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Evidence of Professionalism or Quackery: Measuring Practitioner Awareness of Risk/Need Factors and Effective Treatment Strategies

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THE LAST TWO decades of research have supported the need to reaffirm rehabilitation as a viable and primary goal of corrections. Most recently, research in the area of correctional intervention has shifted from examining whether or not treatment is effective at reducing recidivism to the more specific task of identifying attributes and conditions effecting reductions in recidivism (see Cullen & Gendreau, 2001). Findings from this body of research have identified a core set of principles that, when adhered to, provide correctional programs the greatest promise for crime reduction (see Gendreau, 1996a). However, even with this knowledge of how to most effectively treat offenders, there is a growing suspicion that the practitioners responsible for providing rehabilitative services remain unaware of the empirical findings regarding effective interventions, thus engaging in what Latessa, Cullen, and Gendreau (2002) refer to as “correctional quackery”—often relying on common sense or traditional practices in place of scientific evidence. If there is any validity to the above suspicion, our correctional system is failing to correct offenders, and more importantly, failing to protect the public.

According to Steinberg, Chung, and Little (2004), approximately 2.5 million juveniles are arrested annually. Furthermore, the Federal Bureau of Investigation (FBI) cites that in 2002, for all violent crime arrests, individuals under the age of 18 were responsible for 15 percent of those crimes, while juveniles accounted for 17 percent of all arrests (Snyder, 2004). Because juveniles are responsible for a significant portion of the offenses committed in the U.S., juvenile crime is at the forefront of social policy, consequently precipitating the dilemma of how to effectively treat young offenders.

Divergent to the evidence on deterrence-oriented practices and programs, researchers examining the effectiveness of rehabilitative interventions have observed recurring and considerable positive treatment outcomes (Andrews, Zinger et al., 1990). Specific to juveniles, Lipsey, Wilson, and Cothorn (2000) analyzed 200 experimental and quasi-experimental studies and found an average 12 percent reduction in recidivism for juveniles exposed to rehabilitative services. Because more

than one million young offenders are adjudicated delinquent annually (Mears & Travis, 2004), the importance of targeting empirically supported risk factors of juvenile delinquency with the most empirically supported treatment modalities cannot be overstated.

Juvenile correctional workers have many duties, two of the most important being supervision and service delivery. As a result, practitioners need to utilize empirical knowledge in their decision making because they constitute the front-line of those responsible for creating and implementing programs to treat youths. Unfortunately, as Latessa (2004) states, “it is important to remember that corrections often operates under the modus operandi of ‘if nothing bad happened yesterday, do the same thing today’” (p. 548). Consequently, if correctional practitioners are targeting inappropriate predictors of recidivism and therefore implementing ineffective treatment programs, it is logical to assume that juvenile delinquency will continue to be a pervasive social problem.

This paper investigates the level of awareness that juvenile correctional workers have of the most current research relevant to juvenile correctional strategies. More specifically, this research examines practitioner knowledge of risk factors for delinquency and knowledge of empirically supported treatment modalities.

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Literature Review

Practitioners often employ “common sense” principles in their decision making, rather than embracing the ever-increasing body of knowledge on correctional treatment (see Latessa et al., 2002). Equally common are decisions based on maintaining the status quo, where practitioners defer to traditional procedure rather than referring to scientific evidence (Holsinger & Latessa, 1999). Providing empirically unfounded services to correctional clients produces no change in the propensity to offend, and at worst, can actually increase the propensity for antisocial behavior (Lowenkamp & Latessa, 2005). Thus, because public safety is ultimately a byproduct of the level of antisocial tendency of its residents, ignoring empirical research can detrimentally affect both the offender and society (Cullen, 2005). Essentially, evidence suggests that “correctional quackery” persists in spite of the numerous studies identifying risk/need factors of antisocial behavior and effective programming techniques.

Principles of Effective Intervention.

Considering the numerous strategies and types of programming used in corrections, it is not surprising to find a large degree of heterogeneity in programmatic strategies. However, given what is known about effective rehabilitative programming, such heterogeneity should not exist. At the most basic level, efficacious programs are based on the fundamentals of risk, need, treatment, and responsivity, which lay the groundwork for the principles of effective intervention (Gendreau, 1996a). Programs adhering to the principles of effective intervention [1](#)) are highly structured and behavioral in nature; 2) have services that match offender risk level to service intensity; 3) provide services that address an offender’s individual characteristics, such as learning style and personality; 4) address criminogenic needs; 5) have contingencies which are enforced in a “firm but fair” manner; 6) employ trained staff that relate to offenders in positive ways; and 7) provide aftercare services and have community- based relapse prevention strategies (Gendreau, 1996a). Numerous evaluations of program characteristics have found a significant correlation between the implementation of these principles and positive offender outcomes (see Latessa, Jones, Fulton, Stichman, & Moon, 1999; Lowenkamp & Latessa, 2005; Matthews, Hubbard, & Latessa, 2001; Pealer & Latessa, 2004). Thus, adhering to the principles of effective intervention promotes a certain level of homogeneity in programming; this would imply that the more unique a correctional program is, the less effective it will be at reducing antisocial behavior (Cullen, 2005). Keeping in mind the importance of adhering to all of the principles stated above, addressing criminogenic needs and providing theoretically based rehabilitative programming constitute two of the most crucial steps toward implementing the principles of effective intervention.

Risk/Need Factors

To be considered a risk factor, a given attribute must be empirically linked to antisocial behavior (Bonta, 1996). Risk factors can be either static or dynamic in nature, with static risk factors constituting historical and primarily unchangeable attributes (such as whether an individual has ever used illegal substances). On the other hand, dynamic risk factors, also referred to as criminogenic needs, are those attributes that can be changed (such as whether an individual is currently using illegal substances). The research shows that if correctional efforts are to achieve any success at reducing recidivism, services must address the criminogenic needs of high risk offenders (Andrews, Bonta, & Hoge, 1990; Dowden & Andrews, 2000). The most relevant criminogenic needs have been empirically identified and are fairly well established in the literature for juveniles and adults (see Andrews & Bonta, 2003; Gendreau et al., 1996b) as well as across sex (see Simourd & Andrews, 1994). Specifically, the most relevant risk factors are criminal history, antisocial attitudes, associates, and personality (with the latter three being criminogenic needs). These are referred to as the “Big Four” (Andrews and Bonta, 2003). A working knowledge of criminogenic factors by program staff in any given rehabilitative program is essential, since adhering to the principles of effective intervention requires that these factors serve as the primary targets of rehabilitative service.

Types of Treatment

Effective programs are based on sound theoretical principles “derived from the treatment literature” (Latessa, 1999, p. 422). While many different treatment strategies are utilized by correctional interventions, cognitive-behavioral based programs consistently show positive treatment effects (Lipsey & Wilson, 2000). The premise underlying cognitive behavioral treatment modalities is that thoughts and feelings provide the precursors to behavior. Thus, cognitive behavioral strategies target criminogenic thought-processes in an effort to correct antisocial behaviors (Wilson, Bouffard, & Mackenzie, 2005). More specifically, cognitive behavioral-based therapies that use role playing, modeling, interpersonal skills training, reinforcement, and problem solving skills are the most potent strategies for reducing criminal behavior (Andrews, Zinger et al., 1990; Izzo & Ross, 1990). In fact, Izzo & Ross (1990) observed that programs based on a theoretical model were, on average, five times more effective at reducing recidivism than a theoretical programs. In spite of these findings, a majority of correctional programs utilize atheoretical programming techniques that lack empirical support for their ability to reduce recidivism (Latessa, 1999; see also Matthews et al., 2001; Pealer & Latessa, 2004).

Additional evidence showing that rehabilitative services tend to be a theoretical and empirically unsupported can be found in research assessing correctional programs using the Correctional Program Assessment Inventory [1](#) (CPAI). This research found that more than 66 percent of the 105 programs assessed were scored as either “satisfactory but needs improvement” or “unsatisfactory” by the CPAI (Latessa, 1999). More important, the CPAI assessments demonstrated that correctional agencies were most deficient in the area of programming, which suffered from a systemic lack of structure, wherein staff was allowed to devise their own treatment programs without regard to existing research (Latessa, 1999).

Practitioners

An increasing number of academicians and researchers acknowledge that successful interventions are attributable to “what is delivered to whom in particular settings” (Andrews, Zinger et al., 1990, p. 372). Likewise, Izzo and Ross (1990) echo similar sentiments, stating, “whether a program works depends on who does what to whom, why, and where” (p. 140). Consequently, because it is ultimately the practitioners who create and implement correctional interventions, it is absolutely necessary for them to be educated in and have a working knowledge of empirically supported practices. Yet, more often than not, treatment is blindly administered due to a lack of awareness of identified risk/need factors and appropriate treatment strategies.

In questioning correctional professionals “who work with offenders day in and day out” about

their perceptions on what are “the major risk factors associated with criminal conduct,” Latessa (2004) states, “they are often all over the map, and needless to say, I am often amazed with the list they come up with” (p. 551). Similarly, in an analysis of need scales utilized in juvenile probation agencies in California, Illinois, Montana, and Wisconsin, researchers found substance abuse, emotional stability, family problems, school problems, and intellectual impairment to be the most commonly stated needs of juvenile offenders (Baird, Storrs, & Connelly, 1984). Although these needs do play a small role in the cause of delinquency, they are not among the most potent drivers of antisocial behavior (the “Big Four”).

While research evidencing what constitutes effective programming is fairly well established, the translation of this research into practice has been and is stunted. Knowing “what works” in offender rehabilitation is essentially useless if practitioners are unaware of established principles and, in effect, unable to translate them into programmatic practice. There is recent suspicion that correctional practitioners are not utilizing available research (Latessa et al., 2002), opting instead to overlook scientific evidence in favor of “correctional traditionalism” (Cullen, 2005). This survey research examined the familiarity that practitioners have with the “what works” literature by measuring their knowledge of criminogenic needs and effective treatment strategies.

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Method

Participants

Three distinct juvenile justice correctional agencies in a large Midwestern state were surveyed for the current research. These settings included: 1) the state department of youth services that operates juvenile institutions and aftercare services and provides institutional programming for approximately 2,000 youth adjudicated as delinquent in that state each year, 2) a county-level juvenile probation department that receives approximately 1,500 youths ordered to probation by the county juvenile court each year, and 3) a separate county-level juvenile rehabilitation center. This center is a 36-bed residential program for both males and females, with an additional ten beds located in a nearby halfway house that brings program capacity to a total of 46 youth. The average length of stay for youth in the juvenile rehabilitation center is about seven months. These three agencies agreed to participate in the research and agency administrators welcomed the opportunity to have their staff surveyed regarding both classification and treatment practices.

In combination, these three agencies represent a continuum of correctional treatment for delinquent youth, ranging from traditional probation supervision to secure, long-term, institutional placement. It is important to note that prior to completing the surveys, all staff members from each of the agencies attended, at minimum, a twoday classification and assessment training seminar emphasizing empirically identified criminogenic needs and how to effectively address those needs.

Materials

A survey was created that asked staff to provide information about the current treatment and classification strategies used by their agency. In addition, the surveys also asked staff to list what they thought were the most important criminogenic needs of juvenile delinquents, and to list what they thought were the most effective treatment strategies. The questions were open-ended; respondents were provided space to record their own viewpoints rather than merely choosing from a list of possible responses.

Procedure

Information concerning practitioner awareness of criminogenic needs and treatment strategies was collected through a practitioner survey. Packets of surveys, along with an envelope for each completed survey and a larger return envelope for all of the surveys, were mailed to an administrator at each research site. The coordinating administrator distributed the surveys to all treatment staff and agreed to be responsible for ensuring staff completion. Responses were kept

anonymous to assure confidentiality. Upon completion, each staff member was instructed to seal his or her survey in the provided envelope and return it to the coordinating administrator. Once all treatment staff completed the surveys, the administrator mailed them back to the researchers whereupon the responses were coded and entered into a database.

Measures

The variables of interest in this study were practitioner awareness of criminogenic needs and practitioner awareness of effective treatment types. Responses to the survey question which asked staff to list the most important criminogenic needs of juvenile delinquents were compared to the empirically well established “Big Four” risk factors of antisocial attitudes, associates, personality, and criminal history (Andrews & Bonta, 2003). Because respondents were asked to identify needs, their answers were compared to only three of the “Big Four” (as criminal history is a static risk factor, not a changeable criminogenic need).

Responses to the survey question that asked staff to identify effective treatment types were compared to what meta-analytic inquiries have revealed as being the most promising approaches for reducing antisocial behavior, namely behavioral, cognitive- behavioral, or social learning based treatment modalities (Andrews, Zinger et al., 1990; Lipsey, 1995; Losel, 1995). Responses to each of these questions were coded dichotomously (e.g., yes or no) as to whether or not the respondent was able to identify the need or treatment type. If the respondent was in fact able to identify one of the “Big Four” risk factors or an empirically supported treatment type, the specific response was also recorded.

In addition to the variables of interest, demographic information for the survey respondents was collected in this research. Specific demographic information included sex of the respondent, number of years with the current agency, number of years in the current position of employment, and education level.

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Results

The results for all analyses are reported in two sections. The first section presents the descriptive statistics for agency response rates and information about individual staff. The second section presents the percentages of agency staff that identified criminogenic needs of their client population and percentages of staff that identified effective treatment types.

Demographic Characteristics

An examination of [Table 1](#) reveals that 100.0 percent of the treatment staff employed by all three of the agencies included in this study returned a survey. The respondents were nearly equally divided by sex and had been employed by their respective agencies, on average, approximately 10 years, while serving an average of 6.5 years at their current position. Additionally, [Table 1](#) reveals that more than 60 percent of the treatment staff have a baccalaureate degree and more than 30 percent have an advanced degree (either an M.A./M.S. or Ph.D.). In sum, [Table 1](#) indicates that the three agencies participating in this research employ an essentially equal number of male and female, well-educated and considerably experienced staff.

Staff Awareness of Criminogenic Needs and Effective Treatment Types

[Table 2](#) provides information on staff awareness of empirically identified criminogenic need factors of juvenile delinquents as well as staff awareness of empirically relevant effective treatment types. An examination of [Table 2](#) reveals that of the 171 staff that provided a response to the question asking what they thought the most important criminogenic needs of juvenile delinquents were, 0.0 percent were able to identify all three of the criminogenic needs stated in the “Big Four” risk factors. The results were not much more encouraging when examining the number of staff able to identify two of the three criminogenic needs identified in the “Big Four.” Indeed, only 6.4 percent successfully identified two of the three criminogenic needs contained in

the “Big Four” risk factors. Slightly more encouraging however—but not adequate by any means—was the observation that nearly 36 percent of respondents were able to identify at least one of the criminogenic needs contained in the “Big Four.”

Of the 42.1 percent of respondents that correctly identified at least one criminogenic need, 81.9 percent listed personality, 10.5 percent listed attitudes, and 3.5 percent listed associates as a criminogenic need of juvenile delinquents. Interestingly, these data indicate that of the practitioners identifying at least one criminogenic need, only 14 percent listed one of what research consistently finds to be the two most potent predictors of delinquency: attitudes and associates. It should be noted that some of the most common responses did include criminogenic needs empirically identified as moderate predictors of delinquency (specifically substance abuse, education, and family needs), with substance abuse being the modal response given.

The findings relevant to practitioner awareness of effective treatment types reveal similar results. Of the 181 staff responding to the question asking what they thought were the most effective treatment types, only 27.6 percent were able to identify cognitive, cognitive-behavioral, or social learning based treatment types. Interestingly, the modal response to this survey question was coded as “vague” for this research. Some of the most common open-ended responses given which were later coded into the “vague” category included psychoanalysis, mental health, self-esteem enhancement, and victim awareness.

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Discussion

Several decades of research examining differing strategies for reducing delinquent behavior indicate that the provision of rehabilitative service provides the only consistent method of effecting behavioral change and, more specifically, indicates that only cognitive behavioral treatment strategies addressing the criminogenic needs of high-risk clients yield consistent and positive treatment effects. The implications are very clear: for programming to be effective, it must adhere to the principles of effective intervention. The current research examined the level of awareness that front-line practitioners have of two of the principles of effective intervention: the needs principle (e.g., what needs to target) and the treatment principle (e.g., how to target the identified needs).

The findings of this research make a very important point regarding the implementation of treatment strategies based on the principles of effective intervention. The agencies surveyed represented a continuum of juvenile correctional agencies, including probation, institution, and residential treatment settings. The practitioners employed by the participating agencies were experienced and well-educated. However, a large majority of practitioners were unable to identify the empirically well-established “Big Four” predictors of future delinquency. Unfortunately, it should come as no surprise that many rehabilitative efforts fail to produce positive treatment effects when those responsible for delivering the interventions are largely unaware of the most relevant criminogenic needs to target with such services.

This research came to the same conclusion when examining practitioner awareness of effective treatment strategies. For this sample of survey respondents, little more than one-fourth was able to identify at least one of the three empirically well-established effective treatment modalities. This finding is particularly troubling given that the main distinction between the juvenile and criminal justice systems is the emphasis on rehabilitation.

While these findings are based on a large number of juvenile practitioners from diverse settings, it must be noted that the results only describe the level of practitioner awareness in this sample. Additionally, responses provided were open-ended in nature. While considerable effort was made to carefully examine each response and to ensure it was coded into the appropriate criminogenic need or effective treatment category, it is possible that there was some discrepancy between what a respondent wrote and actually meant.

Despite the limitations discussed, the results of this research make a strong case for the expanded use of interventions. Ironically though, a case is made for the expanded use of interventions aimed at improving practitioner knowledge. Correctional agencies should begin by subscribing to discipline- specific journals which report research findings concerning rehabilitative efforts. Such information can be used to educate staff as to the latest and most effective treatment strategies for addressing client needs. Additionally, agencies should seek to bridge the gap between empirical and practical knowledge by establishing closer relationships with researchers. Collaborating with researchers to package the latest research findings into seminars or workshops, in particular, would prove to be a beneficial means of further educating staff.

In sum, researchers and practitioners are so identified because of their primary role as either researcher or service provider. The existing body of literature relevant to effective interventions demonstrates that researchers are fairly well informed regarding what constitutes effective correctional practice. The findings from this study demonstrate that practitioners are largely uninformed when it comes to knowing their trade, and are ultimately providing service that could be classified as “quackery.” Furthermore, these findings are particularly troublesome given that it is ultimately practitioners that are responsible for rehabilitating juvenile delinquents.

Consequently, if research identifying the components of effective interventions is to have any utility, it must find its way into the common language and practice of those that can put it to good use: practitioners.

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Table 1: Descriptive Statistics of Practitioner Surveys (N=96)

Variable		%
Agency response		
	State institution (n=185)	100.0
	County probation (n=10)	100.0
	County rehabilitation center (n=1)	100.0
Sex		
	Male	50.8
	Female	49.2
		M
Years With Agency		10.2
Years At Current Position		6.5
		%
Education		
	H.S.	3.2
	Some College	3.7
	A.A	0.5
	B.A./B.S.	61.6
	M.A./M.S.	24.7
	PhD.	6.3

Table 2: Practitioner Awareness of Criminogenic Needs and Treatment Principles

Awareness of Criminogenic Needs (n = 171)	%
Identified 1 criminogenic need only	35.7
Identified 2 criminogenic needs only	6.4
Identified 3 criminogenic needs	0.0
Awareness of Effective Treatment Type (n = 181)	%
Identified appropriate treatment type	27.6

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¹ Pretrial diversion is an alternative to prosecution that seeks to divert certain candidates from traditional criminal justice processing into a program of community supervision administered by the pretrial services or probation office.

² The Sentencing Reform Act (Pub. L. 95-536) created a guidelines-based determinate sentencing system, abolished parole, made probation a sentence in its own right, and created terms of supervised release that could be imposed to follow imprisonment.

³ “Minor” offenses represent convictions for offenses for which the sentence is 90 days or less imprisonment, one year or less probation, or a fine. “Major” offenses are violations that include involvement in or conviction of serious offenses (including absconding from custody), arrest on another charge, or convicted and sentenced to more than 90 days imprisonment or more than one year probation.

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¹ The Correctional Program Assessment Inventory (CPAI) (Gendreau & Andrews, 1994) is an evaluative assessment tool used to rate the integrity of correctional programs according to six related areas (program implementation, client pre- service assessment, characteristics of the program, characteristics of staff and practices, evaluation, and miscellaneous). Because research is mounting on the relationship between program integrity and program effectiveness (see Holsinger, 1999), the CPAI is beneficial, given that its design allows program administrators to observe the areas where improvement is needed.

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