

S E P T E M B E R 2 0 0 2

# Federal PROBATION

*a journal of correctional  
philosophy and practice*

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**SPECIAL ISSUE:  
"WHAT WORKS"  
IN CORRECTIONS**

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Managing the Correctional Enterprise—The Quest for "What Works"  
*by Alvin W. Cohn, Guest Editor*

Valuing Evaluation  
*by Felicia G. Cohn*

Supervision—Exploring the Dimensions of Effectiveness  
*by Faye S. Taxman*

Environmental Corrections—A New Paradigm for Effective  
Supervision  
*by Francis T. Cullen, John E. Eck, Christopher T. Lowenkamp*

Why "What Works" Matters Under the "Broken Windows" Model  
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Treatment of Antisocial and Conduct-Disordered Offenders  
*by Henry R. Cellini*

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## **PUBLISHED BY**

The Administrative Office of the United States Courts

**Leonidas Ralph Mecham**, *Director*

**John M. Hughes**, *Assistant Director*  
*Office of Probation and Pretrial Services*

*Federal Probation* ISSN 0014-9128 is dedicated to informing its readers about current thought, research, and practice in corrections and criminal justice. The journal welcomes the contributions of persons who work with or study juvenile and adult offenders and invites authors to submit articles describing experience or significant findings regarding the prevention and control of delinquency and crime. A style sheet is available from the editor.

*Federal Probation* is published three times yearly, in June, September, and December. Permission to quote is granted on the condition that appropriate credit is given the author and *Federal Probation*. For information about reprinting articles, please contact the editor.

Subscriptions to *Federal Probation* are available from the Superintendent of Documents at an annual rate of \$14.00 (\$17.50 foreign). Please see the subscription order form on the last page of this issue for more information.

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# THIS ISSUE IN BRIEF

This September's issue of *Federal Probation* considers "What Works" in Corrections—and how we can tell. Our guest editor, Alvin W. Cohn, is familiar to regular readers as the contributor of the "Juvenile Focus" column. But he also carries on a very productive career charting the course of correctional work. Over the years he has seen several fads in corrections come and go, and thus commands the kind of perspective that several of this distinguished group of contributors also achieve. We hope you find these articles both thought-provoking and helpful in figuring out how to ask and answer that bottom-line question, "What works?"

*Ellen Wilson Fielding, Editor*

## Introduction

Heightened concern for improved performance and increased productivity have led agency administrators throughout the field of justice administration to seek programs that will produce such results. Moreover, the demand for programs that work leads to a dilemma: even if a program is successful at one agency, this does not necessarily translate into a workable program for another, for there are organizational and programmatic variables that may or may not be conducive to replication. Therefore, a successful program in one place may prove to be dysfunctional elsewhere.

Observation, unfortunately, reveals that too few agency administrators are committed to evaluating their programs. Further, many programs are designed and implemented without explicit goals and objectives that are measurable. This is especially true when there are goals, but they are latent rather than manifest. When this occurs, researchers have significant difficulty in designing evaluation strategies.

It is axiomatic that evaluation for evaluation's sake is just as irresponsible as designing change simply for the sake of change. Evaluation must be structured and purposeful if it is to have significance both for policy- and decision-making efforts. Moreover, the implementation of any program without consideration for eventual assessment reveals both poor management and irresponsible administration.

While a number of studies have been published that attempt to address the issue of "what works" (many of which are cited in the articles that follow), it is quite likely that many programs throughout the field of justice administration plod along without any attempt to measure success or failure. Perhaps this is due to administrative incompetence or unwillingness to face potential negative assessment results. Or, failure to research may be a consequence of lack of knowledge on just how a program should and can be evaluated. Or, no research may occur if there is disdain for outside consultants peeking into organizational activities.

Administrators who are pedestrian in their approach to program management instead of being progressive and visionary are likely to lay constraints on information-sharing on the very superordinates who provide the resources needed by the agency. This failure to recognize the legitimate needs of true customers can only result in mediocre delivery systems of services to clients as well as communities. On the other hand, the sharing of programmatic successes and failures undoubtedly could lead to better communications as well as better support for the programs that do indeed attain defined and explicit goals.

In this special issue of *Federal Probation*, which has as its theme "What Works," the articles that follow reflect various aspects of program evaluation, some of which point to successes and others, to an extent, to questionable results. All, however, reveal that appropriate program design is inextricably linked to program assessment—a linkage that cannot or should not be minimized.

In the lead article, "Managing the Correctional Enterprise: The Quest for 'What Works,'" Alvin W. Cohn suggests that the results of any program evaluation have significant implications for both policy- and decision-makers, as a consequence of the values administrators and researchers bring to the assessment process, notwithstanding the supposed "value-neutral" approach of the evaluator.

Felicia G. Cohn's article, "Valuing Evaluation," explores what is meant by "values" and discusses evaluation as fundamentally an ethical enterprise: an effort to distinguish right from wrong, good from bad, and degrees of goodness and badness. She posits that while evaluation can be valuable, it does not necessarily mean that it will be valuable in particular situations or that it will answer particular questions.

In "Supervision: Exploring the Dimensions of Effectiveness," Faye S. Taxman analyzes the role of supervision, which is a fundamental task in every correctional agency. She reflects on the fact that there has been little in the way of rigorous research on the subject. She examines such issues as the relationship of supervision to risk assessments, practices related to changing offender behavior, the use of social controls, offender accountability, and successes and failures in intervention strategies.

Francis T. Cullen, John E. Eck, and Christopher T. Lowenkamp look at supervision from another perspective and report in "Environmental Corrections: A New Paradigm for Effective Probation and Parole Supervision" that limited effectiveness of community supervision practices is prompting calls to reinvent probation and parole. They argue that a key to reducing recidivism is reducing offenders' access to crime opportunities, which results in less focus on the amount and more on the nature of offender supervision—an approach they describe as "problem-oriented" supervision.

A new paradigm for probation practice is discussed by Edward E. Rhine in "Why 'What Works' Matters Under the 'Broken Windows' Model of Supervision," a model he helped to design. He reviews the "Broken Windows" paradigm, which includes seven key strategies for re-engineering offender supervision, the most important of which is leadership; that is, the responsibility of leaders to attend to the importance of creating public value in the work that they do. He goes on to state that this paradigm requires leaders to "embrace accountability" for producing results that contribute to public safety and community wellbeing.

The values and beliefs of both administrators and researchers as well as the role of the supervisory process are further discussed by Edward J. Latessa, Francis T. Cullen, and Paul Gendreau in "Beyond Correctional Quackery: Professionalism and the Possibility of Effective Treatment." They state that while some exceptions exist, many interventions into the lives of offenders are not formed by scientific research, but are based on ideology, custom, or convenience. According to these authors, the result is ineffective treatment. They label this "correctional quackery," which has four main sources, all of which are considered "failures."

Kristin Parsons Winokur, Ted Tollett, and Sherry Jackson examine the need for sound empirical models for evaluation of juvenile justice programs in "What Works in Juvenile Justice Outcome Measurement: A Comparison of Predicted Success to Observed Performance." They discuss their roles in the development of what is called "Program Accountability Measures (PAM)" analysis. This is an outcome-based model that has been used to evaluate day treatment and commitment programs in Florida. The authors report on the development of the model and present outcome findings by program model, gender composition of program, and program security level.

In another article related to juvenile justice, "Gender-Responsive Programming in the Justice System: Oregon's Guidelines for Effective Programming for Girls," Marcia Morgan and Pam Patton examine an Oregon-based program for female juveniles and what this state is doing to ensure that its justice programs state-wide are gender-responsive. They report on the development of and key elements in "Guidelines for Effective Gender-Specific Programming for Girls," which is based on research and promising program models, and is an innovative model that appears promising as a way to impact positively young women's lives.

"School-Based Substance Abuse Prevention: Political Finger-Pointing Does Not Work" is an article by Michelle Burke. Until recently, little was known about what program components and delivery methods lead to successful interventions. Yet, as she reports, even if a program is successful in reducing substance abuse by youths, research clearly indicates that any positive effects that are gained will not be maintained if the program lacks a follow-up component. Although she reviews a number of programmatic efforts in the area of substance abuse treatment, she concludes that there is no magic bullet that will universally control or otherwise prevent school-based substance abuse.

Whether it is called reentry or aftercare, the issue of how offenders are returned to their communities after institutionalization has become an issue of increasing attention, especially insofar as juvenile justice is concerned. In "Juvenile Corrections and Continuity of Care in Community Context: The Evidence and Promising Directions," authors David M. Altschuler and Troy L. Armstrong, drawing on a distinguished record of research in this vital area that long has been of concern at the Office of Juvenile Justice and Delinquency Prevention (OJJDP), explore various aspects of the reentry process, including its problems. From a "what works" perspective, they address such questions as how might reentry and aftercare be conceptualized and defined; what is the current state of evidence regarding its workability; and how should corrections research and practice on this topic proceed?

As we have learned from the body of correctional research generally, Altschuler and Armstrong conclude about juvenile justice: "That the research record has been mixed and that many questions remain is neither startling nor unexpected....(yet) there have been notable and demonstrable successes, along with failure and disappointment."

Finally, Henry R. Cellini defines and explores the concepts of character and temperament and discusses organic issues associated with personality development and treatment in "Biopsychosocial Treatment of Antisocial and Conduct-Disordered Offenders." He suggests that treatment specialists should not confine themselves to traditional approaches and offers a strategy for behavioral pattern changes to reverse specific negative skill deficits among the offender population. While he provides no data on the likelihood of success with such a treatment approach, his opinions and suggestions on potential offender change have significant heuristic implications.

It is our hope that administrators and researchers in the fields of criminal and juvenile justice can find both hope and solace by reading these articles that examine the values and results of responsible programming and appropriate evaluation. It is obvious that *if you don't count it, you can't measure it*. But program evaluation need not be a heavy, statistic-based, absolutely rigorous, scientific process—a process for which few are trained. However, this does not mean that program evaluation should be dismissed simply because it may be too difficult to do or because the results may not be to our liking. If a program's goals and objectives are clear, understandable, and basically measurable, evaluation is doable.

And, it should be done routinely if we genuinely want to know "what works."

*Alvin W. Cohn, D.Crim.*  
*Guest Editor*

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The articles and reviews that appear in *Federal Probation* express the points of view of the persons who wrote them and not necessarily the points of view of the agencies and organizations with which these persons are affiliated. Moreover, *Federal Probation’s* publication of the articles and reviews is not to be taken as an endorsement of the material by the editors, the Administrative Office of the U.S. Courts, or the Federal Probation and Pretrial Services System.

# Managing the Correctional Enterprise—The Quest for “What Works”

*Alvin W. Cohn, D.Crim.*

*President, eNormaLearning, LLC*

*Usually it is the...manager who will see the need for change first, and most dramatically, and who must begin the process of mobilizing the entire... [organization]. That process begins with a clear-eyed look to the future, as well as to the present and past—and often starts with fear.*

—James Champy

*It is a surprising and perhaps even shocking fact that our present-day society is engaged in many activities which have no more support in terms of reliable evidence than the incantations of medicine men and the potions of witches. (Wilkins, 1969:9)*

**ALTHOUGH WILKENS**, at the time, was less than sanguine about the historical results of program evaluation, it has become increasingly popular in recent years to address the question of “What Works?” throughout the field of criminal justice administration and particularly with regard to “successful” correctional practices. But, “what works” may be no more than a mental construct if not an artifact, for as Thomas (1927:1-13) remarked: “Situations which are defined as real are real in their consequences.” Evaluation, however defined and practiced, essentially is the quest for universal truths, for an understanding of causal factors. It is an effort dedicated to exploring the “why’s” of correctional practice outcomes.

But, this is never as simple as A causes B. We have become more sophisticated in the use of scientific methods, but causal relationships—and truths—may be elusive, and what is true today may not be true tomorrow. What is a crime today may not be a crime tomorrow; thus, explanations for the causes—and

cures—of crime as produced through scientific process may be totally inadequate if the definition of a crime is different from that which is actually studied.

Unlike our experience of mathematics, where there are “truths,” we can never be certain in the social sciences that what we discover is indeed the truth. Further, as Wilkins (1969:21) states, we too often resort to “facts and figures” to explain conditions and events, but history suggests that “There is no evidence that human intuition is any more effective in arriving at *socially desirable solutions* than the ‘facts and figures approach’ especially since we manipulate figures to induce what may be inaccurate facts” (emphasis added).

The terms “facts,” “absolutes,” and “truths” are similar but different, yet we seek them in our research endeavors. We seek answers, but we probably only achieve “contentions,” since in the final analysis “I believe X while you believe Y” as we attempt to interpret research findings. Thus, the results of any assessment process involve values, both personal and organizational—and facts and figures provide corroboration of what I believe and what I value.

“What Works,” therefore, is a quest as well as an admission of failure, notwithstanding the results of any research effort. “Evaluation is good” has become the mantra of criminal justice administrators in recent years, but evaluation may actually deflect from the need for an explicit set of goals for both the organization and any program implemented that ostensibly is designed to attain those goals. In fact, the need to identify what works may be a desperate effort to identify a level of effectiveness that otherwise has been elusive. If what works is actually found, it may prove to be organiza-

tionally dysfunctional, especially if it does not seem to meet the needs of the organization.

That is, as Cohn (1998) has suggested, any findings that appeal to an administrator’s values may encourage more programmatic “plops” than programs that “fit” within the organization’s mandate and/or goals. What should an administrator do when research results clearly indicate a program’s failure; that is, when a program doesn’t work? Here, practicalities such as the utilization of resources and sound public policy come into play to force appropriate decision-making. But this doesn’t always occur, especially if the findings are in conflict with values.

Program evaluation should be viewed as a look backward, for it should address the question of what we did right. The results should serve, then, as the foundation for asking: “What do we do now?” “What works” should be utilized as a tool or vehicle aiding an administrator in his or her decision-making as the next step in the process is followed that addresses the issue of explaining—the “why”—the results.

## Earlier Analyses of “What Works”

In the field of corrections, programmatic evaluations have primarily been concerned with changing offenders; that is, analyses of programs designed to reduce violative behaviors and/or to reduce recidivism. Since the evaluation of the Judge Baker Clinic in Boston by Sheldon and Eleanor Glueck (see, for e.g., 1930, 1940, 1950, and 1968), scientific process has been utilized to seek answers to “what works?” Thus, rehabilitation and the reasons for success or failure have served as

the basis for program initiatives, many of which may not have been grounded in any identifiable theories.

Not much evaluation activity took place in corrections until the 1960s, although research divisions in such states as California, Massachusetts, and New York did indeed make significant contributions to knowledge. Seeking to determine the efficacy of rehabilitation, Bailey (1966) evaluated 100 treatment programs between 1940 and 1960 and concluded that the results were discouraging. Scarpitti and Stephenson (1964) evaluated probation as a treatment program and concluded that it was ineffective for seriously delinquent youth, a conclusion similar to that reached by Petersilia and Turner (1993) for adult probationers many years later.

Robison and Smith (1971) evaluated correctional programs; Lerman (1966) studied programs for institutionalized delinquents; and Robison and Takagi (1968), Takagi (1971), and Ward (1967) all examined adult parole systems and reported the devastating finding that correctional rehabilitation did not work. However, Adams (1975), who evaluated small caseload research, and Dash (1970), who studied the Offender Rehabilitation Project, both offered a modicum of encouragement about rehabilitation effectiveness.

The playing field, however, proved to be not all negative. Criminal Justice Associates (1995) cites a number of "promising" programs under the aegis of the Comprehensive Communities Program; Rhine (1998) identifies an array of "best practices" throughout the fields of adult and juvenile corrections; the Office of Juvenile Justice and Delinquency Prevention (n.d.) lists "promising" programs on graduated sanctions for juveniles; the Development Services Group (2000) identifies various "effective and promising" programs throughout juvenile justice administration; Glick and Rhine (2001) review "best practices" of juveniles in the adult correctional system; Gauthier, et al. (1999) describe "promising" crime prevention programs world-wide; Montgomery, et al. (1994) report on "what works" programs in juvenile justice; Sherman, et al. (1998) discuss "what works" in crime prevention programming; and Adams (1975) and Glaser (1973) review various correctional programs for correctional "success."

Yet, the dearth of ongoing, responsible research in correctional programming has demonstrated two failures: 1) the failure to routinize program evaluation, and 2) the gross inadequacies of the methodologies utilized by

researchers as reported in the published literature. The first failure prevents the accumulation of comprehensive evaluation data that demonstrate whether or not a program indeed is successful. The second failure illustrates the inability of responsible researchers to assess the competency of other researchers in their methodologies.

Some authors (e.g., Palmer, 1975 and 1978; M. Gottfredson, 1979; Wholey, 1983; and Nay and Kay, 1982, indicate that much of the reported research is flawed and, as Van Vorhees and Brown (1976:2) state:

In addition to methodological and technical problems with the research, it should have been clear to researchers and programmers alike, that some of the evaluated programs had been too difficult, if not impossible, to evaluate—but they evaluated, anyway. In fact, many of the evaluations described poorly designed programs which evidenced unclear goals and no clear understanding of what activities would produce the desired results.

### Martinson!

The correctional establishment was rocked and buffeted with the publication of "The Effectiveness of Correctional Treatment: A Survey of Treatment Evaluation Studies" (Lipton, et al., 1975), which concluded that "nothing works." The "rehabilitative ideal," as enunciated by Allen (1964), apparently died an agonizing death as policy-makers seized upon this to justify forcing a change in correctional goals from treatment/rehabilitation to surveillance and control.

Among the authors of this epochal publication, Martinson (1974) became the popular spokesperson for this "nothing works" message, which turned the correctional enterprise upside down. The book was a compilation of research findings on the "effectiveness of treatment administered to persons adjudicated or convicted for acts of criminal or delinquent behavior....(and) that it is increasingly recognized that treatment would be administered in the light of accumulated knowledge as to treatment effectiveness." (p. 3)

Lipton, et al. (1975:3) go on to state: "Some of these studies are a product of the curiosity of scientists about particular issues; some of the studies are tests of innovative ideas, and some are based upon administrative needs." Unfortunately, while Martinson recanted his overall assessment that "nothing works," it was too late, for corrections

changed its *modus operandi*, including the resources utilized for treatment programs. What Martinson's study essentially did conclude was that the *published literature offered no proof that treatment was effective*, primarily because it was difficult to assess the evaluation studies insofar as findings and methodologies were concerned. They state:

It is extremely difficult to develop a cohesive body of knowledge from disparate studies. Perhaps the most salient difficulty is that the...variables...are defined differently in different studies. Additionally, any summary requires the application of individual judgments as to the confidence to be placed in the findings of the studies analyzed...based in part on the rating system (employed)...and in part on the sizes of the sample population involved...and the evaluation of the methodology used. (pp. 20-21)

### Scientific Knowledge is Provisional

A number of authors (Sherman, et al., 1998) analyzing "what works" in the area of crime prevention state:

The most important limitation of science is that the knowledge it produces is always becoming more refined, and therefore no conclusion is permanent. All of the conclusions (presented in a report to Congress)... are provisional—just as all scientific knowledge is provisional. As the U.S. Supreme Court has noted in its analysis of scientific evidence... no theory (or program) of cause and effect can ever be *proved* to be true. It can only be disproved. Every test of a theory provides an opportunity to disprove it. The stronger the test and the more tests each theory survives, the more confidence we may have that the theory is true. But all theories can be disproved or, more likely, revised by new findings. (p. 3)

### Latent Versus Manifest Goals

Although the search for truth can be both cumbersome and enigmatic, another factor that complicates evaluation is distinguishing between "latent" and "manifest" goals. One characteristic of organizations as well as of individuals is what Merton (1957:199) has called "displacement of goals." An agency or program originally created for one purpose frequently acquires additional functions that often are unofficial, and the organization or the program may be directed more by the

acquired objectives than by the purposes or goals initially established.

Official goals generally are called *manifest*, since they are contained in legislation, administrative directives, or formal announcements under which programs are created and/or policy is publicly justified. Further, as Glaser (1973: 5–6) states: “Actual goals must be inferred from the behavior of functionaries within an organization, in terms of the objectives they seem to have. Those interests and objectives that seem to account for policy and practice, but are different from the publicly proclaimed objectives of an agency or a program may appropriately be called its *latent goals*.”

Sometimes, agency administrators or program directors are consciously aware of their latent objectives and even admit them informally, that is, off the record. At other times, these persons may “drift” into the pursuit of these latent objectives as a consequence of exigencies, changes in resources, or developing needs. Thus, they may be unaware of shifts in goals or unwilling to admit that these have occurred.

The supplementation or even the replacement of manifest goals by latent goals may be readily observable in a police department, as an example, when command staff emphasize the need to ticket motorists for speeding in order to increase revenues instead of enhancing pedestrian safety. In a probation department, an administrator may develop an intensive supervision program with the manifest goal of increasing offender supervision to reduce continued criminal activity, but instead have a real but latent objective of developing such a program to “match or better the programs colleagues in other departments have initiated.” Glaser (1973:8) comments on such goal displacement and states:

My concern...is not with evaluating the relative merit of different goals. Rather it is with stressing the need to be aware of all of them, so that one may guide agency action effectively with respect to any one of them. *It is in the public interest that latent goals be made manifest, by determining what they are and stating them explicitly.* Only if a goal is recognized can the effectiveness of efforts to achieve it be evaluated, and the consequences of pursuing one goal for attainment of others be measured.

If correctional agencies are to be made more responsive to the public interest, they must make the purposes of their case decisions and programs explicit, and the consequences of their decisions must be evaluated to determine the extent to which they accomplish their pur-

poses—purposes that reflect explicit goals and not artifacts (Selznick, 1957:27).

In the police ticketing example, it indeed is possible to measure the latent objective of enhanced revenues, but the public might justifiably be alarmed that the manifest goal of public safety has taken a back seat. If the administrator fails to inform an evaluator of the latent objective of the activity, only public safety will be measured, which, obviously, will not satisfy the administrator.

If the intensive probation supervision program has a latent goal of “keeping up with the Joneses,” the mere fact that such a program was developed by the agency will result in a conclusion of success, but then, “so what?” If, on the other hand, an evaluator assesses the degree to which the program’s manifest goal of crime reduction is being achieved, an actual measurement will determine the degree to which such a goal was attained.

### Definitions of “Evaluation” and “Success”

Two reasonable definitions of evaluation are “the procedure by which programs are studied to ascertain their effectiveness” and “measurement of accomplishment with respect to a program’s particular target” (Caro, 1971:155). It becomes obvious that these definitions readily can be applied to a business organization where profitability is the primary goal. But they may have limited applicability for a people-serving organization, especially where there are *multiple goals*. In corrections, rehabilitation of offenders, societal protection, and service to the courts may all be appropriate manifest goals.

An electronic monitoring program may have such goals as reduction of institutional populations, implementation of community-based alternatives, and societal protection. In a police department, the goals of “protection” and “service” often appear in mission statements.

From a simplistic perspective, “success” means that a goal or goals have been achieved. But, is a program successful if it achieves only 50 percent or 85 percent of the stated objective? It is critical that both administrators and evaluators clearly recognize that goal attainment may be *matters of degree* rather than *all or none* phenomena. As a consequence, *judgments* need to be made if a program achieves partial success; that is, the program resulted in some but not total accomplishment. This also means that consideration should be given to alternatives to success, ranking some as

more important or desirable, but not neglecting any that have appreciable importance.

If an agency engages in a treatment program with manifest goals of reducing substance abuse and criminal activity, and an evaluation study demonstrates that offenders in the program reduced their use of illicit substances by 37 percent with a consequent reduction in criminal activities (as measured by new arrests/convictions) of 42 percent, would one be justified in claiming programmatic success? Based on personal values, one might suggest that the program was a failure, because 63 percent of the involved offenders did not reduce substance abuse and/or criminal behavior continued at a rate of 58 percent.

This is a matter of judgment and values, but it also depends on how the agency wants to present itself to the criminal justice and public communities. Historically, correctional officials discuss recidivism rates in terms of “failure.” But, if a given offender population in a probation or parole agency is technically violated at a 33 percent rate, why is this referred to as a “failure” rate? Why shouldn’t this be viewed as a “success” rate, since 33 percent of these offenders who did violate the terms and conditions of their community supervision appropriately were violated by their supervisors? Or, why does the agency dwell on the 33 percent figure instead of the 67 percent “success” rate?

This is more than an issue of success definition, public relations, and/or value judgment. It goes to the heart of the role if not the mandate of the correctional enterprise and reflects a demand for understanding the meaning of and implementation of *public policy*; that is, what is in the best interest of the clients and communities being served by the organization as well as the most appropriate utilization of resources.

### The Strategy of “What Works”

Sherman, et al. (1998:4) comment that when examining an evaluation report for correctional activity, other issues should be considered in addition to the manifest goals of the program and especially the degree to which an impact assessment, in the final analysis, indicates a level of crime reduction. The authors suggest that there are many potential costs and benefits to any program. Further, “Evidence about these costs and benefits might change the overall assessment of whether the program works.” (p. 4) For example, what resources were needed and ex-

pendent to attain programmatic success can and should influence the future of the program, as will be discussed below.

Similar to Martinson's procedure in evaluating correctional treatment programs through the use of a scale, Sherman, et al. (p.6) evaluated prevention programs, ranking each reported study according to a scale of 1 (weakest) to 5 (strongest) on overall internal validity. But the researchers faced a dilemma: "How high should the threshold of scientific evidence be for answering the...question about program effectiveness?"

They respond as follows (p. 6):

Based on the scientific strength and substantive findings of the available evaluations, the report classifies all programs into one of four categories: what works, what doesn't, what's promising, and what's unknown.

It will be useful to review their definitions of the above categories:

- **What Works.** These are programs that we are reasonably certain prevent crime or reduce risk factors for crime in the social contexts in which they have been evaluated and for which the findings can be generalized to similar settings and in other places and times...with a preponderance of effectiveness.
- **What Doesn't Work.** These are programs that we are reasonably certain from available evidence fail to prevent crime or reduce risk factors for crime, using the identical scientific criteria used for deciding what works.
- **What's Promising.** These are programs for which the level of certainty from available evidence is too low to support generalizable conclusions, but for which there is some empirical basis for predicting that further research could support such conclusions.
- **What's Unknown.** Any program not classified in one of the three above categories is defined as having unknown effects.

The above typology should have considerable utility for researchers and practitioners alike in that it handily dismisses the need for an "all or none" conclusion of any evaluation effort. It will be a judgment call, however, if the end result of a research effort demands a "what works" conclusion rather than satisfaction merely with "what's promising." Obviously, the nature of the evaluation effort in terms of the data available and the methodologies involved will have a de-

termined impact on any study's results. But, the administrator must decide what level of satisfaction is desired and/or acceptable.

This also means that one should seek definitions of success that are useful rather than sacred. It also means that care must be taken to distinguish between "prediction" and "preference." The former is concerned almost exclusively with an analysis of those factors (variables) which have predictive value insofar as the expected results are concerned. The latter is concerned with personal values on what is wanted or desired irrespective of the "facts" or conclusions which actually obtain as a consequence of the evaluation activity.

## Public Policy

As Caplow (1976:185-199) notes, "no organization can be completely insulated from the currents of social change in the surrounding society." He discusses demographic shifts and changes in public policy and social values as key components of social change, all of which have a direct impact on criminal justice administration and practices. Hudzik and Cordner (1983:118) enumerate some of these changes, which include new laws and regulations, court decisions, elected officials' administrative requirements, and vested interest groups' demands, among others.

They go on to state (pp. 118-119): "All such changes in public policy require criminal justice agencies to react, and those that have been paying attention to their environments will be more likely to have foreseen the changes and to have adapted in a timely and successful fashion. Further, as Caplow (1976:191) concludes:

...changes in social values are even more unpredictable in the long run than changes in public policy, but since they are much less abrupt, they permit more intelligent planning and adaptation.

A correctional administrator who initiates evaluation research is always mindful of the facts and figures associated with the research: facts, which are the resultant findings of the research (provided the data upon which they are based have both validity and reliability) and figures, which essentially are the data from which the findings or facts are obtained. Moreover, it has been pointed out that while researchers ostensibly are "value neutral" with regard to judgment calls as to the worth of a program being studied, an administrator generally is not so constrained.

And his or her values do indeed impact judgment calls, for what is deemed to be worthy or without worthiness insofar as the research conclusions are concerned is an administrative decision. If the administrator is honest and is prepared to make ethical choices (see, e.g., Henry, 1999), he or she will be prepared to accept the outcomes of the research as they exist and not as he or she would want them to be.

To build a body of scientific knowledge, as Sherman, et al. (1998) discuss, correctional administrators must not only commit themselves to evaluation research, but provide the resources for such an activity, accept honestly the outcomes, and recognize that deciding how to utilize programmatic resources should require a public policy perspective. The basic question to be addressed, then, is whether the outcomes derived from the program evaluation are worth the resource costs and, if so, whether the program should be continued, modified, or quashed. Further, to what extent (assuming the outcomes are appropriate) does the evaluation effort demonstrate that the program accomplished its explicit objectives, and at what cost?

To answer these questions, an administrator must view the program in terms of public policy as well as organizational effectiveness. Here, a critical decision must be made regarding both personal and organizational values, which can produce a dilemma. If the administrator "likes" a program and it costs X to produce Y results, is this sufficient to continue the program? Should it be continued if it takes X + 1 to produce Y + 2 results, results which are desired and/or needed; that is, is the additional expenditure worth it?

If a probation intensive supervision program costs \$1,000 per year per offender and the program has a 55 percent "success" rate, should the administrator expend \$1,500 to achieve a 60 percent success rate—assuming this is possible? Suppose it costs \$2,000 or \$3,000? An administrator, of course, has a fiduciary responsibility to ensure appropriate cost-benefit outcomes for any program initiative, but where are the guidelines that assist in the decision-making process? How does one make a determination that the expenditure of any funds—even if the program is "successful"—truly meets public policy concerns?

## Administrative Decision-Making and Change

The danger in this kind of decision-making is that an administrator may decide to develop and/or continue a program as a result of "preference" rather than as a consequence or result of any evaluative research, especially if the program meets his or her personal needs/values. As Nelson and Lovell (1969:5) long ago indicated:

(An)...attribute of correctional management has been a particularistic approach to program development and change. This approach has been characterized by faddism, a somewhat frivolous subscription to "new" ideas and generally non-rigorous, nonscientific rules of thumb, for determining what to delete from the old system and what to add to it...which has led to tokenism in the launching of new measures.

Although their commentary was written over a quarter century earlier, what they have to say does have contemporary meaning. They go on to state (p. 5):

Correctional administrators are not so much responsible for this condition as they are the victims of two realities: society's uncertainty about the causes and solutions of the crime problem; and the present inability of social science and research to provide a solid frame of reference for considering alternative courses of action and estimating their consequences.

Today, evaluation research has been gaining a strong foothold in correctional operations, but it remains a strange and somewhat frightening specter to most administrators. They tend to see research as a worthwhile endeavor and are supportive generally, but its methods, its vocabulary, and the researchers themselves cause them a great deal of apprehension.

Furthermore, many correctional administrators worry about the consequences of its widespread use. Nonetheless, as *stewards of their charters*, these administrators will have to exercise leadership and adjust themselves to the tentativeness of available knowledge. They will need to understand and appreciate the importance of program evaluation, including its capacities and its limitations. Nelson and Lovell (1969:16) suggest:

The correctional administrator who is aware of past efforts to understand and control criminality can avoid impulsive commitment to the succession of seem-

ingly new "solutions" which achieve a transitory visibility and then pass from sight. Hopefully, he will be equally able to recognize genuine innovations when they do appear.

D.M. Gottfredson (n.d.:133) examines the relationship between correctional decision-making and the role of the correctional administrator as a change agent. He suggests that the process can be compared to a three-legged stool. One leg is the quality of the information on which decisions must be based. Another is the goal or set of goals that he or she wants to achieve. The third is his or her knowledge of the *relationships* between the information with which to work and the *probable* consequences of his or her various decision alternatives.

The change agent is required to sit on this stool because as an administrator decision-making is a requirement. If the administrator sits cautiously, it is because he or she knows that not all three legs of the stool warrant confidence. The administrator is less likely to be floored, however, if he or she adopts as part of basic managerial equipment some of the attitudes and methods of science. Through his or her role as a "scientist," the administrator can sit more confidently; meanwhile knowing that by pursuing the evaluative process, performance can not only be evaluated, but ultimately in many cases improved.

## Leadership

Today, more than ever before, the field of correctional administration has a fourth leg on that stool—namely, public policy. As an administrator, as a change agent, and as a leader, the field demands—and appropriately so—that this executive be ever mindful of what is good not only for the organization, but also for the ultimate customers: the general public. It is this group that currently demands quality performance, a commitment to the reduction of crime and victimization, and an organization that is both effective and efficient (see, for e.g., Cohn, 1994).

While the general public tends to have little awareness of correctional operations, it nevertheless demands tangible results. Meaningful programming can produce outcomes that will meet this mandate, provided that evaluation efforts really substantiate "success." The correctional leader knows this and should guide the organization toward fulfilling this mandate responsively and with a high level of responsibility and accountability. He or she

should be committed to appropriate programming and meaningful outcomes at a level consistent with public demand.

In effect, our public customers have a right to expect correctional leadership, which appears to exist at higher levels of frequency than ever before in history. Ingstrup and Crookall (1998:53), perhaps, summarize it well:

Leadership helps an organization develop a shared vision and a unity of purpose. It is central to building teams and networks, to forging the all-important trust that binds an organization, and to ensuring the organization has the skills to meet the mission. In an era of relentless change, leadership allows well-performing organizations to maintain their excellence. Leadership is now a strategic instrument, not a personal idiosyncrasy.

Attempting to identify "what works" undoubtedly is a worthwhile endeavor in the correctional arena as well as throughout the field of criminal justice administration. But successful evaluation will not happen automatically. It will require leadership by the administrator, a commitment to evaluation research that flows from explicit goals, and a willingness to identify and accept public policy as an inevitable aspect of responsive and responsible decision-making.

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# Valuing Evaluation

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**EVALUATION OF** a social program is generally undertaken to demonstrate the value of a program. More formally, program evaluation refers to “the use of social research procedures to systematically investigate the effectiveness of social intervention programs that is adapted to their political and organizational environments and designed to inform social action in ways that improve social conditions” (Rossi, Freeman, Lipsey, 1999: 2). Frequently, much is made of the practical and policy implications of such evaluation results, while less attention is paid to the endeavor itself. Yet, the quest to demonstrate value is in and of itself a matter of value, i.e., something of importance.

Evaluation, then, is fundamentally an ethical enterprise: an effort to distinguish right from wrong, good from bad, and degrees of goodness or badness. Ethics is a discipline fundamentally concerned with questions of “should:” “What should I do?” “What should be done?” Therefore, evaluation serves to provide answers to those questions with regard to specific programs. The questions of what to evaluate and even whether to evaluate suggest three levels of ethical inquiry. First, on what values is evaluation founded? Second, what values does evaluation reveal? Third, does evaluation fulfill those values?

The questions arise most intensely in the context of specific inquiries. For example, in 1998, the U.S. Congress directed the Institute of Medicine (IOM) of the National Academies of Sciences and Engineering to exam-

ine the training needs of health professionals to respond to family violence in order to develop a social action strategy. Specifically, the charge directed that an interdisciplinary panel of experts assess training needs, existing training programs, and efforts to foster knowledge among health professionals. In essence, policymakers were requesting an evaluation of the state-of-the-art in order to determine how best to proceed. The request itself and the results of the committee’s assessment will be used to depict issues of value in evaluation.

## The Ethical Foundations of Evaluation

Evaluation is not generally conducted for the sake of conducting evaluation. Evaluation is not perceived to have intrinsic value, at least not beyond the academic domain. Nor is it usually undertaken simply for descriptive purposes. Certainly, evaluation describes program performance, but this description contributes to the main goal of evaluation: determining effectiveness or success measured against some set of standards. The very fact that evaluation is purposive indicates that the value of evaluation is largely contingent on derived outcomes. The findings can be used, for example, to determine if a program is worthwhile or ineffective, to quantify how effective a program is, to identify aspects of programs in need of enhancement or change, and/or to describe unexpected outcomes.

That the act of evaluating has occurred is probably of little interest without the findings.

And even the results may be of little interest without some application, such as developing policy or managing a program in order “to inform social action in ways that improve social conditions” (Rossi, Freeman, Lipsey, 1999: 2). Thus, evaluation is largely a teleological enterprise, that is, whether it is good is determined by its ends. So, evaluation is good if it is likely to produce good (See e.g., Purtilo, 1993).

The *telos* or “end” of program evaluation is varied. History demonstrates that human beings throughout time have endeavored to describe, understand, change, and improve the conditions of our existence, whether these activities are called evaluation or not. Further, with efforts to change society has come a desire to determine the impact of these efforts. Programs are usually designed to raise awareness of a social problem, address specific aspects of a social problem, or to resolve a problem. Consequently, program evaluation is used to investigate the effectiveness of a particular program in achieving the goal it was established to achieve.

In evaluating, we examine the value of a program, a determination rooted in not just whether a program is implemented as planned, but whether that program works. A determination of whether the program works depends on whether the effects of that program coincide with other things we believe important, which are described as values. These values may reflect the need for the program, the program design, the services the program provides, the cost-benefit ratio, and/or the program’s impact.

\*Felicia Cohn, Ph.D. served as the Study Director for the Committee on the Training Needs of Health Professionals to Respond to Family Violence of the Institute of Medicine, National Academies of Sciences and Engineering, in Washington, DC. The views expressed in this paper reflect her interpretation of the committee’s process and findings. Neither the National Academies nor members of the committee are responsible for the opinions expressed.

When Congress mandated a study on health professionals and family violence, the legislation did not provide an explanation for the desire to know. However, certain assumptions appear reasonable based on the context of the request. Family violence can be described as a growing national pandemic (Tjaden and Thoennes, 2000). Efforts to address family violence have largely fallen within the criminal justice and social services sectors, but have been limited and have demonstrated only moderate success. The nature of health professional work uniquely situates care providers to identify and assist victims. For some victims, health professionals may be the only or a rare point of human contact outside their abusive or neglectful environments. Recognizing this, every state has legislated a requirement placed on an array of health care professionals to report child abuse and neglect and elder maltreatment. Four states similarly require that intimate partner violence be reported. In addition, a few states mandate education about some type of family violence in health professional training.

Given this background, the IOM committee presumed that Congress was working from the *ethical* premises that health professionals can improve the social condition of victims and should bear (some) responsibility for the problem of family violence. Based on these premises and in light of its charge, the committee believed the following questions to be at the heart of its task:

- 1) What is known about the response of health professionals to family violence?, and
- 2) How should health professionals respond to family violence?

The *telos* of this inquiry appeared to be a description and assessment of program designs, services provided, and impact.

## The Values Evaluation Reveals

Values arise from evaluation in at least two ways. A request for evaluation in and of itself suggests that the area of inquiry is important, valuable. The evaluation protocol, how it is conducted and its findings, also communicates values. In requesting the study, Congress clearly indicated the importance of family violence and the role of health professionals in addressing it in our society. What the IOM committee found, as a result of evaluation, however, sends a message that is less clear.

The National Academies have built a reputation for providing comprehensive analysis of the existing evidence base on a topic of inquiry. Within those established methodological parameters, the IOM committee responded to its charge by consulting the existing literature, including policy and guidelines on the subject; unpublished curricula; and representatives from health professional education programs, advocacy groups, policy-makers, criminal justice and social services, researchers, scholars, and funders.

The committee's assessment of evaluation data demonstrated substantial interest in the problem of family violence within society and among health care professionals, for it emphasized societal values on understanding the extent of the problem, providing services to benefit victims, and preventing victims from enduring further harm.

However, the committee's findings, based on the review of written documents and consultation with experts and interested parties, also revealed a severe limit on the evidence base necessary to develop the guidance requested by Congress. In particular, a paucity of credible evaluation data existed to support the existing health professional training programs, to improve the existing programs, or to develop new programs. Among the Committee's findings (Cohn, Salmon and Stobo, 2001):

- Family violence is understood to be widespread across the United States and to have significant health consequences, but its full effect on society and the health care system has not been adequately studied or documented.
- Numerous studies document the incidence, magnitude, characteristics, and implications of the problem, but variation in definitions, data sources, and methods has rendered unclear findings that cannot be compared.
- Several training programs do exist, but have not been adequately studied with regard to their impact on health professional knowledge and practices or the effect on the health outcomes of victims.
- Studies of the impact of mandatory reporting requirements suggest mixed results and the need for further study.
- State-mandated education requirements do not appear to have been studied.

- Funding for research, educational development, and evaluation of health professional training programs is fragmented and inconsistently available.

So, while society recognizes family violence as an important issue for health professionals as well as criminal justice and social services—a recognition of importance reinforced by the Congressional mandate—that recognition is not reflected in research, program development, evaluation of laws, or funding commitments. The methods used to evaluate family violence generally and family violence education for health professionals specifically are described as generally lacking rigor and the limited data available send a conflicting message about the priority of this social ill. If one replaces “family violence” with another issue, such as rehabilitation programs for offenders, it is readily observable that, for the most part, the IOM committee's findings are just as applicable. The same may hold for the evaluation of other social ills and may even reflect the state-of-the-art of social science research in general.

## The Value of Evaluation

Rigorous and responsible evaluation clearly has value. It has become an integral tool for decision-making, especially in government and business, and has a history of demonstrated impact. However, that evaluation can be valuable does not mean that it will be valuable in particular situations or that it will answer particular questions. *Is* does not imply *ought*; that we can evaluate does not mean that we should, as evaluation is not necessarily in all circumstances good. (See Moore, 1903, for an explanation of the naturalistic fallacy.) In fact, the unreflective use of evaluation may actually undermine its value. For evaluation to be valuable, an accounting of its limitations is necessary. The following suggest the ethical limits of evaluation.

### *The Need for Evaluation Suggests but Does Not Define Value*

Congress premised its legislative mandate for a study on family violence training for health professionals on the importance of the issue and the expected role of health professionals in it. The committee appointed to study the issue, comprised largely of researchers and practitioners in family violence and health professional education, concurred with the premise, but believed that the public consum-

ers of the final report would require an explanation and health professional educators would need justification for including family violence in their curricula. In the committee's judgment, society not only needed to recognize the magnitude of the problem (each year about 25 percent of Americans are affected by family violence), but also needed to identify family violence as a health care issue. Family violence has traditionally been seen as a private matter among family members, which, in extreme circumstances, may become a concern of law enforcement and social service officials. Given those perceptions, the committee recognized that deans of medical and nursing schools would need to justify the inclusion of family violence in their curricula. This would be particularly true as educational time constraints mean prioritizing among demands that a number of social and other issues be incorporated into the curricula. The committee sought not only to identify health professional training needs, but also to highlight the urgency and importance of the issue of family violence itself.

#### *Evaluation, or Lack Thereof, May Reveal Priorities*

While Congress backed its value claim by authorizing funds from the Centers for Disease Control and Prevention for the IOM study, the value of evaluation is not always so explicit. Specifically, funding is not always available even for programs generally thought to be highly valued. Both the program to be evaluated and evaluation itself must be of sufficient merit to justify the expense. The committee found a number of funding sources providing monies to create training programs, but few specified that funds be appropriated to evaluate those programs, even when the funder required that evaluation be done. Evaluation is generally expensive, so even thoughtful methods and visionary scope may not be enough to produce helpful evaluation, or any evaluation at all, if funds are provided to do it. This seems to suggest that creating programs to address family violence education for health professionals was more important than determining the impact of those programs (a situation similarly found throughout the field of criminal justice and other social problems).

While the funding organizations claimed that the success of the programs they supported was at least as important as the cre-

ation of the programs, actual funding sent a different message. The message may simply be that real economic constraints mean developing programs first and worrying about evaluation later. However, another possible explanation is that evaluation could provide information we would rather not have, e.g., that an expensive program is not successful or not cost-effective.

#### *Methodological Limitations of Evaluation Can Affect its Value*

Well-designed evaluation is likely to demonstrate some of the impacts of a program, provided program objectives are explicit and desired outcomes are delineated. However, conclusions about impact are likely to rest on correlation rather than evidence of causation. The IOM committee did find studies demonstrating increased knowledge about family violence among health professional trainees who participated in curricula with family violence components. This suggests but does not prove a causal relationship; that is, A does not necessarily cause B. So, too, evaluation of crime prevention programs may result in some programs being labeled "successful," while others are no more than "promising" (Sherman, et al, 1998). Evaluation can offer reasonable explanations, but affirming some values will continue to require a leap of faith.

#### *The Results of Evaluation Can Create Misleading Value Claims*

A critical eye is necessary to detect poor or biased design, inappropriate interpretation, or pure propaganda. For example, much of the "research" on family violence the committee uncovered was sponsored or conducted by advocacy organizations. This, in itself, does not negate the findings. But evaluation studies tied to organizations with vested interests in supporting particular values may result in studies that support those values. Further, in reviewing training program evaluation, the committee found that findings of success often turned on self-reports from individuals who had received the training. These subjective findings really suggested only that the survey respondents remembered and/or liked the course. No objective evaluation indicated whether those who received the training either retained or used the information; that is, whether or not the training had positive impact.

#### *Even "Good" Evaluation May Not Tell You What You Need to Know to Improve the Social Condition.*

The scope of evaluation is generally limited. Successful implementation does not mean a successful program and short-term results may not mean long-term results or the kind of impact most desired. The committee's literature review suggested that curricula architects had accomplished a great deal, but a closer look suggested the only real success was in getting a program into a particular curriculum or maintaining the educational component over time. These are certainly important, for if a program cannot be implemented or maintained, there will be no outcomes to evaluate. But the mere existence of a program does not mean it is working or working well. Similarly, findings of increased knowledge about family violence among health professional trainees do not mean that the education had an impact on the practice patterns of those trainees or on the resulting health status of victims. In addition, the context in which a program is evaluated is important, as programs of demonstrated effectiveness do not exist in a vacuum. The environments in which they are implemented bear on their success and may limit the generalizability of the results, so that a program that is very successful in a particular setting may be an utter failure in another. Thus, evaluation may not always be able to serve a desired or wanted goal of improving social conditions.

#### *Good Intentions, Experience, and Consensus Opinion Can Be as Powerful as Good Evaluation*

Good evaluation may not always be possible. Designing rigorous studies to assess the impact of family violence education on the health outcomes of victims may simply not be possible or may be cost- or resource-prohibitive. The same, of course, can be found in all social science research, including that related to correctional issues. The IOM committee, committed to assessing the existing science, was consistently frustrated in its desire to develop recommendations based on the collective knowledge and experience of its members, as well as existing consensus within the field.

Evaluation is not the only tool for identifying value. An examination of existing curricula, policy, consensus statements, and expert opinion indicated substantial overlap about the

content of family violence curricula for health professionals. The committee, instead of recommending specific content areas, could only recommend these areas as starting points for evaluation. While evaluation will be necessary to confirm these content areas, the other sources powerfully assert their value.

### Conclusion—What Works

Despite its limitations, evaluation is invaluable in distinguishing worthwhile programs from the less worthwhile and unworthwhile. However, evaluation is perhaps just as valuable in signifying value. Ethical consideration suggests that for evaluation to work to its full potential, at least two levels of reflection are necessary. First, evaluation should be specific and well-formulated for development and implementation. This involves determining whether the evaluation can describe, identify, and assess that which needs to be described, identified, and assessed, and crafting methodologically rigorous tools for assessment. Misusing evaluation in an attempt to demonstrate that which cannot be demonstrated will only undermine its value. Second, the reasons for undertaking evaluation at all should also be a matter of careful thought. Because evaluation is a contingent good and

not of value in and of itself, it underscores the value of that which is being evaluated. Assuming a need to evaluate when one may not exist may also result in devaluing evaluation. What is needed are efforts to determine what works in the context of decisions about what is most important to have work.

Undeniably, all programs reflect values of one kind or another. The researchers who assess these programs must also contend with their personal values and the influence these values have on study designs and outcomes interpretations. In the final analysis, the “goodness” or “badness” of a program is reflective of decision- and policy-makers’ own value systems.

Evaluation, nonetheless, is a necessary tool to determine program efficacy and should be considered an integral component of program design and implementation. Evaluation outcomes, whether positive or negative, moreover, ostensibly become—or should become—the basis for determining a program’s future: to continue, modify, or abandon it. This, of course, is an administrative decision, which is influenced not only by a study’s outcomes and value systems, but also by superordinate requirements, politics, resource availability, needs, demands, and stakeholder interests, including the latter’s values.

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# Supervision— Exploring the Dimensions of Effectiveness

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**WITH OVER 4.2** million adults under criminal supervision and over one-third of the new intakes to prison a year being failures from criminal supervision, the effectiveness of supervision is frequently questioned. Meta-analysts had concluded that much in the correctional arena did not work (e.g., boot camps, intensive supervision, and case management) and some interventions work for select offenders (e.g., cognitive behavioral therapy, intensive supervision with treatment, therapeutic community with aftercare). But overall, the vast majority of correctional interventions fall into the “don’t know” category, where we are unsure about the effectiveness due to a lack of quality evaluations (e.g., drug courts, supervision, drug testing, outpatient programming, etc.) (MacKenzie, 2000; Taxman, 1999; Andrews & Bonta, 1996; Martinson, 1974). The field of supervision is one area where very little is known, primarily due to the scanty number of studies that have been devoted to measuring the effectiveness of overall supervision.

Since supervision is often considered to be in the background of other programming (e.g., outpatient therapy, cognitive behavioral skill building, drug courts, day reporting programs, etc.), few studies have been devoted to understanding what “works” in supervision. The nature and activities of supervision are often considered inconsequential to effectiveness. The general impression is that supervision is “in lieu of incarceration,” or less

of a punishment than other interventions. As we will discuss in this paper, a discussion about the effectiveness of supervision must ultimately require a revised model of how supervision can impact offender outcomes. In this paper, we will review the existing literature, outline the components of a model of supervision based on the evidenced-based literature in corrections and psychological interventions, and identify some of the issues that supervision agencies must address as they move towards an evidenced-based model of supervision.

## I. What Works in Supervision?

For the past nearly two decades, incarceration (overcrowding) and intermediate sanctions have dominated the discussions in corrections. Intermediate sanctions developed as an approach to address overcrowding, although it was widely recognized that intermediate sanction programs add intensity to the seemingly stark community supervision. Intermediate sanction programs were conceived and implemented as short intensive programs—such as day reporting centers, boot camps, intensive supervision programs, and drug courts—that use control and punishment techniques to handle the correction populations. Petersilia (1999), in a recent review of the lessons learned during the decade of intermediate sanction programming, concluded that control-oriented programs have

limited impact on recidivism unless they include a therapeutic component. The question that looms is how to incorporate the therapeutic component within the fabric of correctional programming to ensure that behavior change is a goal. Recent efforts have aimed at improving the capacity of the supervision agencies to handle the offender behavior in the community (Petersilia, 1999; Taxman, 1998; Harrell et al., 2002), whether through drug court, systemic efforts, or treatment as part of supervision.

Researchers have generally concluded that intensive supervision is ineffective (MacKenzie, 2000; Sherman, et al., 1997). This leaves open the question about the effectiveness of general supervision, since it is generally presumed that general supervision is different from intensive supervision. Byrne and Pattavina (1992) point out that most offenders complete supervision without a technical violation or new arrest—nearly 60 percent according to the latest Bureau of Justice report (Bureau of Justice Statistics, 2001a,b)—and therefore supervision is viable. But few studies have assessed the varying frameworks for supervision that reflect different missions/goals, different theoretical frameworks, and different operational components. The available studies have not tried to measure the differential effects of various types of supervision. From a research perspective, a series of randomized experiments or clinical trials is needed to understand the im-

\*We are indebted to the Maryland Department of Public Safety and Correctional Services under grant 98-07-298149 for the project that allowed for the development of this model. All opinions are those of the authors and do not reflect the opinion of the sponsoring agency. Special acknowledgement to Brad Bogue & Teresa Herbert (JSAT); Judith Sachwald, Rick Sullivan & Ernest Eley (DPP); and Eric Shepardson & Lina Bello (BGR) for assisting in this project. All questions should be directed to Dr. Faye S. Taxman at [bgr@bgr.umd.edu](mailto:bgr@bgr.umd.edu) or (301) 403-4403. Do not cite without permission of Dr. Taxman.

pect of different sanctions and a mixture of supervision services, such as a comparison of weekly to monthly contact, where it is hypothesized that such incremental differences (four contacts vs. one contact a month) could make a difference in outcomes.

Overall, there have been few rigorous assessments of the effectiveness of different interventions in the field of supervision. The majority of studies have related to caseload size and intensive supervision. Little has been done on case management, risk assessment, or models testing different philosophies of supervision. Overall, supervision is considered atheoretical in that it is the process of monitoring. It is typically based on no theory other than social control. Monitoring is recognized as a form of external control by the provision of an authority figure to monitor the adherence to certain restrictions (e.g., curfews, drug use, gun possession, etc.). Essentially the external control model presumes that the offender has the capacity and skills to internalize the required change as part of the compliance process. It also assumes that the external controls will be perceived as limiting in the eyes of the offender, which will ultimately improve offender compliance.

Supervision services are built on the framework that "contacts," or the relationship between the offender and the supervision agent, are the cornerstone to managing and/or changing offender behavior. (Even in the control model, the anticipated change is compliance with the rules of supervision, including being crime-free). Contacts provide the means to monitor the performance of offenders and to provide direction to the offender. As defined by most agencies, a supervision contact refers to the number of times that an offender meets (e.g., the exposure rate between a supervision agent and an offender). Contacts can also take the form of face-to-face interactions, telephone calls, collateral contacts (e.g., employer, family member, sponsor, etc.), and notification from service agencies (e.g., drug treatment, mental health, etc.). Generally contacts are categorized as direct (face-to-face) or collateral (with someone other than agent). Contacts became accepted in the supervision field because they are easily quantifiable and can be measured in a workload formula. In the risk management literature, the assumption is that the number of contacts will increase as the offender is deemed to be more of a risk to recidivate (O'Leary & Clear, 1984). Contacts are generally considered an important component of the supervision process, with the

general assumption that more contacts are needed for high-risk offenders to provide external controls on their behavior.

A number of studies have been conducted to test the effectiveness of contacts on offender outcomes, as shown in Table 1. Contacts have been operationalized in two different ways: 1) increasing the number of times that there is personal exposure between the offender and agent, generally referred to as intensive supervision; and 2) reducing the span of control of agents to a manageable caseload size to allow the agent and the offender to interact both more frequently and more directly on criminogenic issues. These two concepts of supervision programs—number of contacts and size of the caseload—have been studied in a number of experiments dating back to the 1960s. Results from the initiatives tended to indicate that increased contacts or smaller caseloads did not result in reduced recidivism (Petersilia & Turner, 1993a,b; Petersilia, 1998; Gottfredson & Gottfredson, 1985; Taxman, 1982; MacKenzie, 2000).

The most widely recognized evaluation of intensive supervision was conducted by Joan Petersilia and Susan Turner in the late 1980s/early 1990s. The fourteen (14) site evaluations of intensive supervision randomly assigned offenders to intensive supervision (ranging from 4 to 20 contacts a month) or general supervision (refer to Table 2). Table 2 also illustrates the focus of the supervision programs that were generally surveillance oriented, with a few sites devoted to a brokerage model of referring to services. In this multi-site ISP evaluation, the frequency of contacts varied from weekly to a monthly, yet there was no appreciable difference in the rearrest rates compared to routine probationers that were being supervised at much lower contact rates (an average of thirty-eight (38) percent rearrest rate for ISP compared to thirty-six (36) percent for routine probationers). The increase in contacts, however, was helpful in closer surveillance of the offender and therefore uncovered more technical violations. Petersilia and Turner (1993a,b) report that seventy (70) percent of the ISP offenders and forty (40) percent of the control offenders had technical violations, with more ISP offenders returning to prison or jail after one year. These study findings replicate prior studies on intensive supervision that found increasing the number of contacts did not improve outcomes (MacKenzie, 2000; Sherman, et al., 1997).

The second concept, reduced caseload size, hypothesizes that agents could manage the

caseload with better outcomes if they had a smaller number of offenders to supervise. With the average agent having over 100 offenders to supervise, it was widely recognized that such a caseload did not allow for appropriate monitoring, oversight, or rapport building. The preferred caseload size (ranging from 25 to 40 to one agent) in theory allows the staff to devote more time to each case. A series of studies on caseload size, beginning in the 1970s, illustrated that the caseload size did not make a difference in offender outcomes. Smaller caseloads did not reduce rearrest rates. In a recent study conducted by Latessa and his colleagues, offenders supervised in smaller caseloads had similar rearrest rates to offenders on normal caseloads (75 or more). The researchers also found that offenders in smaller caseloads and traditional caseloads received similar services (Latessa, Travis, Fulton & Stichman, 1998). Smaller caseloads did not result in fewer arrests or greater participation in treatment services. The studies tended to find that agents with reduced caseloads tended to be involved in more administrative duties than in supervision of offenders.

The search for the magic number of contacts and the appropriate caseload size has resulted in some disappointments, because the research continues to find that the quantitative nature of contacts does not impact offender outcomes such as rearrest rates. MacKenzie in her review of correctional programming comments that:

Although research has not revealed a significant relationship between levels of surveillance and recidivism, there was some evidence that increased treatment of offenders in ISP programs may be related to significant reductions in rearrests. Follow-up analyses by the RAND researchers (Petersilia & Turner 1993a,b) and also researchers evaluating ISP programs in Massachusetts (Byrne & Kelly 1989), Oregon (Jolin & Stipack 1991) and Ohio (Latessa, 1993a,b) had found evidence that rearrests are reduced when offenders receive treatment services in addition to the increased surveillance and control of the ISP programs. For example, Petersilia and Turner (1993a,b) reported a 10 to 20 percent reduction in recidivism for those who were most active in programs while they were in the community. However, the research designs used in these evaluations did not reach the experimental rigor of the random assignment study by RAND that examined the effect of increasing the surveillance and control of ISP participants. (MacKenzie, 1997:447)

**TABLE 1**  
*Summary of Major Studies on Supervision*

Scholars	Year	Emphasis	Methods*	Findings
Adams, Welch, & Bonds	1958	Caseload Size	Randomized	No Difference in Recidivism
Eze	1970	Caseload Size	Randomized	No Difference in Recidivism
Havel & Sulka	1964	Caseload Size	Randomized	No Difference in Recidivism
Havel	1965	Caseload Size	Randomized	No Difference in Recidivism
California Department of Corrections	1960, 1961	Caseload Size/ISP	Randomized	No Difference in Recidivism
Himelson & Margulies	1965	Caseload Size	Randomized	No Difference in Recidivism
Sing	1967	Caseload Size	Randomized	No Difference in Recidivism
Burkhart	1969	Caseload Size	Randomized	No Difference in Recidivism
Robison, Wilkins, Carter & Wahl	1969	Caseload Size	Randomized	No Difference in Recidivism
Lohman, Wahl, Carter & Lewis	1967	Caseload Size	Randomized	No Difference in Recidivism
Oklahoma Department of Corrections	1972	Caseload Size	Randomized	No Difference in Recidivism
Fallen, Apperson, Hall-Milligan & Aos	1981	ISP	Quasi-Experimental (3)	No Difference but Lower for ISP
Erwin	1986	ISP	Quasi-Experimental (3)	No Difference but Lower for ISP
Mitchell & Butter	1986	ISP	Quasi-Experimental (3)	No Difference. Higher for ISP
Pearson	1987	ISP	Quasi-Experimental (3)	No Difference. Lower for ISP
Byrne & Kelly	1989	ISP	Quasi-Experimental (3)	No Difference. Lower for ISP
Jolin & Stipack	1994	ISP	Quasi-Experimental (2)	No Difference. Higher for ISP
Petersilia & Turner	1993a,b	ISP	Randomized (5)— 14 Sites	No Difference. Higher for ISP in 10 sites/lower in 4
Austin & Hardyman	1991	ISP-Elect Monitor	Quasi-Experimental (3)	No Difference. Higher for ISP
NCCD	1991	ISP	Quasi-Experimental (3)	No Difference. Higher for ISP Probationers but lower for ISP Parolees
Latessa	1992	ISP	Quasi-Experimental (3)	No Difference. Higher for ISP
Latessa	1993	ISP	Quasi-Experimental (2)	No Difference. Drug/Mental Health Offenders had higher recidivism rates than others
Moon & Latessa	1993	ISP	Quasi-Experimental (3)	No Difference. Lower for ISP
Latessa	1993b	ISP	Quasi-Experimental (3)	No Difference. Higher for ISP
Latessa, Travis, Fulton & Stichman	1998	ISP	Randomized— 2 Agencies	No Difference for ISP

\*The rating reflects the rank assigned by the University of Maryland in their review of the literature on effective interventions. See Sherman, et al., 1997 for a description of the scale and MacKenzie (1997) for a discussion of the studies.

**TABLE 2**  
*Summary of 14 Sites of the ISP Experiment*

	Supervision Components				Rearrest Rate (%)	Technical Violations
	Caseload Size	Face-to-Face Contacts	Number of Drug Tests	Emphasis		
<b>California</b>						
Contra Costa	40:1	4	4	Drug Testing	29	64
Los Angeles	33:1	16	*	Active Elec Monitor	32	61
Ventura	19:1	16	4	Police Coordination/Job	32	70
<b>Washington</b>						
Seattle	20:1	12	8	Surveillance/TX Referrals	46	73
<b>Georgia</b>						
Atlanta	25:2	12	8	Passive Elec Monitors	12	65
Macon	25:2	12	8	Active Elec Monitors	42	100
Waycross	25:2	12	8	TX referrals	12	18
<b>New Mexico</b>						
Santa Fe	35:2	12	4	Counseling	48	69
<b>Iowa</b>						
Des Moines	35:3	16	8	Active Elec Monitors	24	59
<b>Virginia</b>						
Winchester	24:1	12	X	Substance Abuse Evaluation	25	64
<b>Texas</b>						
Dallas	25:1	6	*	Employment/Graduate	39	20
Houston	25:1	6	*	Sanctions	44	81
				Employment/Graduate Sanctions		
<b>Oregon</b>						
Marion	30:2	20	*	Surveillance	33	92
<b>Wisconsin</b>						
Milwaukee	40:2	12	X	Passive Elec Monitors	58	92

Very few of the studies discussed the issues surrounding the qualitative nature of the contacts that occur in the supervision setting. In fact, the lack of studies on the contextual nature of contacts suggested that the concept of a contact, generally the core of supervision, is atheoretical. The relationship that occurs between the offender and the agent is presumed to be the basis for the offender to change due to the controls that the agent places on the offender and

the attention to supervision objectives (Clear & O'Leary, 1983; Dembo, 1972; Duffee, 1975; Katz 1982). That is, monitoring or contacts are believed to be a form of "control." Correctional scholars and practitioners have not defined a theoretical model for monitoring other than that it is a form of "control." Insufficient studies have been conducted to determine whether the impact of the control or surveillance affects the offenders' perception of the de-

gree to which they are under the control of an authority figure, the degree to which the offender feels an obligation to conform, and the degree to which the offender is vested in the goals of supervision or a myriad of other hypotheses about the impact of surveillance on offender behavior. Studies on intensive supervision and reduced caseload size indicate that unless the contacts are more than "check-ins," it is unlikely that they will impact offender outcomes.

## A. Unanswered Questions About Supervision

In trying to understand the effectiveness of supervision, two other issues need to be considered: purpose of supervision and case management protocols. As previously mentioned, Petersilia (1999) has indicated that one of the critical lessons learned in the intermediate sanction era (late 1980s-1990s) was the importance of clinical approaches. These clinical approaches are more likely to lead to reductions in recidivism. In fact, in the 14-site study of ISPs, the researchers found that the offenders with some counseling services (e.g., employment, substance abuse, etc.) tended to have better ISP outcomes than those with merely surveillance functions (Petersilia & Turner 1993a). This suggested the importance of the use of therapeutic techniques to reduce involvement in crime-free activities.

### *Purpose of Supervision*

Supervision agencies have generally been perplexed about their actual role in the criminal justice system. Historically agencies have tried to achieve two purposes—enforcer and social worker—and have found the polar nature of the two tasks often conflicting. During different periods in the history of supervision, one or other of the two roles has tended to dominate. Social worker orientation tended to dominate the field until the mid-1970s, when the enforcer role took precedent. The social worker role emphasized the brokerage model, with agents responsible for referring offenders to needed services in the community. In some select agencies, agents used their counseling skills and ran group sessions. The social work approach focused on brokering available services in the community from other agencies (e.g., alcohol and drug treatment, employment, mental health services, community services, etc.), instead of providing supervision agencies with the capacity to directly offer these services to offenders.

The emergence of the enforcer role occurred as “nothing works” promulgated in the field, stressing the historical foundation of supervision as part of the judicial arm mandated to monitor compliance with court-ordered conditions. Dissatisfaction with rehabilitation efforts, along with a growing interest in retributive justice, focused on community supervision as an enforcer of the conditions of release. The enforcer role focused on the offender complying with conditions of release, and placed more external

control on the offender (e.g., drug tests, curfews, house arrest, more reporting and face-to-face contacts, etc.). The enforcer role placed less emphasis on providing services to address underlying criminogenic risk and need factors. A de-emphasis on brokering resulted as many agencies assumed that the traditional social work role was outside of the scope of supervision. Similarly, the rise in case management as a function separate from supervision (e.g., Treatment Alternatives to Street Crime, etc.) promoted the enforcers’ role of supervision. Case management functions were characterized as antithetical to supervision services since agents were ultimately “freed up” from the responsibility of addressing the services articulated in the court order. The fragmentation of supervision services into risk management/control and case management basically allowed supervision agencies to emphasize the monitoring functions characteristics of the “enforcer” role. This added to bifurcation of the brokerage function ascribed to supervision.

Interestingly, few evaluations have been conducted of the basic premise of supervision, whether it reflects a social work or enforcer philosophy. As shown in Table 2, more emphasis has been placed on surveillance techniques as the focus of the supervision. One can conclude, as did Petersilia (1999), that monitoring did little to yield better offender outcomes. But overall, the research literature has not tested the different components of supervision—monitoring, brokerage, direct service, etc.—on offender outcomes. The emphasis has been more theoretical—about the general mission of supervision and how this translates into functions for staff. The impact of these different staff operations on offender outcomes is unclear.

### *Risk Assessment*

Assessment provides critical information about the characteristics of the offender that impact effective supervision of the offender. In the 1980s the National Institute of Corrections (NIC) recommended that correctional agencies should assess the offender on risk factors (propensity to commit crimes) and need factors (sociological needs that impact criminal behavior). NIC developed a risk tool and process that provided the framework for many correctional agencies (Van Hoorhis & Brown, 1997). The suggested design required the risk tool to be validated on the population of a jurisdiction. NIC recommended that each jurisdic-

tion use a risk/needs assessment tool to make decisions about contact level and service needs based on this instrument. This process also called for reassessing offenders every six months to realign supervision contacts based on performance in supervision. The classification and reclassification process was deemed a critical component of effectively managing the offender in the community (O’Leary & Clear, 1984). Similar processes were recommended for offenders being supervised by pre-trial and parole agencies. Risk and need factors were considered important to drive caseload management and the use of scarce correctional resources on offenders that had the greatest likelihood of recidivating. Today, few systems have systemic screening and assessment processes to identify target populations for more intensive services, even though a key to good correctional programming is to target the high-risk offender to more intensive controls and services. A few tests of the responsivity, assigning high-risk offenders to more intensive services, have generally found high-risk offenders who have lower recidivism rates when they are assigned to more intensive services (Thanner & Taxman, 2001; Andrews & Bonta, 1996).

### *New Frontiers in Supervision*

Since little in the supervision literature has been empirically tested, it is important to examine the potential theoretical frameworks for supervision that could translate into offender behavior change. Taxman, Soule, and Gelb (1999) argue that a system of procedural justice would improve compliance with the rules of supervision and therefore translate into changes in offender behavior. Applying the constructs of procedural justice, the scholars contend that providing a setting where the rules/expectations are clear and uniformly applied would increase the overall compliance rate and improve outcomes. As part of this model, the supervision contact is the means to ensure uniformity to the general rules of supervision. Taxman and Bouffard (2000) have extended this theory to define supervision as an intervention where the purpose and intent of the contact is to motivate the offender to change his/her behavior. The contact is equivalent to “brief interventions,” which are short in duration but empower the offender to address criminogenic factors that contribute to offender behavior (e.g., substance abuse, educational deficits, etc.).

Similarly Sachwald (2001) has identified how supervision can borrow from the “what

works" literature to include more cognitive behavior strategies to achieve desired changes in offender behavior. In her model, she illustrates how supervision can meet the tenets of sound intervention programming. As shown below, Sachwald maps the convergence of the different concepts to illustrate how supervision can be construed as an intervention.

## B. Evidenced-based Practices in Changing Offender Behavior

The larger body of literature in the field of corrections, addictions, and psychological interventions provides evidence about practices that could be applicable to the field of supervision. These practices could be incorporated into the field to develop a theoretical model of supervision that contributes to changes in offender behavior to maximize recidivism reduction.

### *Use of Informal Social Controls*

Family, peers and community had been shown to have a more direct effect on offender behavior than formal social controls such as law enforcement or supervision (see, e.g., Gottfredson & Hirschi, 1990; Byrne, 1990; Sampson & Laub, 1993). In a series of studies that is part of the understanding of the life course, Sampson and Laub (1993) and Warr (1998) document that offenders tended to respond more positively to the needs and desires of natural support systems such as family, peers and the community. In most correctional programming, informal social controls are perceived as being insignificant to the controls exerted by authority figures such as judges, probation/parole officials, and police officers. Correctional programming is generally premised on formal social control, but the involvement of the family and community in offender behavior is critical to ensure long-term changes. The value of using the natural systems to address law-abiding behavior is that correctional agencies can provide the springboard to stabilizing the offender in the community. The process also focuses the attention on the natural system, and provides needed support for such changes.

### *Duration of the Intervention*

Length of treatment has been a consistent finding in the research literature on effective interventions. While few studies have examined the optimal length of interventions, it is

**TABLE 3**

### *Mapping "What Works" with Supervision Components*

<b>What Works</b>	<b>Maryland's Supervision Model</b>
Identify Criminogenic Risk/Needs Factors	<ul style="list-style-type: none"> <li>Identify high-risk offenders by place or drug use</li> <li>Develop new risk tool to guide risk decision</li> <li>Utilize tools to identify needs</li> <li>Use drug testing to identify drug-using offenders</li> </ul>
Target Interventions to High-Risk Offenders	<ul style="list-style-type: none"> <li>Target places with heavy criminal activity</li> <li>Use Drug Court/Correctional Options for high-risk drug offenders</li> <li>Use Break the Cycle methods to monitor use and target for services based on use</li> <li>Monitor sex offenders</li> </ul>
Minimize Services for Low-Risk Offenders	<ul style="list-style-type: none"> <li>Use monitoring tools for low risk</li> <li>Differential caseloads: ratio of 50-55 for high risk and ratio of 200 for low-risk, low-need</li> <li>Use Kiosk for low risk</li> </ul>
Use Cognitive Behavioral Interventions	<ul style="list-style-type: none"> <li>Integrate cognitive behavioral therapy into supervision contacts</li> <li>Utilize Motivational Interviewing as part of the supervision contacts</li> <li>Identify interventions that are appropriate for different offenders (e.g., ASAM, review of treatment interventions, etc.)</li> <li>Use graduated sanctions for behavioral monitoring</li> </ul>
Engage Social Support in Intervention	<ul style="list-style-type: none"> <li>Utilize community team strategies involving police, treatment, and other community agencies</li> <li>Use home contacts</li> </ul>

widely recognized that sustained behavior change cannot be achieved in a short period of time. Sustained change is expected in the values, attitudes, and behaviors of the offenders. The duration of the intervention then becomes important as a means to reinforce the change process. The recommended treatment process is approximately 18 months in duration (Simpson & Knight, 1999; Taxman, 1998) involving multiple stages. For example, in one of the renowned Key/Crest therapeutic community programming in Delaware, Maryland, the program consisted of several levels: in-prison treatment, work release center, and community-based services. The programming transcends all levels of services and provides a multi-stage programming. While research on program duration is inconclusive, a growing consensus finds that programs 90 days or longer have better programmatic outcomes.

### *Dosage Units are Important*

Besides duration, the amount of treatment provided is also important. While research has demonstrated that changing the attitude, values, and behavior of offenders is a process that is unlikely to occur over a short period of time, the amount of services provided and the versatility in the nature of the services is also important. Most offenders have multiple needs (e.g., housing, substance abuse, mental health, etc.) and the most successful interventions attend to the issues that impact outcomes (Etheridge, et al., 1997). The nature and type of treatment provided is critical to ensure that they address the psychosocial needs of the offender. Intensive services should be followed by support services provided during stabilization and maintenance periods to reinforce treatment messages (NIDA, 2000; Surgeon General, 2000).

As Prochaski and DiClemente (1986) discuss in their stages-of-change model, changing requires a nonlinear process involving different steps—precontemplation, contemplation, action planning, maintenance, and relapse. To assist the offender in this process, interventions that are suitable to the needs of the offender and are likely to require different dosages of services are needed. That is, the once-a-month or once-a-week “contact” may be insufficient to achieve the goal of supervision. Intervention units should be matched to offenders’ risks and needs, and their mental state regarding the readiness to change. Often, intensive interventions are more effective when they are preceded by treatment focused on building offender motivation and advancing their readiness for change (Taxman, 1999; Simpson & Knight, 1999).

### *Continuum of Care*

Continuity in behavior-change interventions is critical to achieving gains in offender behavior (Taxman, 1998; Simpson, Wexler & Inciardi, 1999). Interventions offered in prison, the community, or community-based facilities should be built on each other. Since offenders are likely to be involved in various interventions during the different phases of the legal process, it is important for the approaches to be compatible. Continuity can be achieved on two levels: 1) similar philosophy of care, and 2) continuation of the treatment programming through either stepping-up or stepping-down the services. Continuity provides for a continuum of care that assists with cost-effective strategies of services that increase the duration in treatment but also serve to incorporate compatible services for the offender.

### *Offender Accountability Through Contingency Management and Graduated Responses*

Both in the behavioral management and justice literature, scholars have promoted a series of consistent rules that guide participation in social interventions. Clearly laying the ground rules reduces the mystique of supervision, and clearly applying the rules reinforces the expected behavior of the offender. A favored tool is a behavioral contract that identifies the expected behavior, the consequences of non-compliance, and the benefits of compliance. Specifying the rules and their consistent application increases the offender’s awareness of his/her responsibility. Studies in the area of contingency management, which

models the principles of procedural justice, has generally found that addicts tend to improve their outcomes when a behavioral contract exists and the contract is uniformly applied (Silverman, et al., 1996). Overall, the strength of the literature in contingency management supports the basic principles of procedural justice that deterrence is possible if the offender population has a clear understanding of the rules and the system (e.g., supervision, treatment, judiciary, etc.), and if officers respond swiftly and with certain clearly articulated responses and graduated responses.

## **II. Towards An Evidence-based Model of Supervision**

Supervision has been dominated by surveillance and control strategies, with some efforts towards brokering treatment and employment services. The approach has generally been to rely upon the treatment interventions that serve offender populations to incorporate the research principles instead of developing within supervision such evidenced-based practices. Yet, supervision, by its nature, is designed to work on “...the offender’s attitudes, by strengthening the offender as a person, by reducing various external pressures and by increasing supports and opportunities, and by helping the offender become more satisfied and self-fulfilled within the context of society’s values” (Palmer, 1995). Using the procedural justice and behavioral interventions, a model of supervision can be achieved to garner greater compliance with the conditions of release, and therefore increase the specific deterrence impact. In essence, supervision is a means to engage the offender in a process of improving compliance with general societal norms, including the conditions of release. Supervision has the following objectives that focus on offender compliance:

- To use the supervision period to engage the offender in a process of change;
- To assist the offender in understanding his/her behavior and becoming committed to behavioral change;
- To assist the offender in learning to manage his behavior and comply with societal norms.

A model of supervision can be found in Exhibit 1, which identifies how the supervision process works. That is, supervision must be perceived as a process that involves a series of steps and progress measures in order

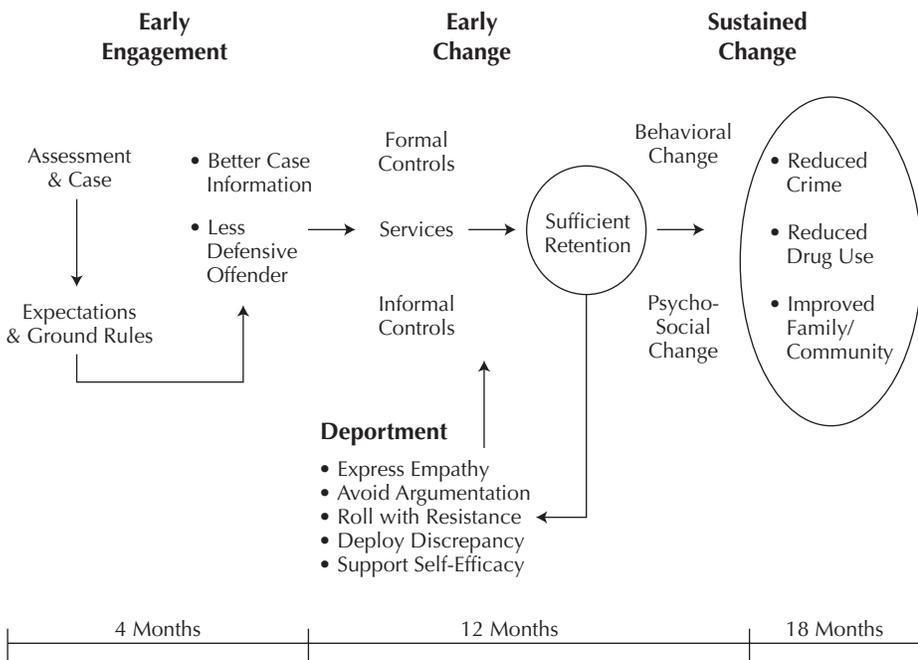
to bring about changes in the offender’s behavior. There are three key areas of the supervision process: 1) engagement of the offender in the process of change through the assessment of criminogenic factors and development of a plan to address these factors; 2) involvement in early behavioral changes through the use of targeted services (e.g., treatment, etc.) and controls; and, 3) sustained change through compliance management techniques. The glue of the process is deportment or the manner of being between the offender and the agent. The contact is the key because it is the means to focus the purpose of supervision and it allows the offender and agent to develop a rapport. Like in the therapeutic setting, the degree of rapport between the offender and agent is an important component for the supervision process to achieve better outcomes. To make supervision the most successful, contacts must have a function that exceed the mere exchange of information. The contact is more of an engagement process that is designed to achieve desired outcomes.

### *Engagement in Pro-Social Values & Behaviors*

Initial impressions are usually very important, and in fact can define the relationship. As part of the process of wedding the offender to behavior change, the first stage of the supervision process should be devoted to understanding the criminogenic risk and needs of the offender. Usually referred to as intake, the introduction to supervision is more than a mere formality. It provides the setting to diagnoses factors contributing to criminal behavior, to outline the ground rules and expectations for supervision, and to engage the offender in assuming responsibility for the success on supervision. The engagement process requires the use of diagnostic processes to put together a case plan and/or behavioral contract that respond to the criminogenic factors. The six general areas that should be addressed are: anti-social personality, low self-control, deviant peers, substance abuse, antisocial values, and family issues. These are dynamic factors that change over time and are less likely to be static (e.g., less susceptible to change).

The engagement process should be devoted to getting the offender ready to address these criminogenic factors by illustrating how the factors contribute to legal troubles. The “honeymoon” period is basically designed to

**EXHIBIT 1**  
*Model Supervision Process*



engage the offender in the change process by preparing them for dealing with issues that affect criminal behavior. This preparation is critically important because it addresses the two main factors that prevent people from making the commitment to change, namely defensiveness and ambivalence. Defensiveness refers to the walls that are put up around dealing with issues that affect criminality. It is hypothesized that by using different rapport and communications strategies the contact can be used to break down the defensiveness and increase the offender's commitment to change. The second is ambivalence, or the process of being non-committal. To break down the defensiveness and ambivalence of the offender requires skills focusing on moving the offender into recognizing that certain issues (e.g., family, employment, substance abuse, etc.) are problem behaviors and that there are means to address these behaviors. Similar to the Prochaski and DiClemente's (1986) stages-of-change model, this moves from pre-contemplation to contemplation.

The goal of the engagement period is a case plan that moves the offender into an action plan to address criminogenic factors. The action plan should use the controls and services to prepare the offender to begin to make the psycho-social behavioral changes. The assessment should place the offender in one of the following boxes: high risk/high need; high risk/low need; low risk/high need; low risk/

low need. The placement should determine the degree of services and controls that are needed to maximize public safety. The risk factors should also respond to the special needs of offenders based on their typology: drug involved offender, alcohol involved offender, mental health needs, sexual deviant behavior, disassociated offender (e.g., not connected to the community), and persistent offending. *The supervision plan addresses the criminogenic factors through the use of services and control of the offender's behavior.* The plan needs to have three major components to address evidence-based practices:

**Informal Social Controls.** Involving the community, a support group, and/or family is part of the process of building the offender's sense of responsibility and sense of belonging to the community. The informal social controls will transcend the justice system to provide the natural protectors when the justice system is no longer involved. Informal social controls can also be trained to understand the offender's deviant behavior (e.g., in the case of sex offenders) that can be instructive for the natural system that must work with the offender to minimize harm to the community. The agent is then working with the offender and the natural system to develop controls that can transcend the justice system. From the restorative justice perspective, this capacity building is advantageous for the offender and the victim. Research studies on the

importance of support systems in minimizing criminal behavior (Sampson & Laub, 1993) provide convincing support for agents to develop these natural systems for the purpose of ensuring that the offender works towards the goal of being a contributing member of the community during the supervision period.

A new mechanism used by some correctional agencies, particularly when the offender does not have a natural support system, is community advocates or guardians. These advocates are citizens who volunteer (or are paid) to be vehicles to communicate with the offender, and provide daily guidance in living in the community. The guardian provides for a community companion who is available to assist the offender in acquiring and maintaining employment and services (e.g., health, mental health, social, drug or alcohol treatment, etc.). The advocate is a companion to the offender, similar to a sponsor in a self-help group.

**Formal Controls/Services.** The supervision plan should also include a mixture of clinical and control services. Informational controls are needed as part of the service matching to ensure that offenders are maintaining the integrity of the case plan. Most of these formal controls can actually be considered as informational controls—that is, they provide feedback to the agent on the progress of the offender. Drug testing, curfews, electronic monitoring, progress reports, etc. are needed to provide objective information about the degree to which the offender is internalizing the behavior change. The formal controls should complement the informal social controls and services.

Table 4 illustrates the integration of the different services and (formal and informal) social controls to control and change the behavior of the offender (Taxman, Young & Byrne 2002). The degree of social control should depend on the severity of the criminogenic risk factors. More restrictions are warranted for more serious behavior and criminogenic risk factors. For example, technology can provide enhancements to monitor offender's behavior and provide objective measures of behavior. The electronic monitoring device is one tool to limit the behavior of the offender when area restrictions or curfews are insufficient. That is, offenders who have more difficulty controlling their behavior may need the electronic monitor to provide the external controls. Drug testing is another tool to determine whether the of-

**TABLE 4**  
*Examples of Different Controls for Different Types of Offenders*

Type of Offender	Clinical Services	Formal Social Controls	Informal Social Controls
All Offenders	Educational/ Vocational	Area Restrictions or Curfews Electronic Monitors Drug Testing Police-Supervision Contacts Face-to-Face Contacts Graduated Sanctions	Guardian Transitional Housing
Drug Dependent or Involved Offenders	Substance Abuse Treatment	Drug Testing Treatment Curfew Restrictions Graduated Sanctions	Self-Help Groups Guardian/Advocate Transitional Housing Guardian
Mentally Ill Offenders	Counseling Psychotropic Medications	Treatment/Counseling Psychotropic Medication	Self-Help Groups Counseling Advocate Transitional Housing
Sex Offenders	Counseling/Therapy	Curfew and Area Restrictions Plethysmography Polygraph Medications Counseling Victim Awareness Graduated Sanctions	Family/Support System Monitor Behavior Area Restrictions
Repeat Offender	Therapy	Area Restrictions or Curfews Electronic Monitors Drug Testing Alcohol Monitoring Victim Awareness Community Service Graduated Sanctions	Advocates Guardians Transitional Housing

fender is using illicit substances. Plethysmography is a technological tool to measure the arousal behavior of sex offenders, which has been successfully used by a number of community correctional officials in monitoring serious sex offenders. This technology can be used to reassess the performance of the offender in the community for the purpose of adjusting the supervision plan.

### **B. Making the Commitment to Change (Early Change)**

The second part of the model is the commitment to change. The case plan will detail the formal controls, services, and informal controls that are used to guide the offender in the change process. The commitment to change

is illustrated by two variables: 1) compliance with the case plan; and, 2) retention in the recommended services. An agent can determine the offender's level of commitment to behavior change by assessing how well the offender is adhering to the case plan. Critical issues surround retention in recommended therapeutic services and employment. In the drug treatment literature, treatment retention has repeatedly been found to be a determining factor of better outcomes. The same is true for supervision—offenders who retain in treatment services are more likely to do better in terms of outcomes from supervision. They are less likely to be noncompliant with the conditions of release, since technical violations drive negative offender outcomes.

During the period of early commitment, the tools of graduated responses should be used to address problems of noncompliance and ambivalence. The use of ground rules is needed to clarify the expectations during the supervision period and to identify the consequences of compliance and noncompliance. The presentation of ground-rules is part of a procedural justice process whereby the rules are clearly articulated and implemented. The offender must be aware that the ground rules will be applied swiftly, with certainty, and with graduation in responses based on a pattern of consistent behavior. Graduated sanctions had been attributed to be critical in ensuring compliance in that they resemble contingency management and token economies where the

offender is rewarded for positive behavior and sanctioned for negative behavior. The key to success is consistency in the application of the model that is one of the tenets of procedural justice. The ground rules should be used to focus on retention and continued commitment to the case plan.

During this period of time, the focus should be on gauging where the offender is in the process of change, the degree of compliance, and modifications of the case plan to further engage the offender in the change process. This is a period where compliance management should drive the next steps, with the agent using the informal social controls and services to maximize commitment to the change process. The role of the agent in this period is to facilitate the change. The key during this period of time is to continue the offender in the process of change. It is often during this period of time that offenders begin to test the system by beginning the process of noncompliance. Emphasis on the relationship between the offender and agent will maintain the commitment to the goals of supervision—behavioral change. Use of the ground rules is the most visible component, but equally important is the focus on deportment.

Deportment becomes a key component of the process. The stronger the rapport between the offender and agent, the greater the degree of compliance. During this period, the keys of effective communication are critical to improve rapport and address the issues that threaten retention. The goal of deportment is for the agent to build a trusting relationship with the offender. Deportment has four main components: 1) eye contact, which is a standard protocol to give respect to the offender as well as to learn to assess the offender's body language during the different phases of supervision; 2) social graces, such as shaking hands, being prompt for appointments, and other typical signs of mutual respect are used to signify to the offender that he/she is a member of the community; 3) candid review of offender information, without ascribing blame, where the agent informs the offender of results from assessments, informational controls, and performance; and 4) empathy or the use of active listening skills to acknowledge the offender's perspective yet identify the ground rules. The deportment process depends on the communication skills of the agent to build the relationship that will work to move the offender from ambivalence to action.

To facilitate the change process, the contacts between the offender and agent must

enhance communication. Communication can be achieved in the following way: 1) express empathy for the offender's situation and the difficulty of achieving small gains (e.g., being crime-free, being drug-free, obtaining and retaining a job, etc.); 2) avoid arguing with the offender on any conditions or requirements of supervision. Argumentation is generally a threat to the power of the agent and begins to erode the validity of the case plan. It is critical, as part of the process, that the agent review the case information and risk/need factors that support the agreed-upon case plan; 3) roll with resistance by recognizing that some negative attitudes and rigidity are part of the defense mechanisms. The process of behavioral change is difficult for the offender and therefore some resistance is considered part of the ambivalence. By focusing on the case plan and commitment to the components, and ignoring the offender's negativity, an officer can focus attention on measurable outcomes; 4) deploy discrepancies that may occur but focus on the compliance issues. In many ways, the offender may use several discrepancies to divert the attention of the agent on less important issues. Instead of examining the discrepancies, focus on the case plan and progress towards the goals and objectives; and 5) support self-efficacy by providing the offender with some of the skills to review his or her behavior. A critical part of this process is building the offender's skills at self-efficacy. All of these are identified in effective practices using the motivational interviewing techniques where the goal is to utilize effective communication with the offender to retain commitment to the case plans, and crime-free goals of supervision. The communication tools are part of the overall strategy of strengthening the contact—by making the contact a means to maintain commitment to the case plan. Then, the contact becomes more meaningful.

### C. Sustained Change for the Long Term

Underlying this approach is the theory that the engagement and early commitment to change will result in sustained change. The change process will require the use of different psychosocial processes, develop social networks, and develop competencies in key areas (e.g., employment, family, etc.) and accountability. Sustained change will be evident through improvements in key areas such as employment, family, housing, and peer asso-

ciations—all in the big six areas of criminogenic needs. Improvements in these domains will improve the offender's family and community commitment while reducing criminal behavior and drug use. It is during this stage that a revised case plan is needed that focuses more on relapse prevention or maintenance goals—sustaining the change. The focus of the contacts is on rehearsing with the offender the skills gained to prevent problem behaviors.

### III. Moving Towards A Proactive Model of Supervision

Prior research on supervision has not clearly defined the purpose and intent of the core component of the monitoring or contacts. The supervision process identifies three functions that a contact has: 1) to allow the agent to develop a relationship with the offender to focus on offender change and compliance; 2) to use assessment and case planning to implement Responsivity or matching of services and controls to maximize outcomes; and 3) to implement the ground rules of supervision. The proposed model positions the contact as the core element to bring about change in the behavior of the offender. Contacts were considered to be brief intervention therapy where the agent uses motivational interviewing skills to achieve one of the three desired functions.

The question that agencies have had to address is the steps that are needed to reengineer the supervision to be a process of offender change. That is, how does the supervision agency transform itself so that supervision is recognized as a process with clear steps? A beginning point is to realize that the transformation of the contact is really a transformation of the staff in terms of one of the most difficult aspects—style or interaction. It is relatively easy to put a process in place, but it is harder to get the agents to use the process and to use it effectively. The behaviorist approach moves from the “social worker vs. law enforcement” conflict to imagining supervision agents as change agents. The concept of a change agent is appropriate, because it both symbolizes the new role (from enforcer or compliance manager to change agent) and new responsibilities (from directing the offender to providing guidance and allowing offenders to make their own choices with known consequences). To effect the change, the following need some attention: 1) technical skill set of agents to diagnoses, to craft plan (responsivity), and to maintain expect-

tations; 2) philosophies and attitudes of agents on their role in the supervision process; 3) communication skills agents; and 4) management oversight of the implementation of the new strategy. We will use some data and experiences from one state to discuss these points.

**Technical Skill Set of Agents.** Few states have a correctional academy that requires the agent both pre-service and in-service to develop expertise in four critical areas: 1) criminogenic need and risk factors; 2) assessment, diagnosis and case planning; 3) compliance-gaining strategies such as contingency management, ground rules, etc.; and 4) interviewing and observational skills. Most training is the "on-the-job" training that focuses on the required protocols, forms, and procedures. While these are critical to understanding every job, it is the staff development areas in offender management that are neglected in the current training and staff development efforts. For example, in the recent training in the state of Maryland for over 720 agents, it was found that the average score on a pre-training examination of technical supervision skills was fifty-five (55) percent. This was well below the expected knowledge, even though most of the agents had been employed as agents for more than fourteen (14) years.

**Philosophies and Attitudes of Agents on their Role in the Supervision Process.** Few surveys for supervision agents have been completed on their attitudes and values towards their job, towards offenders, or towards their role in the criminal justice system. One instrument has been developed to measure the orientation of the agents. This instrument, applied in the same state, found that agents tend to view themselves as resource brokers (49 percent), law enforcement (26 percent) and social workers (24 percent) (Shearer, 2001). Similarly, when the agents were given the Understanding of Alcoholism Scale (UAS), a tool used in a number of research studies to measure attitudes to causality for drug/alcohol use, it was found that nearly half of the agents (42 percent) subscribe to a disease model and another 48 percent subscribe to a psychosocial model where the offender. The impact of these varying philosophies and perspectives on the performance of the job (e.g., rearrest rates, technical violations, etc.) is unknown, although it is believed that law enforcement orientation will lead to higher program failures. The varying philosophies

have been shown to influence the type of strategies therapists use in working with offenders; it is probable to assume that agents would respond differently depending on their view as to the culpability of the offender.

**Communication Skill Set of Agents.** Face-to-face contacts required the agent and the offender to communicate about the conditions of release, as well as the status of the offender. Agents by nature are required to inform the offender of the conditions of release, and then monitor these conditions. All of this requires communication, and the style of communication is directly related to the offender's willingness to disclose information to the agent. The manner in which questions are posed has been shown to relate to the type of responses that offenders provide. Table 5 illustrates the communication skills of seven hundred-twenty (720) agents, with an average age of forty-four (44) and an average of fourteen (14) years employed as an agent.

The skill data illustrates that few agents had basic interviewing skills needed to elicit information from offenders. The data reveals three trends about the communication skills of agents. First, fewer than a quarter of them use open questions, posed in such a manner that the offender must provide an explanation. Instead of asking whether an offender lives with his or her significant other, which allows the offender to answer yes or no, an

open question asks the offender to provide a broader description of the living arrangement. Second, the agents did not use communication techniques to engage the offender in a change process. A number of different techniques are useful to demonstrate empathy and to elicit interest in behavioral outcomes. Instructions, motivating statements, summarizing offender information, and positive recognitions are techniques to enhance communication. Yet, as shown in Table 5, agents infrequently used successful communication techniques to build rapport with the offender. Finally, overall skill set of the agent to motivate offenders through communication is a 55.2 out of 100 using the standard clinical skill rating scale employed by the scholars motivational interviewing techniques. This is a low rating which indicates that the basic functioning of an agent, and the ability to communicate ground rules and expectations, as well as use the case plan as a behavioral contract, is fairly minimal.

**Management Oversight of the Process to Implement the New Strategy.** Implementing new initiatives is always challenging. Don Cochran (1992), in his review of the attempts to implement intermediate sanctions in the 1990s, found that the agents would generally work to undermine new initiatives to protect the existing programs and services. This is always the challenge to ensuring successful implementation. A critical component is

**TABLE 5**  
*Communication Skills of 720 Agents*

	Percent of Agents
Percent Questions Open Ended Questions	28.35
Percent Questions Closed (yes/no)	23.10
Percent Positive Recognition of Offender Response	10.09
Percent Provide Reflections on Offenders	12.76
Percent Summarize Offender Information	7.18
Percent Use Motivating Statements	5.72
Percent Use Instructions	9.93
Percent Confrontational Interactions	3.30
Percent Questions Interact with Offender and Agent	18.86
Percent Skills of Agents	55.20

identifying management oversight and techniques to inculcate the new initiative into the fabric of the agency. The proposed model would alter the basic foundation of the supervision agency by focusing on supervision as an intervention, instead of a tool to monitor compliance. With a subtle change, the ability to test an interventionist model, focused primarily on enhancing the core of the business between the agent and the offender (contacts), would affect the basic values and philosophies of the agent. Without support from management, at all levels, but particularly the front-line supervisors, a change in the work product is doomed. Tools to integrate the change into the management process are critical to ensure that the agent focuses on using the intervention model.

The core of the intervention model is to change the nature of the contacts that occur between the offender and agent. This can only be done by training staff and then by mandating that staff use the new strategy. Several management techniques are required to ensure the later—changing the offender's behavior. The favored ones: 1) conduct an evaluation of the new initiative that measures agent change; 2) change the tools to measure the supervision outcomes by focusing on more offender positive outcomes (e.g., employment, achievement of case plan); 3) hold middle management staff responsible for agent compliance to the model; and 4) change the staff performance measurement tools to move away from counting contacts and instead focus on measuring offender progress. Part of the strategy for implementation must address the management of the initiative to ensure that the process does not fall by the wayside of other initiatives where the staff undermined the implementation efforts.

In Maryland, where the initiative is being implemented, a performance measurement tool is measuring use of the new strategy. The four components—deportment, assessment, treatment, and ground rules—were translated in measurable components. The Quality Contact Standards (QCS) was created to be used by frontline supervisors to measure the agents' use of the four components of the new model. The QCS form (available by request) is used by the middle managers to monitor agents' use of the techniques. The tool is one strategy to provide the agents with the incentive to employ the motivational interviewing strategies during the contacts with the offender. The QCS is completed as part of the employee review with a focus on measuring contacts to determine how agents utilize the new strategy.

## Conclusion

Prior research supports the use of cognitive behavioral and treatment interventions as the most effective strategy to reduce recidivism for hard-core offenders (Andrews & Bonta, 1996; Petersilia, 1999; Taxman, 1999; MacKenzie, 1997; 2000; Latessa, et al., 1998). For the most part, supervision has been defined from a surveillance function and the research findings continue to find that these approaches are ineffective. The question that has not been answered is whether supervision can be redefined as an intervention. A model has been presented that defines supervision in such a manner, mapping supervision to a process that involves three main components: engagement, early change, and sustained changed. The glue among the components is the use of deportment strategies that focus on improving the contacts between the offender and agent. This model incorporates the principles of evidence-based practice into the fold of supervision. The looming question is whether the supervision agencies can incorporate an interventionist model as part of a strategy to protect the public. While the use of deportment strategies will humanize the supervision experience to fulfill behavioral objectives, it is unknown whether traditional, surveillance-oriented agencies can move in the direction of employing evidenced-based practices of interventions.

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# Environmental Corrections— A New Paradigm for Effective Probation and Parole Supervision

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*Only a small percentage of men have to go back to prison. I think that many convicted fellows deserve another chance. However, we not only have to play fair with the fellow who's gotten bad breaks, but we must also consider the rights of taxpayers and our duties toward them. We don't want anyone in jail who can make good [quoted in Robinson, 2001, p. 32].*

—Lou Gehrig, Member, New York City Parole Commission, 1940–1941  
Member, National Baseball Hall of Fame

**MOST AMERICANS—SUCH** as the late Lou Gehrig in the last year of his life—manifest ambivalence about imprisoning one's "fellows." At times, opinion polls show that the public favors lengthy prison terms for offenders (Cullen, Fisher, and Applegate, 2000; Jacoby and Cullen, 1998). After all, the seven-fold increase in state and federal prison populations since 1970 has provoked only muted citizen opposition. And in several states the public have enthusiastically passed "three-strikes-and-you're out" laws (Turner, Sundt, Applegate, and Cullen, 1995; Zimring, Hawkins, and Kamin, 2001). Still, surveys also reveal that most Americans see prisons as potential schools of crime and doubt their deterrent effect. They are against merely warehousing offenders, and instead favor expanding rehabilitation programs. If offenders are not dangerous, Americans are willing to see if these wayward "fellows"—the ones who have "gotten bad breaks" as Lou Gehrig put it—can make it in the community (Applegate, Cullen, and Fisher, 1997; Cullen et al., 2000; Turner, Cullen, Sundt, and Applegate, 1997).

In fact, it is probably misleading to see prison and probation/parole as a strictly zero-sum phenomenon. For individual offenders, of course, the "in/out" decision—whether or not one goes to or is released from prison—is experienced as a zero-sum gaining or loss of freedom. But on a broad policy level, the growth of the incarcerated population to over 2 million offenders has not been accompanied by a commensurate reduction in the size of those under community supervision (Petersilia, 1997). As Petersilia (1997) shows, between 1980 and 1995 prison populations grew 237 percent; the comparable increase for parole was 218 percent and for probation was 177 percent. Numerically, the increase for probation—over 3 million—was about triple the 1.078 million increase for prisons. Furthermore, the number of convicted offenders under community supervision—which increased an average of 3.6 percent between 1990 and 2000—now stands at over 4.6 million. This statistic includes 725,500 offenders on parole and over 3.8 on probation (Bureau of Justice Statistics, 2001).

The sheer number of offenders on probation and parole has created a crisis that, in many jurisdictions, is characterized by the twin problems of flat or shrinking resources and rising caseloads—estimated to be an offender-officer ratio of 30 to 1 for parole and 175 to 1 for probation (Camp and Camp, 1999; Petersilia, 1997, 2002; Reinventing Probation Council, 2000). This problem is daunting and, on one level or another, undoubtedly is implicated in any assessment of community supervision. For our purposes, however, we will suspend this broad contextual reality

for much of our essay. Instead, we want to focus on the closely related, but analytically separate, issue of the *effectiveness of probation and parole supervision*. Simply put, if on any given day, 4.6 million convicted offenders are in our midst, one must question whether this is a wise policy to pursue. More precisely, the concern is whether we are supervising these offenders in the most efficacious way possible. Our main thesis is that the current practice of *community supervision could potentially be improved, perhaps dramatically, by adopting a new paradigm—a new way of thinking—about how best to supervise offenders on probation and parole*; we call this paradigm *environmental corrections*. But we do not wish to get too far ahead of ourselves, so let us pause for a moment before revisiting this matter in considerable detail.

## The Need to Reinvent Community Supervision

At present, American criminologists hold two incompatible views of probation and parole. First, most criminologists—representing a liberal or progressive position—see community supervision as the *lesser of two evils*: at least it is better than incarceration! There is no agenda as to how probation and parole might be accomplished more effectively. Rather, value inheres in community supervision only—or mainly—because it is *not prison*. In this scenario, prisons are depicted as costly and inhumane. They are seen as causing crime in two ways: by making those placed behind bars more criminogenic and by so disrupting communities—especially minority

communities that lose high percentages of young males to incarceration—as to exacerbate crime’s root causes (e.g., increase institutional disorganization) (see, more generally, Rose and Clear, 1998). Probation and parole are embraced because they are a lesser form of what Clear (1994) calls “penal harm”—a lesser form of the state’s intervention into the lives of offenders. In this viewpoint, the more radical the state’s *non*-intervention, the better (more generally, see Cullen and Gendreau, 2001; Travis and Cullen, 1984).

Second, a minority of criminologists—representing a conservative position—sees community supervision *as an evil*. John DiIulio is perhaps most noted for warning about the risks of failing to incarcerate offenders (Bennett, DiIulio, and Walters, 1996; DiIulio, 1994a, 1994b; Logan and DiIulio, 1992; see also, Piehl and DiIulio, 1995). For DiIulio, probation and premature parole are dangerous policies that allow not only petty offenders but also chronic and potentially violent offenders to continue their criminality. The social injustice of this policy, he claims, is that the victims of these offenders are disproportionately poor and minority inner-city residents; prisons, he says, “save black lives” (DiIulio, 1994a). He tells, for example, a “Philadelphia crime story,” in which a cap on the local jail population by a federal judge led to offenders being given pre-trial release. The consequence, according to DiIulio (1994b, p. A21), was that “9,732 arrestees out on the street on pre-trial release because of her prison cap were arrested on second charges, including 79 murders, 90 rapes, 701 burglaries, 959 robberies, 1,113 assaults, 2,215 drug offenses and 2,745 thefts.” The statistics nationally are even more startling. Writing with William Bennett and John Walters, DiIulio observes that convicted offenders in the community “do tremendous numbers of serious crimes, including a frightening fraction of all murders” (Bennett et al., 1996, p. 105). In 1991, for example, the 162,000 offenders who violated probation—who averaged 17 months under supervision in the community—were convicted of “6,400 murders, 7,400 rapes, 10,400 assaults, and 17,000 robberies” (Bennett et al., 1996, p. 105).

In a way, these two competing perspectives capture “realities” that are both correct. On the one hand, it is foolish to diminish the very real public-safety risk that offenders pose who are released into the community—to “deny their pathology” as Elliott Currie (1985) once put it. Research from life-course criminology

now shows persuasively that there is a group of persistent offenders; some members of this group commit a few crimes annually and some a great number, but virtually all are lawless enough to be arrested and potentially incarcerated (see, e.g., Benson, 2002; see also, Piehl and DiIulio, 1995; Spelman, 2000). In this context, for 1992 the Bureau of Justice Statistics estimated that 17 percent of all those arrested for felonies were currently on probation (Petersilia, 1997, p. 183). In state prisons, almost 3 in 10 offenders were on probation when arrested; a similar proportion of death-row inmates report committing murder while they were on either probation or parole (Petersilia, 1997, p. 183). Only 43 percent of those under community supervision complete probation and parole successfully. Further, even discounting plea-bargaining and past criminal records, half of those on probation (52 percent) were placed on community supervision for committing a felony offense (Bureau of Justice Statistics, 2001).

On the other hand, it is equally foolish to imagine that prisons are the sole solution to crime (Clear, 1994; Currie, 1998; Petersilia, 1992). In fact, it may be that the nation’s thirty-year “imprisonment binge” (Irwin and Austin, 1994) is close to exhausting itself. Faced with spending \$30 billion a year to administer correctional institutions, states are now “reversing a 20-year trend toward ever-tougher criminal laws—quietly rolling back some of their most stringent anticrime measures, including those imposing mandatory minimum sentences and forbidding early parole” (Butterfield, 2001; see also, Jasper, 2001). Furthermore, if prisons reduce crime, it seems likely that this is achieved mainly through incapacitation, not deterrence (Spelman, 2000; more generally, compare Lynch, 1999 with Nagin, 1998). There is beginning evidence, for example, that the longer offenders stay in prison, the higher their recidivism rate is when they are released (Gendreau, Goggin, Cullen, and Andrews, 2000). There also is research suggesting that compared to those imprisoned, reoffending is equal, if not lower, among those who are placed on probation (Cullen, Pratt, Miceli, and Moon, 2002; Petersilia and Turner, 1986; see also, Sampson and Laub, 1993). These findings are inconsistent with the view that prisons specifically deter offenders.

Where, then, do these various considerations leave us? First, in contrast to the desires of conservative commentators, the stubborn reality is that most offenders will not

be incarcerated but will be placed under community supervision. And among those who are locked up, a high proportion will re-enter society in a reasonably short period of time—and perhaps more criminogenic than they were before being imprisoned (Petersilia, 1999; Lynch and Sabol, 2001; Travis, Solomon, and Waul, 2001). Second, in contrast to the implicitly rosy portrait that liberals often paint of the criminally wayward, many of these offenders placed in the community will be occasional, if not high-rate, offenders. *In short, we are left with the inescapable necessity of supervising many potentially active, if not dangerous, offenders in the community.*

In this light, it is odd how little liberal commentators have had to say about the “technology” of offender supervision—that is, how to do it more effectively. They have remained silent for 30 years on methods of improving community-based supervision. In part, this silence represents a larger rejection of the social welfare role in corrections (Cullen and Gendreau, 2001), and the belief that the two sides of the probation/parole officer role—treatment and control—are in inherent conflict and render officers ineffective in their efforts to improve offenders (Rothman, 1980). Again, liberals have endorsed probation mainly as an alternative to prison, and what it should involve—its specific components—has been beside the point. We should note that in response to this failure to articulate a clear progressive vision of probation and parole, there is now a beginning movement to “reinvent” offender supervision under the name of “community justice” or the “broken windows” model (Clear, 1996; Clear and Corbett, 1999; Reinventing Probation Council, 2000). This revisionist thinking is noteworthy, however, precisely because it remains the exception to the rule (see also, Nevers, 1998; Leaf, Lurigio, and Martin, 1998).

In contrast, beginning in the 1980s, conservative commentators had much to say about how to “reform” community supervision: purge it of its social welfare functions and increase its policing and deterrence functions. We will revisit this matter soon, but we will give advance notice that this prescription has been detrimental to the practice of community supervision. It is a failed model (see, e.g., Cullen, Wright, and Applegate, 1996; Fulton, Latessa, Stuchman, and Travis, 1997; Gendreau, Cullen, and Bonta, 1994; Gendreau, Goggin, Cullen, and Andrews, 2000).

To reiterate, then, the purpose of the current paper *is to suggest a new paradigm or strat-*

egy for improving the community supervision of offenders. Our effort, we believe, is both modest and promising. Our admission of modesty comes from the realization that we are, after all, proposing a conceptual framework, not a set of intervention techniques already proven to “work” in the real world. But despite their inherent limitations, new frameworks hold promise because they open up fresh possibilities of doing things; they are often a necessary, albeit not a sufficient, condition for change. In developing a different paradigm or way of thinking for probation and parole, we hope to provide advice where liberals have offered none and provide better advice than that furnished by conservatives.

The main premise of this enterprise is that effective correctional intervention must be based on *effective criminological research and theory* (see also, Andrews and Bonta, 1998). In this regard, we propose to borrow core insights from *environmental criminology*—a theory that links crime causation and crime reduction to the presence or absence of opportunities to offend—and to explore its implications for probation and parole supervision. In short, we wish to move toward a paradigm of environmental corrections.

Such an environmental approach will be novel but not fully new. Ideas often emerge simultaneously, though set forth in different contexts and with different emphases. The “community justice” or “broken windows” model mentioned just above foreshadows many of the insights we offer in this essay. Building on the ideas of community policing, problem-oriented policing, and a “broken windows” view of neighborhood disorder, a community justice model advocates probation/parole supervision that is proactive, neighborhood-based, linked to community groups and other justice agencies, restorative to victims, and concentrated in places where most crime occurs (for discussions of this model and related ideas, see Clear, 1996; Clear and Corbett, 1999; Karp and Clear, 2000; Kurki, 2000; Reinventing Probation Council, 2000). The clearest point of overlap between “community justice” corrections and environmental corrections is that both approaches believe that in supervising offenders, probation and parole officers should be *problem solvers*, sensitive to the *places* in which crime occurs, and enlist the assistance of both experts and *residents* in attempts to reduce crime events from transpiring.

The distinctiveness of environmental corrections is that its focus is, at once, more lim-

ited and more precise. Community justice is a broader paradigm that seeks to change the fundamental nature of corrections and, more generally, criminal justice—just as, for example, the rehabilitative ideal did during the Progressive Era and the “get tough” movement has more recently (Clear, 1994; Cullen and Gilbert, 1982; Rothman, 1980). Environmental corrections is compatible with the multifaceted shift inherent in the call for community justice, but it also can be part of a more incremental effort to reform existing community supervision. The key aspect of environmental corrections is not its revolutionary character but *its novel use of the insights of environmental criminology to illuminate how correctional supervision can lower recidivism by reducing offenders’ opportunities to offend*. Advocates of community justice have offered similar insights (see, especially, Clear, 1996; Clear and Corbett, 1999), but they have stopped short of calling for a systematic environmental corrections that is explicitly tied to environmental criminology.

In the current essay, we follow the admonition of the Reinventing Probation Council, which advised that “*probation agencies must start thinking outside the box for public safety, and design supervision strategies and programs for crime prevention and community betterment*” (2000, p. 19; emphasis in original). We begin by discussing the central ingredients in crime and then make the commonsensical observation that, to reduce recidivism, community supervision must “do something about” each of these ingredients. Our special concern is with one of these ingredients—*opportunity*—and with how environmental criminology provides a theoretical framework for reconceptualizing the specific goals and means of offender supervision. This approach does require probation and parole agencies to “think outside the box,” but not in ways that are counterintuitive or professionally demeaning. Instead, environmental criminology sees the insights of practitioners as integral to any effort to creatively redesign community supervision so that it makes the choice of returning to crime more difficult and less enticing.

### Crime in the Making— Propensity and Opportunity

For a criminal event to occur, two ingredients must converge in time and space: first, there must be a “motivated offender”—a person who has the propensity to commit the

criminal act. Second, the person harboring a criminal propensity must have the *opportunity* to commit a crime (Cohen and Felson, 1979; Felson, 1998). This simple idea—that the recipe for making a criminal act is propensity and opportunity—holds potentially profound and complex implications for how to reduce crime. These implications have seldom been systematically or scientifically explored within corrections.

#### *What Works with Propensity*

Following the publication of Robert Martinson’s (1974) classic review of research suggesting that treatment programs had “no appreciable effect” on recidivism, it became widely believed that “nothing works” in corrections (Cullen and Gilbert, 1982). Fortunately, this position is no longer tenable (Cullen, 2002; Cullen and Gendreau, 2000, 2001; MacKenzie, 2000). Research from available meta-analysis is now incontrovertible that correctional intervention programs—especially in the community—reduce recidivism (see, e.g., Andrews, Zinger, Hoge, Bonta, Gendreau, and Cullen, 1990; Lipsey, 1992; Lipsey and Wilson, 1998; Losel, 1995; Redondo, Sanchez-Meca, and Garrido, 1999). These programs are especially effective in reducing reoffending when they are consistent with certain principles of effective intervention (Andrews, 1995; Gendreau, 1996; see also, Lurigio, 2000; Prendergast, Anglin, and Wellisch, 1995; Taxman, 2000). Such principles include: 1) using cognitive-behavioral interventions within the context of multimodal programs; 2) targeting for change the known predictors of recidivism; 3) focusing on higher-risk offenders; 4) applying a sufficient dosage of treatment; and 5) providing appropriate aftercare.

The point here is that we are moving toward evidence-based corrections in which we have a good idea of the programmatic principles that induce offender change (Cullen and Gendreau, 2000; MacKenzie, 2000). The challenge is for probation and parole agencies to create programs based on the principles of effective intervention or to be “brokers” in which they place offenders into such programs as a core part of their correctional supervision requirements. The failure to attack offenders’ propensity for crime through such programming no longer can be excused. Not doing so jeopardizes not only the offenders’ chance for reform but also public safety. These assertions are strongly stated,

but the knowledge base on “what works” in treatment is sufficiently developed that it is simply inexcusable 1) to use unproven intervention techniques or 2) to neglect treating offenders entirely (Gendreau et al., 1994).

The main thrust of this paper, however, is not with how probation and parole agencies should seek to reduce offenders’ criminal propensities. As the literature cited above indicates, this issue is being addressed systematically and empirically. Instead, our chief interest is in the other ingredient to crime: access to the opportunity to offend.

### *What Does Not Work with Opportunity*

From the beginning period in which community supervision was invented (Rothman, 1980), it was understood that “supervision” involved both trying to change offenders for the better *and* acting as an external source of control that, backed up by the threat of revocation, tried to keep offenders away from “trouble.” When placed in the community, offenders often were given lists of “conditions” that spelled out the kind of situations they must avoid, including, for example, not frequenting bars, not having contact with criminal associates, and not carrying a weapon. There were also prescriptions of what offenders could do, such as staying employed and attending school. Embedded within these probation and parole “conditions” was the assumption that “going straight” was facilitated by offenders avoiding situations where *opportunities for crime* were present and frequenting situations where opportunities for crime were absent. Unfortunately, this core insight was never fully developed to its logical conclusion: the idea that a fundamental goal of community supervision was to *plan systematically with each offender on how precisely to reduce his or her opportunities for wayward conduct*.

As will be explored shortly in greater deal, opportunity reduction involves, among other factors, problem solving—that is, figuring out how to keep offenders away from situations in which trouble inheres. This approach requires, fundamentally, changing the *nature of supervision*. In contrast, efforts from the 1980s to the present to “intensively supervise” offenders—the deterrence-oriented “reform” advocated by conservatives—have sought mainly to change the *amount of supervision*. This strategy is akin to a police crackdown on crime in hopes of increasing the risk of detection or arrest as opposed to using police

resources to solve the problems fostering neighborhood crime; even if the crackdown works for a specific period or for specific offenders, the effects tend to wear off over time because the underlying problems are not addressed. In any event, whether the literature involves narrative reviews, meta-analyses, or randomized experimental evaluations, the results are clear in showing that deterrence-oriented intensive supervision simply does not reduce recidivism (see, for example, Byrne and Pattavina, 1992; Cullen and Gendreau, 2000; Cullen et al., 2002; Cullen et al., 1996; Fulton et al., 1997; Gendreau et al., 1994; Gendreau, Goggin, Cullen, and Andrews, 2000; Gendreau, Goggin, and Fulton, 2000; MacKenzie, 2000; Petersilia, 1998; Petersilia and Turner, 1993). “There is no solid evidence,” as Travis et al. (2001, p. 21) put it, “that solely increasing parole supervision will result in fewer crimes.”

The weakness in the intensive supervision approach—the “pee ’em and see ’em” model as some officers call it—is that it is based on a crude understanding of crime. Efforts to specifically deter offenders through uncertain and distant threats of punishment are notoriously ineffective (Cullen et al., 2002). It may seem like good “common sense” that more intense monitoring would increase the deterrent capacity of community supervision. But its effects are diminished by two factors: it does not do much to change the underlying propensity to offend and it does not do much to change the structure of opportunities that induce “motivated offenders” to recidivate. In short, the two key ingredients to making crime—propensity and opportunity—are not transformed by increasing the amount of supervision. A new theory of supervision is needed—one that shows how to change the *nature* of supervision. It is to the conceptual building blocks of this approach that we now turn.

## **Building Environmental Corrections—Learning From Environmental Criminology**

Most criminological theories try to explain crime by variation in offender motivation and assume that criminal opportunities are ubiquitous. Environmental criminological theories, however, assume that the driving force behind crime is *opportunity*, because motivations to commit crimes, though variable, are common. In short, environmental criminologists believe that if you create an opportunity to commit crime, someone will eventually

come to take advantage of it. To use an analogy from the baseball movie starring Kevin Costner, *Field of Dreams*: If you “build it”—in this case, a crime opportunity—offenders will “come.”

### *A Core Theoretical Proposition*

The insight from environmental criminology that opportunity is a salient criminogenic risk factor has important implications for the practice of corrections. If risk factors for crime are left untouched—or are targeted for change in ineffective ways—then offenders’ chances of recidivating are increased. Conversely, effective correctional interventions have shown that they target and then change the risk factors underlying criminal behavior (Andrews and Bonta, 1998). Building on this insight, we offer the core proposition to our new paradigm of “environmental corrections”: *The effectiveness of probation and parole supervision will be increased to the extent that officers systematically work with offenders, family and community members, and the police to reduce the extent to which offenders are tempted by and come into contact with opportunities for crime*. We suggest that the ineffectiveness of community supervision has, at least in part, been due to the failure to impact offenders’ access to criminal opportunities.

### *Environmental Criminology*

To develop a new approach to community correctional supervision, it is prudent to draw on that branch of the field that studies crime opportunities—a set of perspectives now grouped under the umbrella of *environmental criminology*. Scholarship in this area is both diverse and growing, and only its key components can be summarized here (for a more extensive review, see Bottoms, 1994). In this regard, four principles guide environmental criminology. First, offenders, like all people, are constrained in their movements by their daily routines and streetscapes, and these constrained movements bring offenders into contact with possible crime opportunities. Second, locations vary in the opportunities for crime they present to people with an inclination to commit crimes. Third, offenders, like all people, read their environments for clues as to what types of behavior are feasible. And fourth, offenders, like all people, make choices based on their perceptions of rewards, risk, effort, and ability to be “excused.”

In short, environmental criminology investigates how offenders interact with their world and the consequences—including

criminal acts—of these interactions. Three important variants of this approach can be found in the extant literature. We briefly review these approaches here.

**Offender Movement and Offender Search Theory.** Offender search theory is based in the theories of transportation geography. People have “nodes” of activities—homes, schools, jobs, entertainment spots, shopping places, and so forth—and they travel between these nodes along routes. The routes and nodes network create the backbone of a “target” search area—not unlike a search area for a shopper except that the target is for crime and not for purchasing goods or services. Crime targets within sight of the routes and nodes are vulnerable to attack.

Offender search theory predicts that offenders look for targets around activity nodes and close to travel routes between nodes. This is called the “search area.” When the search area overlaps with potential targets, there is a heightened chance of a crime. Targets far from search areas, however, have low probabilities of being victimized, and offenders moving through environments devoid of targets will get into little trouble.

**Crime Hot Spots and Routine Activity Theory.** Offender search theory describes how people’s routine movements structure the way they identify crime opportunities. Although it provides insight into those areas that will have many crimes and those that will have few crimes, this approach does not predict which targets will be selected within these areas. Notably, the selection of specific places—locations—for the commission of crimes depends on a host of site-specific conditions that, in combination, create an opportunity structure. The result is that a few places are repeatedly the sites of crime, whereas most places have few or no crimes. This concentration of crime at a few “hot spots” is similar to the concentration of criminal activity in a few repeat offenders.

What is it about *places* that make them either seemingly immune to criminal predation or the scene of repeated crimes? Routine activity theory explains this phenomenon. According to this approach, crimes occur when a “motivated offender” (a person with a propensity for crime) and an “attractive target” come together at the same time and place, and in the absence of people who are likely to prevent a crime. The inner triangle in Figure 1 depicts the three necessary elements for a crime to occur. Each of these three elements, however, has a potential “controller”—a per-

**FIGURE 1**  
*Routine Activity Theory’s*  
*Crime Triangles*



son (or people) whose role it is to protect them (Felson, 1995). If a controller is present, then the opportunity for crime either is diminished or vanishes.

Thus, “handlers” control potential offenders. They are individuals with an emotional bond with the offender and who act in ways to keep the potential offender from offending. Parents, siblings, spouses, coaches, clergy, neighbors, and friends can be handlers. Offenders do not want handlers to know about any of their misdeeds. For this reason, offenders commit their crimes away from their handlers. Not surprisingly, very active offenders have few handlers in their lives, and these are not particularly effective. We note in passing that probation and parole officials can be considered “surrogate handlers.”

“Guardians” control or protect targets (or potential victims, when the target is a person). Owners of things are the primary guardians of their property, though they may enlist others to act as guardians. Friends, neighbors, and colleagues protect each other from criminal predation, thus acting as guardians. Police officers can be considered surrogate guardians. Offenders shun targets with strong guardianship and seek targets with little or no guardianship.

All places are owned and controlled by someone or something. Owners, and their hired employees, are “managers.” They are responsible for the smooth functioning of the place. Managers include store clerks, lifeguards, flight attendants, teachers in their classrooms, bar tenders, librarians, and anyone employed to work at a location. Offenders avoid committing crimes against targets at locations with active managers.

When considered in its entirety, routine activity theory accounts for two important facts about crime. First, it explains why crime is extremely rare, given the ubiquity of crime

targets. For a crime to occur not only do the three necessary elements have to come together at the same time, but also there must be an absence of the three types of controllers. Such a combination of events occurs more frequently than we would like, but it is still relatively rare.

Second, it explains why crime is concentrated and, in fact, concentrated in three important ways. Thus, crime is concentrated 1) in relatively few offenders—“repeat offenders”; 2) in relatively few victims—“repeat victims”; and 3) in a few places—repeat places or “hot spots” of crime. In each form of concentration, the reason is the routine absence of the three controllers when offenders meet targets (Eck, 2001).

**Offender Choices and Situational Prevention.** Environmental criminology rests on the assumption that people—including offenders—make choices about what actions to take, given the circumstances they are in. This observation brings us to the third environmental criminological theory: situational crime prevention. This theory posits that offenders take into account four characteristics of situations: the possible rewards of offending; the risks of being detected by handlers, guardians, and managers; the effort it would take to attack the target and escape detection by possible controllers; and the excuses one could use to explain one’s actions (Clarke and Homel, 1997). Environments may also be so structured that they stimulate situational motivations to offend (Wortley, 1997). In any event, because the offender’s decision calculus takes place moments before a crime, an intervention that occurs proximate to a crime situation will be more effective in preventing the given criminal act than a more distal intervention. Furthermore, to the extent that active offenders have impaired cognitive abilities that make them more impulsive and take less account of past messages and future consequences, then situational prevention potentially has its greatest influence on the most troublesome people.

### *Practical Implications*

Although useful in other ways, many criminological theories identify sources of crime—often called “root causes” (e.g., inequality)—that provide few practical insights on how to prevent crime in the here and now. Environmental criminology is distinctive, however, in its identification of key elements

of criminal acts that, at least potentially, are more amenable to manipulation. In particular, it focuses on factors proximate and integral to the criminal act—on factors that must converge in time and space or the crime will not occur. Accordingly, this perspective has more immediate practical implications on how to reduce criminal activity. Briefly put, crime is prevented by ensuring that offenders and targets do not converge at the same place and, if they do, that control or guardianship is present. Although we lack the space to review the research studies here, there is now voluminous evidence that policing and private interventions based on the principles of environmental criminology can achieve meaningful reductions in crime (see, e.g., Eck, 2002; Felson, 1998.).

## A New Paradigm for Correctional Supervision

### *Probation and Parole Officers as Problem Solvers*

Recidivism is due to offenders' retaining criminogenic motivation or propensity and their having access to opportunities for crime. Thus, to reduce reoffending, an important task for a probation or parole agency is to provide or place offenders into treatment programs, based on the principles of effective rehabilitation, that diminish their propensity for crime (Gendreau et al., 1994). The other task, however, is for probation and parole officers to reduce offenders' access to *crime opportunities*. In many agencies, this challenge will involve reconceptualizing the very nature of what offender *supervision* entails.

Even before the movement toward control-oriented supervision in the 1980s, it was common to distinguish two components of the officer's role: 1) as a counselor or human services provider, and 2) as a controller who "policed" offenders. As suggested previously, the flaw in the policing function of probation and parole officers was that it was based on the erroneous assumptions that effective supervision involved merely watching for and reacting to instances of offender misconduct. Much as in traditional law enforcement, they were acting as "crime busters." But as is well known, policing is in the midst of a paradigm shift that is transforming the role of police officers from that of "arrest makers" to "crime preventers" (Eck and Spelman, 1987). Whereas traditional enforcement involved vehicle patrols and reacting to reports of

criminal incidents, problem-oriented policing values gaining knowledge or understanding about crime patterns (e.g., through mapping and other forms of analysis) and intervening proactively to prevent future criminal incidents from occurring. Opportunity blocking is the core technology of problem-oriented policing. Research suggests that problem-oriented policing is efficacious in lowering crime (Braga, Weisburd, Waring, Mazerolle, Spelman, and Gajewski, 1999; Sherman and Eck, 2002).

In this context, we are proposing that probation and parole officers reconceptualize their supervision function as involving not only watching and busting offenders but also problem solving. The key problem to solve, of course, is how to reduce offenders' access to criminal opportunities. This challenge is daunting but worth the effort: Given that opportunity is a major risk factor in reoffending, the failure to "pay attention" to opportunity reduction will increase the likelihood of recidivism and endanger public safety.

### *Reconceptualizing Supervision*

At this juncture, we are going to offer ideas on what supervision oriented toward opportunity reduction might entail. These suggestions are informed, though not exclusively, by the concepts and insights of environmental criminological theories. We recognize that the recommendations we offer might appear on first blush—indeed, might be—"unrealistic," given the limited resources available. Regardless, although we trust that some specifics we offer might prove useful, our goal is to provoke a new wave of thinking about what it would mean if officers took seriously the task of keeping offenders away from crime opportunities.

**Assessment.** Forward-looking agencies realize that, as in medicine, treatment interventions should be based on diagnosis. Instruments to assess offenders' risk and needs, such as the Level of Supervision Inventory, are now being used to classify high-risk offenders and to direct interventions (Bonta, 1996). In a similar way, officers would now complement risk-needs assessments with a diagnosis of the *role opportunity plays in the probationer's or parolee's offending*. Some insights might be gained by mapping in detail the locations (e.g., streets, bars) where past offending has taken place. It might also be useful to interview offenders and to use cognitive intervention techniques, such as "sequencing," in which offenders would

describe, in very concrete ways, the steps or sequence of activities that lead them to search for and select crime opportunities and/or to wander into situations where "trouble happens." Further, officers might attempt to map out the routine activities of their supervisees to see whether crime opportunities inhere in their daily activities. Eventually, research studies could be undertaken to develop a "Crime Opportunity-Routine Activity Inventory" and/or other methods that would increase the ability of officers to assess how an offender under supervision creates or comes into contact with crime opportunities.

**Working with Offenders.** Informed by their opportunity assessment—and, more broadly, by environmental criminology—officers would focus on three tasks. First, with individual supervisees, they would try to *disrupt routine activities that increase crime opportunities*. As opposed to broad supervision conditions, such as "not associating with known felons," officers would seek to prohibit contact with specific people (e.g., past co-offenders), traveling on specific streets (e.g., outlined on a map given to offenders), and access to specific establishments (e.g., bars where trouble often ensues). Second, behavioral change involves not only extinguishing inappropriate conduct, but also replacing it with preferred alternatives. Officers thus might work with offenders to develop daily "activity calendars" scheduling prosocial activities (more generally, see Spiegler and Guevremont, 1998, pp. 326-327). This process might involve officers "brokering" prosocial activities—that is, developing rosters of "things to do" in the community or at home to lead offenders away from crime opportunities. Third, officers would see themselves not exclusively as "enforcing supervision conditions" but as *handlers of offenders*. Although the threat of revocation—a formal sanction—would necessarily loom in the background, the goal would be to exercise *informal social control* over offenders. This would entail using positive reinforcements for prosocial routine activities and building a "bond" with offenders. It might also involve taking whatever steps possible to increase the *effort* offenders would have to expend to access crime opportunities (e.g., challenging "excuses" for being in a forbidden location, responding as soon as possible when informed that an offender deviated from an agreed-upon calendar of activities).

**Working with Family Members and the Community.** Ideally, officers would also attempt to enlist an offender's family, prosocial

friends, and community members (e.g., minister, teacher) to assist in designing an opportunity reduction plan. Recall that these people are potential *handlers* of the offender. One strategy would be to have a “problem-solving conference” in which offenders and those in their intimate circle would jointly identify problematic routines and places and decide how these might be avoided. Because they are close on a daily basis to offenders, such intimates also might be able to supply positive reinforcements (e.g., praise, tickets to a ballgame, favorite meal) if offenders fulfill a “behavioral contract” to adhere to prosocial routines. As a last resort, they also might assist officers in knowing when offenders are backsliding into routines and places that place them at risk for crime.

**Working with Community Place Managers.** Beyond those personally affiliated with offenders, officers might develop relationships with *place managers* in the community—from bartenders, to store owners, to parking lot attendants, to security guards, to police officers. These place managers could be used to contact probation and parole officers when offenders are entering locations where, in the past, trouble has emerged. The cooperation of place managers should be requested strategically, since many are unlikely to wish to be transformed into generalized informants. It might be possible, however, to secure their assistance to help monitor when a specific offender enters the place they are managing, especially if the goal is to head off trouble and make the managers’ task of guardianship easier.

Although designed to reduce gang-related violence, Boston’s “Operation Night Light” shows the potential impact of a probation-police model that is informed by environmental criminology and problem-solving principles (Corbett, Fitzgerald, and Jordan, 1998). In this intervention, judges imposed conditions of probation on specific offenders that included curfews and geographic restrictions on where youths could travel. Working in conjunction with police on a Youth Violence Strike Force, probation officers visit homes of targeted probationers in the evening hours and examine locations where juveniles “hang out” (e.g., playgrounds, street corners). There was suggestive evidence that the “Night Light” program reduced gang-related violence (see also, Morgan and Marrs, 1998).

In a similar vein, LEIN—the Law Enforcement Information Network—might be used to facilitate police assistance in opportunity reduction for supervisees. Each state has a

system that allows police to check automobile registration information as well as an operator’s license and criminal history when making a vehicle stop. Some jurisdictions have mandated that when a person is involved in a domestic crime, any “no contact” orders be entered into LEIN so that police can be aware of and enforce these orders. Other professions now advocate the entry of probation conditions into LEIN so that police know who is on community supervision, the nature of their conditions of probation/parole, and how to contact the supervising officer. Such a system would allow police to assist in the enforcement of curfews and restrictions on where offenders are allowed to travel or “hang out.”

### Conclusion—What “Works” in Community Supervision?

Corrections is entering an era of accountability in which credibility and funding will hinge increasingly on the ability of agencies to show that its practices “work” or are effective. To

achieve reductions in offending, agencies would be wise to start with the realization that criminal acts are the product of offenders’ propensity for crime and of their access to opportunities for crime. There is now a sizable literature on “what works”—the principles of effective treatment intervention—to reduce criminogenic propensities (Cullen, 2002; Cullen and Gendreau, 2000). Equally salient, research is clear on what does *not* work with opportunity reduction: broad-based attempts to monitor offenders (even intensely), threaten them with punishment, and then “bust” the “bad ones” (Cullen et al., 2002).

Taken together, these findings suggest two conclusions. First, agencies should either provide or serve as brokers for programs based on the principles of effective intervention. Second, a new paradigm—a new way of thinking—is needed to replace the failed paradigm that, in large part, has tried to use scare tactics to keep offenders away from crime opportunities. The purpose of this paper has been to sketch the components of this new approach to community supervi-

**TABLE 1**  
*Assessing Environmental Corrections:  
Some Basic Questions for Research and Evaluation*

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- ✔ Can and will offenders provide useful accounts of their normal activities—including locations and situations with high crime opportunities and many temptations?

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  - ✔ Can probation and parole authorities incorporate offender descriptions into their supervision strategies?

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  - ✔ Can handlers, guardians, and place managers be identified prospectively and enlisted in the community supervision of offenders?

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  - ✔ Under what circumstances can correctional authorities develop effective partners with police and community-based institutions?

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  - ✔ Do offenders adjust their routine behaviors to circumvent environmental corrections-based supervision? If so, in what ways? Can these be anticipated and countered?

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  - ✔ How effective are forms of environmental corrections compared to its alternatives?

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  - ✔ With what types of offenders is environmental correction most effective? The least effective?

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  - ✔ What is the cost of environmental corrections compared to its alternatives?

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sion—a paradigm that we have called *environmental corrections*.

This name was carefully chosen, because it is rooted in the belief that sound correctional practices must be based on sound criminology—that is, based on viable theories and evidence on what causes crime. In this regard, environmental criminology has provided important insights into how opportunity is implicated in crime. It follows, we believe, that this knowledge can be used to establish an environmental corrections in which the key components of opportunity—offender thinking, routines, handlers, place management, and so on—are targeted for explicit intervention by probation and parole officers. A key aspect of this approach is that opportunity will be curtailed not only by threats of formal punishment for non-compliance, but more importantly by problem-solving officers who seek to expand informal control over offenders, to increase the effort offenders must exert to access crime opportunities, and to work with offenders to restructure and fill their lives with prosocial routines.

We recognize that translating theory into practice is fraught with a host of difficulties, not the least of which is that our ideas on reducing crime opportunities are likely to be labor intensive. In practical terms, this approach is likely to be cost effective primarily with high-risk offenders, who already often receive more intensive supervision. Furthermore, we have provided no hard data that our proposals will prove effective. Evaluation research will have to address a roster of issues—which we attempt to list in Table 1—before we can say that environmental corrections is a viable paradigm. Even with these qualifications, however, we are bold enough to suggest that environmental corrections holds considerable promise as a means to inspire new thinking and practice in the supervision of probationers and parolees.

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# Why “What Works” Matters Under the “Broken Windows” Model of Supervision

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**THERE IS LITTLE** doubt that the system of criminal justice has been exposed to widespread dissatisfaction over its performance for nearly three decades (Garland 2001). Since the early to mid-1970s, escalating disaffection with the effectiveness of crime control policies has produced a notable “toughening” in sentencing codes, a much greater reliance on the use of incarceration (Mauer 2000), and the hardening of public attitudes towards the treatment of those who break the law. Despite the ascendancy, however, of what Simon (1998) refers to as a politics of “populist punitiveness,” the vast majority of offenders remain subject to supervision in the community, whether on probation or some form of parole or post-release control. How they are supervised carries enormous implications for public safety and community wellbeing. Even more, it is imperative that the expectations of the public and the outcomes they embrace be accounted for in the strategies and methods adopted by probation and parole administrators.

Unfortunately, what matters to the citizenry is rarely addressed in the policies and practices that govern offender supervision. In part, this is due to the long-standing insulation of the criminal justice system from accountability for producing results that connect to the concerns of the community. It is also rooted in a lack of understanding about, if not indifference toward, what outcomes actually matter to the public. If this issue is raised at all, there is a presumption that the agency knows what communities desire when it comes to supervising offenders. It is presumed that the public expects an approach

to supervision that places a paramount, if not exclusive, emphasis on surveillance, monitoring, and control. Agencies incorporating this type of philosophy assume—in line with their perception of public opinion—that “nothing works” in dealing with criminal offenders. They also accept the notion that the public no longer supports the goal of rehabilitation.

Do these presumptions comport with public opinion? Perhaps surprisingly, given the uncompromising tone of political and media discourse on the subject, a range of expectations confounding the arguments of liberals and conservatives alike coexist in the general public. A recent analysis of public opinion on crime and punishment found that at a very general level the public, at least at “first impulse,” supports punitive crime control policies (Cullen, et al. 2000). The extent of their support, however, is “mushy,” not rigid. Though retributive concerns play a role in their desire to see the punishment fit the crime, so do concerns with utility. If the public is convinced that offenders will make restitution, engage in community service, or seek to improve themselves, they will support such interventions. In striking contrast to the sustained criticism of treatment programs over many years, the citizenry support rehabilitation as a rationale for correctional intervention—if there is a payoff that contributes to the betterment of offenders and public safety. This support does not hold, however, for offenders who have committed acts of criminal violence.

Other research findings are even more suggestive of what the public expects from the justice system. A series of focus groups, pub-

lic forums, and surveys conducted in Vermont, Connecticut, and Iowa revealed that the respondents desired a system of justice that achieved outcomes connected to local community values and norms. The citizens, in fact, expected the system to achieve a small core of outcomes. These results included the community’s safety from violent crime, offenders’ participation in programs designed to repair the community for the harm their actions caused, and effective treatment to facilitate the safe integration or return of offenders to the community. However, these are the very outcomes that the respondents felt the system was not accomplishing.

From this research it was evident that the public did not believe that the vast majority of offenders are being held to account for their criminal actions. The public wants the damage caused by crime to be repaired. They want what was broken, fixed; what was stolen, returned; what was destroyed, replaced. Even though some victims do not believe that they can ever be paid back in full for the harm done them, they want programs that work so others will not be victimized in the future. They want a system that works. They will not accept “nothing works” when offenders reside in their neighborhood either on probation or after serving time in prison.

In essence, the community expects the system of justice to achieve certain outcomes over all others. First, the public wants the truth above all else. Not “truth-in-sentencing,” per se, but reliable follow-through on what the system says it is going to do. Whatever the sentence, they expect the offender to abide by its requirements. Second, the citi-

zenry expects to derive some sense of meaning from the processes of justice. This requires that the sentence fit the crime, the offender, and the circumstances. Third, citizens want some good to come of justice. This means that the practice of justice must create value for the victim, the community, and the offender. Finally, they very strongly hold that public safety is the bottom line. They are willing to assist in achieving this outcome and to be partners in co-producing the outcomes associated with justice.

These findings resonate with meaning for those whose responsibilities lie in crafting sensible policies and practices for offenders under community supervision. Given the current state of the field, is it possible to create supervision strategies and correctional programs that provide a significant payoff in achieving the goals of public safety and reducing offender recidivism? The performance of probationers and parolees under supervision has been and remains poor to dismal. Even more, the profession of probation and parole suffers from a fundamental lack of clarity about purpose and mission. As noted elsewhere, the practice of probation and parole is in need of a "new narrative" (Corbett, 1996; Rhine, 1997; Dickey and Smith 1998).

## Redirecting Under the "Broken Windows" Model<sup>1</sup>

During the past several years, a growing body of work has emerged addressing the need to reinvent or retool how offenders are supervised in the community (Petersilia 2002). Many of the key components that are advocated are remarkably similar (see: Smith and Dickey 1998; Clear and Corbett 1999), especially the emphasis placed on an "activist" style of community supervision. What follows presents an overview of one such approach increasingly referred to as the "Broken Windows" model.

In 1999 the Reinventing Probation Council (a group of probation leaders and practitioners led by John DiIulio), with support from the Manhattan Institute, the American Probation and Parole Association, and the National Association of Probation Executives, published a manifesto entitled *Broken Windows Probation: The Next Step in Fighting Crime*. This was followed in 2000 by the issu-

ance of a longer monograph entitled *Transforming Probation Through Leadership: The 'Broken Windows' Model* (2000). These reports were written to encourage a critical and constructive reassessment of the current mission and practice of probation. The core argument is applicable to parole or post-release supervision, as well. These reports called for a redirection of the field through a transformation of the focus and conduct of community supervision.

The "Broken Windows" model offers clear direction to those administrators and practitioners seeking guidance on how to achieve outcomes that speak to both public safety and offender reform. This model, however, operates within the larger framework of community justice. It views the community as the primary customer. At its center, the product sought is not services to the offender, but public safety. As one of its key strategies, however, the model embraces the "what works" literature in corrections, arguing that effective treatment programs contribute tangibly to public safety. This feature has been overlooked in some of the discussion that has ensued around this approach (Taxman and Byrne 2001).

The remainder of this article elaborates on the "Broken Windows" model and the need to incorporate correctional programming that draws from the well-known literature on "what works." Both are essential to securing outcomes important to the community and to the long-term success of the model.

It is helpful and necessary to clarify the use of the "Broken Windows" metaphor. This metaphor refers to an innovative approach to community policing; one that attends to the problems of social disorder, especially in public spaces, by engaging the citizenry in the mission and practice of policing. In its more progressive forms, this style of policing views citizens as partners in crime control, as well as customers of the services police provide. In a number of urban centers across the country, what has emerged is a proactive, problem-solving, order-maintaining role for the police, not just a commitment to the activities traditionally associated with law enforcement alone.

The application of this metaphor to probation and parole points to the importance of a comparable redefinition for community supervision. At its core, the "Broken Windows" model states that the work of probation and parole must move well beyond the management of individual caseloads and en-

gage the community in the business of community supervision. Its vision, reflecting the assumptions of community justice, is neither control-oriented nor offender-centered. Rather, it seeks to connect probation and parole practitioners as willing partners in working with and contributing to the quality of community life. The model embraces the vision statement on community justice issued by the American Probation and Parole Association, arguing that communities and victims must become active participants in co-producing the outcomes associated with justice.

The monograph develops seven key strategies for reengineering offender supervision. The last strategy focuses on the importance of leadership in engineering changes in the field that are responsive to outcomes that matter to the citizenry. Of the strategies necessary for transforming the conduct of community supervision, the "Broken Windows" model argues that leadership, in the final analysis, is the most important of all. It is critical for leaders in the field to attend to the importance of creating public value in the work that they do. This entails "embracing accountability" for producing results that contribute to public safety and community well-being. Ultimately, those who provide leadership must consider how and in what ways their actions move their agencies toward the creation of public value. The remaining six strategies discussed below, if implemented faithfully, and in partnership with others, will contribute tangibly to outcomes that are valued by the public.

At the outset, it is necessary to state that the strategies are interdependent with each other. They are grounded in and draw their effectiveness from community partnerships, community mobilization, and community collaborations designed to provide both short- and long-term public safety. In the short-term, it is necessary to address serious and violent offenders subject to community supervision with appropriate monitoring and control. In the long-run, it is essential to provide the appropriate balance of supervision and treatment interventions. Regardless of the span of time under consideration, the primary outcome that is sought is reduced victimizations in the future.

The first three strategies developed in the monograph include "placing public safety first," "supervising probationers in the neighborhood, not the office," and "rationally allocating resources." Recognizing that *the primary concern of the public is to be free from*

<sup>1</sup> What follows here and elsewhere in this article draws on material in the "Broken Windows" monograph and an article that was co-authored by Rhine, Hinzman, Corbett, Beto and Paparozzi (2001).

*crime*, the proponents of the “Broken Windows” model emphasize achieving public safety. What public safety means is drawn from Smith and Dickey, who define it as *the extent to which persons and property are free from attack or theft, that is, from the threat or risk of harm in particular places at particular times*. Consistent with a community justice vision, this is a definition that calls for a strategic approach to crime prevention, reduction, and control.

It is also a definition that involves a systemic, yet local focus on the social ecology of crime. The emphasis on social ecology informs a number of the strategies proposed under the “Broken Windows” model. In fact, incorporating an ecological focus is essential to redirecting and guiding the daily work of probation and parole officers. Doing so is inseparable from the pursuit of public safety as defined by Smith and Dickey. It redraws the parameters of what probation and parole officers do on a daily basis. Attending to local ecology requires a proactive and routine engagement in the wider arena of community and victim vulnerabilities in those locales and at those times of day where the threats to public safety are greatest. Even more, it requires the pursuit of community-centered and neighborhood-based approaches to supervision.

In a trend that has been evolving for quite some time, the supervision of probationers has been conducted in government office buildings in a fortress-like fashion far removed from where offenders live or carry on their lives. Many commentators have long observed that where the office may serve as the *base* of supervision, the neighborhood should be the *place* of supervision. As directed under the “Broken Windows” approach, a commitment to place-based supervision recognizes that the rate of crime actually reflects the aggregate of many different crime problems, scattered about in many different neighborhoods. The threats offenders pose to public safety are by definition “local in nature,” disproportionately affecting some neighborhoods, street corners and other public spaces, far more so than others.

A commitment to public safety and the adoption of place-based supervision strategies requires that resources be allocated with a sustained focus on managing the risk of harm posed by offenders at those times and in those places where the potential for victimization is greatest. Such an approach re-

quires that probation and parole officers widen the community net. They must reach well beyond the management of individual caseloads to devote a significant portion of their time to connecting offenders with prosocial peers, mentors and other adults in the neighborhoods where probationers live. At the same time, they must draw on the informal sources of social control to monitor and respond proactively to the public safety risks posed by such offenders. Within the “Broken Windows” model, probation and parole officers must redefine their role to serve as a “catalyst” for building these relationships, in effect aligning their efforts with the greater operational, resource and socializing capacities that communities provide.

Moving probation and parole officers out on the street helps them not only interact with offenders, but develop a much more informed understanding of the environment in which offenders and those around them live, work, and recreate. The effectiveness of supervision is undermined where probationers and parolees are able to maintain anonymity and social distance from their “POs” and from those in the community who may and often are better positioned to exert meaningful leverage and accountability over them.

The successful adoption of the first three strategies discussed above requires the pursuit of another strategy: the need to “develop partners in the community.” If the goals of crime prevention, reduction and control are to be achieved, and if reparation of the harm caused by criminal actions is to be addressed, then it is vital that community, faith-based and neighborhood groups, in addition to law enforcement and human service agencies, be involved in new and meaningful partnerships with probation and parole.

There are many potential partners for collaboration. The “Broken Windows” model argues that probation and parole practitioners must move such collaborations and partnerships from the margins to the center of what they do. When such relationships are established, field services agencies are better positioned to effectively supervise offenders, and to impose greater leverage and accountability over them. Each collaboration contributes to the provision of public safety and to more credible supervision practices, given their connection to the social ecology of neighborhood and community relations. Together, they enhance the limited leverage probation exercises over offenders by drawing on

the “social capital” furnished by local community groups and institutions.

Clearly, the monograph calls for a more complex form of community engagement for probation and parole. It also speaks to the need to hold offenders accountable for their actions and for maintaining prosocial, law-abiding behavior. Another one of the seven strategies discussed under the “Broken Windows” model addresses the enforcement and sanctioning dimension of probation work (that is, “provide for strong enforcement of probation conditions and a quick response to violations”). This strategy offers a no-nonsense argument for levying consequences for non-compliance with the expectations of probation (and parole).

In terms of enforcement, probation needs to provide aggressive surveillance and control for offenders whose behavior is deemed a threat to public safety, and to provide swift, timely and proportionate responses to all violations of the conditions of supervision. A carefully calibrated continuum of graduated or intermediate sanctions offers field staff a range of measured responses short of revoking and returning all such violators to prison. In addition, probation systems must adopt strict and proactive policies on apprehending absconders from probation. The demanding enforcement of offender accountability for abiding by the conditions of supervision represents sound practice. It is also responsive to the public’s expectation that the supervision of offenders in the community, especially probation, serve as a meaningful sanction within the justice system, not an ineffectual slap-on-the-wrist.

The enforcement component of the “Broken Windows” model has received much attention. The origin of the metaphor is inextricably linked to law enforcement (Kelling and Coles 1996). The Reinventing Probation Council intended its use to convey a progressive, community-centered style of policing. If surveillance, monitoring and control play an important role in probation and parole—and they do—it is also vital that programmatic interventions designed to change offender behavior form part of the overall strategy. In recognition of the latter, the “Broken Windows” model called for the adoption of a strategy grounded in the “what works” literature governing effective correctional programming. For reasons explained below, this strategy is essential to achieving outcomes that matter to the citizenry.

## Why "What Works" Matters

Achieving public safety within a community justice framework means more than reducing offender recidivism. Nevertheless, its accomplishment is enhanced significantly through effective rehabilitative programming. Reducing the threat or risk of harm presented by offenders *requires* the development of programmatic interventions that connect them to environments that have prosocial supports and structure. For this to occur, probation and parole practitioners must incorporate the findings and principles established in the well-known "what works" literature in community-centered supervision strategies and daily practice.

A persuasive body of writing and research has been evolving for over 20 years published by academicians mainly from Canada and, to a lesser extent, the United States. In fact, it is possible to speak of the "Canadians' Theory of Rehabilitation" grounded in the social psychology of offending (Cullen 2002). This theory and the literature behind it clearly demonstrate that correctional programming can be effective; certain programs will, if designed properly and implemented with "therapeutic integrity," produce significant outcomes in reducing offender recidivism. In terms of offender supervision, the greatest reductions in recidivism are often associated with community-based programs, not programs found in institutional settings. The best interventions can reduce offender recidivism on average by 30 percent (Andrew and Bonta 1998).

Probation and parole administrators must draw on this impressive wealth of social scientific research to design and sustain programs that are effective vehicles for offender rehabilitation. The most effective programs target such dynamic risk factors as antisocial attitudes, values and beliefs, delinquent and criminal peers, self-control, self-management and problem-solving skills. Significantly, the research has identified three principles that are most closely associated with effective correctional programming: risk, criminogenic need, and responsivity.

The application of the risk principle enables field staff to identify offenders' risk levels and to thus target supervision strategies and resources appropriately. The level of risk is determined by taking into account a number of static and dynamic risk factors in predicting the likelihood of future reoffending. The assessment of risk answers the question of *who* to target for the greatest amount of

supervision. All too often, probation and parole agencies invest in risk assessment instruments that guide the classification of offenders into appropriate risk groups. However, risk classifications alone are insufficient if they are not combined and informed by the results of needs assessments as well.

If done at all, the assessment of the myriad needs that offenders bring with them to supervision is rather infrequently connected to factors known to predict the likelihood of future recidivism. The "what works" literature stresses the importance of assessing offenders' criminogenic needs. Such needs are unique and represent dynamic risk factors or behavioral areas that can be changed as a result of carefully designed programmatic interventions. The criminogenic need principle directs attention to what should be targeted for correctional intervention (e.g., antisocial attitudes, weak problem-solving skills). If these areas of need are properly addressed, the risk level presented by the offender should be reduced over time.

The principle of responsivity refers to something general and specific (Cullen 2002). "General responsivity" refers to treatment programming and modes of service delivery that employ cognitive-behavioral and social learning techniques and methods, and that rely on positive reinforcements over negative reinforcements by a ratio of 4:1. Specific responsivity addresses the issue of matching offenders' learning styles with a program structure and techniques that best meet the characteristics such individuals bring to the table. It emphasizes the significance of the quality of the interpersonal relationship between the offender and the correctional change agent (e.g., counselor, probation/parole officer).

In essence, this research demonstrates that effective programming is intensive and behavioral. It demands a good deal of offenders' time and thinking, up to 40 percent to 70 percent of their daily round of activities. In terms of duration, it lasts on average three to six months. Programs are most effective when they target high-risk offenders and their criminogenic needs. Program design and implementation are likewise critical. If programmatic interventions are to be effective, field staff and administrators must ensure a consistent and sustained focus on "therapeutic integrity." Those programs that work continue over a fairly long period of time and do what they set out to do.

## The Need for Balance in Supervision

The findings from this research informed the call under the "Broken Windows" model for the adoption of treatment programs grounded in evidence-based correctional practice. The model clearly recognizes the importance of drawing on well-established theory and research that supports rehabilitative interventions targeting the reduction of offender recidivism. At the same time, the pursuit of such programming does not represent a stand-alone strategy, nor an argument for an approach to supervision that places an offender-centered accent upon simply doing more to better those who break the law.

One of the members of the Reinventing Probation Council has commented that it is a matter of employing "broken windows/broken buckets" approaches to supervision simultaneously. According to Hinzman, this offers "a quick way of saying that we should be doing what works, what the public expects us to do, and what will provide greater public safety and reduce victimization" (2000: 32). Each serves to reinforce the other, neither can be pursued independently of the other without compromising the capacity to achieve outcomes that matter to the citizenry.

What are the implications of relying on what is, in fact, a balanced approach to supervision? Several implications stand out above all the rest. First, the "what works" literature and research on intermediate sanctions demonstrates that enforcement, monitoring, and control alone are insufficient as an overall framework for driving the supervision of offenders in the community. For too long, the discussion of the role of supervision has been reduced to a question of whether probation and parole officers perform primarily a law enforcement or social work mission. Though holding offenders accountable for compliance with the conditions of supervision invariably requires an enforcement component, achieving public safety and the reduction of recidivism demands "high doses" of both surveillance and treatment (Petersilia, 2002: 497).

Second, effective correctional programming can be achieved as part of an offender's supervision in the community. Doing so, however, will require that probation and parole administrators and practitioners become well versed in the rather substantial literature associated with "what works" principles and findings. In so doing, they must take on di-

rectly the challenge of “technology transfer” (Cullen, 2000: 283). The concept of technology transfer refers to the transmission of social science research in a manner that affirms the value of informing everyday operational policies and practices with the findings of scientific knowledge. Administrators and field staff can no longer afford to rely only on experience and look skeptically at theory and research, if they are going to create supervision strategies and programs that have value.

Finally, at the heart of the “Broken Windows” model is the recognition of the importance of engaging the community in the business of community supervision. When tapped, there is often an expertise and a resource base at the local level that dramatically augments the inherently limited capacity of probation and parole to effect offender change and secure outcomes that matter to the community. Under the “Broken Windows” model, there is a heightened focus on achieving public safety goals through active partnerships with community and neighborhood groups and with law enforcement and human service agencies.

In the end, the model assumes that it is of critical importance to pursue the goals of crime reduction and rehabilitation. The practitioners of probation and parole are well positioned to draw on the “what works” tradition in fashioning effective programmatic interventions relative to offenders under their supervision. To the extent that they embrace the value of engaging the citizenry as full partners in the business of community supervision, they are likewise well positioned to accomplish the vision and objectives associated with the “Broken Windows” model. Doing both will contribute tangibly to out-

comes that matter to the citizenry: achieving public safety and reducing the recidivism of offenders.

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# Beyond Correctional Quackery— Professionalism and the Possibility of Effective Treatment

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**LONG-TIME VIEWERS** of *Saturday Night Live* will vividly recall Steve Martin's hilarious portrayal of a medieval medical practitioner—the English barber, Theodoric of York. When ill patients are brought before him, he prescribes ludicrous “cures,” such as repeated bloodletting, the application of leeches and boar's vomit, gory amputations, and burying people up to their necks in a marsh. At a point in the skit when a patient dies and Theodoric is accused of “not knowing what he is doing,” Martin stops, apparently struck by the transforming insight that medicine might abandon harmful interventions rooted in ignorant customs and follow a more enlightened path. “Perhaps,” he says, “I've been wrong to blindly follow the medical traditions and superstitions of past centuries.” He then proceeds to wonder whether he should “test these assumptions analytically through experimentation and the scientific method.” And perhaps, he says, the scientific method might be applied to other fields of learning. He might even be able to “lead the way to a new age—an age of rebirth, a renaissance.” He then pauses and gives the much-awaited and amusing punchline, “Nawwwwwww!”

The humor, of course, lies in the juxtaposition and final embrace of blatant quackery with the possibility and rejection of a more modern, scientific, and ultimately effective approach to medicine. For those of us who make a living commenting on or doing corrections, however, we must consider whether, in a sense, the joke is on us. We can readily see the humor in Steve Martin's skit and wonder how those in medieval societies “could have been so stupid.” But even a cursory sur-

vey of *current* correctional practices yields the disquieting conclusion that we are a field in which quackery is tolerated, if not implicitly celebrated. It is not clear whether most of us have ever had that reflective moment in which we question whether, “just maybe,” there might be a more enlightened path to pursue. If we have paused to envision a different way of doing things, it is apparent that our reaction, after a moment's contemplation, too often has been, “Nawwwwwww!”

This appraisal might seem overly harsh, but we are persuaded that it is truthful. When intervening in the lives of offenders—that is, intervening with the expressed intention of reducing recidivism—corrections has resisted becoming a true “profession.” Too often, being a “professional” has been debased to mean dressing in a presentable way, having experience in the field, and showing up every day for work. But a profession is defined not by its surface appearance but by its intellectual core. An occupation may lay claim to being a “profession” only to the extent that its practices are based on research knowledge, training, and expertise—a triumvirate that promotes the possibility that what it does can be effective (Cullen, 1978; Starr, 1982). Thus, medicine's professionalization cannot be separated from its embrace of scientific knowledge as the ideal arbiter of how patients should be treated (Starr, 1982). The very concept of “malpractice” connotes that standards of service delivery have been established, are universally transmitted, and are capable of distinguishing acceptable from unacceptable interventions. The concept of liability for “correctional malpractice” would bring

snickers from the crowd—a case where humor unintentionally offers a damning indictment of the field's standards of care.

In contrast to professionalism, *quackery* is dismissive of scientific knowledge, training, and expertise. Its posture is strikingly overconfident, if not arrogant. It embraces the notion that interventions are best rooted in “common sense,” in personal experiences (or clinical knowledge), in tradition, and in superstition (Gendreau, Goggin, Cullen, and Paparozzi, forthcoming). “What works” is thus held to be “obvious,” derived only from years of an individual's experience, and legitimized by an appeal to custom (“the way we have always done things around here has worked just fine”). It celebrates being anti-intellectual. There is never a need to visit a library or consult a study.

*Correctional quackery*, therefore, is the use of treatment interventions that are based on neither 1) existing knowledge of the causes of crime nor 2) existing knowledge of what programs have been shown to change offender behavior (Cullen and Gendreau, 2000; Gendreau, 2000). The hallmark of correctional quackery is thus ignorance. Such ignorance about crime and its cures at times is “understandable”—that is, linked not to the willful rejection of research but to being in a field in which professionalism is not expected or supported. At other times, however, quackery is proudly displayed, as its advocates boldly proclaim that they have nothing to learn from research conducted by academics “who have never worked with a criminal” (a claim that is partially true but ultimately beside the point and a rationalization for continued ignorance).

Need we now point out the numerous programs that have been implemented with much fanfare and with amazing promises of success, only later to turn out to have “no effect” on reoffending? “Boot camps,” of course, are just one recent and salient example. Based on a vague, if not unstated, theory of crime and an absurd theory of behavioral change (“offenders need to be broken down”—through a good deal of humiliation and threats—and then “built back up”), boot camps could not possibly have “worked.” In fact, we know of no major psychological theory that would logically suggest that such humiliation or threats are components of effective therapeutic interventions (Gendreau et al., forthcoming). 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 (Cullen, Pratt, Miceli, and Moon, 2002; Cullen, Wright, and Applegate, 1996; Gendreau, Goggin, Cullen, and Andrews, 2000; MacKenzie, Wilson, and Kider, 2001). How many millions of dollars have been squandered? How many opportunities to rehabilitate offenders have been forfeited? How many citizens have been needlessly victimized by boot camp graduates? What has been the cost to society of this quackery?

We are not alone in suggesting that advances in our field will be contingent on the conscious rejection of quackery in favor of an *evidence-based corrections* (Cullen and Gendreau, 2000; MacKenzie, 2000; Welsh and Farrington, 2001). Moving beyond correctional quackery when intervening with offenders, however, will be a daunting challenge. It will involve overcoming four central failures now commonplace in correctional treatment. We review these four sources of correctional quackery not simply to show what is lacking in the field but also in hopes of illuminating what a truly professional approach to corrections must strive to entail.

## Four Sources of Correctional Quackery

### *Failure to Use Research in Designing Programs*

Every correctional agency must decide “what to do” with the offenders under its supervision, including selecting which “programs” or “interventions” their charges will be subjected to. But how is this choice made (a choice that is consequential to the offender,

the agency, and the community)? Often, no real choice is made, because agencies simply continue with the practices that have been inherited from previous administrations. Other times, programs are added incrementally, such as when concern rises about drug use or drunk driving. And still other times—such as when punishment-oriented intermediate sanctions were the fad from the mid-1980s to the mid-1990s—jurisdictions copy the much-publicized interventions being implemented elsewhere in the state and in the nation.

**TABLE 1**  
*Questionable Theories of Crime We Have Encountered in Agency Programs*

- ✔ “Been there, done that” theory.
- ✔ “Offenders lack creativity” theory.
- ✔ “Offenders need to get back to nature” theory.
- ✔ “It worked for me” theory.
- ✔ “Offenders lack discipline” theory.
- ✔ “Offenders lack organizational skills” theory.
- ✔ “Offenders have low self-esteem” theory.
- ✔ “We just want them to be happy” theory.
- ✔ The “treat offenders as babies and dress them in diapers” theory.
- ✔ “Offenders need to have a pet in prison” theory.
- ✔ “Offenders need acupuncture” theory.
- ✔ “Offenders need to have healing lodges” theory.
- ✔ “Offenders need drama therapy” theory.
- ✔ “Offenders need a better diet and haircut” theory.
- ✔ “Offenders (females) need to learn how to put on makeup and dress better” theory.
- ✔ “Offenders (males) need to get in touch with their feminine side” theory.

Notice, however, what is missing in this account: The failure to consider the existing research on program effectiveness. The risk of quackery rises to the level of virtual certainty when nobody in the agency asks, “Is there any evidence supporting what we are intending to do?” The irrationality of not consulting the existing research is seen when we consider again, medicine. Imagine if local physicians and hospitals made no effort to consult “what works” and simply prescribed pharmaceuticals and conducted surgeries based on custom or the latest fad. Such malpractice would be greeted with public condemnation, lawsuits, and a loss of legitimacy by the field of medicine.

It is fair to ask whether research can, in fact, direct us to more effective correctional interventions. Two decades ago, our knowledge was much less developed. But the science of crime and treatment has made important strides in the intervening years. In particular, research has illuminated three bodies of knowledge that are integral to designing effective interventions.

First, we have made increasing strides in determining the *empirically established* or *known predictors* of offender recidivism (Andrews and Bonta, 1998; Gendreau, Little, and Goggin, 1996; Henggeler, Mihalic, Rone, Thomas, and Timmons-Mitchell, 1998). These include, most importantly: 1) antisocial values, 2) antisocial peers, 3) poor self-control, self-management, and prosocial problem-solving skills, 4) family dysfunction, and 5) past criminality. This information is critical, because interventions that ignore these factors are doomed to fail. Phrased alternatively, successful programs start by recognizing what causes crime and then *specifically design the intervention to target these factors for change* (Alexander, Pugh, and Parsons, 1998; Andrews and Bonta, 1998; Cullen and Gendreau, 2000; Henggeler et al., 1998).

Consider, however, the kinds of “theories” about the causes of crime that underlie many correctional interventions. In many cases, simple ignorance prevails; those working in correctional agencies cannot explain what crime-producing factors the program is allegedly targeting for change. Still worse, many programs have literally invented seemingly ludicrous theories of crime that are put forward with a straight face. From our collective experiences, we have listed in Table 1 crime theories that either 1) were implicit in programs we observed or 2) were voiced by agency personnel when asked what crime-causing factors their programs were target-

ing. These “theories” would be amusing except that they are commonplace and, again, potentially lead to correctional quackery. For example, the theory of “offenders (males) need to get in touch with their feminine side” prompted one agency to have offenders dress in female clothes. We cannot resist the temptation to note that you will now know whom to blame if you are mugged by a cross-dresser! But, in the end, this is no laughing matter. This intervention has no chance to be effective, and thus an important chance was forfeited to improve offenders’ lives and to protect public safety.

Second, there is now a growing literature that outlines what does *not* work in offender treatment (see, e.g., Cullen, 2002; Cullen and Gendreau, 2000; Cullen et al., 2002; Cullen et al., 1996; Gendreau, 1996; Gendreau et al., 2000; Lipsey and Wilson, 1998; MacKenzie, 2000). These include boot camps, punishment-oriented programs (e.g., “scared straight” programs), control-oriented programs (e.g., intensive supervision programs), wilderness programs, psychological interventions that are non-directive or insight-oriented (e.g., psychoanalytic), and non-intervention (as suggested by labeling theory). Ineffective programs also target for treatment low-risk offenders and target for change weak predictors of criminal behavior (e.g., self-esteem). Given this knowledge, it would be a form of quackery to continue to use or to freshly implement these types of interventions.

Third, conversely, there is now a growing literature that outlines what *does* work in offender treatment (Cullen, 2002; Cullen and Gendreau, 2000). Most importantly, efforts are being made to develop principles of effective intervention (Andrews, 1995; Andrews and Bonta, 1998; Gendreau, 1996). These principles are listed in Table 2. Programs that adhere to these principles have been found to achieve meaningful reductions in recidivism (Andrews, Dowden, and Gendreau, 1999; Andrews, Zinger, Hoge, Bonta, Gendreau, and Cullen, 1990; Cullen, 2002). However, programs that are designed without consulting these principles are almost certain to have little or no impact on offender recidivism and may even risk increasing re-offending. That is, if these principles are ignored, quackery is likely to result. We will return to this issue below.

**TABLE 2***Eight Principles of Effective Correctional Intervention***1. Organizational Culture**


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Effective organizations have well-defined goals, ethical principles, and a history of efficiently responding to issues that have an impact on the treatment facilities. Staff cohesion, support for service training, self-evaluation, and use of outside resources also characterize the organization.

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**2. Program Implementation/Maintenance**

Programs are based on empirically-defined needs and are consistent with the organization’s values. The program is fiscally responsible and congruent with stakeholders’ values. Effective programs also are based on thorough reviews of the literature (i.e., meta-analyses), undergo pilot trials, and maintain the staff’s professional credentials.

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**3. Management/Staff Characteristics**

The program director and treatment staff are professionally trained and have previous experience working in offender treatment programs. Staff selection is based on their holding beliefs supportive of rehabilitation and relationship styles and therapeutic skill factors typical of effective therapies.

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**4. Client Risk/Need Practices**

Offender risk is assessed by psychometric instruments of proven predictive validity. The risk instrument consists of a wide range of dynamic risk factors or criminogenic needs (e.g., anti-social attitudes and values). The assessment also takes into account the responsivity of offenders to different styles and modes of service. Changes in risk level over time (e.g., 3 to 6 months) are routinely assessed in order to measure intermediate changes in risk/need levels that may occur as a result of planned interventions.

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**5. Program Characteristics**

The program targets for change a wide variety of criminogenic needs (factors that predict recidivism), using empirically valid behavioral/social learning/cognitive behavioral therapies that are directed to higher-risk offenders. The ratio of rewards to punishers is at least 4:1. Relapse prevention strategies are available once offenders complete the formal treatment phase.

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**6. Core Correctional Practice**

Program therapists engage in the following therapeutic practices: anti-criminal modeling, effective reinforcement and disapproval, problem-solving techniques, structured learning procedures for skill-building, effective use of authority, cognitive self-change, relationship practices, and motivational interviewing.

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**7. Inter-Agency Communication**

The agency aggressively makes referrals and advocates for its offenders in order that they receive high quality services in the community.

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**8. Evaluation**

The agency routinely conducts program audits, consumer satisfaction surveys, process evaluations of changes in criminogenic need, and follow-ups of recidivism rates. The effectiveness of the program is evaluated by comparing the respective recidivism rates of risk-control comparison groups of other treatments or those of a minimal treatment group.

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Note: Items adapted from the *Correctional Program Assessment Inventory—2000*, a 131-item Questionnaire that is widely used in assessing the quality of correctional treatment programs (Gendreau and Andrews, 2001).

### *Failure to Follow Appropriate Assessment and Classification Practices*

The steady flow of offenders into correctional agencies not only strains resources but also creates a continuing need to allocate treatment resources efficaciously. This problem is not dissimilar to a hospital that must process a steady flow of patients. In a hospital (or doctor's office), however, it is immediately recognized that the crucial first step to delivering effective treatment is diagnosing or *assessing* the patient's condition and its severity. In the absence of such a diagnosis—which might involve the careful study of symptoms or a battery of tests—the treatment prescribed would have no clear foundation. Medicine would be a lottery in which the ill would hope the doctor assigned the right treatment. In a similar way, effective treatment intervention requires the appropriate assessment of both the risks posed by, and the needs underlying the criminality of, offenders. When such diagnosis is absent and no classification of offenders is possible, offenders in effect enter a treatment lottery in which their access to effective intervention is a chancy proposition.

Strides have been made to develop more effective classification instruments—such as the Level of Supervision Inventory (LSI) (Bonta, 1996), which, among its competitors, has achieved the highest predictive validity with recidivism (Gendreau et al., 1996). The LSI and similar instruments classify offenders by using a combination of “static” factors (such as criminal history) and “dynamic factors” (such as antisocial values, peer associations) shown by previous research to predict recidivism. In this way, it is possible to classify offenders by their level of risk and to discern the types and amount of “criminogenic needs” they possess that should be targeted for change in their correctional treatment.

At present, however, there are three problems with offender assessment and classification by correctional agencies (Gendreau and Goggin, 1997). First, many agencies simply do not assess offenders, with many claiming they do not have the time. Second, when agencies do assess, they assess poorly. Thus, they often use outdated, poorly designed, and/or empirically unvalidated classification instruments. In particular, they tend to rely on instruments that measure exclusively static predictors of recidivism (which cannot, by definition, be changed) and that provide no information on the criminogenic needs that offenders have. If these “needs” are not iden-

tified and addressed—such as possessing antisocial values—the prospects for recidivism will be high. For example, a study of 240 (161 adult and 79 juvenile) programs assessed across 30 states found that 64 percent of the programs did not utilize a standardized and objective assessment tool that could distinguish risk/needs levels for offenders (Matthews, Hubbard, and Latessa, 2001; Latessa, 2002).

Third, even when offenders are assessed using appropriate classification instruments, agencies frequently ignore the information. It is not uncommon, for example, for offenders to be assessed and then for everyone to be given the same treatment. In this instance, assessment becomes an organizational routine in which paperwork is compiled but the information is ignored.

Again, these practices increase the likelihood that offenders will experience correctional quackery. In a way, treatment is delivered blindly, with agency personnel equipped with little knowledge about the risks and needs of the offenders under their supervision. In these circumstances, it is impossible to know which offenders should receive which interventions. Any hopes of individualizing interventions effectively also are forfeited, because the appropriate diagnosis either is unavailable or hidden in the agency's unused files.

### *Failure to Use Effective Treatment Models*

Once offenders are assessed, the next step is to select an appropriate treatment model. As we have suggested, the challenge is to consult the empirical literature on “what works,” and to do so with an eye toward programs that conform to the principles of effective intervention. At this stage, it is inexcusable either to ignore this research or to implement programs that have been shown to be ineffective. Yet, as we have argued, the neglect of the existing research on effective treatment models is widespread. In the study of 240 programs noted above, it was reported that two-thirds of adult programs and over half of juvenile programs did not use a treatment model that research had shown to be effective (Matthews et al., 2001; Latessa, 2002). Another study—a meta-analysis of 230 program evaluations (which yielded 374 tests or effect sizes)—categorized the extent to which interventions conformed to the principles of effective intervention. In only 13 percent of the tests were the interventions judged to fall into the “most

appropriate” category (Andrews et al., 1999). But this failure to employ an appropriate treatment approach does not have to be the case. Why would an agency—in this information age—risk quackery when the possibility of using an evidence-based program exists? Why not select effective treatment models?

Moving in this direction is perhaps mostly a matter of a change of consciousness—that is, an awareness by agency personnel that quackery must be rejected and programs with a track record of demonstrated success embraced. Fortunately, depending on the offender population, there is a growing number of treatment models that might be learned and implemented (Cullen and Applegate, 1997). Some of the more prominent models in this regard are the “Functional Family Therapy” model that promotes family cohesion and affection (Alexander et al., 1998; Gordon, Graves, and Arbuthnot, 1995), the teaching youths to think and react responsibly peer-helping (“Equip”) program (Gibbs, Potter, and Goldstein, 1995), the “Prepare Curriculum” program (Goldstein, 1999), “Multisystemic Therapy” (Henggeler et al., 1998), and the prison-based “Rideau Integrated Service Delivery Model” that targets criminal thinking, anger, and substance abuse (see Gendreau, Smith, and Goggin, 2001).

### *Failure to Evaluate What We Do*

Quackery has long prevailed in corrections because agencies have traditionally required no systematic evaluation of the effectiveness of their programs (Gendreau, Goggin, and Smith, 2001). Let us admit that many agencies may not have the human or financial capital to conduct ongoing evaluations. Nonetheless, it is not clear that the failure to evaluate has been due to a lack of capacity as much as to a lack of desire. The risk inherent in evaluation, of course, is that practices that are now unquestioned and convenient may be revealed as ineffective. Evaluation, that is, creates accountability and the commitment threat of having to change what is now being done. The cost of change is not to be discounted, but so too is the “high cost of ignoring success” (Van Voorhis, 1987). In the end, a professional must be committed to doing not simply what is in one's self-interest but what is ethical and effective. To scuttle attempts at program evaluation and to persist in using failed interventions is wrong and a key ingredient to continued correctional quackery (more broadly, see Van Voorhis, Cullen, and Applegate, 1995).

Evaluation, moreover, is not an all-or-nothing procedure. Ideally, agencies would conduct experimental studies in which offenders were randomly assigned to a treatment or control group and outcomes, such as recidivism, were measured over a lengthy period of time. But let us assume that, in many settings, conducting this kind of sophisticated evaluation is not feasible. It is possible, however, for virtually all agencies to monitor, to a greater or lesser extent, the *quality* of the programs that they or outside vendors are supplying. Such evaluative monitoring would involve, for example, assessing whether treatment services are being delivered as designed, supervising and giving constructive feedback to treatment staff, and studying whether offenders in the program are making progress on targeted criminogenic factors (e.g., changing antisocial attitudes, manifesting more prosocial behavior). In too many cases, offenders are “dropped off” in intervention programs and then, eight or twelve weeks later, are deemed—without any basis for this conclusion—to have “received treatment.” Imagine if medical patients entered and exited hospitals with no one monitoring their treatment or physical recovery. Again, we know what we could call such practices.

## Conclusion—Becoming an Evidence-Based Profession

In assigning the label “quackery” to much of what is now being done in corrections, we run the risk of seeming, if not being, preachy and pretentious. This is not our intent. If anything, we mean to be provocative—not for the sake of causing a stir, but for the purpose of prompting correctional leaders and professionals to stop using treatments that cannot possibly be effective. If we make readers think seriously about how to avoid selecting, designing, and using failed correctional interventions, our efforts will have been worthwhile.

We would be remiss, however, if we did not confess that academic criminologists share the blame for the continued use of ineffective programs. For much of the past quarter century, most academic criminologists have abandoned correctional practitioners. Although some notable exceptions exist, we have spent much of our time claiming that “nothing works” in offender rehabilitation and have not created partnerships with those

in corrections so as to build knowledge on “what works” to change offenders (Cullen and Gendreau, 2001). Frequently, what guidance criminologists have offered correctional agencies has constituted *bad* advice—ideologically inspired, not rooted in the research, and likely to foster quackery. Fortunately, there is a growing movement among criminologists to do our part both in discerning the principles of effective intervention and in deciphering what interventions have empirical support (Cullen and Gendreau, 2001; MacKenzie, 2000; Welsh and Farrington, 2001). Accordingly, the field of corrections has more information available to find out what our “best bets” are when intervening with offenders (Rhine, 1998).

We must also admit that our use of medicine as a comparison to corrections has been overly simplistic. We stand firmly behind the central message conveyed—that what is done in corrections would be grounds for malpractice in medicine—but we have glossed over the challenges that the field of medicine faces in its attempt to provide scientifically-based interventions. First, scientific knowledge is not static but evolving. Medical treatments that appear to work now may, after years of study, prove ineffective or less effective than alternative interventions. Second, even when information is available, it is not clear that it is effectively transmitted or that doctors, who may believe in their personal “clinical experience,” will be open to revising their treatment strategies (Hunt, 1997). “The gap between research and knowledge,” notes Millenson (1997, p. 4), “has real consequences....when family practitioners in Washington State were queried about treating a simple urinary tract infection in women, eighty-two physicians came up with an extraordinary 137 different strategies.” In response to situations like these, there is a renewed evidence-based movement in medicine to improve the quality of medical treatments (Millenson, 1997; Timmermans and Angell, 2001).

Were corrections to reject quackery in favor of an evidence-based approach, it is likely that agencies would face the same difficulties that medicine encounters in trying base treatments on the best scientific knowledge available. Designing and implementing an effective program is more complicated, we re-

alize, than simply visiting a library in search of research on program effectiveness (although this is often an important first step). Information must be available in a form that can be used by agencies. As in medicine, there must be opportunities for training and the provision of manuals that can be consulted in how *specifically* to carry out an intervention. Much attention has to be paid to implementing programs as they are designed. And, in the long run, an effort must be made to support widespread program evaluation and to use the resulting data both to improve individual programs and to expand our knowledge base on effective programs generally.

To move beyond quackery and accomplish these goals, the field of corrections will have to take seriously what it means to be a *profession*. In this context, individual agencies and individuals within agencies would do well to strive to achieve what Gendreau et al. (forthcoming) refer to as the “3 C’s” of effective correctional policies: First, employ *credentialed people*; second, ensure that the *agency is credentialed* in that it is founded on the principles of fairness and the improvement of lives through ethically defensive means; and third, base treatment decisions on *credentialed knowledge* (e.g., research from meta-analyses).

By themselves, however, given individuals and agencies can do only so much to implement effective interventions—although each small step away from quackery and toward an evidence-based practice potentially makes a meaningful difference. The broader issue is whether the *field* of corrections will embrace the principles that all interventions should be based on the best research evidence, that all practitioners must be sufficiently trained so as to develop expertise in how to achieve offender change, and that an ethical corrections cannot tolerate treatments known to be foolish, if not harmful. In the end, correctional quackery is not an inevitable state of affairs—something we are saddled with for the foreseeable future. Rather, although a formidable foe, it is ultimately rooted in our collective decision to tolerate ignorance and failure. Choosing a different future for corrections—making the field a true profession—will be a daunting challenge, but it is a future that lies within our power to achieve.

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# What Works in Juvenile Justice Outcome Measurement— A Comparison of Predicted Success to Observed Performance

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**IN THE CURRENT** environment of increased demands for accountability and outcome measurement, it is essential to develop sound empirical models for evaluating the effectiveness of juvenile justice programs. Since Martinson's (1974) indictment of rehabilitation, many researchers have revisited the question of "what works" in the juvenile justice system (Steele, Austin and Krisberg, 1989; Rivers and Trotti, 1989; Andrews, Zinger, Hoge, Bonta, Gendreau and Cullen, 1990; Gottfredson and Baron, 1992; Wilson and Howell, 1993; Greenwood and Turner, 1993). Most studies, however, have employed simplistic methods of comparing programs on the basis of aggregate recidivism outcomes, with no consideration of the types of offenders served by the program or the cost to operate the program. This study presents an innovative program evaluation methodology that accounts for programmatic differences in the underlying risk factors of the population of youths served relative to program cost-effectiveness. The authors were part of a team of researchers who developed what is now referred to as the Program Accountability Measures (PAM) analysis.<sup>1</sup> This outcome-based model has been used to evaluate juvenile day treatment and commitment programs in Florida. We discuss here the development of

this methodology and present outcome findings by program model, gender composition of program, and program security level.

## Model Development

The PAM methodology was begun in the early 1980s and initially consisted of a comparison of non-residential and residential juvenile commitment programs in terms of rates of recommitments and successful program completion. Later a measure of program cost was incorporated into the model and an overall cost-effectiveness summary score was calculated for each program. These preliminary versions of the model were in themselves rather innovative in light of the fact that 47 percent of states surveyed in a recent study do not track even basic recidivism outcomes for the programs serving juvenile offenders in the state (Florida Department of Juvenile Justice (FDJJ), 1999). Part of the difficulty encountered in conducting statewide accountability studies of juvenile justice programs is the fact that many states do not operate centralized juvenile justice systems. As such, uniform program data are not available and the comparison of program indicators obtained from decentralized information systems is often plagued by validity and reliability problems. Findings from a recent national survey of juvenile justice specialists indicate that difficulties with evaluation of juvenile justice programs are widespread (Justice Research and Statistics Association, 1999). In this survey of evaluation practices, only 5 percent of state juvenile justice specialists responded that they are satisfied with their state's evaluation methods. Among the top reasons respondents cited for dissatisfaction were

difficulties comparing across programs without common performance measures, and the fact that the large diversity of programs makes it difficult to develop standard evaluation outcome measures. The most common approach to evaluation reported in the survey responses was program monitoring.

We sought to develop a model based upon common performance and outcome measures to evaluate Florida's day treatment and residential program effectiveness. Florida has one of the largest juvenile justice systems in the nation, with a current roster of nearly 300 residential programs and over 6,200 beds. A wide variety of program models are utilized, including family-style group homes, wilderness camps, halfway houses, boot camps, specialized mental health programs, specialized sex offender programs, and maximum security "juvenile prisons." Juvenile programs in Florida include both non-residential, day-treatment programs and residential commitment facilities. Residential programs are currently classified into four security levels: low-risk, moderate-risk, high-risk, and maximum-risk programs. Approximately 80 percent of Florida's programs are contracted, with the majority contracted to non-profit providers.

Despite the challenge inherent in comparing outcomes within and between a large field of widely varying programs, growing legislative pressure for accountability and efficient use of resources requires the development of a technique to equitably evaluate and compare outcomes for the state's many juvenile justice programs. Florida's program models and security levels make side-by-side recidivism rate comparisons impractical and inequ-

<sup>1</sup> The primary team of researchers consisted of individuals who were at that time employees of the Florida Department of Juvenile Justice, Bureau of Data and Research. The following individuals contributed over the years to the development of the current PAM model: Ted Tollett, Julia Blankenship, Kristin Winokur, Elizabeth Cass, Steven Chapman, Amie Schuck, LucyAnn Walker Fraser, Greg Hand, Sherry Jackson, and Karla Blaginin.

uitable. Not surprisingly, tremendous variation exists in the characteristics and backgrounds of the youth committed to the various programs. If programs were ranked strictly on recidivism, low-risk wilderness camps serving minor offenders, for instance, would *always* fare better than high-risk programs serving youth with serious offending histories. In fact, even among facilities with similar treatment models, the youths served have divergent socio-demographic backgrounds and relative risks for recidivism.

Working from previous versions of the model that compared programs using a summation of basic youth offense factors and cost measures, we refined the methodology by using statistical analyses to standardize across all programs and control for the individual characteristics of youths served in the program. Seeking an accountability model that would allow for the comparison of programs both within and between security levels and program models, we developed a measure that would estimate the difference between a program's expected success rate, given the clientele served, and the program's actual performance, or observed success rate. More specifically, the PAM model calculates how well a program is *expected* to do based on the program youths' risk of reoffending (expected success) and compares this to how well the program youths actually performed (observed success). This ensures that programs serving more difficult youth are not held to inequitable standards due to the higher re-offense risk of the youth they serve, and provides a realistic measure of program effectiveness for those programs serving less challenging youth. While this standardized measure evaluates overall program effectiveness in terms of recidivism outcomes, it does not account for program differences in *cost-effectiveness*. Of equal importance to legislative decisions about juvenile justice budget allocations are cost/benefit comparisons of programs. Therefore, we also incorporated into the model a mean cost differential factor that compares the program's average cost per successful completion to the statewide average cost.

## Data Sources

The PAM analyses presented here include effectiveness comparisons for all day treatment and residential programs serving youths in Florida during the two-year period between July 1, 1998 and June 30, 2000. Seeking to improve validity and reliability through in-

creased sample sizes, we chose to examine a two-year period rather than one-year snapshot. Using the JJIS database, we determined that a total of 17,762 youths were released from 186 programs during this time.<sup>2</sup> Demographic, offense history, and subsequent juvenile court recidivism data were obtained from JJIS. Recidivism was defined as any juvenile adjudication, adjudication withheld, or adult conviction for an offense that occurred within one year of a youth's release from a program to the community or a conditional release program. For those youths who reached 18 years of age during the follow-up period or had a case handled in adult court, recidivism data were obtained from FCIC and DOC.

## Calculating the PAM Score

A PAM score is calculated for each program to provide a program rank based on its effectiveness and cost relative to other programs. The score is derived from a formula based on: 1) program youths' reoffending, and 2) average cost per youth completing the program. Program effectiveness is defined as the difference between a program's predicted success and its actual success. To determine predicted success, we initially used logistic regression analyses to predict the likelihood of reoffending based on youths' risk factors. Four factors were identified as statistically significant predictors of reoffending for the youths served in Florida's programs. These factors include: age at release from program, age at first offense, number of prior adjudications and gender. Males were much more likely than females to receive a subsequent adjudication, adjudication withheld or adult conviction following program release. Younger offenders were more likely to reoffend than older youths, and the more prior adjudications a youth had, the greater the odds the youth would reoffend upon release. Having identified the four significant predictors of recidivism at the individual level, we used Hierarchical Linear Modeling (HLM) to calculate the probability of success (no subsequent adjudications or convictions), plus or minus a margin of error (i.e., the 99 percent confidence interval), for the 186 programs that released 15 or more youths between fiscal years 1998–99 and 1999–2000. Expected success is then compared to how well program

youths actually performed, or the *observed success rate*. The difference between a program's expected success rate and its actual success rate provides a measure of the crime reduction effect the program achieved.

Cost-effectiveness is measured by comparing the program's mean cost per completion to the statewide average. Cost figures are limited to FDJJ expenditures for the program and do not include other sources of funding, either governmental or private. A program's total expenditures for the two-year period of the analyses are summed and divided by the number of youths completing the program during this time. This figure is then compared to the average cost per completion statewide, which was \$23,555.

The PAM score is calculated as the sum of the program effectiveness measure weighted by a factor of two-thirds and the program cost-effectiveness measure weighted by a factor of one-third.<sup>3</sup> Program and cost-effectiveness categories were created to facilitate the comparison of programs across security levels and program models. The categories are defined as:

### Program Effectiveness Categories

- *Effective Programs*: These programs are defined as having an observed success rate above the expected success range.
- *Average Programs*: These programs are defined as having an observed success rate within the expected success range.
- *Below-Average Programs*: These programs are defined as having an observed success rate below the expected success range.

### Cost-Effectiveness Categories

- *Low-Cost Programs*: One-third of the programs were grouped into this category on the basis of having a cost per completion below \$15,690.
- *Moderate-Cost Programs*: One-third of the programs were grouped into this category on the basis of having a cost per completion between \$15,690 and \$26,999.
- *High-Cost Programs*: One-third of the programs were grouped into this category on the basis of having a cost per completion above \$26,999.

<sup>2</sup> Due to small sample sizes, programs serving fewer than 15 youths during the two-year period and programs that closed during 1998–99 were not included in the analyses.

<sup>3</sup> The weighting factors were agreed upon collectively by statewide juvenile justice stakeholders including those from the FDJJ, Florida Legislature, Office of Economic and Demographic Research, and the Florida Governor's Office.

## Findings

We present findings from the analysis of all 186 programs according to program model, gender composition, and security level. This presentation is intended to serve as a demonstration of the type of analysis permitted by the PAM model. However, it is important to note that we use the PAM model in Florida not as a mechanism for comparing program models but rather to evaluate the performance of *individual* commitment programs by comparing expected outcomes to observed performance within each program. The PAM analysis also permits the ranking of individual facilities relative to all other commitment programs in the state.

Mirroring the population breakdown of security levels among Florida's juvenile commitment programs, most of the 186 programs evaluated in the analyses presented here are moderate-risk facilities (46 percent). The sample consists of equal proportions (20 percent) of minimum-risk day treatment programs and high-risk residential programs. The low-risk security level represents 12 percent of the sample, while maximum-risk juvenile prisons comprise the smallest percentage (3 percent) of the sample and population of commitment programs in Florida. Most juvenile correctional facilities in Florida serve male offenders (66 percent). Notably, however, the minimum-risk day treatment facilities are typically co-ed programs.

There are a number of program models or treatment approaches used within Florida's juvenile justice system. We compare the most common models used in terms of program and cost-effectiveness (as such, due to omission of least common models, sample size may be somewhat reduced). The following is a general overview of each program model presented:

- *Day Treatment Programs:* These facilities represent the least restrictive portion of the juvenile commitment continuum. They are day schools that provide education and rehabilitative programming to committed youth who continue to live at home. The most common day treatment program in Florida is based on an experiential learning model developed by the private provider Associated Marine Institutes. These programs provide instruction and hands-on training in marine-based activities.
- *Group Treatment Homes:* Group treatment homes are generally small programs located in a neighborhood setting. The fa-

cility typically consists of a house with enough bedrooms to accommodate up to twelve youth. The treatment focus is on social skill acquisition and education to assist in the youth's re-entry into the home community. Although some homes provide on-site education, the majority of facilities allow youth to attend local public schools. Rehabilitation focuses on family involvement and community-oriented experiences.

- *Wilderness Camps:* These are adventure-based programs in rustic settings. Wilderness camps emphasize self-sufficiency through experiential learning and include private providers such as Outward Bound. Activities include shelter construction, community service projects, ropes courses, canoe trips, challenge courses, and counseling. These camps typically serve between 18 to 40 youths at one time.
- *Sex Offender Programs:* This model specifically targets only youths adjudicated of sexual offenses. These programs provide a range of care, counseling and treatment based on standards established by the Association for the Treatment of Sexual Abusers or the National Adolescent Perpetrator Network.
- *Halfway Houses:* Halfway house programs typically serve 15–30 youths in a moderate-risk security setting. These programs provide 24-hour awake staff supervision and many are hardware-secure, as well. Education is provided on-site. Some halfway house programs permit limited community access, though generally youth confined in halfway houses do not leave the facility grounds. Programming includes substance abuse counseling, individual and family counseling, and sexual development services.
- *Boot Camps:* The military-based boot camp programs utilize a highly structured, impact incarceration approach delivered by trained drill instructors. An initial verbal confrontation period is used to break down resistance to authority and treatment, and to firmly establish the boot camp expectations for the youth or "recruit." The programs emphasize "changing criminal thought processes," education, work, physical training, and counseling in a regimented environment.
- *Youth Academies/Youth Development Centers:* These program models are designed

to provide between six and twelve months of secure residential treatment to serious offenders. Services include diagnostic evaluations, substance abuse intervention, mental health services, sexual dysfunction interventions, gang-related behavior interventions, vocational services, self-sufficiency planning, and behavior modification aimed at curbing misconduct.

- *Juvenile Prisons:* Commitment facilities classified under this program model are physically secure residential programs with a designated length of stay ranging from 18 to 36 months. The prisons are maximum-custody hardware-secure with perimeter security fencing and locking doors. The facilities are required to provide single-cell occupancy, except that youth may be housed together during prerelease transition. Placement in a program at this level is prompted by a demonstrated need to protect the public. Youth remain in these programs during their entire stay except in emergency situations and are provided all services on-site. They are not allowed home visits or involvement in the community.

Among the programs evaluated here, the greatest percentage (39 percent) fall into the halfway house model. Day treatment programs (22 percent), wilderness camps (11 percent), and youth academies/centers (10 percent) were the next most common treatment approaches employed by the programs included in the study.

As outlined earlier, program effectiveness scores are grouped into three categories. Overall, the results indicate that the majority (61 percent) of commitment programs in Florida are performing as would be expected given the youth served. That is, most programs are average in program effectiveness. Only 16 percent of the programs evaluated perform better than expected, while nearly one-quarter of the facilities actually perform below average in terms of recidivism outcomes.

The results indicate that minimum security day treatment programs appear have the largest number of programs performing better than expected, after controlling for the individual risk factors of the youths served (see Table 1). The program effectiveness of day treatment programs is nearly double that of programs in the next most effective security level, high-risk residential programs. In fact, only 5 percent of all day treatment programs fall into the below average effectiveness category, while among resi-

**TABLE 1**  
*Program Effectiveness and Cost by Security Level (in percent)*

	Minimum Risk Day Treatment	Low Risk Residential	Moderate Risk Residential	High Risk Residential	Maximum Risk Residential
Program Effectiveness					
Above Average Effectiveness	32.4	9.1	9.3	18.4	0.0
Average Effectiveness	62.2	59.1	61.6	55.3	100.0
Below Average Effectiveness	5.4	31.8	29.1	26.3	0.0
Program Cost					
Low Cost	75.7	40.9	27.9	2.6	0.0
Moderate Cost	18.9	45.5	43.0	21.1	0.0
High Cost	5.4	13.6	29.1	76.3	100.0
N =	37	22	86	38	3

dential programs, between 26 percent and 32 percent of all programs are ranked below average in effectiveness.

In addition to recidivism outcomes, day treatment programs are, on average, less costly than residential programs. More than three-quarters of day treatment programs are ranked as low-cost facilities, compared to between 0 percent and 41 percent for residential programs. Fewer than 10 percent of the minimum-security programs are high-cost facilities, while 100 percent of the juvenile prisons are grouped into this cost category. Not surprisingly, as security level increases, average facility costs also generally increase. The findings reveal that on average, programs that perform better than expected in terms of recidivism, also tend to cost more to operate (see Table 2). Nearly 80 percent of the programs performing below average are moderate- to low-cost facilities. It is interesting to note that of the programs performing above average and doing so with relatively low operating costs, all are classified within the day treatment program model. This suggests that the community-based approach offers not only the greatest effectiveness when controlling for youths' individual risk factors, but also does it at minimal cost.

A breakdown of program effectiveness in terms of varying program models or treatment approaches reveals once again that most programs are performing within the average effectiveness range (see Table 3). However, there are some notable differences among program models and the above/below average effectiveness classifications. Sex offender programs, day treatment programs, and boot

**TABLE 2**  
*Program Cost by Program Effectiveness (in percent)*

	Above Average Effectiveness	Average Effectiveness	Below Average Effectiveness
Program Cost			
Low Cost	27.6	33.6	36.4
Moderate Cost	20.7	32.7	43.2
High Cost	51.7	33.6	20.5
N =	29	113	44

camp have the greatest percentage of facilities categorized as above average effectiveness, after controlling for youths' likelihood to recidivate given individual risk factors. The program models most likely to demonstrate average or below average performance are also those programs that are among the most numerous: halfway houses, wilderness camps, group treatment homes, and high-risk youth academies. Together, these four program models comprise 65 percent of Florida's juvenile commitment programs.

Our final analyses examine program effectiveness in terms of treatment models and the gender composition of youth served (see Table 4). The effectiveness of program models varies by gender. Group treatment homes appear to be a more effective model for female offenders than males. In fact, the majority of male group treatment homes perform worse than expected, while none of the female group treatment homes are below average in effectiveness. This finding suggests

that delinquent girls may respond better to the less secure, community-oriented treatment approach offered within this program model. Similarly, despite the existence of a very large number of halfway houses serving males, not a single male halfway house performed better than predicted and nearly half are classified as below average. Among halfway houses serving females, on the other hand, one-third are in the above average category and none are in the below average category, suggesting that the halfway house treatment model, as it is implemented in Florida, may be more effective with female youth. Because the majority of day treatment programs are co-ed, too small a number of exclusively male or exclusively female programs exist to draw meaningful conclusions. Similarly, the small number of female boot camps and female wilderness programs prevents meaningful comparisons with the male versions of these programs. A female juvenile prison was recently opened in Florida, and is

**TABLE 3***Program Effectiveness by Program Model (in percent)*

Program Effectiveness	Group							
	Day Treatment	Treatment Home	Wilderness Camp	Sex Offender	Halfway House	Boot Camp	Youth Academy	Juvenile Prison
Above Average Effectiveness	28.9	14.3	15.8	100.0	9.1	22.2	0.0	0.0
Average Effectiveness	63.2	50.0	47.4	0.0	59.1	55.6	82.4	100.0
Below Average Effectiveness	7.9	35.7	36.8	0.0	31.8	22.2	7.6	0.0
N =	38	14	19	4	66	9	17	3

**TABLE 4***Program Effectiveness by Program Model and Gender (in percent)*

Program Effectiveness	Group							High Risk
	Day Treatment	Treatment Home	Wilderness Camp	Sex Offender	Halfway House	Boot Camp	Youth Academy	Juvenile Prison
<i>Males</i>								
Program Effectiveness								
Above Average Effectiveness	0.0	0.0	11.1	100.0	0.0	12.5	0.0	0.0
Average Effectiveness	66.7	37.5	50.0	0.0	56.3	62.5	82.4	100.0
Below Average Effectiveness	33.3	62.5	38.9	0.0	43.8	25.0	17.6	0.0
N =	3	8	18	4	48	8	17	3
<i>Females</i>								
Program Effectiveness								
Above Average Effectiveness	100.0	33.3	100.0	0.0	33.30	100.0	0.0	0.0
Average Effectiveness	0.0	66.7	0.0	0.0	66.7	0.0	0.0	0.0
Below Average Effectiveness	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
N =	1	6	1	0	18	1	0	0

one of the only facilities of its type in the nation. However, this program has yet to be evaluated using the PAM model, because insufficient time has elapsed since the program opened to allow for the required one-year recidivism follow-up.

As displayed in Table 4, programs serving females, in general, perform better with regard to expected recidivism than programs serving males, even after controlling for the influence of gender on youths' individual likelihood to reoffend. The factors underlying the generally strong performance of female juvenile commitment programs are not clear. However, the Florida Department of Juvenile Justice has made enhancement of gender-specific programming a priority for a number of years, an effort spearheaded by a very active "Girls Initiative" statewide workgroup. In

addition, the Department obtained Challenge Grant funding to conduct an extensive four-year empirical investigation into the characteristics, needs, and backgrounds of girls incarcerated in the "deep end" of the juvenile justice system. The findings of the study have been widely disseminated among juvenile justice professionals at all levels throughout the state. It is possible that this emphasis and prioritization of girls programming has had a significant impact on the effectiveness of facilities serving female juvenile offenders.

### Summary and Discussion

The primary intent and greatest value of the Program Accountability Measures model is its cost/benefit approach to comparing individual juvenile commitment facilities. Programs are

held accountable to the level of performance anticipated for the youth they serve, rather than to a static statewide recidivism target. The PAM approach solves a major problem faced by evaluators of juvenile justice programs, namely, the difficulty of comparing across program models, security levels, and other factors that may impact the relative likelihood of reoffending of the youth served by individual facilities. The PAM analysis allows evaluators to take an important step beyond simple recidivism measures and program monitoring. It is indeed possible for a program with a high number of recidivists to be ranked as more effective than other programs with fewer recidivists. Once the underlying risk factors of the youth served are held constant, however, it becomes clear to what extent the program performed better than predicted.

Program monitoring, the most common method of program evaluation, can yield valuable information about facility safety and contract compliance; however, it cannot predict—and is not intended to predict—program outcomes. In fact, a recent comparison between program monitoring performance and PAM-based program effectiveness in Florida revealed that monitoring outcomes are unrelated to effectiveness. While this may seem counter-intuitive, many possible explanations exist. Most important, perhaps, is that the factors that contribute to successful juvenile rehabilitation are still not fully understood, and therefore cannot be written into even the most carefully crafted contract or thoughtfully written operational policies. Additionally, ensuring the delivery of services such as counseling and education does not necessarily ensure the quality of those services. The effectiveness of interventions within program models may actually be highly related to factors too intangible to be measured by even careful contract monitoring. Quality of management and its impact upon the culture within a program, the nature of staff-to-client interactions, staff turnover, and the level of dedication of key staff members may be more predictive of treatment success than objective measures such as program model, monitoring outcomes, and funding levels.

The statistical approach of the PAM model offers evaluators, policymakers, and funding sources an important new option to measure and reward the intangible factors that contribute to successful outcomes. Currently in Florida, private providers' past PAM performance is one measure used to score propos-

als to operate new juvenile justice programs. Poor past performance decreases the likelihood that a provider will be awarded new contracts. PAM scores have also been used to identify programs that warrant in-depth study. For example, a particularly high-performing boot camp was targeted for intensive study in the hopes that other boot camp operators could benefit from qualitative information regarding the facility's operations. More recently, a high-risk program for younger juvenile offenders was selected for in-depth analysis using the Correctional Program Assessment Inventory (CPAI), given the program's consistently poor performance compared to the expected recidivism of the youth served.

The Program Accountability Measures approach represents a major step forward in juvenile justice program evaluation. Increased demands for accountability in human services demand advanced outcome measurement and cost-effectiveness. While program monitoring continues to be a necessary and useful evaluation technique, the statistically-controlled recidivism measures employed here offer a roadmap to comprehensive, accurate evaluation of whether juvenile commitment programs accomplish their primary mission: reduction of re-offending among the youth they serve.

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## Appendix

### Calculating the Program Accountability Measures (PAM) Score

1. **Calculate the program effect on recidivism.** For each program, calculate the difference between the program's success rate and the upper limit of its expected success range (if observed success is higher than expected) or the lower limit of its expected success range (if observed success is lower than expected). If the observed success rate is within the confidence interval, the difference is not statistically significant and is counted as 0. This value is referred to as the percent difference.

Program: Alachua Halfway House  
 Success Rate: 76%  
 Expected success range: 71%–74%  
 Percent Difference:  $76\% - 74\% = 2\%$

2. **Calculate the program cost per successful completion** by dividing total DJJ expenditures by the total number of successful completions during the period being tracked.

Cost Per Successful Completion:  $\$1,879,625 \div 63 = \$29,835$

3. **Standardize.** To standardize the program percent differences, calculate the average percent difference for all the programs. Then, for each program, subtract this average percent difference from the program's percent difference, and divide by the standard deviation of the percent difference.

$Z_{\text{success}} = (2\% - 0.075\%) \div 2.96 = 0.65$       Mean: 0.075%  
 Standard deviation: 2.96

Note: The top-scoring program had a program effect that was more than three standard deviations above the mean and was given a maximum z-score of 3.

To calculate the cost difference for each program, subtract the program's cost per successful completion (in this example, \$29,835) from the mean program cost per successful completion (in this example, \$23,555).

Cost Difference =  $\$23,555 - \$29,835 = -\$6,280$

Standardize this difference by subtracting the mean cost difference for all programs from the program's cost difference, and divide by the standard deviation.

$Z_{\text{cost}} = (-\$6,280 - (-\$2,580)) \div \$21,369 = -0.17$       Mean:  $-\$2,580$   
 Standard deviation: \$21,369

Note: Any program having a cost per successful completion that was 3 standard deviations or more above/below the mean cost per youth was given a standardized cost score of  $+/-3$ .

4. **Add the z-scores together** with a factor of 2/3 for the recidivism component and 1/3 for the cost.

PAM Index =  $2/3 \times Z_{\text{success}} + 1/3 \times (Z_{\text{cost}}) = .43 + (-0.06) = 0.38$

5. **Standardize sum of component z-scores.** For standardization, subtract the mean PAM Index value from the program PAM Index value, and divide by the standard deviation.

$Z = (0.38 - 0.03) \div 0.65 = 0.54$       PAM Index average: 0.03  
 PAM Index standard deviation: 0.65

6. **Translate** into a distribution with an average of 70 and a standard deviation of 10, modeled after A-F report card grades.

PAM Score =  $(0.54 \times 10) + 70 = 75$       PAM Score average: 75  
 PAM Score standard deviation: 10

# Gender-Responsive Programming in the Justice System— Oregon's Guidelines for Effective Programming for Girls

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**IN 1993, AN** organization called the Coalition of Advocates for Equal Access for Girls helped pass a unique gender-responsive bill in Oregon. The bill resulted in Oregon becoming the only state in the nation with a law (ORS 417.270) that requires state agencies serving children under 18 years to ensure that girls and boys have *equal access* to appropriate services, treatment, and facilities. State agencies are also required to implement plans to ensure that girls receive *equity* (which does not mean “identical” treatment) in access to social, juvenile justice, and community services statewide; that barriers to these services are removed; and that the services provided are appropriate and equally meaningful to each gender.

Because of this law and the heightened awareness of girls' issues, the State Commission on Children and Families and the State Criminal Justice Commission in Oregon funded the development of guidelines and an accompanying manual on implementing gender-responsive programming. This article will review issues facing girls today and examine how Oregon's gender-responsive guidelines address these issues.

## Girls Face Different Challenges

### *Eating Disorders*

One in every 12 females who took the 1999 Youth Risk Behavior Survey in Oregon reported taking diet pills or laxatives, or vomiting in order to lose weight. Sixty percent of girls who participated in the survey reported trying to lose weight versus 24 percent of male survey participants.<sup>1</sup> Self-confidence declines with age for girls, but not as much for boys.<sup>2</sup>

### *Depression*

Nationally, girls are 50 percent more likely to suffer from depression than boys.<sup>3</sup> Nearly one in four girls<sup>4</sup> in Oregon state they frequently feel sad and depressed. Twenty-one percent of girls in middle school reported seriously considering suicide in the past year. Seventy-six percent of the suicide attempts by 13 to 18-year-olds in Oregon were females.<sup>5</sup>

### *Using and Abusing Alcohol, Drugs, and Tobacco*

Twenty-six percent of eighth graders and 42 percent of eleventh graders in Oregon report having used alcohol during the past month.<sup>6</sup> Girls start smoking at a greater rate than boys and are more influenced by peers to use controlled substances than boys.

### *Violence and Abuse*

A 1998 self-report study in Portland, Oregon found that one in three female high school students are or have been in an abusive relationship. A Harvard School of Public Health analysis of the 1997 and 1999 national Youth Risk Behavior Survey conducted in Massachusetts, states that one in five girls 14 to 18 years of age report having been abused by a dating partner. This abuse is linked to teen pregnancy, suicide attempts, and other health risks. One out of three girls will experience sexual or physical abuse in their childhood, almost three times more often than boys.<sup>7</sup> Forty-three to sixty-two percent of teen mothers report a history of being abused.<sup>8</sup> Seventy-three percent of girls in the juvenile justice system have been abused.<sup>9</sup>

### *Homelessness, Runaways, and Prostitution*

In Oregon, 64 percent of runaways and 40 percent of homeless youth are girls. Nationally, 70 percent of girls on the street run away to flee violence in their homes.<sup>10</sup> Many of these girls are at risk of entering prostitution. The majority of prostitutes are influenced by their early experiences of sexual abuse.<sup>11</sup> The average age for entry into prostitution is thirteen.<sup>12</sup>

This risk data shows that the pressure girls experience to conform, and the pathways to crime and other self-destructive behaviors, are often very different for girls than they are for boys.

## The Guidelines

*Oregon's Guidelines for Effective Gender-Specific Programming for Girls* (2000) and the accompanying manual, *How to Implement Oregon's Guidelines for Gender-Responsive Programming for Girls* (2002) are designed to assist organizations that work with girls ages 10–19 in the construction of program design, practices, and evaluation. These guidelines are not intended to be all-inclusive, but to encourage professionals to look critically at how services are provided to girls. All the guidelines are interconnected and build on each other to create an environment that can enhance and maximize program effectiveness for girls.

The guidelines are applicable to a wide variety of services, from community-based prevention programs for at-risk girls to intensive residential programs, detention, and state institutions for girls and young women. Whether a given program is small or large, it

can meet the guidelines outlined in this guidebook at some level, creating an effective continuum of care for girls. In the process, Oregon's programs for girls will reinforce one another through clear and consistent gender-responsive programming for girls and young women.

## Defining Gender-Specific Services for Girls

Services for girls need to be gender specific because girls and boys are socialized differently. Many things influence the definition of what it means to be male (masculine) and what it means to be female (feminine) in the United States. Culture, the media, and the family all play significant roles in girls' and boys' socialization and perceptions of self. As girls and boys mature, they experience things differently, chart different pathways to problem behaviors, and face different issues and challenges. Therefore, the models for responding to girls' and boys' needs must be different in order to be effective and gender-specific.

Gender-specific services comprehensively address the needs of a gender group (female or male), fostering positive gender identity development. Gender-responsive programming for girls intentionally allows gender to affect and guide services in areas such as site selection, staff selection, program development, content, and material to create an environment that reflects an understanding of the realities of girls' lives, and is responsive to the issues and needs of the girls and young women being served.

Programs often state that they are "gender neutral." However, on closer examination, many times these programs' approaches are based on a male model. That is, they respond more to the traditional needs of males. If we examine why many programs serving youth are based on a male model, we find that education, juvenile justice, and social services have historically served more boys because of their aggressive acting-out behaviors, while giving less attention to girls' self-destructive, internal behaviors. Therefore, boys were the population primarily reflected in the studies and research that drove program design. Current publications on boys tend to focus on changing male stereotypes and boys' roles in society rather than changing male-modeled programming. When gender-responsive programming concepts are understood and used with girls in a holistic manner, individual programs can begin the fundamental change of how the general service system responds to

the needs of girls. And evaluations show that the integration of gender-specific approaches with girls also broadens our approaches with boys to better meet their needs--especially the needs of those boys who don't respond to the male model.

## Girls' Adolescent Development

In her book, *In a Different Voice* (1982), Carol Gilligan states that:

- Relationships are important and give girls a sense of connection.
- Girls relate and work one-on-one.
- Females tend to internalize failure (assume it is their fault) and externalize success (have difficulty taking credit for success).
- Females look to external sources in building their own self-esteem.

Gilligan also found that a fundamental shift in self-perception takes place when girls reach adolescence (*Meeting at the Crossroads*, 1992). Around age 13, girls "hit the wall," Gilligan argues. At this stage, girls give up self in order to be in a relationship. Their self-esteem diminishes, and they lose their voices, inner strength, a sense of who they are as an individual, and what they want to be. For many girls, social expectations crush their spirit. Peer pressure, trying to be attractive to boys, and becoming competitive with other girls for the attention of boys dominate girls' focus.

Important differences appear among girls when data is analyzed by race. Race and gender are separate issues, yet intricately intertwined in a girl's life. Girls live in complex and dynamic social contexts and receive contradictory mixed messages that can vary across race, class, culture and sexuality as well as gender.

As girls develop, they form their identity primarily in relation to other people. In general, they are interested in what a relationship means and how it works. They define themselves through their relationships and by how well they get along with others. A model that works best for most girls would have a structure where they can build relationships, have time to process and talk about issues, have one-on-one opportunities, and feel connected to people.

As boys develop they form their identity primarily in relation to the greater world. In general, they are interested in the rules of that world, their place in the structure of that world, and ways to advance or gain power

within that structure. A model that works best for most boys has compartmentalized hierarchical structures with clear rules that allow them to conduct direct problem-solving and participate in group activities.

Mary Pipher's national bestseller *Reviving Ophelia* (1994) brought information to the general public about the issues girls face as they travel through adolescence. Dr. Pipher says that "girls today live in a more dangerous, overly-sexualized and media-saturated culture...and as a society we protect our girls less in how we socialize them and at the same time we put much more pressure on them to conform to the female role prescriptions."

1998 Search Institute research shows that girls, compared to boys, are 50 percent more likely to suffer from low-self esteem (lack of belief in one's self) and a poor sense of self-efficacy (self-perceptions of effectiveness). According to their data, girls have more developmental assets related to caring about and helping others. However, girls report lower self-esteem, loss of a sense of purpose in life, and are significantly less likely than boys to say they like themselves or have a lot to be proud of. The concern for girls is the degree to which they internalize their perceived inadequacies and their consequential behaviors.

## Guidelines

The Guidelines are divided into two sections: 1) Administration and Management of Gender-Specific Programs and 2) Program Content.

## Administration and Management of Gender Specific Programs

### A. Program Structure

- **Guideline: Program Policies.** *Develop gender-specific policies for programs serving girls. This ensures that administration and staff are informed and follow a similar set of work practices, understand the philosophy and commitment to girls' gender-specific services, and create a culture where gender issues are integrated into the organizational structure. Policies need to be in writing and should include guiding principles and program values. It is important that gender-specific policies and practices are integrated into all parts of the program continuum, from intake to follow-up/aftercare. Gender-specific program policies should be consistent with the agency's/organization's policies and with the county and state's. Mis-*

sion statements, contract language, and grant or contract proposals are other areas where gender-specific language can be incorporated.

Policies are values put into words to guide services and peoples' actions. Historically, girls' treatment programs or juvenile justice programs were designed to return girls to a morally acceptable path defined by society's general values and expectations of women. Often these programs dealt with a symptom rather than a cause, missing the holistic picture of a young woman within her social context. Examine the values driving your policies (e.g., to guide, understand, empower, rehabilitate, confine, punish, sanction, or cure). Programs need to be clear about the values and attitudes that affect policies. When possible, programs should involve girls in the development of policies.

- **Guideline: Collecting Data on Girls.** Document demographic profile information relevant to the population being served. For comparison, collect parallel information on girls of similar age in the general community. Possessing data on risk and protective factors, or strengths/assets and needs of both populations is also important. This ensures policies and services are targeted and based on data-driven information. If serving both females and males, ensure data can be separated by gender and race/ethnicity.

Good data is the empirical foundation for effective programs. Profile data about girls is important because it is an objective source of information and it can be reliably measured over and over again to monitor progress. Without it, only anecdotal evidence leading to decisions based on hunch rather than fact can be made. Model programs target girls' key issues. It is difficult to target the critical issues if you do not have the data to identify them.

- **Guideline: Program Design.** Include girls in the design or redesign of programs and services. If appropriate, programs need to review best practices or promising gender-specific programs, and incorporate effective program components. The design should include an understanding of a girl's development including risk/protective factors, resiliency, strengths/assets, independence, self-esteem, life skills, and how girls are socialized within the context of their society and culture.

Even if a program is designed solely for girls, it does not necessarily mean that it is

gender-specific. Traditional programming is frequently based on a male model that is responding more to male needs rather than female needs. To determine if a program is gender-specific for girls in its context, content, and approach, the program should be assessed to see if the design is incorporating skills and methods that work well for the needs of girls. As mentioned previously, boys generally work best (i.e., their general needs are met) in structures that are hierarchical and linear in perspective, while girls generally work best (i.e., their needs are met) through a relational view of the hierarchical structure, a more circular perspective. Boys like the rules of a program to be clear and compartmentalized. Girls need program rules to be consistent for reasons of safety and stability. Most boys like to work in groups/teams and are naturally competitive. Girls need one-on-one time, as well as group activities, and work best when offered both. Girls do compete, but frequently this competition is over boys or for boys' attention, rather than for personal power. Girls often use communication to build relationships and trust. When girls problem-solve, they need time to process. Boys often use communication for problem solving and information gathering, preferring to solve problems independently with little process time.

- **Guideline: Assessment Tools, Screening Instruments and Intake Practices.** Develop instruments and practices that are responsive to the needs of females and are designed to eliminate barriers, cultural bias, and gender bias. Formal and informal decision points throughout the system (places where decisions are made by staff and other professionals that impact the girl) should also be examined for gender-bias practices.

Established screening policies and practices can create gender-based barriers blocking a girl's access to needed services, and may inherently involve gender-based bias. For example, in the child welfare system, it may be assumed that young children need protection more than older youth. Therefore, female teens who have no safe place to live (runaways) or who are involved in prostitution, may not get access to services. Additionally, in the juvenile justice system access to services is based upon a youth's risk factors to re-offend. Since boys commit more serious crimes and present a higher risk to public safety, girls get less access to services.

It often takes longer to complete intake assessment with girls than boys because girls have a greater need to talk, process, connect, feel safe, and build trust. Assessment instruments need to be validated, normed and timed for females. Classification instruments should include items that fit the female population. For instance, there should be a distinction between an assault charge based on safety reasons and a disciplinary infraction.

- **Guideline: Outcome Measurements.** Develop outcome measurements and evaluation methodologies that are gender appropriate. Identify goals or outcomes that are meaningful for the girl. The measurement tool you use should be free from bias and accommodate differences in communication, interpretation, and subject sensitivities. Data collection and interpretation should be appropriate for females and include qualitative as well as quantitative methods. It should also incorporate the current research on girls noting a research sample's breadth in terms of gender, race, ethnicity, sexual orientation, and socio-economic status. Success is not just the absence of negatives. Because many girls' issues and problems are hidden and internalized, a girl's visible expressions of success do not necessarily mean she is healthy on the inside. Both quantitative and qualitative data should be used to identify multiple indicators of success in a girl's life.

Quantitative data that evaluates re-arrest rates, dropout rates, or lengths of time with clean urinalysis checks, is a more traditional approach to measuring outcomes. Often success is measured by recidivism rates, yet that may not be the best measure and certainly should not be the sole measure of success for girls.

Success for girls must include the presence of "internalized positives." That is, competencies/skills a girl has developed and internalized, such as her ability to maintain healthy relationships and make healthy lifestyle choices, need to be evaluated. Success factors may be observable as well as non-observable. Programs need to consider goals and outcomes that are meaningful to the girl. This includes an understanding of culturally-based behaviors as well as the culture to which a girl identifies.

## B. Staff Qualifications Regarding Female Gender Issues

- **Guideline: Hiring.** Interview applicants with questions that focus on gender issues. When interviewing potential staff for girls' programs, include questions on the applicants' interest in working with girls, their experiences with gender-specific service delivery, and their knowledge of female development.

It is important to find staff who not only have a genuine interest in working with girls, but are also effective in such work. Existing research shows that youth workers "commonly lament that girls are more difficult to work with" than boys, (Belknap, et. al., 1997; Baines & Alder, 1996; Kersten, 1990). Meda Chesney-Lind states that more recent studies have found that "most participants did not regard girls as more difficult. In general, practitioners recognized that girls were indeed different to work with in comparison to their male counterparts...But many found it was easier to work with girls...girls are more open minded, able to sit and listen and hear what you're proposing to them, less accusational to staff" (*Women, Girls & Criminal Justice*, August/September 2001).

It takes an understanding of female and adolescent development to feel confident in work with girls because relationships play such significant roles for them. Staff cannot escape dealing directly with young women. Therefore, it is also important that as soon as possible after hiring, staff receive training on understanding and becoming aware of their own gender and cultural biases. Some female staff may have confronted the same challenges in their lives that the girls they are working with are facing. And it is possible that these staff members continue to struggle with the residual effects of those life challenges. They may find it difficult to constantly relive their experiences or be directly confronted by young women adept at publicly exposing weaknesses in others, including adults. Some male staff may label the behavior of young women as sexual or manipulative if they do not understand their own male socialization about females, or that for many young women their history of abuse and trauma is linked to current behaviors. Young women need to be supported by both female and male staff members who can model appropriate female and male roles, behaviors, and interactions. It is critical that girls, many of whom were abused or exposed to violence by males, in-

teract with male staff members who are caring, trustworthy, and nurturing.

It is also important to remember the crucial role staff members can play in a girl's healthy progress and personal growth.

1. Does the applicant's past experience and training exhibit equally effective and healthy interactions with females and males?
2. Is the individual willing to form healthy relationships with girls who are considered difficult?
3. Is the applicant willing to serve as a role model, exhibiting the gender-sensitive behaviors advocated by the program?
4. Is the applicant willing to model how a person can grow and change?
5. Is the applicant aware of their own gender issues and the values they bring to the program?
6. Is the applicant able to serve as an advocate for girls and girls' issues?
7. Is the applicant non-judgmental when dealing with the families of girls? Is the applicant a good listener?

- **Guideline: Staff Diversity.** Maintain staffing that reflects the race and ethnic backgrounds of the girls being served to ensure that multiple perspectives are included and integrated into a program's services. Programs should be inclusive, welcoming, and culturally appropriate for all staff members. Hiring practices and continual training on socio-cultural issues can have a powerful impact on the quality of a program. The staffing of a program should reflect the demographics of the population(s) being served. This reduces barriers and opens doors to understanding and trust, allowing staff and the program to authentically honor the diverse cultures represented in the group. A diverse staff can help a program understand and integrate multiple cultural perspectives and information into daily programming, as well as increase the opportunity of connecting young women of a similar culture. Building a diverse staff reflective of the populations served may be challenging for programs serving a small number of girls from a specific ethnic group. However, recognizing this difficulty does not change the importance of establishing a culturally diverse staff. It is important to have qualified staff that support and encourage cross-cultural dialogue. The sexual orientation of gay, les-

bian, bisexual, and transgender girls, no matter what race or ethnicity, also needs to be recognized as a diversity issue to ensure programs are inclusive, welcoming, and culturally appropriate.

- **Guideline: Training.** Provide new employees with a program orientation and follow-up training opportunities for all staff, supervisors, and managers on gender-specific issues. This may include, but is not limited to, current research on girls and young women, books on adolescent female development, female issues and needs, unique issues for girls of color, communication, staff boundary issues, sexuality, and gender identity.

Staff members need to be well versed on female development, as well as gender issues as they relate to alcohol and drug use/abuse, domestic violence, trauma, and loss. There also needs to be ongoing training and supervisory support on culturally specific services, with a particular focus on the gender-specific needs and issues within the cultures of the females being served.

Training should also be evaluated for relevance, impact on staff behavior, and retention of knowledge. Additionally, staff members need to be informed about gender-specific policies and guidelines regarding program philosophy and program content. This can be done, for example, through orientation videos and manuals, training, e-mails, and postings.

It is important for programs to recognize the importance of staff boundary issues and to provide ongoing training and support for staff in this area beyond a written policy. This may include the acquisition of healthy and consistent language for dealing with boundary issues, as well as supervised practices in this area.

### (2) Program Content

- **Guideline: Environment—Physical Safety.** Create an environment for girls that is physically safe. The location where girls meet or reside should be safe from violence, physical and sexual abuse, verbal harassment, bullying, teasing, and stalking. Management and staff need to create a safe environment where boundary issues are clear, acting out behavior is consistently addressed, and physical safety is taken seriously. Since many girls have been victimized, experienced a trauma or loss, or feel powerless, programs need to establish an environment where girls

*feel safe. Girls not only need to be safe, but need to feel safe in their physical surroundings. This effort goes beyond the physical design of the building. If the basic need of both being safe and feeling safe is not addressed, the effectiveness of programming for girls is seriously impeded.*

Physical safety needs to be considered in the facility design and in the selection of community meeting locations. A program's facility needs to protect girls' privacy for hygiene activities and the physical checks associated with intake. Meeting locations need to be protected from populations that may threaten a girl's progress (e.g., male peers, girls outside the group, and other outsiders that may endanger a girl's physical privacy and space). Many girls feel physically unsafe on school grounds or walking to and from school when they encounter males making sexual comments to them. Physical comfort should also be considered within a program's meeting space(s). Use of beanbag chairs or pillows in a circle formation creates a comfortable setting. Limit the size of groups so that issues of physical safety can be easily managed. Wall colors and wall art can influence the feel of a room (e.g., stark white is not very soothing).

- **Guideline: Environment—Emotional Safety.** *Create an environment for girls that is emotionally safe. The location where girls meet or reside should be nurturing and safe. This environment should encourage girls to express themselves and share feelings and allow time to develop trust, all within the context of building on-going relationships. Girls need time to talk and to process. They need to feel emotionally safe and free from negative or coercive behaviors, bias, racism, and sexism. When possible, their spaces should be free from the demands for attention produced by adolescent males. A setting that is emotionally safe for girls may be more difficult to recognize than an environment that is physically safe. Yet, it is just as important.*

Programs need to ensure girls are emotionally safe from themselves. A program's environment must protect girls from self-destructive behaviors such as mutilation, suicide attempts, eating disorders, or drug and alcohol abuse. Programs need to ensure girls are emotionally safe from other girls. Programs need a low staff-to-participant ratio due to the significance of relationships in a girl's life, and their role in a girl's ability to establish trust and successfully move through

the program. The staff/program must develop a structure where it is not only unacceptable for girls to physically hurt each other, but to emotionally hurt each other through "relational aggression" (i.e., rolling eyes; verbal put downs; gossip; manipulating relationships by threatening to damage a girl's relationships by spreading rumors; purposely ignoring someone when angry; or telling others not to associate with a certain person as a means of retaliation). It is important to remember programs must establish a safe environment for lesbian and bisexual young women.

Girls must feel safe in their interactions with a program's staff. In return, staff must be aware of their own biases and boundaries.

- **Guideline: Environment—Surroundings That Value Females.** *Create an environment that values females. Facilities, classrooms, and other program settings should have books, magazines, posters, videos, wall decorations, and other items that celebrate females' current and historical achievements and contributions to the world. The surroundings should enhance a girl's understanding of female development, honor and respect the female perspective, respond to girls' diverse heritages and life experiences, and empower young women to reach their full potential. What girls see in their environment affects their attitude towards themselves, the program, and the world. Creating an environment that supports females can open up a girl's world to many options.*

Have books about strong females readily available for use by girls. Be sure they are gender, age, culture, and language appropriate books. Have books on tape about strong females readily available for use by girls. This is an especially important medium if girls cannot read or are delayed in their reading abilities. Display inspirational posters that are gender-specific. Display pictures of outstanding and inspiring women and girls and have materials or events that celebrate females of different cultures. Have age and message appropriate magazines readily available for girls. Include magazines written and produced by young women (e.g., *New Moon*). Cut out ads with girls, and then discuss them to help girls be aware/conscious of unhealthy images and messages they find in magazines. Or, discuss the inappropriate and/or stereotypical female images found in some magazines. Maintain a video library of programs with positive female role models. Incorporate these events or materials into your program's regular activities.

Support activities that focus on positive female development and womanhood.

- **Guideline: Addressing the Whole Girl with a Holistic Approach.** *A holistic approach to the individual girl addresses the whole girl within the social context of her life, her relationships, the systems she encounters, and the society in which she lives.*

A holistic approach to programming integrates the contributions each staff member makes in creating a gender-responsive environment and fostering positive identity development for the girls in the program. One of the ways to describe the whole girl within her social context is to picture the individual girl in the center of concentric circles. These circles represent relationships, systems, and society. A holistic approach to a girl's life experiences takes into account each context or circle in which a girl lives, and provides her with messages that contribute to how she defines who she is as an individual and a female.

#### A. Relationship-Based Programming for Girls

- **Guideline: Understanding Girls Need Relationships.** *Develop programs that embody an understanding of the significance of relationships and connections in the lives of young women. Healthy relationships and positive connections should be at the core of a program. It is important to incorporate the importance of girls' relationships into every part of the program, from intake to follow-up. Carol Gilligan states, "attachment, interdependence, and connectedness to a relationship are critical issues that form the foundation of female identity." For programs, this means that a girl's relationship with staff, and a staff's relationship with a girl, are fundamental to a program's effectiveness. Therefore, how staff manages and expresses relationships is significant, and warrants ongoing training and support.*

Programs need to teach skills and present options to girls on how to replace harmful relationships with positive ones, and address negative behaviors in relationships. Community programs can provide opportunities for girls to reflect upon the role of relationships in their individual lives through all-girl groups, workshops, challenge activities, coordinated service activities, and outdoor expeditions that focus on relationships. These opportunities can expose girls to different

environments, helping them build confidence in themselves and one another.

The quality of staff-to-client relationships is critical to a girl's success in any program. If a girl does not connect with staff, she may feel alienated and jeopardize her success by acting out or running away. Distrust is common among girls who have been emotionally and physically hurt by adults, so developing healthy connections can be challenging. When possible, match girls with counselors or case managers who can effectively respond to their needs and personality. Develop a process for resolving conflict and bad feelings between girls and staff. Give girls the opportunity to visit your program so they may begin developing relationships with staff and peers. Conduct a similar process when a girl exits your program, allowing her to make new relationships in the environment she is about to enter. Taking the time to help girls build and maintain relationships assists in program success and the transition process.

Some girls have used social relationships as a vehicle to harm other girls. Girls need to learn how to have healthy relationships with other girls. "Relational aggression" towards other girls includes behaviors that discount others or minimize their importance, such as: rolling eyes; verbal put-downs; manipulative behavior with peers; threats to damage relationships by spreading rumors; gossip; purposely ignoring someone when angry; or telling others not to associate with a certain person as a means of retaliation.

Touching between staff and girls is a boundary issue that can pose significant issues for at-risk girls because of their personal histories of abuse. Appropriate touching needs to be addressed pro-actively through training, policy and practice. This includes male and female staff-girl interactions. Touch can be misinterpreted. Staff need to be aware that girls may not know how to interact in healthy ways with members of the opposite sex or with other females.

- **Guideline: Taking Time for Relationships.** *Create opportunities for staff and girls to talk and process their feelings and issues. Formal mechanisms need to be built into a program to enhance relationships and trust through one-on-one interactions. Young women need to verbally communicate with one another as well as with adults (including staff). Programmatically, this does not mean staff members need to listen to young women at every moment they feel the need to talk. The*

*key is to have space in the programming schedule that allows for this type of interaction. If staff members are respectful and committed to following-up with program participants, girls will use the appropriate time to talk and process. When working with young women, it is important to understand and respect their communication style and to know that part of their purpose in communicating is to build trust and relationships. It is also important to understand female communication styles in order to effectively listen to and hear young women.*

Communication literature such as Deborah Tannen's *You Just Don't Understand* states that men and women often use language for different purposes, sometimes leading to miscommunication. For example, men often use communication to get information to solve problems. Women often use communication to build relationships and to work on problem-solving more collaboratively. Men may get frustrated in conversations with women when they cannot see the problem to be solved, and thus do not understand the point of the discussion. Women may get frustrated with men who do not listen to or connect emotionally with them, but instead offer solutions when they are not solicited.

- **Guideline: Single-Gender Programming.** *Create opportunities for girls-only programming. While there is often resistance on the part of girls to be isolated from boys or participate in programs with solely members of their own sex, girls-only programming is an important part of a gender-specific approach. It gives young women the time, environment, and permission to work on overcoming a value system that commonly prioritizes male relationships over female relationships. Many girls are taught to accommodate and please males, putting their own needs aside. Consequently, girls need to have time by themselves, to be themselves, and focus on their own issues and growth. This means that they need to be taught that relationships with self and others are just as important as being with boys, and that it is okay for them to make self-care a priority.*

Girls-only programs or groups teach girls to cooperate with and support one another. Unless girls learn healthy ways to interact, many will use the unhealthy ways they know, which include being competitive, holding grudges, being cruel to each other, gossiping, and/or passive aggressive and emotionally hurtful behavior.

- **Guideline: Significant Relationships with Caring Adults.** *Help girls establish significant relationships with caring adults through mentor programs. Matching a girl with a mentor who has a similar ethnic heritage, culture, and background is encouraged. Mentors can play a significant role in a girl's success, especially with continual, reliable contact that avoids competition with a girl's mother/family. Girls also need adult females who can model and support survival and growth along with resistance and change. Staff members as well as adult mentors can play this role in a girl's life.*

Mentorship should be a component of all programs, connecting mentors/volunteers with girls during the program, and certainly before they transition out of it. It is critical that girls have adult women in their lives who can serve as examples of internal strength and ability. Adult women can exemplify survival and growth as well as resistance and change. Program mentors, teachers, and female staff can certainly play that role as well as women already in the lives of girls.

Most young women have someone in their lives who can serve as an ongoing, positive model of womanhood and function as a mentor. For some young women, the most effective mentorship relationship is one in which the mentor works with both the girl and her mother. There is a particularly important place in this role modeling process for mothers. We know a lot of young women in programs do not have mothers they can rely upon for support. However, we need to utilize the relationship when possible. Unfortunately, many young women first acquire negative, female-to-female competition through their relationships with mothers. To counteract this behavior, girls and their mothers need to recognize the common issues and struggles they both face as females, and how they may join together to fight adversity.

When possible, we need to empower girls and their mothers by helping them build healthy relationships instead of protecting girls from their mothers. For example, we could teach a girl about her own personal strength as a female through the identification of her own mother's personal strengths. If possible, include mothers in this process.

Female staff members can also serve as role models to girls regarding how to be female, develop healthy female-to-male and female-to-female relationships, and treat people in positions of power (management) and in po-

sitions of less power (staff). Staff can also play an important role as a significant adult in a girl's life.

## B. Strength-Based Programming for Girls

- **Guideline: Teaching New Skills Built on Existing Strength.** Create opportunities for girls to learn new skills. Also, teach skills that build on a girl's existing strengths. Gaining competence in new areas can build self-esteem, control, and positive social behaviors. When girls master new skills that are healthy and productive, they expand their opportunities and become less dependent on old, non-productive, and/or harmful ways of behaving. Teaching girls new skills based on their personal and cultural strengths is important. Tapping into a girl's socio-cultural roots, her life story, memories, and ancestors can provide a girl with opportunities to increase her sense of value and competency. Utilizing these authentic elements in a girl's life can be important because many adolescent girls have low self-esteem and feelings of powerlessness.

Skill building based on a girl's strengths crosses over all parts/levels of programming. The more girls have a sense of control/competence in multiple areas, the stronger their self-esteem will be.

Goals that girls set for themselves can be limited by their world experience. They may want to be like their mom or like the celebrities they view in the media. Sometimes neither option is a good one, or very realistic. Girls need support expanding their worldview and life's possibilities. They need to be taught new educational, job, and social skills to help them succeed in the world and reach their full potential. Additionally, girls need to have the opportunity to practice these life skills in a safe environment.

- **Guideline: Teaching Personal Respect.** Develop self-esteem enhancement programs that teach girls to appreciate and respect themselves rather than relying on others for validation. Self-monitoring skills can be incorporated into girls' programming. We need to give girls the language and the skills to develop personal respect. Personal respect assists girls in respecting others. Staff members' modeling of personal respect for themselves and others is also a teaching tool. Since females in general externalize success (i.e., have difficulty taking credit for success), and

*look to external sources to define self-esteem, it is imperative that programs do not reinforce such patterns. Instead, programs must integrate programming approaches that teach young women how to value their perspective, celebrate and honor the female experience, and respect themselves for the unique individuals they are and who they are becoming.*

Self-monitoring skills, such as positive self-talk, journal writing, and the recognition of triggers help girls learn personal respect.

- **Guideline: Giving Girls Control.** Develop programs that support and encourage girls to have hope, realistic expectations for the future, and the skills needed to reach their goals. Girls need help in developing a plan for the future, and given an opportunity to practice the skills that will help them realize their goals. Girls need to be shown that they can affect how things happen in a way that is empowering. Programs need to help girls find their voices and to be expressive and powerful in positive and productive ways. All of these efforts provide girls with a sense of control in their lives. Learning how to make good decisions, practicing making decisions in a safe environment, and learning from the consequences or outcomes of personal decisions in a supportive environment assists girls in understanding that they can impact their own lives in healthy ways.
- **Guideline: Victimization and Trauma.** Develop programs that address the sexual abuse, physical abuse, neglect, emotional/verbal abuse, trauma, domestic violence, and loss that many girls have faced. These issues deeply affect many parts of a girl's life and how she views herself as a female. Many girls have been victims of crimes of abuse, and they need help in learning not to view themselves as victims, but instead, as "survivors" and "thrivers." Program staff need to support girls in understanding the connection between their anger and acting out or acting in (i.e., self-destructive) behaviors, their reluctance to trust others, and their victimization. As mentioned previously, girls need to learn how to develop and maintain healthy boundaries and how to develop healthy relationships (i.e., non-sexual, mutual, and empathetic).

Females' pathways to crime, violence, substance abuse, exploitation, prostitution, pornography and other problems often stem from an experience of abuse or trauma. For

programs to build on a girl's strengths, they must first understand and address issues of victimization to get at the root of a girl's attitudes and behaviors. Victimization issues should be discussed one-on-one or in single-gender groups.

## C. Health-Based Programming

- **Guideline: Physical Health and Sexual Health.** Develop programs that address physical health as well as sexual health. (We should care about the whole girl, not just about whether a girl is or is going to get pregnant.) Information needs to be shared with girls about female development, personal care, exercising, physical health, as well as menstruation, pregnancy, sexually transmitted diseases, contraception, and sexuality.

Girls have four times as many health issues as boys. Girls need real knowledge about their bodies in order to take ownership over their physical being. Because body image is important to young women, it is essential to consider the process of physical development in young women. As girls' bodies develop, they change outwardly as well as inwardly. The result is that young women not only have to deal with their own feelings about these changes, but have to respond to everyone else's comments and opinions. For example, as many young women develop breasts they are plagued by comments from peers, especially boys. All around her she sees images of women who are sexualized. These confusing images can pressure her into unhealthy and risky situations.

Programs need to be aware of the connection between physical and emotional health as it relates to somatic issues for young women. It is important that a medical opinion is acquired before staff members assume a girl's physical issues are all in her head.

Eighty percent of girls in high school are concerned about their body image. Girls need to be able to love themselves no matter their size, shape or looks. They need to feel comfortable with their bodies and their physical development. Consequently, many programs for girls offer classes or groups on body image. These sessions examine female images displayed in the media and balance these visions with reality. They discuss the "beauty myth," the concept of beauty found within, rather than just focusing on exterior physical features. Girls have an opportunity to share their thoughts, concerns, and fears of not being accepted, popular, or dateable. This open-

ness, coupled with other self-esteem building exercises, perspective, and humor, helps girls attain a more balanced picture of what it means to be female.

- **Guideline: Emotional and Mental Health.** *Develop programs that address emotional and mental health. Girls need good and accurate information about emotional and mental health, eating disorders, body image, addiction, depression, and self-care. Girls should be assessed for emotional and mental health needs and referred to counseling or therapy with a professional who has experience working with female adolescents.*

Emotional health is an important part of holistic health. Girls' emotional health is at risk with society's expectations for females to follow a masquerade of conformity by being beautiful, thin, sexually appealing, perfect, and smart-but-not-too-smart. Many physical and mental health issues stem from the emotional pressure put on young women from society, systems, and relationships.

Girls should be given psychological assessments and evaluations that look at the whole girl, taking into account her social contexts in order to obtain an accurate diagnosis. Counseling services should be conducted with a professional who has knowledge of and experience working with adolescent females. Too often the failure of mental health treatment is blamed on the young woman without a clear assessment of the system's role in treatment outcomes. For example, is the girl receiving an adequate number of counseling sessions based upon her needs? Does her counselor have the appropriate training to work with her?

Also, because service systems are still placing youth in programs that are problem-based, girls with a dual diagnosis (e.g., mental health and chemical dependency) find themselves working with staff members who have only been trained in one discipline (e.g., chemical dependency treatment). Programs need to identify this gap in programming and develop a plan to also address all of a girl's mental health needs.

- **Guideline: Alcohol, Tobacco, and Drug-Free Health.** *Develop programs that address the use and abuse of alcohol, tobacco, and other drugs. The connection between drug use and self-medication by girls to deal with abuse and depression issues is best addressed in single-sex treatment programming. Prevention and intervention programs need to*

*understand female adolescent development and incorporate programming that is specifically responsive to females.*

Alcohol, drug, and tobacco treatment programs need to be delivered in a context that is compatible with females' experiences. This type of programming must address safety issues, relationships, and empowerment. Staff members need to reduce barriers to recovery from drug/alcohol dependence that are more likely to occur for females. Programming should also take into account females' roles, socialization, and status. It should empower, not dis-empower, girls. Single-sex groups help girls feel safe, especially in the early stages of recovery when girls are trying to be heard, building trusting relationships, or dealing with issues of abuse and trauma. Research has shown that while men do better in co-ed alcohol and drug groups, females do worse. Therefore, when providing or referring young women to alcohol or other drug treatment, it is best to place them where they can receive single-gender programming. Equal treatment services for females and males means providing opportunities that are customized to work best for each gender.

- **Guideline: Spiritual Health and Rites of Passage.** *Develop programs that allow time for girls to address their spiritual health. Information needs to be shared and time set aside for girls to explore their spirituality and inner strength; to develop hope; and to become strong, centered, and at peace. This might include time for personal reflection; cultural traditions; and discussions about life, meaning, guidance, values, morals, and ethics. Develop rites of passage celebrations for significant events, or milestones found in a girl's daily routine.*

Spiritual health is not the same as religion. This is an important distinction, because governmental programs need to respect the basic separation between church and state. Some people practice spirituality through religion, but that is their personal choice. Spirituality may take many forms. Many girls are drawn to ritual and spiritual activities that bring a richer meaning to their lives. These activities are often connected to culture and have a spiritual nature.

Research suggests that spiritual connectedness is one factor that enables a young woman to maintain self-esteem and a sense of self during difficult developmental periods. Many girls do not take quiet time to come

face-to-face with difficult issues or with their personal strengths. In addition, spiritual health is one factor to combat running and hiding through drugs and alcohol. Quiet time, meditation, centering activities, music, singing, bedtime stories, field trips in the woods and keeping journals are all examples of ways to help girls nourish their spiritual health. Personal altars in a residential setting can be made out of things that are meaningful to the girl, such as a sea shell from a memorable walk on the beach, a collar from a beloved pet, a photo of a significant person, a pine cone from a hike, a family photo, or a prize from a fair. Publicly displaying what is meaningful and special to a girl can help her feel connected and give her a place to pause and reflect. Holding a quiet, safe, respectful time where girls can share their hopes, dreams, and things that are meaningful to them is empowering. This is a time girls can learn from one another.

Lastly, integrate celebration, ritual, and traditions into the daily routine of your program. Teach girls to celebrate themselves, even when they are alone. One example is instituting a rite of passage or milestone celebration. Many cultures celebrate significant life milestones. It gives structure and meaning to important times in one's life. Examples include ceremonies for a girl's first menstrual period, graduation to the next level in school, receiving a high school diploma or GED, staying clean and sober, or birthdays. Recognizing significant physical, sexual, emotional, and spiritual milestones for girls is important. These rites of passage can provide girls with stability, connection to their roots, and direction. Rites of passage celebrations are also a way to reinforce positive conceptions of womanhood.

Helping a girl find and keep her spirit, discover meaning in life, understand how she fits into the world, embrace the shared experiences of womanhood, gain confidence, and celebrate opportunities that lay ahead, sets a foundation of hope for the future.

These guidelines for effective programming for girls have only been in place a little more than a year. Yet, programs in Oregon have reported the guidelines have assisted them in writing policy when none existed, provided an outline for staff training, and created a template for program changes. The guidelines have been an important first step for a state that wants to be responsive and effective in working with girls.

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# School-Based Substance Abuse Prevention: Political Finger-Pointing Does Not Work

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**THE RECENT ERUPTION** of news stories covering the poor evaluation results of the Drug Abuse Resistance Education (D.A.R.E.) program, the most widely implemented youth drug prevention program in the United States, coupled with the even more recent speculation that adolescent drug use may again be on the rise, has focused much attention on substance abuse prevention programs administered in school settings. It is not uncommon to find school-based prevention in the spotlight, as schools have traditionally been the site of both alcohol and drug education and the collection of adolescent substance use data. The centrality of schools to prevention efforts is highlighted by research revealing that the school environment may affect a young person's inclination to engage in risky behaviors, and that the onset of behaviors such as alcohol use or risky sexual behavior often begins during the school-age years (Northeast CAPT, 1999, Stovell, 1999). Many of the precursors of delinquent behavior are school-related, and therefore likely to be responsive to change through school-based intervention (Gottfredson, 1998). Thus, substance abuse prevention programs implemented in the school setting have the potential to offset or combat substance use and abuse during a child's early years and at several subsequent stages of development.

Social scientists have emphasized the importance of evaluating school-based strategies over the past two decades. Until recently, little was known about what program components and delivery methods lead to successful intervention (Eisen, et al., 2000). Classroom observations conducted by researchers revealed the central strategy used by teachers

for preventing substance use among adolescents as the simple provision of facts about drugs and alcohol, and the consequences of use. Efforts to increase students' knowledge about substance use and consequences have not been shown to significantly change student attitudes and substance-related behavior (Wyrick, et al., 2001, Sherman, 2000, Gottfredson, 1998).

Unfortunately, the evaluation of school-based substance abuse prevention programs has disclosed that, although some types of school-based programs may influence adolescent alcohol and drug use, the effects of most evaluated programs are generally minor. In addition, the few programs for which long-term evaluation findings are available demonstrate that positive effects are not maintained if the program lacks a follow-up component. More discouraging is the fact that the very prevention approaches shown to be effective are not widely used, while other approaches for which no effectiveness has been demonstrated or for which no substantial evaluation exists are the most commonly used models (Mendel, 2000, Sherman, 2000, Gottfredson, 1998, Silvia, et al., 1997).

As one of many school-based programs evaluated to be ineffective, D.A.R.E., the most widely used program in the U.S., received significant public scrutiny. Disputes between social scientists and program administrators surrounding the validity of negative research findings in the early 1990s later gave way to controversial media coverage and political finger-pointing. D.A.R.E. program administrators faced accusations of attempts to conceal evaluation findings and were publicly charged by political figures, researchers, and

the media with squandering American tax dollars. Social scientists were attacked by D.A.R.E. program officials, politicians, school districts, and law enforcement for launching a crusade against the program and conducting biased studies. It was not until 2001 that the opposing sides began to communicate productively. At present, the D.A.R.E. America program, in collaboration with social scientists, is piloting the "New D.A.R.E. Program," which has been designed based on current research findings on the effectiveness of programs and program components for targeted age groups (Miller, 2001; *Education Week*, February 21, 2001, *Newsweek*; February 26, 2001).

The need to bridge the gap between research and practice is a problem plaguing many fields. In the case of school-based substance abuse prevention programming, the controversy reached the public arena. Whereas program evaluation should be viewed as a positive step toward progress, the defensiveness of researchers, program officials, and politicians about D.A.R.E. and other school-based programs has been counterproductive for necessary efforts to design and implement effective, science-based program strategies. Political finger-pointing and ineffective communication between these parties may be the most difficult components to surmount to improve school-based substance abuse prevention. What is needed is a more productive approach, specifically one that focuses on the ways in which research findings may be adopted to develop superior programs or improve upon ineffectual components of existing programs.

## Increasing Concern Over Adolescent Substance Use

Annual findings of the Monitoring the Future (MTF) survey of American 8th, 10th, and 12th graders revealed that the early- to mid-1990s were characterized by increasing trends in overall substance use (Wyrick, et al., 2001). Later, MTF results from the mid-late 1990s showed a decline in use. However, 1999 and 2000 results indicated that overall illicit drug use among American teens was generally holding steady at the end of the decade. There were also slight increases in adolescents' use of steroids and MDMA ("ecstasy") in 1999 and 2000, as well as an increase in non-intravenous heroin use among 12th graders in 2000 (Johnston, et al., 2000; 2001).

Supporting these findings were the results from the 14th Annual Pride Survey, which revealed an increase in teen drug use during the 2000-2001 school year after three years of decline. Specifically, both annual and monthly reported usage of marijuana, uppers and heroin rose among high-school students in grades 9–12 (Pride Surveys, 2001).

A strong association has been identified between adolescent drinking and drug use behavior and teen pregnancy, delinquency, school misbehavior, aggressiveness, impulsiveness, and dropping out of school (Hawkins, Catalano, & Miller, 1992). In addition, the use of alcohol has been directly linked to increased risk of accidents, homicides, and sexually transmitted diseases (Peterson et al., 1994). Also, delinquency, alcohol and drug abuse were cited as among the six major risk factors identified by the Centers for Disease Control and Prevention as contributing to the decline in overall adolescent health (Wyrick, et al., 2001). The recent rise in the use of club drugs such as Ecstasy is especially alarming from a health perspective. According to the National Institute on Drug Abuse (NIDA) Director Dr. Alan Leshner, Ecstasy can cause short-term problems such as dramatic changes in heart rate and blood pressure, dehydration and a potentially life-threatening increase in body temperature, as well as long-term problems, including lasting changes in the brain's chemical systems that control mood and memory (Landers, 2001).

## The National Response

The prevention of youth substance abuse has been a national priority over the past two decades (Coker and Borders, 2001). In the

1980s, Congress began providing approximately \$500 million per year for the U.S. Department of Education to fund school-based drug education efforts. Through this funding initiative, a multitude of studies targeting the prevention of adolescent substance use were undertaken and theories were produced to guide efforts toward identifying substance use prevention strategies most effective with adolescents (Wyrick, et al., 2001). In 1997, the U.S. Department of Education added requirements to the \$500 million Safe and Drug Free Schools program requiring that states and localities measure the results of programs funded with federal monies and that they select program strategies that have been evaluated and for which there exists demonstrated evidence of effectiveness (Mendel, 2000). By fiscal year 2000, the U.S. Department of Health and Human Services (DHHS) had invested approximately \$350 million in youth-focused substance abuse activities, which worked to raise awareness among youth and support communities of the need to adopt science-based substance abuse prevention strategies (U.S. Department of Health and Human Services 2000).

Despite the considerable emphasis on research-driven approaches by the mid 1990s, a 1997 federally-funded study of school-based prevention programs in 19 school districts by Silvia, et al. found that few districts seemed familiar with research findings, or showed evidence of considering research findings when planning their prevention strategies. In addition, few districts conducted program evaluations to assess their programs' effectiveness (Mendel, 2000).

## School-Based Substance-Abuse Prevention Programs

Alcohol and drug prevention programs have traditionally been school based, and schools are a suitable location for educating adolescents about health risks, as schools have access to the majority of the nation's youth, and likewise have the potential to address diverse adolescent groups (Wyrick, et al., 2001; Coker and Borders, 2001; Eisen, et al., 2000; Gottfredson, 1998). In addition, schools provide regular access to students throughout their developmental years, and may offer the only consistent access to the most crime-prone youth during their early school years (Gottfredson, 1998). A school implementing and maintaining an effective substance abuse prevention program may improve overall

school climate to reduce youth drug use during and after school hours. In a study of the predictors of in-school substance use among high school students, Voelkl and Frone (2000) found that students' identification with school was significantly and negatively related to both in-school alcohol and marijuana use. Consistent with these findings, prevention programs that have the capacity to build students' attachment to their school are often highlighted as models for prevention.

## Drug Abuse Resistance Education (D.A.R.E.)

Developed in 1983 by the Los Angeles Police Department and the Los Angeles Unified School District, the D.A.R.E. (Drug Abuse Resistance Education) America program has been the most popular school-based substance abuse program in the nation. The program is the most prominent in school districts, and has been embraced by police departments, parents, and politicians. D.A.R.E. is a collaborative effort by law enforcement officers, educators, students, parents and communities to provide classroom-based education to prevent or reduce drug abuse and violence among children and youth. The goal of the D.A.R.E. program is to help students both recognize and resist pressures to experiment with alcohol, tobacco, marijuana, inhalants, or other drugs or to engage in violence. The program includes "visitation" lessons on a variety of drug- and law-related topics delivered by police officers to students in kindergarten through fourth grade; a 17-week core curriculum for fifth or sixth graders; and a 10-week junior high school program on peer pressure resistance, improving decision-making skills, anger management and conflict resolution. In addition, a 10-week senior high school program (taught in collaboration with teachers) on decision making and anger management was developed. D.A.R.E. also developed an after-school program for middle-school-aged students. Programs for parents and special education populations were also made available. Despite the multitude of components, the core 17-lesson curriculum delivered to students in grades 5 or 6 has traditionally been the most frequently used form of the program (Official DARE Website, <http://www.dare.com>).

Over the last decade, however, the program has come under serious scrutiny by researchers whose studies have revealed that the

program does not show signs of reducing drug use among children exposed to the program (Miller, 2001; Mendel, 2000; Sherman, et al., 1998; Rosenbaum and Hanson, 1998). While D.A.R.E. gained such popularity that it was eventually active in 80 percent of the school districts in the U.S., review of research reveals that students who completed the D.A.R.E. program used drugs at the same rate as those who had not taken the course, or even slightly higher rates (*Education Week*, February 21, 2001; *U.S. News & World Report*, February 26, 2001; *Newsweek*, February 26, 2001).

Since the first negative evaluation results were released in 1994, researchers, politicians, and D.A.R.E. program officials have been at odds over the program. When the Research Triangle Institute presented negative results from the first comprehensive review of the program, the U.S. Department of Justice did not want to release the study results (although they were published by the *American Journal of Public Health*). D.A.R.E. program officials have repeatedly contested negative findings, and have also made attempts to demonstrate effectiveness by having the program re-evaluated by their own assigned researchers. However, D.A.R.E.'s attempts to conduct counter-studies were unsuccessful, as these studies were criticized for using questionable methodologies. A later study by Rosenbaum and Hanson (1998) provoked arguments between the researchers and D.A.R.E. officials, who Rosenbaum claimed misrepresented his findings on their program website by implying positive outcomes. Although discussion of program overhaul began in the late 1990s, it was not until 2001 that the intention to improve the program was publicized, and communication between the two sides became conducive to positive change. Since that time, there has been general agreement that the program needs renovation (Miller, 2001; Rosenbaum and Hanson 1998).

Less clear, however, are the ways in which the discord between the highly verbal critics of ineffective prevention programming and those program administrators, school representatives, and program staff will be broken down so that efforts may be redirected toward producing competent programs to protect our nation's youth.

The attacks on D.A.R.E. have been brutal. In the summer of 2001, Salt Lake City Mayor Rocky Anderson was among one of the first leaders in the nation to cancel the D.A.R.E. initiative, which he publicly attacked, calling the program "completely ineffective" and "a

complete waste of money, a fraud on the American people." Anderson wrote in *The Salt Lake Tribune*, "our drug prevention policies have been driven by mindless adherence to a wasteful, ineffective, feel good program." DA.R.E. supporters were unable to successfully rebut his charge that published, peer-reviewed research indicated that the program is ineffective at best (*U.S. News & World Report*, Feb 26, 2001; *Newsweek*, Feb 26, 2001). The D.A.R.E. program heads have continued to insist that their program works, but have been unable to produce any evidence to support their argument. At this point, the fact that the program does not serve the purpose for which it was designed is evident.

While program effectiveness, the central component in effective programming, is generally the focus of attention among all parties interested in substance abuse programs, some non-evaluated accomplishments pertinent to effective program implementation may be overlooked. Even the most effective program model will not achieve the intended results if the program is not executed with consistency, and does not reach the population in need of services. Although the D.A.R.E. program evaluations were poor, the program administrators did achieve great success in marketing and networking their program.

### What D.A.R.E. Did Not Accomplish

In more than 30 studies, although results have varied, collectively there has been no tangible evidence that the program deters drug use by the time participants enter high school or college. Negative results have been shown for both short- and long-term outcomes ((Miller, 2001; *The New York Times*, Thursday, February 15, 2001; Sherman, 2000; Rosenbaum and Hanson 1998; Gottfredson, 1998).

### What D.A.R.E. Did Accomplish

The D.A.R.E. organization has demonstrated a successful delivery system, supported by a strong marketing package (Rosenbaum and Hanson, 1998). Ultimately, the program became active in 80 percent of the country. By 1998, over 25,000 police officers were trained to teach D.A.R.E., and 44 other countries had adopted the curriculum. In addition, the program was developed to be cost-effective, as it relied almost exclusively on the efforts of trained volunteer law enforcement officers. While D.A.R.E. did not accomplish its main

goal, the program was effective in implementing strategies and achieving community buy-in, as well as law enforcement and school-district support. These are important elements in any successful substance abuse prevention efforts.

### What the Research Says About School-based Program Strategies

Towards the end of the century, several specialists in the field of prevention undertook efforts to both comprehend and itemize the wide assortment of school-based and other types of adolescent substance abuse and delinquency prevention program approaches currently in place, comparing these models with available evaluation results. From these endeavors a body of literature was formed which increasingly serves as a standard for research-based program development. These works include the "Sherman Report" to the U.S. Congress (Sherman, et al., 1998); the "Blueprints Project" established at the Center for the Study and Prevention of Violence (CSPV) at the University of Colorado at Boulder in 1996; the "Mendel Report" (Mendel, 2000); and program evaluation reviews regularly released by the several agencies under the National Institutes of Health (NIH) and U.S. Department of Health and Human Services (DHHS), including the National Institute on Drug Abuse (NIDA), the Substance Abuse and Mental Health Services Administration's Knowledge Exchange Network (KEN), the Center for Substance Abuse Prevention (CSAP), as well as CSAP's several Centers for the Application of Prevention Technologies (CAPT), among several others.

The "Sherman Report," released in 1998, published results from a meta-analysis of prevention programs and available evaluation information performed by Lawrence Sherman and many other well-known prevention scholars. The report set new standards for assessing current and previously implemented program types. Many consider the Sherman Report's categorization of effective and promising programs to be a paradigm for prevention information available today. In this report, Denise Gottfredson disclosed the results from her examination of some of the most popular and widespread school-based approaches, which have been developed and promoted by strong advocates and have been both federally and non-federally funded.

The research team categorized the following programs as effective, ineffective, and promising (Sherman, et al., 1998).

### *Ineffective School-based Substance Abuse Prevention*

- **Counseling, peer counseling, and peer leadership programs.** Gottfredson and her team found that these programs, which are popular and based on the expectation that the anti-substance-abuse message will be more effective coming from a peer, fail to reduce substance abuse or delinquency and even have the potential to increase delinquency by increasing the association with deviant peers. In addition, the team found that some of these approaches, such as peer mediation, have not been substantially evaluated.
- **“Information dissemination” instructional programs, fear arousal approaches, moral appeal approaches.** This classic approach of teaching youth about the harmful effects of alcohol and drug use is widely utilized; however, it has not been found to reduce substance use. According to Dr. Gilbert J. Botvin, founder of Life Skills Training program, programs in the past were largely based on the notion that making students aware of and dramatizing dangers through the use of scare tactics would be effective. However, impact of the knowledge does not translate into a reduction in behavior (interview in *The New York Times*, Sunday, February 17, 2002). In the discussion of ineffective school-based programs, D.A.R.E. generally fits into this category.
- **Alternative activities and school-based leisure time enrichment programs, including supervised homework, self-esteem exercises, community service, and field trips.** Although a successful program may include an alternative activity or leisure enrichment component, depending on these strategies alone to reduce substance abuse has not shown any effect.

### *Effective School-based Substance Abuse Prevention*

The programs identified by Gottfredson and her team as being effective are strongly linked to social organization theory, as they have a “holistic” approach, addressing the notion that all aspects of school life can affect violence and substance abuse (Sherman, 2000). The effective program list is as follows:

- **Programs aimed at clarifying and communicating norms about behaviors.** One example of such an approach is Project PATHE. This comprehensive program, deemed “Promising” by the Center for the Study and Prevention of Violence, is implemented in secondary schools and reduces school disorder while improving the school environment to enhance students’ experiences and attitudes about school. Although more rigorous evaluation is desired, the evaluation data currently available shows an effect on self-reported delinquency, including drug involvement, as compared with control schools (CSPV Blueprints, 2002).
- **Comprehensive instructional programs that focus on a range of social competency skills (e.g., developing self-control, stress-management, responsible decision-making, social problem-solving, and communication skills) and that are delivered over a long period of time to continually reinforce skills.** Many scholars have agreed that skills-based components are central to effective prevention programs. These approaches may include skill-building methods such as role-playing, improving verbal and nonverbal communication skills, teaching resistance skills, and providing behavioral modeling (Eisen, 2000).
- **Behavior modification programs and programs that teach “thinking skills.”** The Urban Institute further supports the effectiveness of this program type by noting that specific behavioral goals are targeted in effective programs. The most effective programs have a few clearly delineated and articulated goals for behavior change (Eisen, 2000).

### *Promising School-based Substance Abuse Prevention*

Several strategies have been shown in only one rigorous study to reduce delinquency or substance use. These strategies are:

- Programs aimed at building school capacity to initiate and sustain innovation.
- Programs that group youths into smaller “schools-within-schools” to create smaller units, more supportive interactions, or greater flexibility in instruction.
- Programs that improve classroom management and that use effective instructional techniques.

## **Programs Identified as Effective Through Research and Evaluation**

### *The Life Skills Training Program (LST)*

Developed in 1979 by Dr. Gilbert J. Botvin, professor of public health at Weill Medical College of Cornell University, the Life Skills Training Program has been shown through evaluation to produce positive results. LST is a three-year intervention designed to be conducted in classrooms. The program is a universal classroom-based substance abuse prevention program and teaches self-management skills, general personal and social skills, as well as drug resistance skills and normative education. The curriculum for middle or junior-high school students includes three major content areas supplemented by booster sessions: 1) drug resistance skills and information, 2) self-management skills, and 3) general social skills. In 1994, the follow-up results of a six-year study conducted by Cornell University Medical College’s Institute for Prevention research provided important evidence that drug abuse prevention programs conducted in school classrooms can positively affect substance use. The large-scale study involving nearly 6,000 students from 56 schools found that students were less likely to have used tobacco, alcohol, and marijuana by the end of high school after receiving the Life Skills Training Program (NIDA, 1997; CSAP, 1999; Midwest Forum, 1994).

### *Student Training through Urban Strategies Program (Project “STATUS”)*

Programs found to be most effective are those treating the entire school rather than just supplementing the curriculum (Sherman, 2000). Through Project STATUS, students are grouped into smaller subgroups to achieve supportive interaction. The goal of Project STATUS was to assist students in becoming active, responsible members of their community. Among many other positive results, Project STATUS showed significant beneficial effects for intervention students, compared to control students, and showed less total delinquency for all students and less serious delinquency for high school students, as well as less drug involvement for junior high students (CSPV Blueprints, 2002).

## What These Programs Did Accomplish

Both the Life Skills Training Program and Project Status showed potential for reducing student alcohol or drug use. The Life Skills Training Program was rated “effective” by the Center for Substance Abuse Prevention, the National Institute on Drug Abuse, the Office of Juvenile Justice and Delinquency Prevention, the Center for Disease Control and Prevention, the Center for the Study of the Prevention of Violence, and the Department of Education. Project STATUS was rated “effective” by the Office of Juvenile Justice and Delinquency Prevention and the Educational Development Center, and “promising” by the Center for the Study of the Prevention of Violence. The Life Skills Training program has been extensively studied over the past 20 years, and results have indicated that this prevention approach can reduce tobacco, alcohol and marijuana use from 59 percent to 87 percent relative to controls, and that booster sessions can help maintain program effects. In addition, long-term follow-up data from a randomized field trial involving nearly 6,000 students from 56 schools found significantly lower smoking, alcohol, and marijuana use 6 years after the initial baseline assessment. More, the prevalence of cigarette smoking, alcohol use, and marijuana use for the students who received the Life Skills Training program was 44 percent lower than for control students, and the regular (weekly) use of multiple drugs was 66 percent lower. Project STATUS showed significant beneficial effects for intervention students, compared to control students, and among the high school sample, those receiving the program showed less total delinquency for and less serious delinquency. Less drug involvement was also revealed among junior high students (CSPV Blueprints, 2002).

## What These Programs Did Not Accomplish

Neither the Life Skills Training Program nor Project STATUS have achieved the popularity of the D.A.R.E. program. Although the Life Skills Training Program was developed a few years before D.A.R.E., and is currently used in schools worldwide, including Japan, Korea, Mexico, Sweden, New Zealand and Argentina, it has yet to come close to being adopted by the number of schools and communities that embraced the D.A.R.E. Pro-

gram. Project STATUS is no longer operational, although elements of the program have been incorporated into new programs (CSPV Blueprints, 2002).

## Lessons Learned from the School-Based Prevention Debate

Review of the literature on program evaluation, as well as the press coverage given to the subject in recent years, reveals a critical need for research-based approaches for school-based substance abuse prevention. Accordingly, the Department of Education has prohibited schools from using grants from the federal Safe and Drug-Free Schools and Communities Program for any anti-drug-abuse program that has not proved its effectiveness within two years, including D.A.R.E. (*Education Week*, February 21, 2001).

Very few school-based substance abuse prevention programs have been identified as having a deterrent effect on adolescent substance abuse, and the components that are likely to be key in effective programs have been identified. However, the expert marketing and community and school buy-in techniques developed and employed by D.A.R.E. program officials and staff should be integrated into new science-based approaches, and adopted by those already existing. It is in the best interests of both social scientists and practitioners to provide competent, state-of-the-art prevention efforts to as many students as possible. While the media seeks to create provocative headlines by pointing out the failure of D.A.R.E. and other programs, more attention should be given to the productive improvement efforts of the developers of both D.A.R.E. and other programs. Although many have suggested that unsatisfactory programs should be abandoned, D.A.R.E. and other programs did in fact include many of the types of elements identified as effective through research. For example, like the Life Skills Training Program, the D.A.R.E. curriculum contained elements of skills training; however, it may have focused less on social competency building skills than on information dissemination, and the two programs differed vastly in delivery methods. (One instance of such differences is that D.A.R.E. was administered by uniformed police officers, and the effect of law enforcement delivery on program effectiveness has not been established). The identification of effective versus non-effective components may also be observed from Project PATHE,

another program that has gained much attention, and has been labeled a “promising” program by the Center for the Study and Prevention of Violence. Project PATHE focuses on school climate change, and among its components are extra-curricular activities and peer counseling services (CSPV Blueprints, 2002). Yet neither programs that focus solely on extra-curricular activities nor peer counseling alone have been shown to be affective for reducing substance use (Sherman, 2000; Gottfredson, 1998). It would appear that not all components of ineffective programs necessarily need to be abandoned; some may be used as part of multicomponent programs. Prevention specialists often assert that multi-component interventions have the greatest potential for positive outcomes (Eisen, 2000).

In addition, while program developers have access to the most current research on prevention programming, equal attention should be given to the importance of proper program implementation. Gilbert Botvin, in reviewing the Life Skills Training Program, found that the percentage of curricular materials covered in the classroom varied widely from school to school, and the level of implementation directly affected results. According to Botvin, when less than 60 percent of the program elements are taught, the program fails to prevent drug abuse (Sherman, et al., 1998).

Finally, it is unlikely that one magic bullet will be developed for school-based substance abuse prevention. Much evidence suggests that developmental changes in childhood and adolescence may affect the type of strategy that would best influence these young people. Although not all children will reach developmental stages simultaneously, some patterns have been observed that could be used to guide research efforts. For example, changes due to maturation may affect both the context and the behavior of substance abuse, and research has shown that attachment to parents or peers fluctuates during different stages of adolescence (Baily and Hubbard, 1990). Several theories suggest that beginning at about age 12, peer influence takes precedence over all other sources of influence, including parents, school, and the mass media, becoming the single most important factor in determining a variety of behaviors throughout adolescence (Stovell, 1999). These findings hold important policy implications, as different strategies may be more effective for different groups.

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# Juvenile Corrections and Continuity of Care in a Community Context— The Evidence and Promising Directions

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**OVER THE LAST** several years, the criminal justice system has awoken to the fact that the record number of inmates who have been imprisoned are now emerging from correctional facilities (Travis and Petersilia, 2001). This phenomenon has prompted a surge of interest in what recently has been termed “reentry.” In the juvenile justice system, reentry concerns have been the primary focus of a federally-funded initiative that began in 1988. At that time, the Office of Juvenile Justice and Delinquency Prevention (OJJDP) initiated a research and development effort in what is commonly referred to in juvenile corrections as “aftercare” (Altschuler and Armstrong, 1994; Altschuler and Armstrong, 2001). Whether it is called reentry or aftercare, this topic provokes concern over how successful the reintegrative process can be for offenders and their ability to function, as well as the impact on their families, victims, the community at large, public safety, and even the community corrections system itself (e.g., parole, post-release supervision, contracted services). From a “what works” perspective, the questions to be addressed in this article are: 1) how might reentry and aftercare best be conceptualized and defined? 2) what is the current state of evidence regarding its workability? and 3) how should corrections research and practice on this topic proceed? Additionally, overlapping issues and relevant research drawn from research on confined and released youthful and adult offenders will be discussed.

Never far removed from discussions of “what works” is the issue of sustaining in the community those gains made by offenders while in correctional confinement. This way of posing the problem emphasizes both what

services are provided in facilities to prepare offenders for reentry and how skills and competencies acquired while confined are reinforced and monitored in the community. More appropriate terms that convey this broader meaning of reentry are “reintegration” and “continuity of care.” The terms “aftercare,” “reentry” and even “relapse prevention” are often defined and understood as referring primarily to what does or does not happen when offenders return to the community. Sometimes a more expansive definition is used to include what happens during the period of so-called “pre-release,” when discharge planning is supposed to occur. By contrast, “reintegration” includes several very distinctive dimensions, which, taken together, pinpoint rather precisely what must be accomplished for a continuity of care approach to be implemented. Only full implementation of a reintegrative approach will make it possible to evaluate the impact such a framework can have on both re-offending and community adjustment. The terms “reintegration” and “continuity of care” are used interchangeably in the discussion that follows.

In this framework of reintegration and continuity of care, the OJJDP-funded project developed the Intensive Aftercare Program (IAP) model. The specific aim of intensive aftercare, as distinct from standard or routine aftercare, is to help identified “high-risk” juvenile offenders make the transition from correctional facilities gradually back into the community in a more calibrated and highly structured fashion, with the hope of lowering the high rate of failure and relapse usually experienced by this group. IAP is explicitly designed to address two widely acknowledged

deficiencies of institutional corrections. These are that 1) institutional confinement does not adequately prepare youth for return to the community where at least part of their problem has its origins, and 2) lessons and skills learned in confinement are not systematically monitored, much less reinforced, on the “outside.” Lack of communication, coordination, collaboration and consistency between correctional facilities and parole or probation agencies, community-based socializing institutions, and other step-down programs (residential and nonresidential) have long plagued the development of truly reintegrative corrections.

The initial research and development work and the subsequent formulation of the IAP model highlighted the value of conceptualizing reintegration as comprised of three distinct but overlapping phases: 1) institutional services and programming tied directly to pre-release planning and lending themselves to application and reinforcement in the community; 2) structured transition experiences before and after community reentry, involving both facility and community-based staff; and 3) longer-term normalization in the community, where non-correctional agencies and community support systems become ascendant.

The challenge posed by reintegration is not new to juvenile corrections, particularly as related to the drug treatment, mental health, education and employment needs of juvenile offenders. Many researchers and practitioners have long believed that the concept of continuity of care holds great potential in reversing the persistent lack of success in achieving effective transitions (see, for example, Altschuler, 1994; Altschuler and Armstrong, 1994; Catalano et al., 1989; Center for Sub-

stance Abuse Treatment, 1998). Whether measured by recidivism, relapse or both, the failures experienced by juvenile corrections are frequently attributed, at least in part, to discontinuity. Discontinuity can take numerous forms, a reality not always recognized by those responsible for addressing the problem. An additional complication is that responsibility for, and jurisdiction over, offenders is often split between agencies and even between divisions within one agency that have fundamentally different perspectives, philosophies, missions, and priorities regarding what to do with offenders and how to do it (Altschuler and Armstrong, 1995).

Frederick (1999) has conceptualized continuity of care and how to put it into operation as consisting of five essential dimensions. The dimensions are: 1) continuity of control, 2) continuity in the range of services, 3) continuity in service and program content, 4) continuity of social environment, and 5) continuity of attachment. The IAP model and Frederick's conceptualization share assumptions on the importance of establishing consistency, coordination and collaboration between the two very different worlds of institutional corrections and community corrections.

Underlying both the IAP model and the five continuity of care dimensions is the assumption that any positive change experienced by young people while in confinement is likely to be of little long-lasting value if it is not relevant to their pressing daily concerns upon reentry to the community. This assumption is testable through program evaluation that systematically compares the impact of institutional corrections with and without continuity of care. Unfortunately, few such evaluations have been conducted to date, and among those that have, many have been plagued by flawed implementation (Altschuler, Armstrong and MacKenzie, 1999; National Research Council, 2001). Flawed implementation is a substantial limitation, because, from an evidence-based and research-driven perspective, it is only when continuity of care is reflected in practice (i.e., the integrity and fidelity of program implementation) that it becomes possible to determine whether and in what ways continuity of care contributes to success. To the extent that continuity of care is not well conceptualized or is unsuccessfully implemented, there can be no true test of its potential value and impact. Even if continuity of care is found beneficial, it will have little practical meaning if it cannot be implemented.

## Research Design and Implementation Weaknesses

What is known about reintegration and how does this knowledge base establish a sufficient basis to justify continued implementation and testing? In a recently issued report, The National Research Council (2001) stated that to date the research conducted specifically on juvenile aftercare programs is far from conclusive, with some evaluations finding moderate benefits and other studies showing less positive findings. In a study prepared for the National Institute of Justice by the University of Maryland (Sherman et al., 1997), juvenile aftercare was regarded as among those strategies showing promise because at least some of the published research indicated reduced recidivism. What might explain these mixed findings?

As noted in MacKenzie (1999), National Research Council (2001), and Altschuler and Armstrong (1999), some of the reasons are methodological, some are conceptual, and some are programmatic. In terms of methodology, the small number of subjects in particular studies provides little basis to detect statistically significant differences between the aftercare and non-aftercare groups. Other studies make comparisons between non-comparable groups of participants and nonparticipants, do not measure outcomes other than recidivism, and only collect officially reported record data while entirely omitting self-report data. Still other studies fail to measure whether the experimental (aftercare) group received more of the specified aftercare services than the control group.

Implementation is another area in which some aftercare programs have been weak. Poorly designed programs, badly implemented ones, and those experiencing difficulties in providing treatment services have not produced positive results. Reintegration and continuity of care require: 1) treatment in facilities that prepare offenders for reentry into the specific communities to which they will return, 2) making the necessary arrangements and linkages with people, groups and agencies in the community that relate to known risk and protective factors, and 3) ensuring the delivery of required services and supervision (Altschuler and Armstrong 1999; Altschuler and Armstrong 2001; Frederick 1999). Accordingly, appropriate treatment while confined and concerted efforts to maintain and reinforce treatment after reentry into the community are both heavily emphasized in continuity of care approaches.

Thoughtfully designed and well-implemented reintegration is far removed from the customary experience of offenders. Design and implementation problems are unfortunately more the rule than the exception. But the challenge of successful implementation should not be confused with a testing of the impact of reintegration when it is put in operation with documented fidelity and treatment integrity. Reforming both institutional corrections and traditional community-based aftercare is unquestionably a huge undertaking—a reason why the change strategy used in jurisdictions experimenting with the Intensive Aftercare Program (IAP) approach over the past decade has been highly selective and strategic in the selection of involved facilities, communities, and staff (Altschuler and Armstrong, 2001). Even then, implementation has been highly demanding (Wiebush et al., 2000). IAP is a truly reintegrative alternative to 1) typical confinement and 2) reentry into the community under traditional aftercare supervision.

## Research Findings on What Works

Reintegration in general and the IAP model in particular draw heavily upon two bodies of research. First, there is research on the confinement experience and its impact on subsequent success and failure in the community. Lipsey (1992) found that treatment in public facilities, custodial institutions, and within the overall juvenile justice system was less effective than treatment provided by agencies outside the juvenile justice system. Others have argued that aspects of the confinement experience itself increase the chances of failure upon release (Altschuler, 1994; Byrne and Kelly, 1989; Hagan, 1991; National Research Council, 1993; National Research Council, 2001; Shannon et al., 1988). Still others have shown that length of confinement has no impact on recidivism (Beck and Shipley, 1987; Cohen and Canela-Cacho, 1994; National Research Council, 1993).

It should further be noted that while confinement prevents offenders from committing crimes in the community *while* incarcerated, it may also deter other individuals from committing crime at all. Confinement is also used at times for accountability, punishment and just deserts purposes having nothing to do directly with deterrence and risk reduction (MacKenzie, 1997). Confinement is clearly used for several very different

reasons, crime reduction being only one. Moreover, while crime reduction achieved during an offender's confinement is one aspect of recidivism, it is potentially quite another matter when the focus is on an offender's recidivism when back in the community. Strictly from a crime reduction perspective, however, research indicates the benefits of incorporating into the confinement experience the delivery of those services and activities that maximize the chances of successful community reintegration. Yet, institutional reform, as part of a broader reintegration paradigm, represents only the first leg of the correctional mission.

The second body of research addresses the second leg, which includes treatment services and community intervention accompanying the post-release supervision and monitoring. Community intervention refers to what occurs 1) in neighborhoods, 2) with families, friends, and acquaintances, and 3) with various socializing institutions (e.g., schools, faith-based organizations, neighborhood groups, recreational programs and clubs, employers). Emphasis is placed upon the direct involvement of both a juvenile offender's social network and the applicable socializing institutions in the community (Altschuler, 1984). Correctional oversight and supervision must extend well beyond the formal role played by aftercare staff. According to this definition, there is much more to a community intervention than merely establishing a correctional program *in* a community setting. Furthermore, it is possible to initiate a community intervention strategy even when the correctional program is not located directly in the specific community to which the juvenile will eventually return. This can be accomplished, for example, by having family counseling sessions at a correctional facility and by having community treatment programs begin their service provision during a juvenile's confinement.

The added value of rehabilitative measures being intermeshed with surveillance and control techniques has found widespread support in the literature on promising interventions with both juvenile and adult offenders. Various intermediate sanctions, such as intensive supervision for adult offenders, have been utilized since the 1960s. The deployment of this strategy has been studied extensively. For example, Byrne and Pattavina (1992) reviewed the basic findings about recidivism and cost-effectiveness from 18 evaluations of intermediate sanction programs for adult offenders as

of 1989. This review found that the majority of the evaluations did not show intensive supervision significantly reducing the rate of offender recidivism. Speculating on the lack of effectiveness, Byrne and Pattavina suggested that failure could be traced to the fact that day-to-day emphasis of the programs was more on offender surveillance and control (e.g., drug and alcohol testing, electronic monitoring, curfew checks, strict revocation policies) and less on treatment, services and community interventions related to substance abuse, employment, and family problems. A number of prominent researchers have concluded, after reviewing Byrne and Pattavina's review, as well as numerous other studies showing that intensive supervision does not generally reduce recidivism (see, for example, Banks, et al., 1977; Byrne and Kelly, 1989; Byrne, Lurigio and Baird, 1989; Neithercutt and Gottfredson, 1973; Petersilia, 1987; Petersilia and Turner, 1990; Petersilia, Turner and Deschenes, 1992), that strategies for treatment and rehabilitation must be present to effectively change offender behavior long term (see, for example, Andrews et al., 1990; Cullen and Gendreau, 1989; MacKenzie, 1999).

Many questions still remain unanswered, however. On the issue of what specific type of programs work best for whom, some researchers have focused on the extent and nature of risk and needs as being critical. For example, Lipsey and Derzon (1998), as well as Hawkins et al. (1998), have shown that risk and protective factors associated with serious and violent juvenile (SVJ) offenders include much more than criminal history characteristics (e.g., early age of onset, number of prior referrals to juvenile services, number of prior commitments to juvenile facilities) alone. Factors related to delinquency history *combined with* particular problem or need factors—so-called criminogenic (Andrews and Bonta, 1994) or instability factors (Krisberg et al., 1989)—cumulatively place a juvenile into a "high risk" category. *It is not the presence of one factor but the potent combination of several that seems to make the difference.* Among the several risk/need factors that are commonly included in the potent combination are those involving family functioning, participation in school and/or work, nature of peer group, and substance abuse. Precisely these factors are among those that community interventions must be explicitly designed to address.

Risk, as a concept in the development of policy and practice in corrections, is frequently misunderstood. For example, some

believe that a designated "serious" offense or a violent offense is a sufficient indicator on its own to flag a "high risk for reoffending" individual. As noted above, however, it is not just criminal history or severity alone that establishes high risk. Rather, it is criminal history along with the presence of criminogenic needs. This is more than "splitting hairs," as demonstrated by the fact that when low-risk offenders are subjected to high levels of supervision, the research suggests that they tend to do worse than if handled less intensively (Andrews, 1978; Baird, 1983; Clear, 1988; Erwin and Bennett, 1987; Markley and Eisenberg, 1986).

One reason lower-risk offenders have been found to do worse on intensive supervision is that they are more likely to be cited for technical violations, which by definition in many of the intensive programs is a measure of program failure. This is especially alarming given the lack of evidence indicating that technical violations are predictors of future offending (see, for example, Lurigio and Petersilia, 1992; Petersilia and Turner, 1991; Turner and Petersilia, 1992). Another reason is the tendency of some individuals, particularly adolescents, to react negatively to the pressures created by highly intrusive supervision. For both of these reasons, research indicates that intensive supervision is frequently accompanied by an increase in technical violations, revocations and re-incarcerations (Byrne, Lurigio and Baird, 1989). In short, the poor performance of some reintegration programs may be due to misclassified offenders being enrolled in intensive programs or lesser-risk offenders participating and not due to highly structured reintegrative correctional approaches being inherently ineffective. The issue of properly targeting offenders for the more intensive type of reintegrative programs, such as IAP, requires much more attention and study.

The importance of continuity of care that begins early during confinement, not just shortly prior to reentry, and continues upon return to the community is another programming area where additional research is clearly needed. What type and dosage of treatment and services would be the optimal mix to use with offenders during confinement and after reentry? Meta-analysis conducted by Lipsey and Wilson (1998) points to certain types of treatment showing considerable promise in lowering recidivism when compared to control groups. Most notable among interventions for *institutionalized* juveniles that have

produced the greatest reductions in recidivism were facilities providing interpersonal skill training (Glick and Goldstein, 1987; Shivrattan, 1988; Spence and Marzillier, 1981), teaching family homes (Kirigin et al., 1982; Wolf, et al., 1974), cognitive behavioral approaches (Guerra and Slaby, 1990; Schlichter and Horan, 1981), and multimodal approaches (Kawaguchi, 1975; Moore, 1978; Seckel and Turner, 1985; Thambidurai, 1980).

Lipsey and Wilson's analysis of interventions used with *noninstitutionalized* juveniles suggested that interpersonal skill training (Chandler, 1973; Delinquency Research Group, 1986), behavioral contracting (Barton et al., 1985; Gordon et al., 1987; Jesness et al., 1975; Kantowitz, 1980; Schwitzgebel and Kolb, 1964), and individualized counseling that is cognitive-behavioral oriented (Bean, 1988; Borduin et al., 1990; Kemp and Lee, 1975; Lee and Haynes, 1978; Lee and Haynes, 1978a; Lee and Olejnik, 1981; Moore, 1987; Moore and Levine, 1974; Piercy and Lee, 1976) were best at reducing recidivism rates. As shown, there is considerable convergence between the types of treatment best at reducing recidivism for both institutional and noninstitutional settings.

While not definitive, the overlap of effective treatment types between the institutional and noninstitutional programs certainly suggests the *potential for stronger and more lasting recidivism reduction if effective institutional programs were followed up with quality (noninstitutional) aftercare programs* (Altschuler, Armstrong and MacKenzie, 1999). The overlap of treatment types also suggests that, from a treatment modality and programmatic standpoint, a strong argument exists for integrating aftercare programs and their staff into planning and treatment activities occurring in the institutional setting. The goal would be to establish an ongoing commitment to continuity and reinforcement across the institutional and noninstitutional boundary. The research question most begging to be answered, however, is whether the types of treatment found most effective in either institutional or noninstitutional programs could be even *more effective and enduring* when linked in an overarching reintegration framework. Progress can only occur through research that answers this question, because it directly addresses the value of transition and aftercare over and above what has been gained during confinement.

It should be emphasized that the evaluated programs included in the Lipsey and Wilson meta-analysis represent only those program-

matic efforts meeting certain methodological standards. Consequently, the programs have likely been designed and implemented under relatively optimal circumstances characterized by better-than-average treatment integrity. In fact, among the noninstitutional programs, the more successful ones were those that involved the researcher in the design, planning and delivery of the treatment. These more successful programs can thus be contrasted with many operating programs in which the researcher is only involved in the evaluation. Thus, an important qualification is that the *quality and integrity of program implementation, as well as the competence and quality of the staff, are necessary ingredients in effective programming*. This should serve as a caution in thinking that *any* program claiming to provide the identified treatments can expect success.

### Next Steps—Challenges and Prospects

Continuity of care and reintegration directly challenge the structure and practice of traditional juvenile corrections. A major commitment and openness to change will be required if a number of existing impediments are to be overcome. These challenges include bridging the chasm that often divides the worlds of institutional and community corrections, reforming current institutional and aftercare practices that ignore the broader reintegration concerns discussed above, and forging partnerships between correctional agencies and those responsible in the public and private sectors for mental health, child welfare, substance abuse, education and employment.

That the research record has been mixed and that many questions remain is neither startling nor unexpected. As shown, there have been notable and demonstrable successes, along with failure and disappointment. Lessons can clearly be learned both in success and failure. It is critical that those implementing such programs directly confront the challenge of divergent perspectives and contradictory priorities assigned to the various components of the juvenile justice "system." In particular, they will need to engage and resolve differences in outlook and philosophy between corrections and other child-serving agencies and groups regarding 1) the role of punishment versus treatment; 2) which agency has authority to make various decisions on what will happen and what to do (and a related question—who takes the

blame, heat or credit?); 3) which agency has to pay and how much; 4) who will have to do most of the work and can it be accomplished with current staffing and personnel; and 5) which agency believes that it rightfully is or is not in a position to handle the type of adolescent likely to participate. These challenges and barriers are currently being addressed in a variety of efforts across America. There is no credible reason why such experimentation should stop.

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# Biopsychosocial Treatment of Antisocial and Conduct-Disordered Offenders

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**AS MORE RESEARCH** literature is developed on the mental health treatment of offenders, it is apparent that approaches need to be explored that synthesize strategies and interventions from the fields of biology, psychology, and sociology. Many clinicians are aware of the current research that guides treatment services to use cognitive-behavioral and social learning theories and methodologies (Andrews and Bonta, 1998). This psychosocial approach, coupled with an understanding of biological bases of human behavior, symbolizes the essential components of the biopsychosocial treatment strategy.

In the 1960s and 1970s, personality disorders were often conceptualized in terms of character-based problem behavior. Diagnostic profiles of individuals who abused alcohol and were caught committing anti-social acts referred to these individuals as character disordered. Implicit in this type of description is the belief that substantial flaws exist in their ethical and moral thinking and the resulting behavior is the result of this disorder. During the 1980s and 1990s, biological research of the study of personality characteristics and temperament determined a common base that is really one and the same issue (Sperry, 1999).

Descriptions of personality disorders in the Diagnostic and Statistical Manual (DSM), Edition 1 and 2, supported the emphasis on character and the underlining psychodynamics of these individuals. The analytical community used characterological traits as one aspect of why individuals engage in certain behaviors and use specific defense mechanisms to maintain them. Recent thinking tends to view personality disorders in a much

broader perspective, but includes both characterological and temperament issues. Biosocial and neurobiological conceptualizations of personality disorders have attracted considerable focus and generated a significant volume of clinical research. For example, Millon (1996) and Cloninger et al. (1993) have hypothesized that neurotransmitters and temperament greatly affect personality development and functioning. Another researcher (Stone, 1993) described the personality as a merging of both character and temperament.

The concepts of character and temperament are both significant to the theme of this article. Character refers to the psychological and social reinforcers that impact personality development. Character is therefore formed largely because of the socialization process (learned behavior) that an individual experiences. Other psychological issues also affect personality development, such as how cooperative a person may be, and his or her degree of self-concept, self-purpose, or assertiveness. All of these terms are useful for clarifying the term "character." Several authors (Horowitz, 1988; Slap, & Slap-Shelton, 1981) from psychoanalytic traditions and others from cognitive traditions (Beck, 1964; Young, 1994) have defined the logical component of the personality using the term "schema." Their views reflect the basic belief that within their life, individuals organize their view of the self, the world, their experiences, past events, and belief in the future around a central logic, or schema.

Temperament, on the other hand, refers to the genetic or innate influences on personality. While character and schema reflect the psychological dimension of personality, tem-

perament or a personal style reflect the biological dimensions of personality. Cloninger et al. (1993) believe that temperament has four basic biological dimensions: novelty seeking, harm avoidance, reward dependence and persistence, while character is described as having three basic quantifiable dimensions: cooperativeness, self-directiveness and self-responsibility. Other researchers describe issues related to aggressive and impulsive behavior as additional dimensions of the concept of temperament (Costello 1996).

Clinicians use various methods to assess character and temperament, ranging from file review, self-report instruments, and psychological testing to clinical interviews. The importance of distinguishing between the personality factors of temperament and character prior to treatment planning phase is significant to the ultimate prognosis of any given client.

## Treatment of the Anti-Social

Prior to the 1980s, the primary goal of treating the anti-social client was to change his or her character structure. The outcomes with this model were mixed at best, even among those offenders motivated for treatment. For the most part, clinicians used a more traditional psychoanalytic or psychodynamic approach and attempted to use insight-orientated strategies like clarification and interpretation.

Current treatment methods are considerably different now from earlier approaches, primarily regarding the increased focus on structure of the treatment sessions and where the clinician takes a more active role in the process (Beitman, 1991; Millon, 1996; Stone, 1993;

Sperry, 1995a; Andrews & Bonta, 1998; Sperry, 1999). Many treatment interventions approaches are based upon theories, but have been researched in clinical trials comparing them to other treatment modularities and approaches such as group therapy, family therapy, medications, and cognitive behavioral approaches. The cognitive approach (Beck, Freeman & Associates, 1990) and the interpersonal psychotherapy approach (Benjamin, 1993) have been modified for the specific treatment of personality-disordered individuals.

The pharmacological research in the treatment of personality disorders has grown rapidly during the 1990s (Silk, 1996; Sperry 1995b). Until recently, many clinicians believed that medication did not effectively treat personality disorders, but could be used on Axis I conditions or target behaviors like depression and insomnia. This view is changing, as a number of mental health professionals realize that a psychopharmacological approach can and should be directed to the basic dimensions that underline the personality (Siever & Davis, 1991; Silk, 1996; Sperry 1995b). A psychobiological treatment model that is based upon treating the biological core of personality disorders proposed by Siever & Davis has considerable clinical research studies advocating this model. This model focuses on four dimensions of the human personality, as follows:

- Cognitive Perceptual Organizations. This dimension is associated with a schizoid personality for which a low dose of neuroleptics might be useful in treating this disorder.
- Impulsivity and Aggression. These are issues commonly found in borderline and antisocial personality disorders, for which serotonin blockers, known as selective serotonin reuptake inhibitors (SSRIs) can be useful.
- Affective Instability. Borderline histrionic personalities present this problem, for which tricyclic anti-depressants or serotonin blockers may be useful.
- Anxiety and Inhibition. Particularly found in the avoidance personality disorder, for which serotonin blockers and **Monoxidase Inhibitors** (MAOI) agents may be useful.

Among mental health professionals there is a growing belief that effective treatment of personality disorders should involve a combination of treatment approaches and mo-

dalities. The integration of these approaches is particularly important (Sperry 1995a). One author (Stone 1993) has suggested the combination of three basic approaches:

- **Supportive Interventions**, which are useful in fostering a therapeutic alliance and should be augmented with psychoanalytic interventions, which are useful in resolving countertransference at the outset of treatment;
- **Cognitive Behavioral Interventions**, which are useful in the development of new attitudes and habits; and
- **Medication Management**, along with group and individual treatment sessions, which can also reduce symptoms underlying target behaviors and increase the effectiveness of treatment outcomes.

The effort to integrate the approaches as well as a combined treatment modality would not have received much support ten to fifteen years ago, but after years of relatively poor treatment outcome data with this very difficult population, the integration and combination is reflecting a shift in our underlying perception and way of thinking about these types of treatment concerns and issues (Beitman, 1991).

## General Treatment Principles

The following list of treatment principles may require some clinicians to examine their own attitudes and practice style, and to rethink how they conceptualize, assess, and treat personality disorders. Individuals who are recent graduates from clinical training programs will require less examination and adjustment of their approach strategies, having received this information recently.

### *Principle 1: Enhancing Motivation for Change*

The clients' motivation for treatment and their current level of behavioral functioning are good indicators of their treatability and prognosis (Sperry, 1995a). Readiness refers to the clients' motivation and positive expectations for benefits from engaging in the treatment process. According to Sperry, there are four levels that are important to assess regarding motivation for treatment:

- Past history of treatment success
- Compliance with treatment orders
- Ability to change behavior patterns

- Ability to change negative habits

The level of functioning can also be operationalized (Sperry, 1999) in terms of the global assessment and function scale of the Diagnostic and Statistical Manual Fourth Edition, DSM IV-TR (Sperry, 1999).

According to one author (Stone, 1993), personality disorders can be classified in terms of their treatability. According to Stone, the classification of lower amenability to treatment includes paranoid, passive aggressive, schizoid, and the anti-social personality disorders, which include conduct disorder in adolescents. Stone went on to add that patients frequently show mixtures of features of the various disorders. Often this is largely dependant on the degree to which the features of the disorders in the other category tend to be present. The client's prognosis will also depend on the dominance of the psychobiological dimensions described earlier (Siever & Davis, 1991) and how the behaviors respond to medication and psychosocial interventions.

### *Principle 2: Integrated Multi-Modal Treatment is Necessary*

A combined treatment approach refers to adding modalities such as group, individual, family, or couple either concurrently or sequentially, whereas the integrative treatment refers to the blending of approaches and theoretical models such as social learning, psychodynamic, cognitive-behavioral, interpersonal, etc. Individualized treatment refers to the specific ways of customizing treatment modalities and approaches to fit the unique emotional needs, cognitive style, and treatment expectations of your client. Treatment delivered in the integrated method can have an additive, sometimes called synergistic, effect. The synergistic effect refers to a way of thinking mathematically conceptualized as "one plus one equals three," where an additional one is created as a result of enhancement from merging two other treatment methods. A practical example of this equation would be a cognitive-behavioral combined with a group therapy approach, which requires interpersonal skills development to be effective. Thus (1) cognitive behavioral plus (1) group therapy plus an invisible (1) interpersonal process equals (3) the enhanced treatment effect. The practicality of this view yields a belief that the lower the level of treatability, the more modalities and approaches need to be combined and blended to more effectively attempt to treat a difficult client.

### *Principle 3: Effective Treatment, General and Specific Treatment Goals*

The treatment goals for working with personality-disordered individuals can be described as consisting of four basic levels of interventions. The four goals involve

1. reducing symptoms
2. modulating the temperament dimensions of the personality
3. reducing impaired social, occupational, and relational functioning
4. modifying character issues or underlying patterns or dimensions of the personality disorder

It should be noted that in goals two and four, the treatment emphasis is on modification of personality traits rather than radical restructuring. One author (Stone, 1993) used as an analogy of a cabinetmaker and a carpenter to illustrate the treatment goals of character and temperament. He compared the clinician working with personality-disordered individuals to a cabinetmaker who sands down the rough edges of the structure, rather than the carpenter who builds it. The patients' character and temperament remain, but treatment renders the individual easier to live with. Achieving level one and three goals are easier than achieving level two and four goals through the use of mediation and other cognitive-behavioral treatments such as thought stopping, which can quickly reduce symptoms of the targeted negative behaviors. Advice and limit setting, encouragement and environmental restructuring are also often useful in achieving higher levels of social and emotional functioning.

The most challenging and time intensive aspect of the treatment of the personality-disordered individual involves modification of character issues and the modulation of their temperament. Various interventions have been designed to modify character, whereas medications and skill training have been more effective in modulating temperament. Clinical research and practical experience (Freeman & Davis, 1997; Lineman, Drummer, Howard & Armstrong, 1993) have suggested that the modulation of temperament or interpersonal styles must come before the modification of character structures or underlying personality schemas. As discussed here, modulation refers to normalizing the cognitive style or response pattern that an individual uses when interacting with others. An example would be a modu-

lation of one's response to criticism, which can range from anger, rage, and revenge to acceptance of the criticism as constructive, and all the attitudes and behaviors between those opposing perspectives.

When attempts are made to modify character issues before teaching a client to modulate their temperament, negative reactions to the therapist can often occur. The client reacting in this manner will often act out, or regress in a way that could lead to extremely inappropriate or violent outbursts.

Some of the behaviors that must be addressed for the personality disordered client become specific treatment targets. For example, when regarding schema (pattern) change in cognitive therapy, specific treatment goals can be stated in terms of the level of change possible or desirable. Researchers (Beck, Freeman & Associates, 1990) have postulated four levels of schema change, ranging from the maximum level of change, which is called schema reconstruction, to schema camouflage, which is the minimum level of change. Schema reconstruction may require a long-term commitment like receiving treatment in a therapeutic community or a highly structured long-term outpatient program. The schema camouflage treatment is often common in short-term interventions when working with conduct disordered adolescents and anti-social adults. Anger management and other social skills programs tend to cover up or camouflage underlying issues.

### *Principle 4: Diagnose and Treat Separately*

It is very common for clients at different times to present behavior and symptoms of two or more personality disorders (Millon, 1996). In these instances the manifestation of each disorder may not occur simultaneously, or the features of the disorders can blend. In other words, temperament and characterological manifestations of personality disorders tend to be similar in nature to swirled ice cream of two different colors but complimentary tastes. Therefore, an overall treatment strategy for clients who have more than one personality disorder is to focus on the principle character and temperament styles and behaviors that are the most troublesome and distressing to the client, the clinician, and society. As other manifestations of the disorder appear, work with them, but return to the principle target behaviors. One important marker for determining when real change has occurred is that

the separate manifestations of the different personality disorders become less pronounced and muted features of those disorders appear to blend. For example, an individual with high levels of impulsivity and aggressiveness who was successfully treated and placed in an extremely stressful situation would exhibit far less impulsive or aggressive behavior. The individual may still become angry, but with appropriate treatment learn to control impulsive and angry or severe passive-aggressive behaviors.

## **Stages of Treatment**

Many authors have described various categorization schemes to define the change process (Beitman, 1991; Sperry 1999; Prochaska & DiClementi, 1982). With numerous available strategies to categorize the therapeutic or change process, the following is offered to simplify the categorization schemes cited earlier. This six-part categorization process of change is as follows:

- Client engagement in treatment
- Creation of a therapeutic alliance
- Identification of target behaviors and features
- Modification of maladapted patterns
- Development of positive pattern maintenance protocols (relapse plans)
- Maintenance of new patterns and modification of treatment goals if necessary

The first two issues, client engagement in treatment and creating a therapeutic alliance, refer to the process of developing a relationship with the client. This alliance process requires the client to trust, respect, and accept some influence of the provider, and for the provider to remain as empathetic as possible in order to establish a positive working relationship. This alliance is essential to the ultimate success of the therapeutic process. If change is to be achieved, a positive alliance between client and provider must be developed. If a client shows willingness to collaborate and begins to take more responsibility for making the necessary changes to improve the quality of life, consider this a positive indication that an alliance has been formed. It is for this reason that the first tasks of treatment are to develop a positive relationship with the client. With some offenders, standing up to their manipulations may be a necessary step in the development of a treatment relationship.

One of the primary issues in the engagement process is the socialization ultimately resulting in a treatment contract between provider and client. The contract could relate to the length of sessions, duration of treatment, fees (where appropriate), and a willingness to learn the basic process necessary to understand the treatment. The most important function of the engagement process is the clarification of expectations, goals, roles, responsibilities and functions for both client and provider. A key step in this stage is determining clients' readiness and motivation to treatment and, if necessary, increasing their motivation for participation and treatment. Prochaska & DiClementi (1982) describe a method of categorizing four levels of a client's motivation to change, which are:

- Pre-contemplation: a client denies need for treatment or that a problem exists;
- Contemplation: client accepts that he or she may have a problem and treatment may be necessary;
- Action: client has decided to begin making changes and actively seeks those people and experiences crucial to the process;
- Maintenance: client sustains the change, prevents relapse, and adapts successfully to new problems or different layers of old ones.

Another obvious part of the development of the engagement process is issues related to the concepts of transference and counter-transference. These issues often emerge in the engagement process in subtle and obvious ways. Frequently, personality-disordered individuals have extreme boundary problems and love to test the sincerity and integrity of anyone working with them.

The terms transference and counter-transference come out of the field of psychoanalysis and refer to the quality and type of relationship that's formed between a client and an individual working with them. Transference refers to a positive relationship that has developed, while counter-transference refers to a professional relationship with many negative components based in it.

Transference is defined as the emotional and behavioral reaction of the resident toward the staff member. A helping person represents a positive authority figure; the ideal. A healthy, trusting relationship is ideal, but not always possible with all residents. Transference develops by your position, duties and appearance. Transference is also shown by the manner used

to exchange information and should be therapeutic. Encouragement and use of resident's self-disclosure in treatment planning and sessions; maintenance of appropriate boundaries (behaviors and conversation) within the resident/staff relationship is also important in the transference process.

Counter-transference is defined as unhelpful responses like rage, hatred, or physical violence, or, conversely, sympathy, self-disclosure, or inappropriate emotional/physical relationship by the staff to the resident. Resident sessions should not center on inappropriate needs or issues of the worker. Counter-transference is counter-therapeutic, and is *not* a goal in the treatment plan, determined by the treatment team. Counter-transference develops by the staff's focus on their unresolved relationships (current and past) and needs instead of on the clients'.

Staff always need to remember that residents are skilled in identifying and exploiting staff's unresolved current and past needs for their gain and almost always with disastrous personal/professional consequences for the staff person. Behavioral and emotional "triggers" are presented by the resident and responded to by the staff person. These triggers can be physical traits of the resident, behaviors similar to someone important to the staff person (either positive or negative), tone of voice and/or accent and a similar lifestyle or history.

Contemplation involves the clients beginning to think about, talk about, and hopefully understand the underlying patterns in their thinking, feeling, and behaviors. At this point, the client should begin to analyze their patterns and day-to-day behaviors, and learn to understand how these characterological patterns relate to their interpersonal styles and temperament. The next step is to understand the triggers for these patterns and determine whether or not they are willing to give them up. The approach now involves conducting a functional evaluation interview. The client receives psychological testing or screening plus a clinical interview to determine the patterns in their lives.

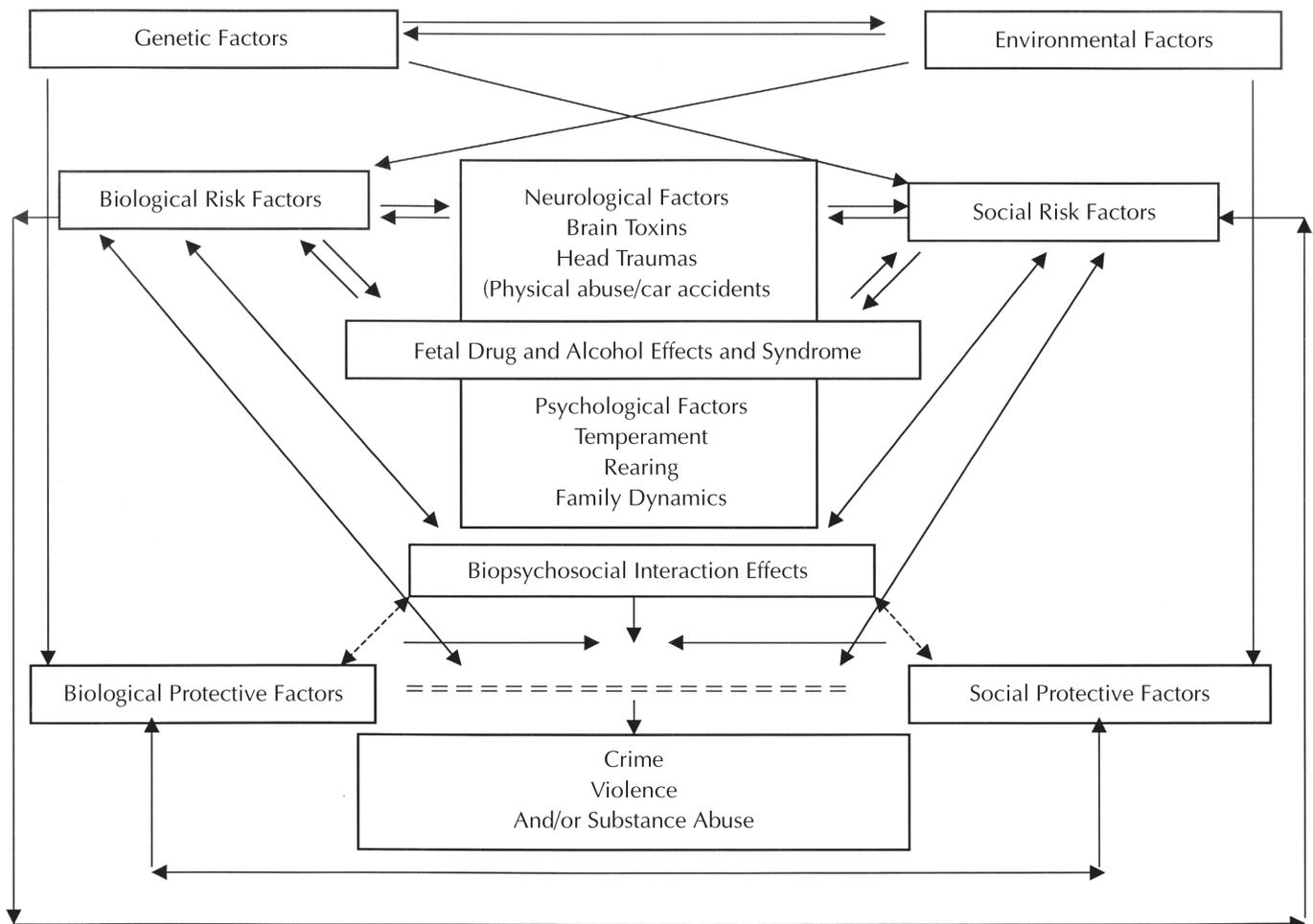
Issue four deals with the modification of the maladaptive pattern. This stage in the treatment process refers to the process of defining specific maladaptive behavior patterns that need to be modified or changed. With a personality-disordered individual, the clinical focus must often include both schemes and styles. The process that results in therapeutic change involves three steps:

- Relinquish maladaptive pattern(s)
- Enhance or develop positive adaptive pattern
- Generalize new pattern to varied situations; new pattern is generalized

A specific strategy for pattern change targets specific disorders, styles, and schemas. These maladaptive patterns are enduring, persuasive, and often inflexible, and reflect the client's core belief about their self and the world around them. When working with someone's cognitions, beliefs, and behaviors the goal of treatment is to in some way measure the change in these beliefs showing that a treated client is someone more flexible and functional. Treatment can restructure, modify, and reinterpret these underlying patterns (Laiden, Newman, Freeman & Morris, 1993). Modulation is a state in which the client perceives action in which spontaneity is experienced with pretense or exaggeration, and where coping with problems can lead to socially accepted and responsible behavior. Disordered behavioral styles are common among personality disordered individuals, and are accompanied by either an over- or under-modulation which requires a treatment goal to balance their ability to modulate both temperament and self-control issues. Many personality-disordered individuals never adequately learned these skills during their formative years, which makes it necessary to reverse their specific negative skill deficits during treatment. This is often done within individual or group therapy sessions, or psycho-educational classes where new skills can be learned and practiced.

As the new behavioral pattern becomes the standard for the client's life, the issue of preventing relapse and re-occurrence must be addressed as a formal component of treatment. As fewer treatment sessions become necessary, the issue of termination may become a therapeutic focus. When working with offenders in prisons and jails, their sentences often coincide with the direct termination of treatment. This is different for practitioners and providers who work with adolescents or adult offenders in the community. New symptoms may appear or old ones may re-surface, prompting a request for one or more additional sessions, often when difficulty with separation or abandonment issues are part of the maladaptive pattern of offenders. Positive termination and separation can be a treatment goal for these clients.

### Biopsychosocial Factors in Crime, Violence and Substance Abuse



The biopsychosocial approach to treatment requires tailoring the interventions to manage the client's behavior and ultimately meet their need. Treatment will be delivered in combination and hopefully yield a synergistic effect. Different treatment approaches and combinations tend to be effective in resolving different types and clusters of symptoms.

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