

The changing nature of interventions

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Anyone reading New Zealand newspapers in July 2005 could have been forgiven for concluding that rehabilitation programmes for offenders do not work. The failure of two programmes to produce significant reductions in reoffending led to widespread and justifiable concern. But in fact, evidence supporting the overall success of rehabilitation programmes has never been stronger. This chapter looks at the current state of rehabilitation and where it is heading.

A very brief history

Four phases are apparent in the recent history of offender rehabilitation.¹ The first, captured by the phrase ‘nothing works’, was prevalent in the 1970s. This conclusion was based on Martinson’s frequently-quoted review of 231 studies published between 1945 and 1967.² The review showed disappointing outcomes from rehabilitation efforts leading him to conclude that ‘nothing works’. This phrase became the catch-cry for policymakers, budget holders and observers in the criminal justice sector. Martinson later sought to retract his claims,³ but it was too late — a pessimistic mood had taken hold.

It was this mood that provoked the second phase, characterised by the quest to properly answer the question ‘what works?’ Initiated in Canada through the work of Don Andrews, Paul Gendreau and their colleagues, this approach began to systematically evaluate what contributes to effective rehabilitation.⁴ Over the last 20 years there have

¹ C.f. others who have described various similar phases, e.g. Gendreau & Smith 2007.

² Martinson 1974.

³ e.g. Martinson 1979.

⁴ e.g. Andrews, Zinger, Hoge, Bonta, Gendreau & Cullen 1990; Gendreau & Andrews 1990;

been over 2000 published evaluations of various interventions. These studies have been systematically analysed and evaluated using meta-analyses. There are now over 75 such systematic reviews of the research into interventions with offenders. All give reassuringly similar results — carefully designed and delivered interventions that focus on offending-related behaviour and attitudes, and that use recognised psychological methods, can have a significant effect on reducing reoffending rates.⁵

The large body of evidence that resulted from this approach during the 1980s and 1990s prompted the third phase, characterised by enthusiasm for the mass delivery of interventions broadly resembling those shown to work on a small scale. There were high expectations about what could be achieved from rehabilitation, but the effort required for an intervention to have a measurable effect on offending was greatly underestimated. International evidence now shows that interventions that work well when carefully delivered at a manageable scale and pace, can lose their effectiveness (even to the extent of actually increasing the rates of reoffending for participants) when they are rapidly rolled out for high volume delivery across multiple settings.

The current, fourth phase is characterised by a consolidation of the knowledge gained from four decades of research. Current practitioners seek to properly implement the findings of ‘what works’. They are concerned with maintaining the integrity of interventions, particularly those being delivered at high volumes across multiple sites, and with keeping expectations realistic. They are increasingly interested in the impact that the context or systems in which interventions are delivered may have on outcomes.

In this chapter we focus on the third and fourth phases and examine what delivering interventions in recent times has taught us about what we need to be considering for the future.

The years of over-optimism and rapid growth of rehabilitation

The story of cognitive skills programmes

We have discussed before how the story of ‘cognitive skills’ programmes all too clearly illustrates how good programmes can go bad.⁶ During the 1980s, research examined the link between poor thinking skills (in

Gendreau & Ross 1979.

5 See Smith, Gendreau & Swartz 2009 for a very useful summary of the major findings.

6 Wilson & Wales 2008.

the areas of interpersonal problem solving, moral reasoning, cognitive style, self-control and perspective-taking) and offending behaviour. Ross & Fabiano developed an approach to offender rehabilitation based on this association.⁷ There are numerous derivatives (Think First, Reasoning and Rehabilitation, and New Zealand's Straight Thinking to name a few) but all typically focus on problem recognition, problem solving, decision making, goal setting, dealing with setbacks, managing self-talk and emotions, developing assertiveness and negotiation skills, handling peer pressure, developing victim awareness, committing to long-term change and preventing relapses. They are typically group-based with participants generally assumed to have similar deficits for which the same set of skills can be taught. They are relatively brief (between 32 and 70 hours) and assume that all participants will exhibit similar deficits and therefore benefit from standard content.

Early Canadian research demonstrated positive impacts on offending, as has a recent meta-analysis.⁸ Their delivery has not been straightforward, however. In some large-scale implementations they have produced mixed results, as found in for instance the experience of Her Majesty's Prison Service.

Cognitive skills programmes have been running in prisons in England and Wales since 1992. Before the accreditation system now in place, the programmes had been run in a piecemeal way and had no formalised best practice. An initial evaluation considered 670 male adult offenders who had completed either the Reasoning and Rehabilitation (R&R) or Enhanced Thinking Skills (ETS) programme between 1992 and 1996.⁹ They were compared with a matched control group of 1801 adult male offenders who had not completed either of these programmes. The group who had completed one of these programmes had a significantly lower rate of reoffending than the group who had not. Medium–low risk offenders who completed the programme were 14 percent less likely to reoffend over two years than their untreated counterparts. Medium–high risk offenders were eleven percent less likely.

These impressive results drew international attention to the way the programmes were being delivered, because comparable cognitive-skills programmes in other jurisdictions had not been able to achieve

7 Ross & Fabiano 1985.

8 Tong & Farrington 2006.

9 Friendship, Blud, Erikson & Travers 2002.

reductions in reoffending rates of this magnitude. On the back of the results efforts were made to get more offenders into the programmes. In 1995/96 the combined completion rate for the two programmes was 746 across 30 prisons. The target for 2003/04 was 6958 completions across 115 prisons.

A second study compared 649 adult male offenders who had completed either R&R or ETS between 1996 and 1998 with a matched control group of offenders who had not completed these programmes.¹⁰ In contrast to the first study, this evaluation found no significant differences between the reconviction rates of the treatment and control groups, with the greatest reduction in reoffending being for medium–low risk offenders (only 2.9% less than their comparison group).

A third study considered 2195 adult male offenders and 1535 young offenders (aged 21 or less at the time of sentencing) who had completed either R&R or ETS.¹¹ Matched control groups were developed for each of these groups. When all programme starters were included in the analysis there were no statistically significant differences in reconviction between the treatment and comparison groups. When programme non-completers were left out there was a small difference (2.5% less) in the reconviction rates of treated male offenders compared to their control group at one year of follow up. High risk programme completers had a 6.9 percent lower rate of reconviction. These lower rates were not maintained for the programme completers at two years, at which point there were no statistically significant differences in reconviction.

The researchers were puzzled by these results, particularly given the initially good performance of the programmes. They noted that where significant results were obtained, they pertained to ETS (which was developed specifically for the prison population in England and Wales) rather than R&R (developed in North America). They noted that including programme starters who did not finish the programme affected the results. As a group these offenders are much more likely than others to reoffend. Where significant results were obtained they were short-term and not sustained at the two year point, raising the possible need for ‘booster’ programmes to prolong the treatment effect.

10 Falshaw, Friendship, Travers & Nugent 2003.

11 Cann, Falshaw & Nugent 2003.

The best results were obtained before the introduction of programme accreditation, and appear to have been delivered in line with the ‘what works’ research evidence, despite the absence of accreditation. The researchers speculated that the high level of motivation shown by the staff who volunteered to deliver the early programmes might have contributed to the positive outcome. Offenders volunteering to attend the programme before accreditation were also probably highly motivated to change — attendance was not part of an offender’s sentence plan and was less likely to influence early release from custody. Significantly, the researchers pointed to the drop in effectiveness coinciding with the rapid expansion of the programmes and provided a salutary reminder of the concern among experts that treatment quality might be compromised by large-scale programme expansion.¹² A similar experience occurred in New Zealand with the implementation of Straight Thinking through the Corrections Department until evaluation of offending rates showed such poor results that the programme was stopped, creating the headlines referred to earlier.

The X factor — integrity

From these findings it seems clear that size matters when it comes to programme effectiveness. As the number of people entering cognitive skills programmes nearly quadrupled, an impressive initial effect size withered to nothing. At one level, treatment integrity simply means that ‘the programme is conducted in practice as intended in theory and design’¹³ but ‘integrity’ is often used as a catch-all descriptor of the ‘X factor’ that is considered to be present when programmes work and to help explain, through its absence, why programmes do not always work.

McGuire & Priestly described effective programmes as those in which

- the stated aims are linked to methods used
- there are adequate resources available to achieve these aims
- staff are appropriately trained and supported

¹² Gendreau, Goggin & Smith 1999.

¹³ Hollin 1995.

- there is an agreed plan for programme monitoring and evaluation
- these activities take place and are systematically recorded.¹⁴

Andrews and Dowden went further than this and specified ten elements of integrity:

- having a specific model
- selection of workers
- training for staff
- clinical supervision of staff
- use of training manuals
- monitoring of service process or intermediate gains
- adequacy of intervention 'dosage'
- 'freshness' of programme
- programme evaluations involve small sample sizes (fewer than 100 participants)
- involvement of an evaluator in design, delivery or supervision of the programme.¹⁵

To assess the importance of these items they took 273 outcome evaluations used in previous meta-analyses and coded these on the basis of the ten aspects of integrity. They found that when clinically appropriate treatment was being delivered, the mean effect size was significantly greater for programmes that incorporated elements of programme integrity. Under high integrity conditions the effect size reached .34.

Threats to integrity can come from 'drift' (the gradual shift over time of the aim of the programme), 'reversal' (where staff reverse or undermine the approach of the programme) and 'non-compliance' (where practitioners elect, for reasons of their own, to change or omit parts of the programme).¹⁶ Andrews & Dowden's recommendations

¹⁴ McGuire & Priestly 1995.

¹⁵ Andrews & Dowden 2005.

¹⁶ Hollin 1995.

to address threats to integrity included ensuring that programmes be developed on the basis of the ‘what works’ principles.

We don’t believe that simply working through the ten aspects of integrity identified by Andrews & Dowden and ‘ticking them off’ will be enough to ensure the X factor of integrity will be present in a programme. Integrity is something more than the sum of its (possibly ten, possibly more) parts. The components of integrity mesh and overlap in exemplar programmes. This process is much easier to achieve when programmes are not ‘scaled up’. In small-scale situations people involved tend to have multiple roles, contribute to programme design, select and supervise staff, monitor and evaluate the programme and keep it fresh through continuous improvement. They have a heavy investment in its success, a deep understanding of the theory underpinning the design, and the responsibility to make it work.

The demand for rehabilitation programmes will probably always exceed supply, so there is now sustained pressure to offer more rehabilitation to more people. With larger implementations to meet the demand there is a necessary division of labour. Different individuals or even different parts of an organisation take responsibility for different components of integrity. For instance, one team may design programme content and then ‘train the trainers’ to deliver training to facilitators, who in turn deliver the programme, while being supervised by another group of staff and having their session content monitored for quality by yet another group. The resources required to deliver big volumes can mean a loss of the proximity and overlap that characterises small programmes. There can also be double-ups and contradictions in roles. But perhaps most importantly, there is no clear place for the responsibility for the programme’s outcome to rest. So the challenge is for large-scale rehabilitation initiatives to emulate the characteristics of small-scale projects.

Phase four: what we are doing now

There is an enormous amount of international data on the implementation of rehabilitation programmes. Here are some of the lessons we have learned about programme implementation from this phase of optimism about rehabilitation:

i. Size and speed matter

Organisations need to be wary of the speed and size of programme implementations they undertake, and carefully manage others' expectations about what they are capable of. Keys to success include:

- starting small and refining the design of an intervention before scaling up the delivery
- scale up at a pace that the support functions vital to operate a good programme can keep up with
- ensure the demand for the intervention warrants the expansion. It is a mistake to fill programmes with offenders who do not want them or need them, in order to meet targets.

Bauman, Stein & Reys identify seven critical elements necessary to achieve the broad dissemination of rehabilitation skills:

- the decision at a senior level of government that a sustained effort at service delivery is needed
- the need to foster multi-level ownership of innovation
- seeding the service delivery system with several pilot programmes to foster interest and demonstrate efficacy
- ensuring that the centres of excellence are given long-term fiscal support and are led by competent champions of innovation
- the recognition that leadership from the top must be provided and maintained over time in order to neutralise the forces of counter-control that are expected to develop
- building community investment in the innovation, so that its longevity is not limited to the initial supporters' involvement
- top to bottom training of staff to foster their familiarity with and support of the innovation.¹⁷

These elements are as relevant to the delivery of rehabilitation programmes today as when they were written.

Gendreau, Goggin & Smith also anticipated some of the findings that have emerged from programmes implemented over the last ten

¹⁷ Bauman, Stein & Reys 1991.

years.¹⁸ They provided a set of items to consider when implementing programmes, including organisational factors, programme factors, change agent factors and staffing factors. The organisational factors refer to an agency's capability to efficiently put new initiatives in place and to resolve the issues that arise from such implementations in constructive ways. They also refer to the aspects of the organisation's culture, level of staff turn-over, and connectedness to other agencies that may assist the implementation. Programme factors refer to the extent to which the programme is empirically based and properly designed. Change agent factors concern the credentials of the individual or part of the organisation given the responsibility for the implementation. Finally, staff factors include staff access to the change agent, their understanding of the theoretical basis of the programme, and their skills to deliver it.

ii. Big volumes are only beneficial if the programme works

A narrow focus on the volume of participants can lead to decisions being made that compromise programme integrity. For programmes to work well the integrity bar has to be set very high. The drive to offer 'something for everyone' is very strong in corrections, but this must be tempered by the need to offer interventions that are effective. Andrews has given clear advice on the perils of including inappropriate cases in interventions to make up numbers.¹⁹

iii. Quality is more than compliance

Simply considering compliance (adherence to the rules or programme guidelines) is not sufficient for success. As mentioned above, integrity can be reduced to a limited list of items that can be ticked off. There is some support for the checklist approach through Gendreau's work with the Correctional Program Assessment Index (CPAI),²⁰ but our experience is that programme quality can still slip through the cracks even when integrity is itemised. Effective rehabilitation is reliant on the highly skilled use of complex psychological techniques delivered within a holistic appreciation of participants' issues and ability to change. Monitoring integrity items is necessary but not sufficient to produce effectiveness.

¹⁸ Gendreau, Goggin & Smith 1999.

¹⁹ Andrews 2006.

²⁰ Gendreau & Andrews 1994.

iv. Accreditation won't solve everything

Accreditation of programmes or facilitators has benefits but is not a panacea for integrity problems. As noted, prison-based cognitive skills interventions in England and Wales got better results *before* accreditation was introduced.

v. Manuals — we can't live with them, we can't live without them

There is a careful compromise to be made between having good programme manuals and having facilitators who are slaves to them. Much has been written on this topic recently. The argument in support of using manuals has been articulated by Mann, who outlines their usefulness in achieving the consistent delivery of programme content across multiple sites.²¹ Marshall, on the other hand, sees manuals as restricting therapist's ability to address the responsivity principle,²² and preventing the development of necessary therapeutic skills.²³

As an aside to this general discussion, we reflect on comments made by Marshall & Anderson²⁴ in response to the disappointing findings of arguably the most robust evaluation of offender rehabilitation efforts — the evaluation of the Sex Offender Treatment and Evaluation project.²⁵ Marshall & Anderson advise that

treatment providers be cautious about making their programs too elaborate and too lengthy for fear they may convey to clients that their problems are essentially beyond their capacity to manage on their own.

While Marshall & Anderson hypothesize on the basis of one observation, we think their comments serve as a useful reminder that we must constantly consider the impact of the messages we give to offenders in the way we design and deliver rehabilitation. We think there is a trade-off to be had between promoting self-efficacy and responsibility on the one hand, and offering support and control for those yet to gain, or

21 Mann 2009.

22 Responsivity is the ability and willingness to engage in interventions. These can be internal to the person (alcohol and drug, motivation) or external (social factors such as lack of housing and other basic needs).

23 Marshall 2009.

24 Marshall & Anderson 2000, p 52.

25 The final report on the Sex Offender Treatment and Evaluation project was published as Marques, Wiederanders, Day, Nelson & van Ommeren 2005.

perhaps unable to gain, such attributes. A key to good rehabilitation is to get this balance right.

vi. Programmes need owners

Ownership and responsibility for programme outcomes needs to be placed where it will have an influence. This is especially important when programme delivery is spread over multiple sites and wide geography. Our most effective programmes work where there is clear local ownership for their delivery, senior management sponsorship of the operation, and commitment from other services (e.g. custodial and probation services) to support rehabilitation and its aims.

vii. Rehabilitation is sophisticated and challenging work

Changing the attitudes and behaviours of habitual offenders is not like 'widget' production. Programme facilitation is a highly skilled task made up of many micro-skills and the ability to make considered decisions in the heat of the therapeutic moment. Done properly rehabilitation programmes produce modest but worthwhile results.

Table 3: Effect sizes of common interventions

<i>Intervention</i>	<i>Target</i>	<i>Effect size</i>
Aspirin	Risk of heart attack	0.03
Chemotherapy	Breast cancer	0.08
Bypass surgery	Coronary heart disease	0.15
AZT (an antiretroviral drug)	HIV/AIDS	0.23
Psychological therapy	Mental health problems	0.32
Treatment of offenders	Recidivism — overall	0.10
	Recidivism — appropriate service	0.29

As Table 3, with data from Marshall & McGuire shows, some common and well-thought-of interventions have modest effects.²⁶ It is rare to hear the merits of these procedures debated, yet rehabilitation

²⁶ Marshall & McGuire 2003.

of offenders, which can achieve the same or better levels of success remains contentious.

Table 3 shows that, for well-delivered interventions with offenders, an effect size of 0.10 can be achieved (this translates to approximately a 10% reduction in reoffending rates for programme participants compared to non-treated controls). Under optimum conditions this effect size can increase to 0.29 (which means a reduction in reoffending rate of nearly 30% compared to controls).

viii. Integrity is greater than the sum of its parts

Organisations need to be aware that having the means to address each of the components of integrity does not mean they have the threats to integrity beaten. The components must work together in order to have the desired effect.

When all these matters are considered it is evident that effective rehabilitation has a solid foundation of evidence. The lessons learned are all related to ensuring that expectations of what rehabilitation can achieve are realistic and strike a balance between scale, pace, quality and amount of rehabilitation sufficient to produce a cost-effective result. With these themes in mind we now turn to look at themes that we think will influence the next phases in offender rehabilitation.

The next phase: What works for whom, when and how?

Offender rehabilitation programmes continue to develop rapidly and still enjoy professional confidence and enthusiasm, though sensibly tempered by the failure of some large-scale roll-outs to emulate the successes of pilot programmes. We know that rehabilitation programmes that are consistent with the principles of risk, need and responsivity can work but we don't fully understand for whom they work best, when they need to be delivered to be most effective, or how they support desistance from crime.²⁷ The second part of this chapter seeks to highlight some of the essential areas for future programme research and development.

²⁷ Lipsey & Cullen 2007.

The rehabilitation pathway

Many offenders present with multiple, complex and inter-related needs that require a comprehensive and coordinated plan to be successfully addressed. Recently, there has been interest not just in designing rehabilitation programmes that occur in isolation from other activities but also on developing pathways that offenders may take through the criminal justice system. The idea is to effectively sequence or link rehabilitative and reintegrative interventions for an offender throughout their sentence according to their needs.

One strategy of such ‘joined-up’ rehabilitation includes programmes that cross the incarceration divide; in other words, interventions that begin during an offender’s sentence in prison and continue after release, thereby providing stronger support for the offender’s transition into the community. This approach was trialled in the UK between 1999 and 2005 with the Resettlement Pathfinder programmes. The targeted prisoners were usually excluded from other programmes due to their serving short sentences, yet they often had a higher risk of reoffending than their longer serving counterparts.²⁸ The Pathfinders programme differed according to regional resources, but each was based on a cognitive–motivational programme combined with reintegrative practical services, which established community links and used local providers. The programmes aimed to address seven distinct ‘pathways’ to reduce reoffending and help reintegration: accommodation; education, training and employment; mental and physical health; drugs and alcohol; finance, benefits and debt; children and families of offenders; and attitudes, thinking and behaviour.

Initial evaluation of these programmes showed some promising, if mixed, results. Two of the four Pathfinders that were probation-led and focused more on the offender’s attitudes, thinking and behaviour showed lower rates of recidivism than those led by the voluntary sector, which tended to focus more on welfare needs. Continuity of contact with project workers (especially volunteers) from pre- to post-release was significantly associated with lower rates of reoffending.²⁹

²⁸ Hollin 2002.

²⁹ Clancy, Hudson, Maquire, Peake, Raynor, Vanstone & Kynch 2006; cited in Yessine & Bonta 2008.

Rolling such a programme out on a national basis, however, is difficult. Ensuring continuity of contact with a worker ‘through the gate’ (i.e. from prison into the community) seems a near-impossible task given the frequent dislocation between the offender’s home community and prison placement. The availability and quality of community providers and volunteers also varies from area to area.

Despite these difficulties, the Pathfinder programmes demonstrated the potential for creating a more coordinated approach to offender rehabilitation and reintegration. The Pathfinder methodology for reintegration, where carried out in accordance with best practice, has been considered to be consistent with desistance theory.³⁰

Desistance

Desistance, as defined in the literature about offender rehabilitation, is the process of transitioning from and sustaining abstinence from criminal behaviour. Research has informed us that for the majority of offenders criminal behaviour begins in adolescence and desists from late adolescence or early adulthood, i.e. ‘late-onset desisters’. A small but significant group of individuals tend to have started offending at an earlier age and persist into adulthood, committing more serious and frequent crimes, i.e. ‘early-onset persisters’.³¹

Interest is now turning to understanding how the *transition* from active offending to desistance occurs and how rehabilitation can best contribute to this process.³² The research indicates that this transition is usually accompanied by social and environmental changes — changes in lifestyle, changes in role, developmental events and new opportunities. Specifically, correlations have been found between desistance and stable, satisfying work, a stable and committed marriage to a non-criminal partner, cutting ties with (‘knifing off’) an antisocial peer group,³³ and military service.

But are these social and environmental changes enough in themselves to create desistance? Perhaps not surprisingly, it appears that it is the *quality* of these relationships and activities and the sense of fulfilment they provide the individual that is crucial to their influence on the

30 Maguire & Raynor 2006.

31 Loeber & Stouthamer-Loeber 1996; Moffit 1993.

32 See Yessine & Bonta, 2008, or Sampson & Laub, 2005, for an overview.

33 See e.g. Maruna & Roy 2007 for a comprehensive discussion.

desistance process. Furthermore, such changes intuitively appear to reflect a maturation process that is more than just participating in a more responsible, non-criminal lifestyle. It seems likely, though more difficult to measure, that desistance also needs to be accompanied by significant internal changes (cognitive, attitudinal, motivational). Research is now burgeoning in this area, which has important implications for the work done in offender rehabilitation.

More than a decade ago, Zamble & Quinsey highlighted the presence of a negative and pessimistic perspective in persistent offenders when faced with problems, which was absent in desisters.³⁴ Extrapolating from this earlier work, Maruna found different attributional styles in desisting and active offenders.³⁵ Compared to desisters, active offenders explained negative events in their lives as the result of internal, stable, and global factors, whereas positive events were perceived as the result of external, unstable and specific factors. The reverse was true of desisters, whose attributional style appears to promote change and avoids labelling himself or herself as permanently deviant or criminal.

In a recent study with property offenders, LeBel, Burnett, Maruna & Bushway found that the individual's belief in his or her own ability to avoid reoffending was fundamental to the desistance process.³⁶ The authors hypothesised that this sense of self-efficacy helps the desister to cope with the inevitable setbacks encountered and to take advantage of pro-social opportunities, such as employment and marriage. Further, an offender's understanding and expectations of the change process will likely influence success or failure.³⁷ Individuals who anticipate obstacles in their pursuit of the gains offered by desistance are more likely to persist in abstaining from crime.

Finally, there is convergence in the literature on the role that a new personal identity appears to play in promoting the desister's change process. Oyserman & Markus demonstrated that offenders who hold clear visions of themselves and their lives as non-offenders are more likely to succeed in desistance.³⁸ LeBel *et al* found those offenders who regretted their criminal behaviour and held a positive 'family man' identity pre-

34 Zamble & Quinsey 1997.

35 Maruna 2004.

36 LeBel, Burnett, Maruna & Bushway 2008.

37 Serin, Lloyd & Hanby 2009.

38 Oyserman & Markus 1990a, 1990b; cited in Serin *et al* 2009.

release were less likely to reoffend following release.³⁹ Feelings of pessimism about reintegration and a belief of being stigmatised as a criminal (i.e. enduring social prejudice) were predictive of both reconviction and re-imprisonment. Findings such as these have significant implications for deciding the timing and sequencing of interventions. If certain internal changes precede social and environmental changes in the desistance process, then rehabilitative and motivational initiatives pre-release will be beneficial (if not crucial) to the successful re-entry of imprisoned offenders into the community.

Programme evaluation & desistance

A number of questions around the process of desistance remain unanswered. A more sophisticated and possibly more successful approach to rehabilitation than previous endeavours would involve intervening in a way that initiates, parallels, hastens or supports an offender's transition from active offending to desistance.⁴⁰ The evaluation of programmes and their influence on desistance will help identify 'what works, for whom, when and how'; this knowledge can then be harnessed to develop more effective ways of treating offenders.⁴¹

Research indicates that desistance doesn't necessarily result from the removal of the risk factors that led to the development of the offending behaviour. The initiation of offending and the cessation of offending appear to be quite distinct processes.⁴² Additionally, it is generally accepted that an offender's commitment to change and to adopt a crime-free lifestyle is likely to develop gradually and non-linearly. It has been described as a zigzag pattern in which motivation is an essential factor for eventual success.⁴³

Capturing this change process and the mediating factors involved in it requires a more fine-grained analysis of behaviour. One approach would be to analyse reoffending in terms of how soon it occurs after treatment, how serious it is, and how often it happens. An offending pattern that reflects a longer delay before reoffending, a de-escalation in

39 LeBel *et al* 2008.

40 See Serin & Lloyd 2009.

41 See Chitty 2005.

42 Laub, Nagin & Sampson 1998; Stouthamer-Loeber, Wei, Loeber & Masten 2004; Serin & Lloyd 2009.

43 Burnett 2004; cited in Maguire & Raynor 2006.

seriousness and larger gaps between offences, could indicate an offender moving through the transition to desistance. Evaluating incidences of offending and relapses into problem behaviour, such as alcohol abuse, at multiple points across time could determine whether a zigzag pattern of transition is occurring and whether there may be key points in the process for further intervention (e.g. 'booster' programmes).

Identifying the characteristics of programme completers who desist from crime versus those who persist may inform both programme development and design of a rehabilitative pathway. Looking beyond demographic variables, research needs to examine what else is occurring for desisters in combination with rehabilitation programmes. Are there particular reintegrative activities and professional contacts that are influential? Is the timing or sequence of interventions critical? And for desisters who have served prison sentences, what useful interventions occur along the rehabilitative pathway in prison and upon release?

In summary, there is still a tremendous scope for evaluation to add to our knowledge of 'what works, for whom, when and how'. If programme evaluation is to truly deepen our understanding of effective rehabilitation, it needs to be able to uncover the desistance process.⁴⁴

Conclusions

Substantial progress has been made over the last three decades in our understanding of what works for reducing reoffending. Research consistently demonstrates that approaches that consider risk, needs and responsivity out-perform other approaches. Results are modest even when approaches are delivered with high quality and this has led to some criticism of the risk–needs–responsivity approach with the recent suggestion that a 'glass ceiling' has been hit.⁴⁵

Such limitations may be an invitation for practitioners search for other more effective approaches. The danger here is that we throw the baby out with the bathwater. Instead of abandoning 30 years of consolidated and robust work in this field, our view is that the way forward will involve encouraging the best practice based on offender risk, needs and responsivity, while broadening our scope to explore how other approaches may contribute to our understanding of changing offender

⁴⁴ Serin & Lloyd 2009.

⁴⁵ Porporino 2010.

behaviour. There are opportunities to design intervention pathways that are consistent with the risk–needs–responsivity approach. There are also opportunities to learn from a wider understanding of how people change, mature and adjust their behaviour across their lives, how they desist from problematic behaviour, and how this knowledge can be brought to bear on offending.

References

- Andrews DA (2006). Enhancing adherence to risk—need—responsivity: Making quality a matter of policy. *Criminology and Public Policy*, 5, 595–601.
- Andrews DA & Dowden C (2005). Managing correctional treatment for reduced recidivism: A meta-analytic review of programme integrity. *Legal & Criminological Psychology*, 10, 173–87.
- Andrews DA, Zinger I, Hoge RD, Bonta J, Gendreau P & Cullen FT (1990). Does correctional treatment work? A clinically relevant and psychologically informed meta-analysis. *Criminology*, 28, 369–404.
- Bauman LJ, Stein REK & Reys HT (1991). Reinventing fidelity: The transfer of social technology among settings. *American Journal of Community Psychology*, 19(4), 619–39.
- Cann J, Falshaw L & Nugent F (2003). *Understanding ‘What Works’: accredited cognitive skills programmes for adult men and young offenders*. Home Office Research Findings Report 226.
- Chitty C (2005). The impact of corrections of re-offending: Conclusions and the way forward. In G Harper & C Chitty (eds), *The Impact of Corrections on Re-offending: A Review of ‘What Works’* (pp 75–82). Home Office Research Study 291.
- Falshaw L, Friendship C, Travers R & Nugent F (2003). *Searching for ‘What Works’: an evaluation of cognitive skills programmes*. Home Office Research Findings Report 206.
- Friendship C, Blud L, Erikson M & Travers R (2002). *An evaluation of cognitive behavioural treatment of prisoners*. Home Office Research Findings Report 161; also reported as Friendship C, Blud L, Erikson M, Travers R & Thornton D (2003). *Cognitive-behavioural treatment for imprisoned offenders: An evaluation of HM Prison Service’s cognitive skills programme*.
- Gendreau P & Andrews DA (1990). Tertiary prevention: What the meta-analyses of the offender treatment literature tell us about ‘what works’. *Canadian Journal of Criminology*, 32, 173–84.
- (1994). *Correctional Program Assessment Inventory* (4th edition). St John, Canada: University of New Brunswick.
- Gendreau P, Goggin C & Smith P (1999). The forgotten issue in effective correctional treatment: Programme implementation. *International Journal of Offender Therapy and Comparative Criminology*, 43, 180–87.
- Gendreau P & Ross RR (1979). Effective correctional treatment: Bibliotherapy for cynics. *Crime & Delinquency*, 25, 463–89.

- Gendreau P & Smith P (2007). Influencing the people who count: Some perspectives on the reporting of meta-analytic results for prediction and treatment outcomes with offenders. *Criminal Justice & Behavior*, 34, 1537–59.
- Hollin C (1995). The meaning and implications of 'programme integrity'. In J McGuire (ed), *What works: Reducing reoffending — guidelines from research & practice*. John Wiley & Sons.
- (2002). An overview of offender rehabilitation: Something old, something borrowed, something new. *Australian Psychologist*, 37(3), 159–64.
- Laub JH, Nagin DS & Sampson RJ (1998). Trajectories of change in criminal offending: Good marriages and the desistance process. *American Sociological Review*, 63, 225–38.
- LeBel TP, Burnett R, Maruna S & Bushway S (2008). The 'chicken and egg' of subjective and social factors in desistance from crime. *European Journal of Criminology*, 5(2), 131–59.
- Lipsey MW & Cullen FT (2007). The effectiveness of correctional rehabilitation: A review of systematic reviews. *Annual Review of Law and Social Science*, 3, 297–320.
- Loeber R & Stouthamer-Loeber M (1996). The development of offending. *Criminal Justice and Behaviour*, 23, 12–24.
- Maguire M & Raynor P (2006). How the resettlement of prisoners promotes desistance from crime: Or does it? *Criminology and Criminal Justice*, 6, 19–38.
- Mann RE (2009). Sex offender treatment: The case for manualisation. *Journal of Sexual Aggression*, 15(2), 121–31.
- Marques JK, Wiederanders M, Day DM, Nelson C & van Ommeren A (2005). Effects of a relapse prevention program on sexual recidivism: Final results from California's Sex Offender Treatment and Evaluation Project (SOTEP). *Sexual Abuse: A Journal of Research and Treatment*, 17(1), 79–107.
- Marshall WL (2009). Manualisation: A blessing or a curse. *Journal of Sexual Aggression*, 15(2), 109–20.
- Marshall WL & Anderson D (2000). Do relapse prevention components enhance treatment effectiveness? In DR Laws, SM Hudson & T Ward (eds), *Remaking Relapse prevention With Sex offenders: A Sourcebook* (pp.39–55). Thousand Oaks, CA: Sage.
- Marshall WL & McGuire J (2003). Effect sizes in treatment of sexual offenders. *International Journal of Offender Therapy and Comparative Criminology*, 46, 653–63.
- Martinson R (1974). What works?: Questions and answers about prison reform. *The Public Interest*, 35, 22–54.
- (1979). New findings, new views: A note of caution regarding sentencing reform. *Hofstra Law Review*, 7, 242–58.
- Maruna S (2004). Desistance from crime and explanatory style: A new direction in the psychology of reform. *Journal of Contemporary Criminal Justice*, 20(2), 184–200.
- Maruna S and Roy K (2007). Amputation or reconstruction? Notes on the concept of 'knifing off' and desistance from crime. *Journal of Contemporary Criminal Justice*, 23, 104–24.

- McGuire J & Priestly P (1995). Reviewing 'What Works': Past, present and future. In J McGuire (ed), *What works: Reducing reoffending — guidelines from research and practice*. John Wiley & Sons.
- Moffitt TE (1993). Adolescence-limited and life-course persistent antisocial behaviour: A developmental taxonomy. *Psychological Review*, 100, 674–701.
- Porporino FJ (2010). Bringing sense and sensitivity to corrections: from programmes to 'fix' offenders to services to support desistance. In J Brayford, F Cowe & J Deering (eds), *What else works? Creative work with offenders*. London: Willan.
- Ross RR & Fabiano E (1985). *Time to think: A cognitive model of delinquency prevention and offender rehabilitation*. Johnson City, Tennessee: Institute of Social Sciences and Arts, Inc.
- Sampson RJ & Laub JH (2005). A life-course view of the development of crime. *The Annals of the American Academy of Political and Social Science*, 602, 12–45.
- Serin RC & Lloyd CD (2009). Examining the process of offender change: The transition to crime desistance. *Psychology, Crime & Law*, 15(4), 347–64.
- Serin RC, Lloyd CD & Hanby LJ (2009). Transition from crime: Understanding offender success. *Psychology Aotearoa*, 1(1), 29–35.
- Smith P, Gendreau P & Swartz K (2009). Validating the principles of effective intervention: A systematic review of the contributions of meta-analysis in the field of corrections. *Victims & Offenders*, 4, 148–69.
- Stouthamer-Loeber M, Wei E, Loeber R & Masten AS (2004). Desistance from persistent serious delinquency in the transition to adulthood. *Development and Psychopathology*, 16, 897–918.
- Tong LSJ & Farrington DP (2006). How effective is the 'Reasoning and Rehabilitation' programme in reducing reoffending? A Meta-analysis of evaluation in four countries. *Psychology, Crime & Law*, 12 (1), 3–24.
- Wilson NJ & Wales D (2008). Overview of treatment. In K Fritzon & P Wilson (eds), *Forensic and Criminal Psychology: An Australasian Perspective*. McGraw Hill, Australia.
- Yessine AK & Bonta J (2008). *Pathways to Serious Offending 2008–01*. Public Safety Canada.
- Zamble E & V Quinsey (1997). *The Criminal Recidivism Process*. Cambridge: Cambridge University Press.