

Applying the Principles of Effective Intervention To Juvenile Correctional Programs

By Jennifer A. Pealer and Edward J. Latessa

In 1989, Gendreau and Andrews developed the Correctional Program Assessment Inventory (CPAI). This tool is designed to evaluate the integrity of a correctional program to determine the degree to which it meets certain principles. Over the years, the authors along with researchers from the University of Cincinnati have used the CPAI to assess hundreds of correctional programs. A total of 107 juvenile correctional programs in 17 states were assessed beginning May 1997 to June 2004. A large portion of the programs (56 percent) served males and females, 38.5 percent served only males, and 5.5 percent, only females.

A wide range of programs were assessed, including those operated by both government and private agencies, institutional and community-based programs (both residential and nonresidential), programs serving specific offender populations, such as sex offenders, as well as those serving a more general cross section of delinquent offenders. The programs ranged in size from a group home with eight beds to a diversion program serving more than 350 youths at one time. The programs also covered a wide geographic area and included those located in small towns, as well as urban and rural areas. The 107 programs also offered a wide array of services, including, but not limited to: drug and alcohol, mental health, school and education, sexual behavior, family counseling, individual counseling, anger management, domestic violence, life skills and antisocial thinking/attitudes. While the juvenile programs were not randomly selected, there is no reason to believe that the results are not reflective of the juvenile programs across the United States.

The Principles of Effective Intervention

During the past two decades, there has been renewed interest in examining correctional research. These efforts have been led by researchers such as Gendreau, Andrews, Cullen, Lipsey and others.¹ Much evidence has been generated, leading to the conclusion that many rehabilitation programs have, in fact, produced significant reductions in recidivism. The next critical issue became the identification of those characteristics most commonly associated with effective programs. Through the work of numerous scholars (Andrews et al., 1990; Cullen and Gendreau, 2000; Lipsey 1999), several "principles of effective intervention" have been identified. These principles can be briefly categorized as the following:

- Risk principle — Treatment interventions should be used primarily with higher risk offenders;
- Need principle — Target the known criminogenic predictors of crime and recidivism;
- Treatment principle — Treatment and services should be behavioral in nature; and
- Fidelity principle — Program integrity should be maintained throughout the delivery of services.

Examining Program Quality

Few would argue that the quality of a correctional intervention program has no effect on outcome. Nonetheless, correctional researchers have largely ignored the measurement of program quality. Traditionally, quality has been measured through process evaluations. This approach can provide useful information about a program's operations; however, these types of evaluations

often lack the "quantifiability" of outcome studies. Previously, researchers' primary issue has been the development of criteria or indicators by which a treatment program can be measured. While traditional audits and accreditation processes are one step in this direction, thus far, they have proved to be inadequate. For example, audits can be an important means to ensure if a program is meeting contractual obligations or a set of prescribed standards; however, these conditions may not have any relationship to reductions in recidivism. It is also important to note that outcome studies and assessment of program quality are not necessarily mutually exclusive. Combining outcome indicators with assessments of program quality can provide a more complete picture of an intervention's effectiveness (Latessa and Holsinger, 1998). Fortunately, there has been considerable progress in identifying the characteristics of effective programs.²

The Correctional Program Assessment Inventory

The CPAI was developed by Gendreau and Andrews (1989) and is a tool used to ascertain how closely a correctional treatment program meets the principles of effective correctional treatment (Gendreau, 1996). There are six primary sections of the CPAI, including:

- Program Implementation — The first area of the CPAI examines the program leadership and the design and implementation of the program.
- Offender Pre-Service Assessment — The second section of the instrument looks at three areas regarding pre-service assessment: selection of program participants; the assessment of risk, need and personal characteris-

tics of the offender; and the manner in which these characteristics are assessed.

- **Program Characteristics** — This section of the CPAI covers almost one-third of the items on the instrument. This area examines whether the program targets criminogenic behaviors and attitudes, the types of treatment used to target these behaviors and attitudes, specific treatment procedures, and the use of behavioral techniques.
- **Staff Characteristics** — This staff area of the CPAI concerns the qualifications, experience, stability, training and involvement of the program staff.
- **Evaluation** — The evaluation section centers on the types of quality assurance mechanisms in place and whether the program evaluates and monitors performance.
- **Other Items** — The final section in the CPAI includes miscellaneous items pertaining to the program such as ethical guidelines, the comprehensiveness of the files, and stability in funding, programming and community support.

Each section of the CPAI is scored as either "very satisfactory" (70 percent to 100 percent), "satisfactory" (60 percent to 69 percent), "needs improvement" (50 percent to 59 percent) or "unsatisfactory" (less than 50 percent). The scores from all six areas are totaled and the same scale is used for the overall assessment score. It should be noted that not all of the six areas are given equal consideration.

Data for the CPAI are collected through structured interviews with selected program staff and participants. Other sources of information included the examination of representative case files and other selected program materials (e.g., assessment tools, treatment curricula), and observation of groups. Once the information is collected, each program is scored.

Results

Figure 1 shows the average score of each of the six subcomponents of the CPAI along with the overall score. In the area of implementation, the average score was "very satisfactory," with

most programs having qualified and experienced program directors in place. The major deficiencies in this area were the general failure of programs to use research to design the interventions and treatment.

The assessment section of the CPAI evaluates how programs measure risk, need and responsivity. The average score for this section was 44 percent or "unsatisfactory." Most programs assessed some risk and need factors of the offenders; however, the process was often subjective. For example, only about one-third of the programs used a standardized instrument to measure risk and need factors, and even fewer

used an actuarial instrument that provided a score or level. Similarly, very few programs assessed responsivity factors such as motivation or readiness to change.

The third subcomponent of the CPAI examines the actual treatment or services delivered by the program. The average score for this section was also in the "unsatisfactory" range. Research has shown that programs are more effective when they target the criminogenic needs of the offenders in a manner that allows the offenders to learn and practice pro-social skills (Goldstein and Glick, 1995). Of the 107 juvenile programs assessed, about two-thirds

Figure 1: Juvenile Correctional Programs CPAI Scores

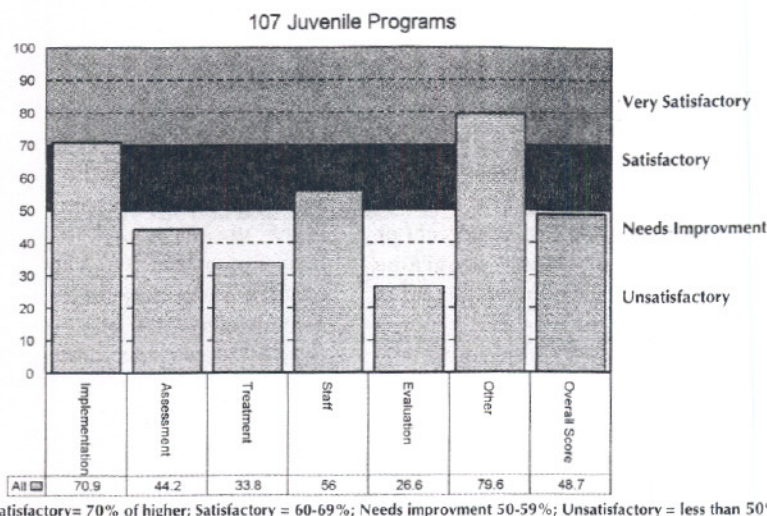
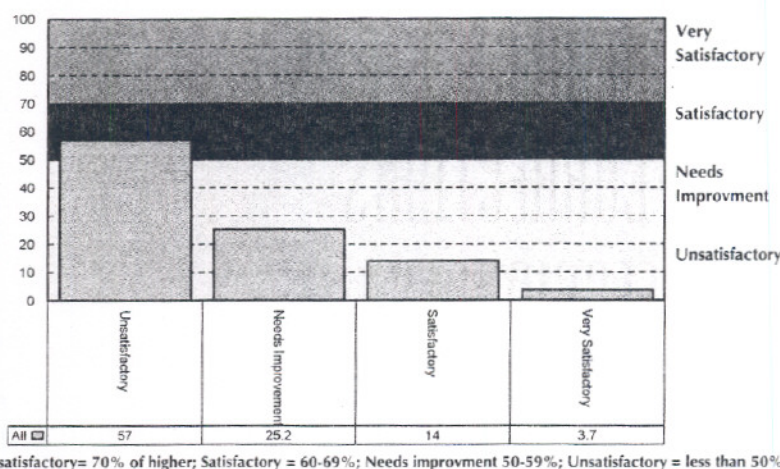


Figure 2: Percentage of Programs Scoring in Each Category



targeted factors related to recidivism; however, only one of three programs targeted these factors with proven treatment models such as cognitive-behavioral interventions. The most common types of treatment were psychoeducational, talking cures (in which offenders discuss their issues and problems without any focus on skill-building) or self-help models, which did not foster the development and internalization of pro-social skills. Furthermore, a very small percentage of programs varied the level of treatment and services based on the risk and need level of the offenders. In essence, most programs are "one size fits all." The researchers also found relatively few programs that effectively use behavioral strategies such as appropriate reinforcement techniques, or provide regular opportunities for the

offenders to practice new pro-social skills and behaviors.

The staff section of the CPAI examines the characteristics of the staff such as education, training and supervision. The average score of this section fell into the "needs improvement" category, and most programs met CPAI criteria for staff stability, ongoing training and staff input. The most common problems included the content and duration of initial training, the lack of assessment for clinical skills and a lack of clinical supervision.

The area of evaluation was rated as "satisfactory" and the deficiencies were abundant. Poor internal quality assurance processes, insufficient attention to reassessment and failure to collect recidivism data or evaluate program performance were the most common shortcomings.

Finally, the miscellaneous section of the CPAI was scored as "very satisfactory." Most programs had ethical guidelines in place, had complete files and were considered stable.

The total scores across the six areas for the 107 juvenile programs are presented in Figure 2. These results indicate that only a small percentage of programs scored "satisfactory" or higher (18 percent), with the remaining classified as "needs improvement" or "unsatisfactory."

Most Common Shortcomings

The most common shortcomings of the juvenile programs assessed were as follows:

Many programs tended to be atheoretical. That is, they were designed and implemented without much consideration for the empirical research on what works with the types of offenders the programs served.

There was also a general lack of standardized, objective assessment of youths on risk, need and responsivity characteristics related to delinquent behaviors. In most instances, the researchers found that even when adequate assessments were conducted, essentially everyone received the same treatment.

In addition, there was little attention to responsivity (in assessment or service delivery). In other words, there was little evidence that programs considered the characteristics of youths that might impede their ability to learn or engage in treatment (e.g., motivation, intelligence, anxiety, etc.) Furthermore, little consideration was given to matching staff and youths, staff and programs, or youths to interventions. Families were generally not involved in the treatment process.

In general, staff training was inadequate, and the quality of staff varied greatly from program to program. Also, programs used too few rewards, but there were plenty of punishments. It was unusual to find a program that used rewards and punishments effectively.

Few measures of program performance were found. Most programs have no idea how well youths are acquiring pro-social skills and behaviors. Lastly, there were few formal eval-

uations conducted. It was rare to find a program that had tracked youth performance after program completion.

Program Effectiveness

What is known from the correctional research? First, when reviewing the body of literature on program effectiveness, there are several important points that can be made. It is known that some programs are more effective at reducing recidivism than others. It is also known that the more effective programs meet the principles of effective intervention. Furthermore, the most effective programs have certain characteristics that can be measured. Unfortunately, it also appears that relatively few correctional programs that serve juveniles are providing services and treatment consistent with the principles of effective intervention.

ENDNOTES

¹ For a thorough review of this research, see Cullen, F.T. and B.K. Applegate. 1998. *Offender rehabilitation: Effective correction-*

al intervention. Brookfield, Vt.: Ashgate Dartmouth.

² See Lowenkamp, C. 2004. Correctional program integrity and treatment effectiveness: A multi-site, program-level analysis. Doctoral dissertation, University of Cincinnati.

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