary tale to those interested in understanding the importance of effective treatment. Boot camps were used for years despite a flood of negative evaluations. In the meantime, how many millions of dollars have been squandered? How many opportunities to rehabilitate offenders have been forfeited? What is the risk to public safety of releasing offenders without having effectively treated them so that they do not commit crimes once again?

Thus, there is a growing movement among criminologists to do our part in discovering the principles of effective intervention and in determining which interventions work. Accordingly, policymakers and corrections leaders can stop promoting treatments that cannot possibly be effective and instead seek out the emerging information on “best bets” for intervening with offenders. In so doing, crime-fighting dollars will be better spent to rehabilitate offenders and keep the public safe.

This chapter is drawn from the following article:

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