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The Rehabilitation of Offenders: International Perspectives Applied to Australian Correctional Systems

Kevin Howells & Andrew Day

In December 1998 there were 19,620 people in Australian prisons. Considerably more flowed through our prisons during the year, and some would argue that our responsibility extends beyond incarceration to rehabilitation.

The rehabilitation of offenders is once again being seen as an important topic by correctional departments in Australia, following a period in the 1970s and 1980s when there was widespread disillusionment with the notion. This paper examines the reasons for the resurgence of interest in the field of offender rehabilitation, and describes the conclusions from several recent international reviews that suggest that rehabilitation programs can be effective in reducing recidivism.

Available evidence from international experts now supports the use of a criminogenic needs approach to rehabilitation programs, and shows that some types of programs produce better outcomes than others. The implications of this approach are discussed in this paper in the context of Australian correctional systems.

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In this paper, we examine the reasons for the resurgence of interest in the field of offender rehabilitation, and describe the conclusions from several recent international reviews that suggest that rehabilitation programs can be effective in reducing recidivism. (The term *rehabilitation* in this context refers to working with individual offenders to stop them from continuing to commit crime.) Recent work by Canadian researchers such as Andrews, Gendreau and Bonta has suggested that the most effective programs target factors which are both amenable to change and directly related to the offending itself, including: anti-social attitudes and feelings; self-control and problem solving skills; and substance abuse—known as “criminogenic needs”. Accordingly, there has been an increase in the number of rehabilitation programs for specific offending problems, such as sexual offending, violent offending and drug and alcohol use. It is these programs, focusing on the criminogenic needs of offenders, which are discussed in this paper; educational and vocational programs that do not focus directly on criminogenic needs are not considered.

The move away from rehabilitative ideals is commonly thought to have been prompted by Robert Martinson’s review of 231 controlled outcome studies conducted between 1945 and 1967, concluding that “with few and isolated exceptions, the rehabilitative efforts that

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have been reported so far have had no appreciable effect on recidivism". Martinson's work was taken by many as proof that "nothing works" in offender rehabilitation and was influential in correctional policy and service planning across the world.

A re-analysis by Thornton (1987) of the data used in the original review indicated that it was possible to conclude either that psychological treatments had a positive effect on recidivism, or that no conclusions could be drawn from the data. The one conclusion that was not acceptable to the reviewer was that it had been shown that "nothing works".

Since 1967 new outcome studies have also provided evidence that some rehabilitation programs do indeed work. As early as 1986, Borowski described a number of North American programs for juvenile offenders, concluding that the "foundation of the 'nothing works' myth is progressively beginning to crumble" (p. 161). There are now more than 1500 published studies in the area of offender rehabilitation (Lipton et al. 1997), enabling researchers to use the statistical technique of meta-analysis to aggregate data across a number of comparable studies. Whilst the method has attracted some criticism, meta-analysis has become a widely accepted way of making generalisations about outcomes, and produces an easily understandable overall estimate of program effect sizes. An effect size index can be directly interpreted as the percentage improvement of treatment groups compared to control groups.

In the last five years major reviews have been conducted in the UK, North America, Canada and Europe which summarise the outcomes of rehabilitation programs involving thousands of offenders. Each of these reviews has reached broadly similar conclusions, leading to what appears to be an emerging international consensus of expert opinion as to the effectiveness of rehabilitation programs.

In the United Kingdom, James McGuire reviewed 10 meta-analytic studies conducted between 1985 and 1996, based on a cumulative sample of over 50,000 offenders. McGuire (1998) noted that all of these studies (of rehabilitation programs) reported positive effect sizes (+0.10 to +0.36) in recidivism (i.e. those who have attended programs re-offend 10 to 36 per cent less than those who do not attend programs). McGuire argues that these effect sizes, although modest, compare favourably with the effect sizes for various pharmacological treatments (e.g. AZT or aspirin), and would prove a cost-effective option for the criminal justice system.

In North America, the United States Congress commissioned a major report on the effectiveness of crime prevention programs and practices, including a review by Doris Layton MacKenzie of rehabilitation outcome studies. MacKenzie concluded that "the proportion of studies reporting positive evidence of treatment effectiveness varied from near 50% to 86%... and that rehabilitation is effective in reducing the criminal behaviour of at least some offenders" (NIJ 1997, ch 9, pp. 12-13).

In Europe, Redondo and colleagues (1998) completed a meta-analysis of 32 studies involving 5715 offenders in European countries. They reported an overall effect size of +0.15 for programs over a 2-year follow-up period (which translates into a reduction in recidivism of 15 per cent for those attending the programs). A comparable finding in Europe was reported by Losel (1996) who argued that, on average, offenders who attend rehabilitation programs have a 10 per cent lower re-arrest, reconviction and re-incarceration rate.

These studies, when taken together, offer consistent evidence that offender rehabilitation programs can have a positive effect in reducing recidivism—enough evidence to safely reject Martinson's 1974 conclusion that "nothing works". It must be

borne in mind that such analyses include a range of types of rehabilitative program; conclusions thus relate to the *general* effectiveness of programs. More recently, attention has been given to differential outcomes for different program types, that is to the question: "What works best?".

Canadian researchers have presented evidence suggesting that appropriately designed services (according to their criteria) produce an average reduction in recidivism of over 50 per cent, compared with "inappropriate services" which lead to increased recidivism. Of the 35 studies of "appropriate services" reviewed by Andrews et al. (1990), all but two found reduced recidivism. Three main factors have been identified as components of appropriate services that produce optimal rehabilitation outcomes: program characteristics; offender characteristics; and setting characteristics.

Program Characteristics

Programs which are well grounded in psychological theory and/or research are likely to produce better outcomes than those which are not. In particular, programs should be designed to target psychological factors that are amenable to change through treatment and have a functional relationship with offending (criminogenic needs). Programs based on psychological theory and research have been developed in the areas of drug and alcohol use, anger management and violent behaviour, sexual offending and general offending. All of these programs make sense in that the targets addressed (drug and alcohol use or anger problems) have high plausibility as contributors to offending behaviours. Whilst many of the programs were originally drawn from clinical treatments, they have been adapted to meet the specific needs of offender clients and have a growing empirical base to support their efficacy. The strength of the criminogenic

needs approach lies in its ability to be applied across a number of different areas of offending. In Western Australia, for example, the Ministry of Justice has developed a model of criminogenic needs assessment for violent offenders based on the following areas of assessment:

- personality factors (such as psychopathy, poor empathy and impulsivity);
- cognitions about offending (justifications and rationalisations for criminality);
- appraisals (how situations are perceived and interpreted);
- arousal (and self-control);
- interpersonal and problem-solving skills;
- psychopathology; and
- inhibitors and disinhibitors for criminal behaviour (such as peer or family pressures, or alcohol/drug use).

Assessment of an offender's criminogenic needs in each of these areas leads to a clear specification of treatment goals that can be targeted through the rehabilitation program.

A general consensus is emerging in the literature that cognitive and behavioural methods are more successful than other types of programs such as those based on confrontation or direct deterrence, evaluations of social casework, physical challenge, restitution group counseling, family intervention or vocational training (McGuire 1995). Cognitive-behavioural programs are structured, goal oriented and focus on the links between beliefs, attitudes and behaviour, and they have been developed for different types of offending.

Sexual offending

A recent meta-analysis of treatment studies for sexual offenders reported that sexual recidivism for treated offenders was 19 per cent, compared to 27 per cent for untreated offenders (Hall 1995).

Research suggests that

different types of sexual offenders have different probabilities of re-offending. For example, rapists re-offend more than child sex offenders; sexual offenders against male victims have higher recidivism rates than those who offend against females; incest offenders have the lowest recidivism rates (Hanson & Bussiere 1996). In Australia, sex offender treatment programs are currently offered by most of the States and Territories, both in prison and community settings. A major emphasis in many sex offender treatment programs is given to two areas: victim empathy and the justifications and rationalisations for offending behaviour. The early stages of treatment are devoted to identifying cognitions and appraisals and offering challenges to beliefs that support offending. Information is also usually offered about the impact of sexual offending upon victims, with the initial goal that offenders view their offences realistically and understand how beliefs and attitudes are both related to their offending and are amenable to change.

A second related focus of treatment is the area of arousal, both physical and emotional. Whilst arousal usually occurs in the context of cognitions and appraisals, it is important for offenders to identify the antecedents for situations when they feel aroused, and to learn coping strategies. The concept of offending cycles is often used to describe how offences don't "just happen", but can be traced back to a quite specific period of build-up and triggers. Finally, most programs include a relapse prevention component where offenders are taught to identify situations that for them may increase the risk of re-offending, and how to manage them more effectively.

Anger management

A recent meta-analysis of cognitive-behavioural treatments (CBT) for anger, based on 50 studies incorporating 1640 participants, reported that anger

programs produce an effect size of +0.70, indicating that the average CBT recipient was better off than 76 per cent of untreated subjects (Beck & Fernandez 1998). Indeed the European review of rehabilitation by Redondo and colleagues (1998) suggested that programs for violent offenders have the greatest success in reducing recidivism. Large scale anger management programs are offered in several States (e.g. Western Australia and South Australia) and are currently being evaluated. A prison-based intervention in Victoria, known as the Alternatives to Violence Program, has been shown to produce positive outcomes (Miller 1996).

The focus of many anger management programs is the recognition and monitoring of anger and finding ways to express anger appropriately. Programs such as Skills Training for Aggression Control, offered in Western Australia, teach relaxation techniques to deal with high levels of arousal and focus in detail on the build-up to anger, looking at the cognitions and appraisals that increase aggression. Participants will often be asked to complete an anger diary to help them identify patterns and triggers to their anger. Later they are asked to reflect on alternative ways of managing the situation. Self-control strategies are taught, combining cognitive self-control methods with ways of reducing physical tension. Often the final component of the program is relapse prevention.

Drug and alcohol use

There is a clear association between substance use and crime, and it seems reasonable that effective treatments for drug and alcohol use will have an impact on subsequent offending. Whilst there have been few evaluations of offender programs in this area, cognitive-behavioural and relapse prevention interventions show promise. In Australia, programs are currently offered in all States and Territories through both external agencies and correctional employees. During 1990,

the Alcohol and Drug Federation of Australia convened a series of training workshops on working with offenders with drug and alcohol problems. A number of programs have subsequently been offered across Australia, employing behavioural principles to reduce drug use. These tend to focus on five areas of offenders' behaviour: drug/alcohol use, consumption patterns, knowledge, related problems and relationship to offending (see Baldwin et al. 1996).

"Ending offending" (cognitive skills)

Cognitive skills programs first developed in Canada by Ross and Fabiano (1985) are now also offered by Correctional Services in the UK and Australia. These programs focus on addressing thinking patterns in offenders which may be related to offending. They emphasise decision making, problem solving and taking the perspective of others. This is a relatively intensive program, currently offered in South Australia.

It is important that all rehabilitation programs are sufficiently intense to make an impact upon offending rates. For example, a 6-week course on anger management is unlikely to have a significant impact on offenders with 20-year histories of anger-related offences. Canadian researchers recommend that programs should last at least 100 hours and take place over a minimum of 3-4 months. There is also agreement that treatment integrity plays an important role in determining the effectiveness of rehabilitation, meaning that programs have to be consistently delivered by staff according to the program design. Many researchers have called for the use of standardised treatment manuals as a way of improving treatment integrity.

Finally, researchers have strongly recommended that the staff responsible for program delivery receive adequate training and supervision (NIJ 1997; McGuire 1998; Andrews et al. 1990). Therapists' skills must also

be matched with the type of program. Gendreau and others have suggested that therapists should have at least an undergraduate degree or equivalent, and receive 3-6 months formal on-the-job training in the application of interventions.

Offender Characteristics

Programs that select appropriate candidates for treatment, and that target areas for rehabilitation which are directly related to offending, are likely to be more successful than those that do not. Canadian researchers such as Andrews and Bonta have put forward five principles for selection: risk, need, responsivity, professional discretion and program integrity. The *risk* principle suggests that higher risk offenders benefit more from rehabilitation programs than low risk offenders; the *needs* principle suggests that programs should meet individual offender criminogenic needs; and the *responsivity* principle suggests that programs should be as responsive as possible to the characteristics of individual offenders. There may be a need, for example, to modify programs to make them more suitable for participants from different ethnic backgrounds.

Individual assessment ensures that offenders are selected for programs on the basis of these five principles. In the past, commentators have noted the tendency for low risk, well motivated and articulate offenders to be selected for programs, independently of any evidence

that these offenders are most likely to benefit from the programs offered. At the centre of the selection process is the identification of criminogenic needs and associated treatment targets. Table I gives a list of typical offender needs which are related to recidivism (i.e. criminogenic needs), and this list forms the basis for the treatment programs already described.

Professional discretion allows for professionals to make decisions on the basis of characteristics and situations not considered by the other principles. Finally, the principle of *program integrity* refers to the delivery of a program as intended in theory and design. In brief, effective programs are those which match the intervention with the needs, circumstances and learning styles of individuals.

Setting Characteristics

Successful rehabilitation depends not only on the type of treatment offered, but also on the conditions under which it is delivered. The available evidence suggests that, on average, programs delivered in community settings produce better outcomes than those delivered in institutions. Issues of organisational resistance and staff motivation may need to be addressed before implementing programs in prisons. At the same time, prisons are more likely to contain those offenders with a medium to high risk of recidivism and therefore have a potential for more effective rehabilitation outcomes.

Table 1: Needs of offenders

Criminogenic	Non-criminogenic
Pro-criminal Attitudes	Self-esteem
Criminal Associates	Anxiety
Substance Abuse	Feelings of Alienation
Antisocial Personality	Psychological Discomfort
Problem-solving Skills	Group Cohesion
Hostility-Anger	Neighbourhood Improvement

Source: Bonta 1997

The Situation in Australia

In Australia, there are currently grounds for optimism about the future of rehabilitation programs. In recent years, several State correctional administrations have actively promoted and supported rehabilitation programs, and rehabilitation appears to be increasingly part of the core business of correctional departments. For example, the Western Australian Ministry of Justice has successfully introduced programs for violent and sexual offenders, the South Australian Department of Correctional Services is committed to the delivery of five core programs, and there have been new initiatives for juvenile offenders in New South Wales.

However, a common shortcoming of many programs is a lack of evaluation. Programs are often either not evaluated or evaluation methods fail to meet the conventional requirements of research design. Our literature search revealed only three recently published studies of offender treatment in Australia, none of which would meet the criteria for inclusion in a meta-analysis. One study was an evaluation of a community based treatment program for sex offenders (Lee et al. 1996) which reported some data on recidivism, but did not adopt a control group design. The other two studies were small scale evaluations of prison based anger management programs (in Western Australia and Victoria) which did not report follow-up data on recidivism (Watt & Howells 1998; Miller 1996).

This finding is disappointing—at the present time, all of the available evidence upon which programs are based comes from international sources. There is no way of assessing how well the “what works” approach applies to Australian correctional systems, or for groups such as Aboriginal and Torres Strait Islander offenders. If correctional departments are serious about implementing a “what works”

approach to rehabilitation, there needs to be a greater commitment to evaluation.

The Future

There is now an established body of scientific evidence supporting the notion that rehabilitation programs have a positive effect in reducing recidivism—an effect magnified when programs meet certain standards. It is now also possible to make recommendations for good practice, against which existing programs can be evaluated. This has prompted a theoretical shift back to psychological models of offending and the notion that recidivism can be addressed through intervention with the individual offender. This is important, as psychological factors are dynamic and amenable to change through appropriate intervention. Nationally, there has been a resurgence of interest in developing new programs and it is now important both to audit existing programs, and to highlight areas where rehabilitation is known to be effective and yet no services are currently offered.

Whilst there have been few published attempts to audit rehabilitation programs, one study in North America by Gendreau and Goggin (1996) reported that only about 10 per cent of existing rehabilitation programs could be regarded as satisfactory, and the Home Office in the UK reports a lack of appropriate selection for services and evaluation (Vennard, Sugg & Hedderman 1997). In Australia, whilst programs are offered, there is currently no way of assessing how appropriate these services are. Some correctional departments in Australia have expressed caution about using recidivism as a measure of program success. However, the available evidence suggests that appropriately designed and delivered programs have sufficient power to make a significant impact on recidivism. Ultimately, the utility of rehabilitative ap-

proaches rests in their ability to effect change in offending patterns.

Assuming that programs are offered which meet basic standards of good practice, the next step is to draw upon the “what works” research to influence sentencing policy. Indermaur (1996) has called for a clearer understanding of the links between sentencing and rehabilitation. Indermaur quotes the Australian Law Reform Commission on sentencing that, in 1988, described a “general agreement that rehabilitation programs employed to date have been unsuccessful if the incidence of recidivism is taken as the indicator of success”. McGuire (1998) reviewed evidence on the effectiveness of various sentencing options in preventing recidivism, concluding that sentencing options based on punitive approaches (such as prison sentences or community orders) have a limited capacity to influence the future behaviour of persistent offenders. By contrast, he argues, a variety of methods for working directly with offenders can accomplish this effect, when designed and delivered in appropriate ways.

Table 2 gives the results of a meta-analysis examining the effects of different criminal sanctions. It is important to compare these effect sizes with those achieved by rehabilitation programs (between +0.10 and +0.36).

Pease (1998) has suggested that criminological knowledge about offending careers (such as length, frequency and seriousness of offending) should be integrated with rehabilitation programming. Assessment of risk, as well as of offender need and motivation, leads to the matching of offenders with programs in ways which produce optimal outcomes. There is an increasing basis for sentencers to use rehabilitation as a serious sentencing option for high-risk offenders with identified criminogenic needs. A body of international opinion now suggests that crimi-

Table 2: The effectiveness of criminal justice sanctions

Sanction	Number of Studies	r
Fines	5	-.07
Shock Incarceration	46	-.02
Scared Straight	15	-.02
Intensive Probation	38	-.01
Drug Testing	7	.02
Electronic Monitoring	8	.02
Restitution	19	.06
Total	138	.00

Source: Gendreau & Goggin 1996

nal sanctions may reduce recidivism *only* when a treatment component is added. The rehabilitation of offenders thus offers policy makers a constructive opportunity to enhance community safety.

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