



Many sizes fit all: A preliminary framework for conceptualizing the development and provision of cognitive–behavioral rehabilitation programs for offenders

Devon L.L. Polaschek*

School of Psychology, Victoria University of Wellington, P O Box 600, Wellington 6140, New Zealand

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ABSTRACT

Over the last twenty years, the growing influence of the Risk–Need–Responsivity model (RNR; Andrews & Bonta, 2006), and meta-analyses of “what works” can be seen in the number of jurisdictions seeking to implement high quality and consistently delivered rehabilitative interventions for offenders. However, results have created concern that interventions are “one-size-fits-all,” and that more attention should be given to differential treatment response. And although it has revolutionized high-level policy on offender management and rehabilitation provision, the RNR model does not provide clear guidance on many important details of program design and delivery that differentiate one treatment from another. In some areas of offender rehabilitation, the conceptual resources to guide such decisions appear to be absent or underdeveloped. This paper surveys cognitive–behavioral group-based interventions for offenders, and finds considerable diversity in their design and delivery. Several relevant dimensions are used to organize this diversity into a conceptual framework of three levels of program, based primarily around levels of offender risk and program intensity. Advantages of such a framework are that it will stimulate theory development and empirical investigation of alternate delivery models, and in so doing, support ongoing progress in rehabilitation, despite a political environment that is more and more caught up in punitive containment.

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* Tel.: +64 4 463 5768; fax: +64 4 463 5402.
 E-mail address: devon.polaschek@vuw.ac.nz.

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1. Setting the scene

Political “get tough on crime” agendas in nations such as the United States, Canada, the United Kingdom, and New Zealand are causing prison populations to rise rapidly, as an increasingly harsh and punitive lens is focused on criminals, whether or not crime is actually increasing (*Prisoners of politics: Canada’s criminal-justice policy, 2009*). Some governments recognize the need to respond to scientific research alongside public anxiety about crime. They acknowledge—in policy, if not in their press releases—that an affordable and humane approach to community safety does not result solely from imprisoning more people for longer, but must include effective offender rehabilitation. However, burgeoning convicted offender populations relative to the available financial and human resources for working with offenders may be driving at least two important changes in rehabilitation practice that challenge current scientific knowledge about program effectiveness: (1) deployment of more readily available, much less skilled and less expensive program deliverers, and (2) redirection of expensive, scarce and highly skilled therapists to intervention with increasingly high-risk high-need offenders.

There has been a degree of confidence that—at a broad policy level, informed by meta-analysis and the Risk, Need, and Responsivity principles—there exists an empirically sound basis for designing programs that can work, if implemented well (*Wormith et al., 2007*). For some time it has been noted that the question of “what works” needs to, and has begun to shift to “what works for whom, and when” (*Lösel & Schmucker, 2005; Serin, Kennedy, Mailloux, & Hanby, in press; Wormith et al., 2007*). Most commonly the answer is framed in terms of the type of intervention method (e.g., cognitive-behavioral vs. other) or the target offender group (e.g., general, violent, sexual offenders). As program evaluations have begun to report other factors such as risk levels of participants, quality of treatment integrity, background of therapy staff and the like, other types of answers have begun to emerge. Further progress will likely only be made by looking at in-program issues, such as how the program addresses client attrition (*Wormith et al., 2007, p. 882*), program length, spaced vs. massed sessions, manualization, ordering of components, approaches to readying offenders for change, staff skills and delivery style, staff training and oversight, the range of content, and so on.

Notwithstanding the progress that has been made, one of the most common criticisms of current empirically driven approaches is that programs often devolve to “cookie-cutter” or “one-size-fits-all” (*Howells & Day, 2002; Ward, Melser, & Yates, 2007*), despite initial intentions. But is that really the case? Those involved in the rehabilitation of offenders know that there also are many differences between these programs. Increasing sophistication is evident in the offering of different intensities of programs to offenders with distinct characteristics. In some jurisdictions there are now quite elaborate suites of programs meeting tight standards of accreditation (e.g., HM Prison Service, United Kingdom). This paper focuses on integrating some of these evident differences between programs into a tiered conceptual framework of treatment program design and provision. The first aim is to describe systematically trends already in evidence. However, the paper goes beyond what already exists: aiming to stimulate new conceptual and empirical investigations of “what to provide to whom,” in order to effect further improvements in community safety and offenders’ lifestyles. The focus here is on programs that use primarily a group format, and are cognitive–

behavioral—broadly defined—in the methods they use to effect change. The paper concludes by identifying some of the implications of this analysis for future research and policy, particularly with respect to the development of interventions with the highest risk offenders.

2. Rehabilitation theory and program development

Research that evaluates effectiveness of treatment programs, and identifies the factors that cause and maintain future criminal risk is essential to effective program development. However, there are limitations to bottom-up empiricism (e.g., under-determination of theory; *Ward, Polaschek, & Beech, 2006*), making top-down theory development equally essential. Two broad types of theory are important in guiding rehabilitation programs: theory of problem (i.e., etiological theory) and theory of change (*Kirsch & Becker, 2006*). *Ward and Maruna (2007)* defined rehabilitation theory as a hybrid of these two types, but also including practice guidelines, and guiding values and aims.

The dominant rehabilitation theory guiding cognitive-behavioral intervention programs for offenders is known as the “RNR model,” based on the principles of Risk, Need, and Responsivity (*Andrews & Bonta, 2006*). During the 1980s, a growing interest both in “differential treatment” (*Andrews, Bonta, & Hoge, 1990, p. 23*)—another term for “what works for whom”—and in the body of relevant empirical research led them to propose the Risk, Need, Responsivity (and Professional Discretion) Principles (*Andrews et al., 1990*). Numerous meta-analyses, and individual program evaluations subsequently have confirmed the empirical status of these principles. These findings have been disseminated so that they provide invaluable guidance for those developing policy about the form and content of programs, and the target clientele. Consequently, jurisdictions that were responsive to the importance of scientific research in developing and delivering programs have been provided with a relatively accessible source of information for guidance.

Over time, the RNR principles developed into the RNR model (e.g., *Andrews & Bonta, 2006*): a “comprehensive rehabilitation framework theory” (*Ward et al., 2007, p. 218*). However, as *Ward and Maruna (2007)* note, there is confusion about exactly what the RNR model is, and the underlying theoretical base is complex and difficult to apply in practice. *Ward and Maruna* describe RNR (and its underlying PIC-R) as “fundamentally a psychometric model” (p. 22), referring in part to its strong emphasis on empirical correlates both of criminal behavior, and of effective approaches to rehabilitation.

Perhaps because of its complexities and its psychometric base, the RNR model and its associated empirical research base are often translated into practice as a series of lists, summarizing key findings. Alongside the three RNR principles, other examples include the authors’ “big four” and “central eight,” and lists of principles for program design and delivery (*Goggin & Gendreau, 2006; McGuire, 2002*). The importance of lists such as these in improving program design cannot be overemphasized. The skill and effort required for policy-makers and program designers to make sense of the growing research literature is likely to be a major cause of low-quality programming (*Gendreau, Goggin, Cullen, & Paparozzi, 2002*).

Nevertheless, programs adhering to RNR-derived guidelines still vary widely (e.g., programs for sexual vs. violent offenders). Some variations imply significant underlying theoretical differences; both in the understood etiology of the targeted problems, and the methods by which change is thought to be effected. However, beyond describing

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