OFFENDING BEHAVIOUR PROGRAMMES
Development, Application, and Controversies

Edited by
Clive R. Hollin and Emma J. Palmer
University of Leicester, UK

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OFFENDING BEHAVIOUR PROGRAMMES
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FORENSIC CLINICAL PSYCHOLOGY

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John Wiley & Sons, Ltd
CH: For Kevin Howells, a proper academic.
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ABOUT THE SERIES

At the time of writing it is clear that we live in a period, certainly in the UK and other parts of Europe, if perhaps less so in areas of the world, when there is renewed enthusiasm for constructive approaches to working with offenders to prevent crime. What do we mean by this statement and what basis do we have for making it?

First, by “constructive approaches to working with offenders” we mean bringing the use of effective methods and techniques of behaviour change into work with offenders. Indeed, this view might pass as a definition of forensic clinical psychology. Thus, our focus is the application of theory and research in order to develop practice aimed at bringing about a change in the offender’s functioning. The word constructive is important and can be set against approaches to behaviour change that seek to operate by destructive means. Such destructive approaches are typically based on the principles of deterrence and punishment, seeking to suppress the offender’s actions through fear and intimidation. A constructive approach, on the other hand, seeks to bring about changes in an offender’s functioning that will produce, say, enhanced possibilities of employment, greater levels of self-control, better family functioning, or increased awareness of the pain of victims.

A constructive approach faces the criticism of being a “soft” response to the damage caused by offenders, neither inflicting pain and punishment nor delivering retribution. This point raises a serious question for those involved in working with offenders. Should advocates of constructive approaches oppose retribution as a goal of the criminal justice system as a process that is incompatible with treatment and rehabilitation? Alternatively, should constructive work with offenders take place within a system given to retribution? We believe that this issue merits serious debate.

However, to return to our starting point, history shows that criminal justice systems are littered with many attempts at constructive work with offenders, not all of which have been successful. In raising the spectre of success, the second part of our opening sentence now merits attention: that is, “constructive approaches to working with offenders to prevent crime”. In order to achieve the goal of preventing crime, interventions must focus on the right targets for behaviour change. In addressing this crucial point, Andrews & Bonta (1994, p. 176) have formulated the need principle:
Many offenders, especially high-risk offenders, have a variety of needs. They need places to live and work and/or they need to stop taking drugs. Some have poor self-esteem, chronic headaches or cavities in their teeth. These are all “needs”. The need principle draws our attention to the distinction between criminogenic and non-criminogenic needs. Criminogenic needs are a subset of an offender’s risk level. They are dynamic attributes of an offender that, when changed, are associated with changes in the probability of recidivism. Non-criminogenic needs are also dynamic and changeable, but these changes are not necessarily associated with the probability of recidivism.

Thus, successful work with offenders can be judged in terms of bringing about change in non-criminogenic need or in terms of bringing about change in criminogenic need. While the former is important and, indeed, may be a necessary precursor to offence-focused work, it is changing criminogenic need that, we argue, should be the touchstone in working with offenders.

While, as noted above, the history of work with offenders is not replete with success, the research base developed since the early 1990s, particularly the meta-analyses (for example, Lösel, 1995), now strongly supports the position that effective work with offenders to prevent further offending is possible. The parameters of such evidence-based practice have become well established and widely disseminated under the banner of “What Works?” (McGuire, 1995).

It is important to state that we are not advocating that there is only one approach to preventing crime. Clearly there are many approaches, with different theoretical underpinnings, which can be applied. Nonetheless, a tangible momentum has grown in the wake of the “What Works” movement as academics, practitioners, and policy makers seek to capitalise on the possibilities that this research raises for preventing crime. The task now facing many service agencies lies in turning the research into effective practice.

Our aim in developing this series in forensic clinical psychology is to produce texts that review research and draw on clinical expertise to advance effective work with offenders. We are both committed to the ideal of evidence-based practice and we will encourage contributors to the series to follow this approach. Thus, the books published in the series will not be practice manuals or “cook books”: they will offer readers authoritative and critical information through which forensic clinical practice can develop. We are both enthusiastic about the contribution to effective practice that this series can make and look forward to continuing to develop it in the years to come.

ABOUT THIS BOOK

There is now a vast body of research, commentary, and practice, stretching over two decades, that constitutes the “What Works?” movement within offender treatment. Alongside this, there has also been a growth in questioning and criticism (for example, Mair, 2004). As long as critics remain objective, rather than indulging in extreme scepticism (Raynor, 2004), a dialectic is potentially energising. It is important to be reminded that it is premature and stultifying conceptually to drop the question mark from the phrase “What Works?” The movement should be one of
science, not totalitarianism. We need to continue to ask, not just “what works?” but the infinitely more nuanced question, “what works with whom and under what conditions, and how do we know it?” Contributors to this text begin to address these complexities.

Within “What Works?” the desired outcomes have always been unequivocally to reduce antisocial behaviour and crime. Put simply, the aim is to reduce crime and crime is the outcome measure. Realising this seemingly simple aim is, however, anything but straightforward. There are difficulties with choosing specific crime outcomes (for instance, does any offence count as a failure or would a lesser offence mean a success?), difficulties with collecting valid outcome data (should we rely on sometimes inaccurate official data bases?), and difficulties in knowing what the specific effect of treatment has been amongst all the events that happen to offenders within the criminal justice system and beyond. It is imperative that we really know what works and do not base our treatments and service provision on spurious findings. This book contains expert analyses of fundamental and crucial research issues.

The pursuit of reduced recidivism through treatment has been seen by some to represent impersonal, mechanical, state-driven moral re-education, which, furthermore, does not really work (see, for example, Kemshall, 2004). This antipathetical stance fails to disentangle theoretical and implementation issues. Raynor (2004) acknowledges that the “What Works?” movement enjoys empirical support but that implementation problems in the UK, particularly the speed and magnitude of programme roll-out, have militated against good treatment integrity, hence compromising outcome. Implementation is a topic of paramount importance and is cogently addressed in this text.

“What Works?” meta-analyses have consistently shown that treatments work better in the community, and adherents of the movement have been vociferous in calling for less punishment and more help, more community orders and less use of prisons (Hollin, 2002; McGuire, 1995). Many forensic mental health professionals are working in prisons, which can be dehumanising, brutal, and damaging to prisoners. The sheer numbers of people sentenced to prison reduce opportunities for individualised approaches to treatment. Despite this, prison populations keep on rising. In many prisons, treatment programmes, along with other self-improvement services such as education and vocational training, are the human face of prison regimes. One question that urgently needs answers is: “what works and at what financial and social costs?”

In the community, services must be adequately resourced so that offenders who need treatment actually receive treatment, and that the treatment they receive is appropriate to their needs. Also, those who start treatment need to be supported towards programme completion. These matters are important because non-starters and non-completers appear more likely to be reconvicted than untreated offenders (Hollin et al., 2005; McMurray & Theodosi, in press).

Few, if any, treatments of any kind will work unless they are appropriate to the individual’s needs, true to the supporting evidence, and undertaken with care and consideration. Suboptimal treatment implementation, whatever the reasons for it, and poor outcome evaluation, should not be tolerated, whether in health or in criminal justice services. This book is a welcome addition to Wiley’s forensic
clinical psychology series because of its potential to assist in the drive to improve quality in offender treatment.

REFERENCES


PREFACE

There is nothing new about rehabilitative efforts aimed at offenders. Since the turn of the twentieth century there have been concerted efforts to improve the lives of criminals so that they can live law-abiding lives. In order to achieve this goal a variety of approaches have been brought into play, ranging from welfare provision, training for employment, education, diversion from custody, and psychological and psychiatric treatment. All these approaches might claim a little success although it is difficult to point to any approach that might claim an unqualified, undisputed triumph. This is, of course, not an unexpected state of affairs: the complexity of human behaviour, within an equally complex social environment, makes it entirely unlikely that there will be a “magic bullet” that will rehabilitate all offenders with equal effectiveness.

In the latter part of the twentieth century there were two significant advances in the work with offenders within a treatment tradition. The first was the move away from treatment approaches based on models of psychopathology. The initial attempts at treatment of offenders were clearly based on direct transference of therapeutic techniques used in mainstream clinical practice. The transfer of clinical techniques to offender populations is clearly seen in the use of methods such as group therapy, counselling, and therapeutic communities. However, as the academic and research base has progressed within psychology so there has been a shift away from theories steeped in psychopathology, based on research with clinical samples, towards more mainstream psychological theories. In particular, there has been a significant influence from research and practice informed by behavioural theory and, in particular, Social Learning Theory (SLT).

Behavioural theories are intended to explain human behaviour, particularly behaviour within a social context. Thus, behavioural theory can be applied to give an account of criminal behaviour in the same way that it can be applied to other behaviours such as parenting, altruism, classroom behaviour, and so on. One of the hallmarks of SLT was that it brought the notion of cognition into the behavioural domain, giving rise to the term “cognitive-behavioural”. A cognitive-behavioural analysis naturally gives rise to the development of cognitive-behavioural methods of bringing about changes in behaviour. Thus, cognitive-behavioural methods were applied, for example, within educational psychology and occupational psychology for a range of purposes such as improving pupil learning and improving managerial effectiveness.
The bringing together of research with offenders that looked at evidence within a cognitive-behavioural framework began to construct a new account of criminal behaviour. Criminal behaviour was not seen in terms of psychopathology but in terms of learned behaviour; in particular, behaviour that was learned within a social context. The way in which criminal behaviour was learned was no different to the way in which any other behaviour was learned and so was not “abnormal” or “deviant”. Rather, criminal behaviour is a behaviour that in the main causes harm to other people and is not likely to lead to a particularly fruitful life for the apprehended offender. Thus, if new forms of behaviour can be learned that individual offenders can use to reduce their offending then there are clear advantages to such an approach. This approach, in which the emphasis is on learning new behaviours, is not “treatment” in the traditional sense of curing an ailment. Indeed, various terms have been coined, such as “psycho-educational”, but these inevitably feel awkward and contrived and “treatment” remains in favour.

As cognitive-behavioural approaches to research and intervention gathered pace during the 1970s and 1980s an evidence base began to accumulate within this tradition, eventually giving rise to the second significant advance with regard to the development of offending behaviour programmes.

The publication of the meta-analyses of the effectiveness of intervention with offenders and the eventual synthesis of these studies coalesced around the notion of “What Works?”. The practical basis of “What Works” is that, if treatment (in a cognitive-behavioural sense) is designed according to certain evidence-based principles, then there is a likelihood of reducing offending. In practice, this led in the late 1990s to concerted efforts to develop offending behaviour programmes according to “What Works” principles. Since the 1990s and into the twenty-first century a great deal of time and money has been directed at offending behaviour programmes.

Our aim in producing this book was to reflect on progress to date with the development, implementation, and evaluation of offending behaviour programmes. In particular, our thinking has been sharpened by our experience as researchers in a large-scale national evaluation of offending behaviour programmes in England and Wales. We wish to acknowledge the particular influence of other members of the research team – Charlotte Bilby, Ruth Hatcher and James McGuire – in all of those long meetings where we struggled with ideas, data, and the vicissitudes of Home Office micromanagement. Elaine Allen deciphered our editorial scribbles and transformed them into clean manuscripts. Finally, we are grateful to all our authors for the excellence of their work. We hope that our collective efforts will be seen as a genuine contribution to the field.

Clive Hollin
Emma Palmer
Chapter 1

OFFENDING BEHAVIOUR PROGRAMMES:
HISTORY AND DEVELOPMENT

CLIVE R. HOLLIN AND EMMA J. PALMER
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INTRODUCTION

The history of crime tells us that the long-standing approach to crime reduction, across many cultures and civilisations, lay in the dispensation of punishment. The favoured punishments for crime took many forms, involving harsh penalties such as amputation, deportation, torture, and even death. It is arguable how effective such punitive strategies proved to be; certainly crime has never been eliminated from any society, but it might well be argued that those criminals who are executed commit very few crimes! It is only comparatively recently that changes in thinking within Western cultures came about that shifted legal systems away from immediate harsh sanctions to the notion that the punishment should fit the crime. The beginnings of classical theory, strongly influenced by Cesare Beccaria (b. 1738) and Jeremy Bentham (b. 1748), introduced to law the notion of utility. Following the principles of utility, the purpose of legal punishment is not to administer harsh punishment, but to deliver just enough punishment to deter the individual from further criminal actions and so prevent crime. Inherent in this approach, now enshrined in Western legal systems, is, first, that criminals act of their own free will in committing a crime, and second that criminals act in a rational manner when exercising free will. The principle of utility and its association with free will and rational choice does not always sit easily alongside psychological accounts of human action. Rather than free will, psychological theories may explain behaviour in terms of a complex interplay between biological, psychological, and social factors. The disparity between classical theory and some psychological theories produces a tension regarding the favoured means to reduce crime (Hollin, 2001a). While conservative classical theory favours punishment to deter the offender, the more liberal social and psychological theories prefer a response to crime that seeks to
bring about a reduction in offending through some positive change. This change may be at a social level, as with the provision of welfare, or at an individual level as with attempts to rehabilitate the offender.

As McGuire (2002) suggests, these opposing strategies for reducing re-offending can be classified as *eliminative* or *constructional*. The rationale underpinning eliminative strategies is that linking criminal behaviour to aversive, punishing consequences can prevent it. Thus, within the criminal justice system this approach is seen in sanctions based on punishment and deterrence, such as fines, imprisonment, harsh prison regimes, and intensive supervision and surveillance. In contrast, constructional strategies seek to change criminal behaviour through providing offenders with socially acceptable alternatives to offending. This constructional approach may encompass education, skills training, employment skills training, anger management, and interventions designed to change attitudes and beliefs.

While it is debatable whether punishment motivates offenders to change (Hollin, 2002a), the issue of reducing re-offending has traditionally generated a great deal of discussion. The key questions are whether anything can be done to rehabilitate offenders effectively and, if so, which strategies are most effective in changing criminal behaviour and so preventing crime and reducing rates of re-offending. Moving to recent times, the debate has focused on the competing themes of “nothing works” against “what works”.

### “NOTHING WORKS”

The key paper in the “nothing works” stance is “What works? Questions and answers about prison reform” published in 1974 by Martinson. This paper, anticipating a fuller account of the literature (Lipton, Martinson & Wilks, 1975, p. 25) drew the conclusion that “With few and isolated exceptions, the rehabilitative efforts that have been reported so far have had no appreciable effect on recidivism.” Other reviews published around that time had drawn similar negative conclusions about the effectiveness of rehabilitative efforts with offenders (for example, Robinson & Smith, 1971) but it was Martinson’s paper that caught the attention of policy-makers.

The shift away from rehabilitation was felt during the 1980s, alongside a marked political move to the Right, with a view that the criminal justice system should administer “just deserts” to offenders. This return to an eliminative philosophy is seen in practice with the introduction of measures such as “short, sharp shock” prison regimes and boot camps. Despite some academic opposition citing effective interventions (for example, Gendreau & Ross, 1979) and Martinson’s retraction of much of his earlier paper (Martinson, 1979), in practice there was a move away from rehabilitation and treatment towards more punitive measures. The later emergence of rational choice theory (Cornish & Clarke, 1986) prompted governments to invest in situational crime-prevention measures, such as CCTV, electronic tagging and alarms, leaving little room (or funding) for rehabilitation.

An important point highlighted by Martinson (1974) was that poor research methodologies may have been responsible for the negative, nothing works, findings
(Cooke & Philip, 2001). Indeed, Thornton (1987) criticised Martinson’s approach to reviewing the evidence as too simplistic for such a complex issue. The problem inherent in narrative reviews lies in the selectivity and interpretation of the reviewer. The conclusions drawn from a narrative review of the literature are inevitably dependent upon the reviewer’s own views and, as such, are inevitably open to charges of bias. In the 1980s, the emergence of the statistical technique of meta-analysis as a reliable means of distilling the consistent findings from large bodies of empirical literature became widely used in scientific disciplines. The main advantage of meta-analysis as compared to narrative review is that the process of meta-analysis is much more transparent in terms of the weight given to different studies, the systematic inclusion of key variables, and the process can be replicated. This is not to say that meta-analysis is perfect or without its critics (Hollin, 1999), but its widespread use across many academic disciplines has become an important means of distilling knowledge from large bodies of literature. The first meta-analytic studies of offender treatment appeared as the 1980s merged into the 1990s. The findings from these studies began to have an effect as they began to suggest what worked in reducing re-offending.

“What Works?”

Meta-analysis is a statistical technique for reviewing the results of a large number of primary research studies, allowing overall trends in the accumulated data to emerge. Unlike traditional qualitative reviews of research, meta-analysis can control for variations and potential biases in the primary studies, and so produce a quantifiable treatment effect (Cohen, 1988; Glass, McGraw & Smith, 1981). In the offender treatment literature, for example, meta-analysts have developed coding systems that take into account study differences in areas such as offender group, offence type, follow-up period, criterion of outcome, and treatment setting (see Lipsey, 1992; Lipton, Pearson, Cleland & Yee, 2002a, 2002b; Redondo, Sánchez-Meca & Garrido, 2002). Complex coding systems can take account of differences between studies but the utility of meta-analysis can be compromised by the quality of the primary research studies, with problems potentially caused by a lack of or inadequate comparison groups, small sample sizes, and limited follow-up periods. Further, publication bias towards studies that show effects can lead meta-analytic reviews to produce biased results. These potential problems can be avoided as seen with the Correctional Drug Abuse Treatment Effective (CDATE) Study in the US (see Lipton et al., 2002a, 2002b), which consists of over 1500 primary research studies of offender treatment, published and unpublished, conducted with adult and juvenile, drug abusing and non-drug abusing offenders from a large number of countries. However, this level of intensity of data gathering is neither quick nor cheap, requiring considerable time and funding.

As an outcome, meta-analyses produce effect sizes (ES), which provide a summary figure for the overall impact of an intervention. Following Rosenthal & Rubin (1982), ES can be interpreted as a binomial effect size display whereby it is the percentage difference between two groups – those receiving an intervention and those not receiving an intervention. Thus, a reconviction rate of 40% in
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A treatment group as compared to 55% in an untreated control group would produce an ES of 0.15. Across the offender treatment literature, the average ES of interventions with respect to recidivism has been reported as 10–12% (Lösel, 1996, 1998). To place this in context, studies of the effect of common medicines have reported ES smaller than those for offender treatment: for example, Rosnow & Rosenthal (1988) reported an ES of 0.068 in a clinical trial of the effect of aspirin in reducing the risk of heart attacks, which is equivalent to a 6.8% reduction in illness.

As of 2006 there have been 51 meta-analytic studies of offender treatment published since the first reported meta-analysis (Garrett, 1985). For a review see McGuire (2002). They incorporate hundreds of primary research studies (for example, Andrews et al., 1990; Antonowicz & Ross, 1994; Dowden & Andrews, 1999a, 1999b, 2000; Izzo & Ross, 1990; Lipsey, 1992; Pearson, Lipton & Cleland, 1997; Redondo, Sánchez-Meca & Garrido, 1999; Whitehead & Lab, 1989). The meta-analyses carried out by Andrews et al. (1990) and Lipsey (1992) are two of the most widely cited studies and can be used to illustrate this methodology.

Andrews et al. (1990) reported a meta-analytic review of 154 outcome effects from adult and juvenile offender treatment studies. Andrews et al were concerned to determine whether interventions that applied principles of “human service” or appropriate correctional services would be more effective than those interventions that did not apply these principles. Appropriate correctional service was seen as consisting of three key principles: first, the risk principle whereby services are directed towards medium- to high-risk offenders; second, the needs principle in which interventions target offenders’ criminogenic needs; third, the responsivity principle by which interventions are matched to offenders’ learning styles. The findings of the meta-analysis supported the position that appropriate interventions, with a larger ES, were more effective than interventions classified as inappropriate. Lipsey’s (1992) study is the largest published meta-analysis to date, consisting of 443 treatment studies involving juvenile and young offenders aged 12–21 years. Lipsey reported that taking re-offending as an outcome, constructional interventions that were multi-modal, behavioural, or skills-oriented in nature had a significant positive ES. However, eliminative deterrence-based interventions had a negative ES, with mixed results regarding the ES of employment-focused interventions.

Most meta-analyses have been carried out with male young offender populations but meta-analyses with other offender populations have been published, including women offenders (Dowden & Andrews, 1999a), sexual offenders (Alexander, 1999; Gallagher, Wilson, Hirschfield, Coggeshall & MacKenzie, 1999; Hall, 1995; Hanson et al. 2002; Polizzi, MacKenzie & Hickman, 1999), drink-drivers (Wells-Parker, Bangret-Downs, McMillen & Williams, 1995), violent offenders (Dowden & Andrews, 2000), and drug abusing offenders (Pearson & Lipton, 1999; Prendergast, Podus & Chang, 2000; Prendergast, Podus, Chang & Urada, 2002). The conclusions from these meta-analyses suggest that effective offender interventions are cognitive-behavioural in nature, take the form of structured programmes with specific aims and objectives, focus on offenders with a high risk of re-offending, have high levels of treatment integrity, are delivered by highly trained staff, have high levels of organisational support, and have in-built monitoring and evaluation.
procedures. The congruence in the outcome of the various meta-analyses has led to attempts to crystallise the findings into principles for effective practice in working with offenders to reduce re-offending.

Principles of Effective Practice

A number of syntheses of the meta-analyses are available (see, for example, Andrews, 1995, 2001; Gendreau, 1996; Hollin 1999; Lösel, 1995a, 1995b), which have informed the formulation of the principles of effective practice. Thus, as shown in Box 1.1, in defining “what works” in offender interventions, Andrews (1995, 2001) has derived the 18 “principles of human service” that underpin effective interventions.

Box 1.1 Principles of Effective Practice

1. Interventions with offenders should be based on a psychological theory of criminal behaviour.
2. This theory should have a personality and social learning theory focus to the risk factors for offending.
3. Strategies for intervention should be based on human service, rather than on principles of retribution, restorative justice, or deterrence.
4. Where possible interventions should take place in the community in natural settings (such as the family). However, when it is necessary to use custody, these facilities should be as community-oriented as possible.
5. Offenders’ level of risk of reoffending should be assessed and used as the basis for allocation to services.
6. Offenders’ dynamic criminogenic needs – those needs associated with their offending behaviour – should be assessed and used as targets for interventions.
7. Interventions should be multi-modal in nature in that they should target a range of criminogenic needs to reflect the fact that offending is associated with multiple risk factors.
8. Assessment of level of risk and criminogenic needs should be carried out using validated methods.
9. Interventions should have general responsivity, with services matched to offenders’ learning styles, motivations, and abilities.
10. Interventions should have specific responsivity and be adapted to take account of the diversity of offenders (for example, in terms of age, gender, ethnicity/race, language) and their strengths and limitations.
11. Specific responsivity and offenders’ strengths and weaknesses should be assessed in a routine manner, using specifically designed tools.
12. Organisational strategies should be in place to monitor the continuity of service, including provision for relapse prevention work.
13. Organisations should identify areas of practice in which staff may exercise their personal discretion in applying the principles of appropriate service. These areas should be made clear to all staff.
14. Organisations should develop a service-level policy and guidelines for the application of the principles of appropriate service and ensure that it is circulated to all staff.

15. Organisations should set up procedures to monitor the delivery and integrity of interventions, and for dealing with problems. These procedures should include issues such as staff selection, training, supervision, and recording of monitoring information on service delivery.

16. There should be a focus on the development of staff skills, including the abilities to develop relationships, motivate others, and structure programmes and sessions.

17. Managers should have the competencies expected of their staff, plus extensive knowledge and understanding of the principles underpinning interventions. They also need the ability to coordinate procedures associated with programme and site accreditation.

18. At an organisational level, programmatic intervention should be placed within a wider context, with attention paid to differences in local contexts and client groups so as to allow for adaptation of services as necessary.

Lists such as the one shown in Box 1.1 cannot provide an exhaustive set of principles that will absolutely guarantee success in reducing re-offending. However, it is also the case that the knowledge base on what works has significantly improved over the past decade. It is fair to say that we may have a reasonable degree of confidence that these principles provide strong guidance for the development and implementation of interventions, and so provide a basis from which to extend theory, research, and practice.

**RESEARCH INTO PRACTICE**

In the 1990s the use of manualised programmes to guide the delivery of an intervention was an established means of working in mainstream clinical psychology (Wilson, 1996), and in the specific field of offender treatment manualised programmes were beginning to appear (see Chapter 2 for a fuller discussion). The first offending behaviour programme to be widely used with offenders was Reasoning and Rehabilitation (R & R) developed in Canada in the late 1980s by Ross and Fabiano (Ross, Fabiano & Ewles, 1988; Ross, Fabiano & Ross, 1989). Taking this programme as a starting point, the introduction of offending behaviour programmes within the criminal justice system in England and Wales can be used to highlight many of the issues associated with programme development, implementation, and maintenance (see also Chapter 3 for a consideration of the R & R programme).

**Reasoning and Rehabilitation (R & R)**

Reasoning and Rehabilitation (R & R) was the first evidence-based, structured cognitive-behavioural programme intended to reduce re-offending. The
programme is based on research concerned with offender’s thinking styles and patterns which suggests associations between cognition and offending (Ross & Fabiano, 1985). The aim of R & R is to provide and promote alternative ways of thinking to enable the growth of thinking patterns and skills that are likely to promote prosocial behaviour. Thus, through the use of techniques such as role-playing, rehearsal, modelling, reinforcement, and cognitive exercises, R & R aims to promote reflective, rather than reactive, thinking. Specific targets for change include offenders’ self-control, social problem-solving skills, social perspective-taking, critical reasoning, and attitudes and beliefs that support criminal behaviour, with an emphasis on practice to enhance learning and to show how these skills are relevant to everyday life (Goldstein, 1988).

Reasoning and Rehabilitation was designed to be delivered by a range of staff, including prison and probation officers, rather than just professional therapists. The tutors responsible for delivering the programme complete an intensive training process in order to gain the optimum level of skill for effective delivery. Reasoning and Rehabilitation places an emphasis on video monitoring of sessions and provision of formal feedback to staff to help ensure integrity of delivery. Since its inception, R & R has been used in a number of jurisdictions, in both institutional and community settings, including those in Canada, North America, England and Wales, Scotland, Spain, Germany, Scandinavia, Australia, and New Zealand. To date there have been several evaluations (for reviews see Robinson & Porporino, 2001; Tong & Farrington, 2006), which typically show positive results in terms of reconviction among male adults who complete the programme. However, less evidence of effectiveness is available with other offender populations.

The development of R & R in the mid-1980s dovetailed neatly with the emerging principles of effective practice derived from the meta-analyses during the 1990s. Thus, services working with offenders who were seeking to innovate and develop their practice turned to R & R as a readily available programme.

**Straight Thinking on Probation (STOP)**

In mid-1991, mid-Glamorgan Probation Service in Wales took the bold step of running an adaptation of the R & R programme (Knott, 1995; McGuire, 1995; Raynor & Vanstone, 1996). An evaluation of the programme reported that the actual and the predicted rates of reconviction were the same for the treatment and comparison groups at 12-months follow-up (Raynor & Vanstone, 1997). However, for those offenders who actually completed the programme there was a significantly lower reconviction rate than predicted, along with a significantly lower rate of custodial sentences upon reconviction. These positive results were not maintained at a 2-year follow-up.

**Sex Offender Treatment Programme (SOTP)**

In the early 1990s the English and Welsh Prison Service also pioneered development of treatment programmes based on cognitive-behavioural techniques (see
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also Chapter 5). The first programme to be developed was for sexual offenders, known as the Sex Offender Treatment Programme (SOTP) (Grubin & Thornton, 1994). From its beginning in the early 1990s, treatment for sex offenders in the English and Welsh Prison Service has developed today into a suite of programmes for sex offenders. The Core SOTP aims primarily to challenge the cognitions used by sex offenders to justify and excuse their crimes. The Core programme aims to help offenders develop new attitudes and so change their offending behaviour. A version of the Core programme for lower intellectually functioning offenders is available, termed the SOTP Adapted programme. The Extended SOTP offers a longer, more intensive further programme of work for high-risk and high-need sexual offenders who have completed the Core programme (Correctional Services Accreditation Panel, 2004).

More recently, an intervention for low risk sexual offenders, the SOTP Rolling Programme, has been introduced, which covers similar areas to the Core programme. Finally, the Better Lives Booster SOTP Programme has been developed for offenders who have successfully completed either the Core or the Extended SOTP programme. The Better Lives programme is designed to allow prisoners to concentrate on their individual treatment needs and to make plans for release. There are two versions of the Better Lives programme: a high intensity version for offenders who are close to their release date, and a low intensity version aimed at offenders who have completed an SOTP programme early in their sentence and require maintenance or refresher work during their time in custody. This programme has also been adapted for use with low intellectually functioning sexual offenders. Research evaluating the effectiveness of sexual offender programmes has shown mixed results (for a recent review, see Beech & Mann, 2002). Where positive results in terms of sexual reconviction have been found, these have typically been among medium-low and medium-high risk men who have been responsive to treatment (Beech, Erikson, Friendship & Ditchfield, 2001; Friendship, Mann & Beech, 2003b).

Community treatment programmes for sexual offenders also began to be implemented in England and Wales during the 1990s, with interventions typically providing about 50 hours of treatment (Barker & Morgan, 1993). By the mid-1990s Proctor & Flaxington (1996) reported a doubling in the number of probation areas offering sex offender programmes, and an increase in the average treatment duration to 81 hours. The first systematic evaluation of these programmes was carried out by Beckett, Beech, Fisher & Fordham (1994), using psychometric measures to assess psychological factors related to sexual offending. In this study, treatment success was greater among child molesters and low deviancy men and for longer programmes using highly skilled therapists.

A 2-year reconviction study of these men reported by Hedderman & Sugg (1996) showed a lower rate of sexual reconviction as compared to a comparison group, although there was no analysis of statistical significance. In 2001, Beech et al. reported a six-year follow-up of the 53 child molesters from the original Beckett et al. study. Although this study did not include a comparison group, only 10% of those men who were classified as “benefiting from treatment” based on change on psychometric measures were reconvicted as compared to 23% of those classified as “not having responded to treatment”. Furthermore, rate of reconviction was also
predicted by risk of reconviction using the Static-99 (Hanson & Thornton, 2000) and level of sexual deviancy.

Since the late 1990s three accredited programmes for sexual offenders have been developed and implemented within the Probation Service in England and Wales for use with both sexual offenders serving community sentences and those released on licence from prison. These programmes are the Community-Sex Offender Group Programme (C-SOGP) designed by West Midlands Probation Area and developed in collaboration with the Home Office; the Thames Valley-Sex Offender Group-work Programme (TV-SOGP) set up by the local health, police, and social services and developed with the Home Office; and the Northumbria-Sex Offender Group Programme (N-SOGP), developed by Northumbria Probation Area and staff from the Sexual Behaviour Unit, St Nicholas Hospital in Newcastle.

All three programmes target sexual re-offending among adult male offenders, with the TV-SOGP also including work to support the partners of perpetrators. The dosage of intervention received by offenders depends on assessed level of risk and deviance, ranging from 100 hours to 260 hours according to risk level and programme. A relapse prevention module is included in each programme, and forms the minimum requirement for each programme. Offenders who are released on licence from prison who have successfully completed the Prison SOTP may go directly to the relapse prevention modules, depending on initial assessment. More detailed descriptions of these three programmes are provided in Manderville-Norden & Beech (2004).

To date, there have been few published evaluations of these three programmes, and those that do exist collected data prior to the programmes being accredited. Therefore, the programmes evaluated may differ from those currently being used. Allam (1998) reported a reconviction study of the pre-accredited West Midlands programme, comparing programme participants with a comparison group of sexual offenders who had received alternative community sentences. The follow-up period varied across the sample but was 2.5 years on average. Although no test of statistical significance was calculated, participants in the programme had lower rates of reconviction than the comparison group, a finding that held for child molesters (3.2% versus 10.6%), rapists (7.7% versus 26.3%), and exhibitionists (17.8% versus 37.5%).

Enhanced Thinking Skills (ETS)

Enhanced Thinking Skills is a general cognitive skills programme, developed by the English and Welsh Prison Service (Clark, 2000), which addresses similar targets to
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R & R (see also Chapter 3). Initially used within the Prison Service, since 2000 it has been used in the National Probation Service in England and Wales. As with R & R, evaluations have shown ETS to be effective in institutional settings with adult male offenders who complete the programme (Blud, Travers, Nugent & Thornton, 2003; Cann, Falshaw, Nugent & Friendship, 2003; Falshaw, Friendship, Travers & Nugent, 2003; Friendship, Blud, Erikson & Travers, 2002; Friendship, Blud, Erikson, Travers & Thornton, 2003). Furthermore, the initial reconviction outcome data are positive for offenders who complete the programme in the community in England and Wales (Hollin et al., 2004). Once again, however, less evidence is available for other offender populations and settings.

Think First

The Think First programme is a third general cognitive skills programme developed in England and Wales (McGuire, 2000) and also initially used in the Prison Service and later in the Probation Service (see also Chapter 3). Think First is similar both to R & R and ETS in its content and aims, but differs in that it has a more explicit focus on offending behaviour and includes material requiring offenders to analyse specific offences they have committed. Think First includes pre-group sessions given to preparation, engagement and motivation work, and post-group sessions to work at relapse prevention strategies. A preliminary evaluation of Think First in the English and Welsh Probation Service (when it was called Offence-Focused Problem Solving) reported significant reductions in criminal attitudes and locus of control and significant increases in self-esteem after participating in the programme (McGuire & Hatcher, 2000). The evaluations conducted in the English and Welsh Probation Service have shown significant decreases in reconviction among offenders who complete the programme as compared to non-starters and non-completers (Hollin et al., 2004; Roberts, 2004).

DELIVERING AND MAINTAINING EFFECTIVE PRACTICE

As programmes gained a momentum during the 1990s it became apparent that two issues demanded attention if the principles of effective practice were to be translated into action. First, new and existing offending behaviour programmes would have to demonstrate that they embodied the principles that emerged from the meta-analyses. Second, if well-designed programmes are to be effective, then the quality of delivery is essential: high-quality delivery means that the programme sessions that are delivered in practice must be as close in content as possible to that intended by the programme developers. There are several publications that document a range of barriers – such as resource allocation, professional clashes, and management failure – to the successful implementation of programmes (Cullen & Seddon, 1981; Laws, 1974). As recognised by some practitioners and researchers, good programme management is the key to successful implementation of offending behaviour programmes (for example, Bernfeld, 2001; Hollin, Epps & Kendrick, 1995).
The problem of maintaining practitioner adherence to a set of methodological principles is common in clinical practice and has variously been called “treatment fidelity” (Moncher & Prinz, 1991) and “treatment integrity” (Quay, 1987). In the mainstream clinical literature the topic of treatment integrity continues to be seen as critically important with regard to its definition (Dobson & Singer, 2005), its implications for professional training (Flannery-Schroeder, 2005), and its interaction with outcome research (Perpletchikova & Kazdin, 2005). The importance of maintaining treatment integrity applies equally to offending behaviour programmes (Andrews & Dowden, 2005; Hollin, 1995). Indeed, exactly the same issue is apparent in other spheres of life: after a talk to a public audience (Hollin, 2002b), a comment was made from the floor that a recurrent problem in the insurance field is ensuring that those people selling policies actually do adhere to a set of legal and professional procedures.

The response to these two issues, ensuring high-quality programme development and managing treatment integrity in delivery, lies in the notion of programme accreditation and in systems of programme audit.

Programme Accreditation

As offending behaviour programmes were implemented in different countries, including England and Wales, Scotland, Canada, Scandinavia, Australia, and New Zealand, this led to the drawing up of formal procedures and guidelines for developing programmes. In the mid-1990s, with the adoption of SOTP and R & R, the English and Welsh Prison Service took on the pioneering task of developing accreditation criteria for the design of offending behaviour programmes. This initiative began, during a grey week in a hotel in East Grinstead, Sussex, with a small group of academics, consultants, and civil servants, under the stewardship of David Thornton, charged with the task of defining the gold standards by which offending behaviour programmes could be judged (Lipton, Thornton, McGuire, Porporino & Hollin, 2000). The product of the machinations of this group was a set of so-called accreditation criteria that aimed to set the standards by which programmes could be evaluated (Thornton, 1996). From 1996 onwards this same group, with several new members, met regularly over the next few years, refining the criteria (Thornton, 1998) and acting as a general accreditation panel (GAP) on behalf of HM Prison Service for a range of programmes. A similar but separate panel, the Sex Offender Treatment Accreditation Panel (SOTAP), composed of experts in the sex offender field, was instituted for SOTP. The work of these panels came to be seen as an important part of the drive within the Prison Service for high standards.

In 1999 the status of the panels changed significantly. The two panels, GAP and SOTAP, were amalgamated to form the Joint Accreditation Panel (JAP), with the additional remit that programmes delivered within the Probation Service also came under the new panel’s sphere of activity. The formal status of JAP also changed as it became an advisory non-departmental public body with formal independence from the Home Office, and with an independent chair reporting directly to the Minister. In 2002 JAP was renamed the Correctional Services Accreditation Panel (CSAP). The formal duties of CSAP, as fell similarly to its predecessors, are to
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review the criteria for programme design and delivery, and where appropriate
make recommendations for changes; to accredit programmes; to authorise audit
procedures for programme delivery; to authorise the annual assessment of delivery
quality; to conduct an annual review of developments in the evidence base and
where appropriate provide advice from this review to inform the development of
programme design; to provide advice on training; and to receive reports on the
effectiveness of programmes and so advise on the implications of these reports
(Prison Service Order 4360, 2004). In an exercise in reviewing the reviewers, the
work of CSAP has been examined by a commissioned review team (Rex, Lieb,
Bottoms & Wilson, 2003).

Accreditation Criteria

The gold standards for programme design, as originally formulated in the mid-
1990s, have stood the test of time remarkably well. Currently, there are 10 accredi-
tation criteria, which are similar to the original criteria, as shown in Box 1.2.

Box 1.2 Outline of CSAP Accreditation Criteria for Offending Behaviour
Programmes

1. Programmes must have a clear model of change.
2. The selection of offenders must be justified.
3. Target a range of dynamic risk factors.
4. Programmes should use effective methods of change.
5. Programmes should be skills oriented.
6. Sequencing, intensity and duration of treatment should be justified.
7. Attention should be given to the engagement and motivation of offenders
taking part in the programme.
8. Continuity of programmes and services within sentence planning.
9. Programmes should show how they will maintain integrity.
10. There should be procedures to allow the continued evaluation of a pro-
gramme.

Model of Change

Programmes should have a clear theoretical model of change, fully articulated
in a Theory Manual, which explains the principles by which the programme will
achieve the intended outcome. This model will provide a coherent basis, supported
by the theoretical and empirical literature, for the nominated targets and methods
for change within the programme.

Selection of Offenders

Programmes will have clear criteria for the selection of offenders, with inclusion and
exclusion criteria, as well as criteria for expelling offenders from the programme.
The procedures and assessments to be used for selection must also be fully detailed.

**Target a Range of Dynamic Risk Factors**

Dynamic risk factors are those aspects of an offender’s functioning that are related to their offending and which can be changed. For example, a long history of offending is predictive of offending but cannot be changed: this would be a *static* risk factor. On the other hand, factors related to offending such as employment status and substance use can be changed and so are *dynamic* risk factors. Offending is often related to several risk factors, therefore programmes should target a justified range of dynamic risk factors. Further, procedures should be in place to measure any changes that occur in these factors over the course of the programme.

**Effective Methods**

The educational and behaviour change methods used to bring about change in offenders’ dynamic risk factors, and hence their offending behaviour, should be supported by empirical evidence with the target population.

**Skills Oriented Targets**

While programmes might seek to bring about change in cognitive and affective aspects of an offender’s functioning, they should encompass targets that are skills oriented. Therefore, programmes should aim to assist offenders develop those life and social skills that will help avoid offending and gain other rewards.

**Sequencing, Intensity and Duration**

Formally known as “dosage”, this criterion is concerned with matching the level and intensity of the programme, in terms of number and frequency of sessions, with offenders’ level of risk. Further, where offenders take part in more than one programme, the sequencing of programmes and components of treatment should be planned with regard to offenders’ overall treatment needs.

**Engagement and Motivation**

From the point of selection to take part in a programme, attention should be paid to offenders’ engagement and motivation. In this light, programme attendance and completion rates should be monitored, along with recording the reasons for non-attendance of sessions and non-completion of programmes.

**Continuity of Programmes and Services**

The provision of programmes should take place within a coherent sentence planning process. This point applies both within services and between services.
Maintaining Integrity

A programme must have strategies in place to monitor programme integrity in order to demonstrate that the sessions are being delivered as intended. These strategies should include procedures to provide staff with constructive feedback on their practice.

Ongoing Evaluation

There will be continued monitoring and evaluation of programmes with respect to their effectiveness. The evaluation should encompass both processes, as in change on the targeted dynamic risk factors, and outcome as with re-offending.

As discussed in Chapter 2, the emergence of programmes has seen a marked move towards the use of manuals. The CSAP requires all offending behaviour programmes seeking accreditation to be fully manualised, with no fewer than five manuals required. A theory manual, which details the theory and its supporting research evidence that underpins the programme’s model of change. A programme manual, which details each programme session and links the targets for change to the model of change presented in the theory manual. An assessment and evaluation manual provides full details, including administration, scoring, and interpretation, for all the measures used for assessment and evaluation within the programme. A management manual detailing the procedures for staff selection, training, and appraisal; the criteria for the selection and assessment of offenders for the programme; the minimum operating conditions for the programme; procedures for monitoring and evaluating the programme; and the roles and responsibilities of staff relating to the programme. Finally, a staff training manual provides details of all training for those staff involved in the programme, including both management and delivery personnel, alongside details of the procedures for assuring the competence of staff and regular reviews of staff performance.

Thus, the accreditation criteria set high standards for the development, implementation, and maintenance of offending behaviour programmes. These standards give a clear platform for organisations seeking to develop programmes to meet the needs of their particular client group (Hollin, 2001b). Those organisations with similar programmes have developed parallel systems. For example, the Scottish Prison Service (SPS) has seven programme design accreditation standards, so that a programme must show the following: (1) that it has a clear rationale and outcomes are clearly stated; (2) that it uses effective methods of prisoner selection and support; (3) that it uses appropriate means of assessing prisoner progress; (4) that it ensures benefits for the prisoner both during and after delivery; (5) that there are criteria for selecting, training, and supporting delivery staff; (6) that the resources and conditions for implementation are identified; and (7) that there is a commitment to continuous quality improvement (Scottish Prison Service, 2003). The SPS Accreditation Panel works to these standards and each standard has a set of supporting criteria. For example, Standard 1 is that a programme has a clear rationale and outcomes are clearly stated and there are four supporting criteria to be met.

At the onset, the accreditation criteria were designed for use with “stand-alone programmes”, such as R & R, where the programme is self-contained and delivered