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Overview and Structure of the Book

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Introduction

The concept and public perception of offender rehabilitation has had a chequered history, influenced by the social and political climate of the day. From the early introduction of penitentiary, public and government opinion has had to strike a balance between punishment and rehabilitation (see Reynolds, Craig and Boer, 2009). Early research suggests there is a 'duality' to the public's sanctioning ideology – 'although citizens clearly want offenders punished, they continue to believe that offenders should be rehabilitated' (Cullen, Cullen and Wozniak, 1988, p. 305). The public juxtaposition is one of getting tough on crime and that punishment should be accompanied by rehabilitation, that treatment can work and that prison inmates should be given the opportunity to reform themselves. This two-pronged finding, support for the 'just deserts' theory of punishment along with the 'need for rehabilitation', suggests that public attitudes towards crime are not one-dimensional. Instead, underlying the need for retribution is an element of optimism for offenders to reform and become participating members of society.

However, the concept of change and rehabilitation took a blow during the 1970s following the publication of Martinson's (1974) much-cited review in which he believed education or therapeutic intervention programmes cannot overcome the tendency for offenders to continue to engage in criminal behaviour. This was followed by the work of Lipton, Martinson and Wilks (1975) and Brody (1976) who suggested, due to poor methodologies and research designs, that the evidence for offender rehabilitation cannot be relied upon.

In response to the assumption that 'nothing works' in rehabilitation and reducing tendencies in offenders to continue criminal behaviour, the 1980s and 1990s witnessed a resurgence of research activity into offender assessment and treatment, and a number of theoretical advances have been made progressing our understanding of offender rehabilitation. New techniques such as meta-analyses marked a turning point in the understanding of reducing reoffending

(Andrews *et al.*, 1990). This methodology allowed for the analysis of data from multiple studies identifying significant factors associated with offending from which treatment targets could be identified.

Addressing the methodological concerns raised by Lipton, Martinson and Wilks (1975) and Brody (1976), research into offender rehabilitation has culminated in a 'what works' research literature – *The Psychology of Criminal Conduct* (Andrews and Bonta, 1994, 1998, 2003, 2006, 2010), *What Works: Reducing Reoffending* (McGuire, 1995), *Offender Rehabilitation and Treatment: Effective Programmes and Policies to Reduce Reoffending* (McGuire, 2002), *Offender Rehabilitation in Practice: Implementing and Evaluating Effective Programmes* (Bernfield, Farrington and Leschied, 2001) and *Offending Behaviour Programmes: Development, Application and Controversies* (Hollin and Palmer, 2006) – the emphasis of which was evidence-based practice and empirical rigour.

Evaluating Offender Rehabilitation

'Rehabilitation' means literally 're-enabling' or 'making fit again' (from the Latin *rehabilitare*). Some argue that it is, in part, the definitional ambiguities of the concept of 'rehabilitation' which have contributed to the difficulties faced in criminal justice settings. As McNeill (2012) highlights, rehabilitation in the work of eighteenth-century Classicists (e.g., Beccaria, 1764[1963]) who argued for the use of punishment as a way of 'requalifying individuals' (p. 22) suggests a *utilitarian* concept of rehabilitation.

The term 'rehabilitation', we suggest, in the prison context means readying prisoners to rejoin society, as useful and law-abiding members of the wider community. With an ever-expanding prison population, the successful rehabilitation of offenders is often considered the 'holy grail' of criminal justice systems around the world. The number of offenders in prison in England and Wales reached a record high of 88 179 prisoners on 2 December 2011, approximately 1100 places below the useable operational capacity of the prison estate (Berman, 2012). The number of people in Scottish prisons passed 8000 for the first time in August 2008 and reached its record level of 8301 on 7 November 2011 (Berman, 2012).

As part of the push towards reducing reoffending and offender rehabilitation, a number of countries have begun to introduce structured intervention programmes in prison and probation services. The introduction of programmes has been accompanied by an 'accreditation' process to select the programmes thought most likely to achieve good results, and an elaborate system of monitoring standards of delivery and evaluating outcomes has been developed.

With the American Psychological Association (APA), Chambless and colleagues (Chambless and Hollon, 1998; Chambless and Ollendick, 2001; Chambless *et al.*, 1998) developed a methodology of examining the quality of evidence from outcome studies on the effectiveness of psychological therapy. One outcome of the APA criteria was that treatment should be supported by a manual to ensure consistency and standardization across sites.

In a report to the US Congress, Sharman *et al.* (1997) developed a 'levels' system for reviewing the quality of evidence supporting any given intervention in the field of criminal behaviour. They developed and employed the Maryland Scale of Scientific Methods ranking each study from Level I (weakest) to Level V (strongest) on overall internal validity. Level I represents correlation between a crime prevention programme and a measure of crime, or crime risk factors, at a single point in time. Level II represents a temporal sequence between the programme and the crime or risk outcome clearly observed, or the presence of a comparison

group without demonstrated comparability to the treatment group. Level III represents a comparison between two or more comparable units of analysis, one with and one without the programme. Level IV represents comparison between multiple units with and without the programme, controlling for other factors, or using comparison units that evidence only minor differences. Level V represents random assignment and analysis of comparable units to programme and comparison groups. As part of the evaluation, they categorized programmes into 'what works', 'what does not work', 'what is promising' and 'what is unknown'. They identified 15 programmes (including vocational training, rehabilitation programmes with risk-focused treatments and therapeutic community treatment programmes) on the list of 'what works' and 23 on the list of 'what does not'. The longest list, however, is the 30 'promising programmes'. They argued that if even half of these programmes were found effective with one additional Level III impact evaluation, the number of programmes known to prevent crime through the scientific standards included in their review would double.

The Cochrane Collaboration created in 1993 has been influential in the United Kingdom in categorizing evidence on the effectiveness of psychological and pharmaceutical interventions from different studies. The Cochrane Database of Systematic Reviews has led to the Cochrane Library (www.thecochranelibrary.com) which lists relevant research studies and treatment evaluations.

In England and Wales, the *Crime Reduction Programme* (2000) was introduced as part of an initiative into large-scale offender rehabilitation. As part of a review of correctional services in England and Wales, Carter (2003) concluded that rehabilitation has an important role to play in the prison regime:

> well-designed, well-run and well-targeted rehabilitation programmes can reduce reconviction rates by 5–10 per cent… The maximum effect is achieved when programmes target a spectrum of risk factors – employment and education, along with behavioural or cognitive programmes. Although drug treatment is difficult, evidence suggests that it can be cost-effective in reducing crime and social harms. (p. 16)

However, Carter's optimism of the success of offender change programmes was measured against the concerns of the scalability of some rehabilitative programmes and the extent to which pilot programmes can be maintained on a large scale. Indeed, the Carter report also highlighted systematic failures in the implementation of the programmes, and in response to the review in 2004, the UK government announced the development of the National Offender Management Service (NOMS) which would have the twin aims of reducing reoffending and providing end-to-end management of offenders. As part of a gradual introduction of structured programmes in prison and probation services, a set of criteria was drawn up to assess the structure and delivery of intervention programmes. These criteria were based on what the research has identified to be those most reliably associated with better results in terms of reducing reoffending. A Correctional Services Accreditation Panel (CSAP), made up of independent group of experts, was appointed to examine and 'accredit' prospective programmes. The CSAP is a non-statutory body that helps the Ministry of Justice develop and implement high-quality 'accredited' offender change programmes. The measure that enabled the accreditation process to be brought in-house was included in the Offender Management Act which received Royal Assent in July 2007. This initiative led to the development of 'accredited offender change programmes'. As part of the accreditation process, emphasis was placed on treatment efficacy and revaluation, often recorded as a reduction in reconviction. Programmes

such as Think First, Reasoning and Rehabilitation (R&R) and Enhanced Thinking Skills (ETS) have been empirically reviewed and evaluated (McDougall, 2009; Palmer *et al.*, 2007), demonstrating a reduction in reoffending behaviour. Positive results have also been reported for other structured interventions such as the Cognitive Self Change Programme (CSCP) (Baro, 1999; Dowden and Andrews, 2000) and the Sex Offender Treatment Programme (SOTP) (Beech, Mandeville-Norden and Goodwill, 2012; Harkins and Beech, 2007). In a review of intervention programmes, 11 different interventions for violent offenders showed that they led to reductions in both general and violent reconviction (Jolliffe and Farrington, 2007). Comparing those offenders who participated in interventions to those who did not, there was an 8–11% reduction in general reconviction and 7–8% in violent reconviction. The review showed that interventions using cognitive-behavioural approaches were more effective than those which did not. Well-designed, high-intensity cognitive-behavioural programmes have been shown to reduce recidivism by at least 20% (Dowden and Andrews, 2000).

Theoretical Underpinnings of Offender Rehabilitation

The development of accredited programmes was based on the theoretical underpinning that offending behaviour could be predicted based on known associated risk factors, the treatment of which would reduce the likelihood of reoffending. One of the more influential models is that of the Risk–Need–Responsivity model (RNR; Andrews and Bonta, 2003; Andrews, Bonta and Wormith, 2006; Andrews and Dowden, 2006; Andrews *et al.*, 1990; Gendreau and Andrews, 2001) of offender rehabilitation. Operationalized throughout the world, including Canada, the United States, the United Kingdom, Europe, Australia and New Zealand, the RNR model represents an evolution in offender assessment and treatment. As an empirically driven approach, the model represents a methodology of risk and classification of offenders for treatment, based on the concept that early criminal behaviour can be predicted, that risk interacts with level of treatment intensity and targets in influencing treatment outcome (i.e., recidivism) and that these factors interact with offender-based factors in influencing outcome (Andrews and Bonta, 2003).

   The model considers three core principles, risk, need and responsivity, designed to guide offender rehabilitation. The risk principle suggests that offenders at higher risk for reoffending will benefit most from higher levels of intervention, including high-intensity treatment, and that lower-risk offenders should receive minimal, routine or no intervention. The need principle refers to targets for change and proposes that only those factors associated with reductions in recidivism (i.e., criminogenic needs) should be targeted in intervention. Such factors include: antisocial attitudes, antisocial associates, antisocial temperament/personality, history of diverse antisocial behaviour, family/marital circumstances, social/work, leisure/recreation and substance use, identified from meta-analytical results (Andrews and Bonta, 1994, 1998). Finally, the responsivity principle states that intervention programmes should be matched to offender characteristics such as learning style, level of motivation and the individual's personal and interpersonal circumstances. The model suggests that the first two principles (risk and need) are used to select treatment intensity and targets, and the whole set is used to guide the way practice is actually implemented. A fourth principle, that of professional discretion, allows for clinical judgement to override the three principles if circumstances warrant. There is a well-established literature on the effectiveness of the RNR model in targeting offenders based on levels of risk and matching them with treatment intensity (Beech, Mandeville-Norden and Goodwill, 2012).

However, the assumption that the RNR model is the most effective way to successfully tackle offending behaviour is starting to be questioned (Polaschek, 2012). Recently, Ward, Mann and Gannon (2007) note that current approaches regarding the identification of risk factors in treatment reduce the level of these risk factors akin to a pincushion approach, where 'each risk factor constitutes a pin and treatment focuses on the removal of each risk factor' (p. 88). Therefore, what has been rarely considered in this work are the relative strengths that individuals have to prevent themselves reoffending. New methods for treatment targeting specific offence pathways are also starting to be described (Ward, Yates and Long, 2006). Ward and colleagues (i.e., Ward and Gannon, 2006) have suggested an alternative to the more traditional approaches to treatment, that is termed the 'Good Lives Model' (GLM) approach, which is concerned with taking a positivistic approach to treatment. Ward and Gannon (2006) note that in the GLM, an individual is hypothesized to commit criminal offences because he lacks the opportunities and/or the capabilities to realize valued outcomes in personally fulfilling and socially acceptable ways. The GLM suggests that human beings are naturally inclined to seek certain types of experiences or 'human goods' and experience high levels of well-being if these goods are obtained. Ward and Maruna (2007) note that primary goods are defined as states of affairs, states of mind, personal characteristics, activities or experiences that are sought for their own sake and are likely to achieve psychological well-being if achieved.

There are three levels or components to the GLM: (i) a set of general principles and assumptions that specify the values underlying rehabilitation practice and the kind of overall aims for which clinicians should be striving; (ii) the implications of these general assumptions for explaining and understanding (sexual) offending and its functions and (iii) the treatment implications of a focus on goals (goods), self-regulation strategies and ecological variables.

Therefore, the positive psychology approach attempts to promote human welfare by concentrating on strengths in an individual rather than focusing on deficits (Ward, Polaschek and Beech, 2006). Or to put it more succinctly, the application of positive psychology is the optimization of human functioning (Linley and Joseph, 2004). Ward, Polaschek and Beech also note that those taking a positive psychology approach (see Snyder and Lopez, 2005) contend that human beings are naturally predisposed to seek out things that make them feel good, and that it is the expression of essential human qualities such as love, work, interpersonal skills, aesthetic sensibilities, perseverance, courage, forgiveness, originality, spirituality, talents and wisdom that yields happiness, psychological well-being and fulfilment. Thus, the attainment of these goals is important to concentrate on in work with individuals. Here, a number of authors have focused on different aspects of positive psychology, such as: strengths-based approaches (e.g., human and environmental), emotion-focused work (e.g., resilience, happiness, self-esteem within individuals), cognition-focused work (e.g., creativity, well-being, self-efficacy), self-based (e.g., the pursuit of authenticity, uniqueness seeking and humility), interpersonal (e.g., compassion, empathy and altruism), biological (e.g., toughness) and specific adaptive coping approaches (e.g., the search for meaning, humour and spirituality in life). Therefore, even though positive psychology is a relatively new discipline, a number of books have already been written on the subject (see Aspinall and Stadinger, 2003; Joseph and Linley, 2006; Linley and Joseph, 2004; Snyder and Lopez, 2005).

This approach resonates with the developing movement of 'desistance' from offending, which is defined as an event, or a process emerging from maturational development, or shifts in personal narratives and cognitive transformation (Laws and Ward, 2011). Desistance is centred around an individual carrying out a fundamental, and intentional, shift in their sense of self (e.g., cognitive transformation) and their place in society (Maruna, 2001). This process of 'making good' involves: (i) establishing the 'real me', (ii) having an optimistic perception of

self-control over one's destiny and (iii) the desire to be productive and give something back to society. Therefore, important determinants of desisting are an overall increase in acceptance of responsibility for one's actions, an increased optimism and an ability to find positives in negative situations. This emphasizes the importance of an individual's strengths in terms of positive psychological characteristics, such as self-efficacy and an internal locus of control (Craig, Browne and Beech, 2008).

From a desistance perspective, effective interventions involve the reintegration of offenders into the community, and the various skills they acquire while in therapy help in this process. Laws and Ward (2011) have integrated the research on desistance with the GLM of offender rehabilitation in the sex offender literature. Farmer, Beech and Ward (2012) recently considered the process of desistance in two groups of child molesters: one group was deemed to be *desisting* and the other group was deemed as being still potentially *active* offenders. Desisters appeared to be moderately more confident in their own self-efficacy. Pre-existing themes of *Redemption, Communion* and *Agency* clearly identified the desisting group compared to the (potentially) active offender group. The desisting group also demonstrated a greater sense of Agency (i.e., higher internal locus of control), which may also be important in explaining their apparent refusal to further offend. The desisting group also showed more belief in their own personal efficacy and their ability to control events in their lives. They were vocal about how things had changed for the better, and were able to talk about the way their views of themselves and their lives had changed in clinically significant ways.

Arguably most of the decisive rehabilitation work is done outside therapy, with the assistance of friends, community agencies and educational personnel. Essentially, this rehabilitation work involves the utilization of social and cultural resources and societal reactions to the stigmatization of convictions (Maruna, 2011), known as social capital. This resonates with McNeill (2012) and McNeill and Weaver (2010) who suggest that rehabilitation is a social project as well as a personal one, insufficiently explained, but nevertheless supported, by models such as RNR. Desistance research that focuses on social bonds has consistently shown that important life events such as obtaining a job, marriage, having supportive peers, receiving training or an education are decisive factors in individuals desisting from crime. As McNeill (2012) argues, rehabilitative interventions are important but *supporting* roles in the wider enterprise of desistance. That is to say, rehabilitative interventions do not cause change but they may support it.

In light of the theoretical and empirical advancements being made, the field of offender rehabilitation is a rapidly expanding area of interest. There is growing evidence that correctional programmes are effective, and there is an increasing literature on the effectiveness of rehabilitative programmes for juvenile offenders (e.g., Borduin *et al.*, 2011; Dowden and Andrews, 1999), violent offenders (e.g., Polaschek and Dixon, 2001) and sexual offenders (e.g., Beech, Mandeville-Norden and Goodwill, 2012; Hall, 1995; Hanson *et al.*, 2002). A growing sense of optimism may be warranted, given the 'nothing works' sentiments of the 1970s, from the preponderance of effectiveness data in the late 1990s and early 2000s.

Structure of the Book

The book is divided into a number of parts as follows.

Part One: Introduction

Chapter 2 of the introductory part of the book is by James McGuire who provides a historical overview of the 'what works' movement. He begins by surveying what has become a sizeable corpus of research findings that has amassed, the largest proportion of which concentrates on intervention programmes and whether or not they have 'worked', that is, reduced subsequent recidivism. He describes the review of 91 meta-analyses or systematic reviews of individually focused treatment-outcome studies on reducing criminal recidivism or antisocial behaviour, the majority of the results of which demonstrate positive effect sizes in reducing reoffending. He goes on to examine the fate of some of the policy impacts of the earlierphase of 'what works' findings before considering the research on extra-programmatic factors, related to risk assessment and allocation, attrition, programme integrity, quality of delivery and other organizational dimensions that were neglected during the initial phase of applying the findings of research reviews. He highlights the importance of four inter-related levels, respectively pertaining to the *client*, *programme*, *organization* and *society* as part of a systemic change. McGuire concludes by considering the treatment of psychopaths and the field of cognitive and social neuroscience as a method to further advance our understanding of cognitive processes and behavioural change.

This is followed by Chapter 3 by Cheryl Jonson, Francis Cullen and Jennifer Lux who examine the importance of public support regarding offender rehabilitation. Jonson and colleagues begin by reviewing the results of opinion polls suggesting that the public are punitive in their response to offenders (e.g., by showing support for capital punishment). They then examine research suggesting that, although the public will endorse punitive sanctions when questioned in a particular manner, they also appear to hold more progressive attitudes towards rehabilitation. It seems that when questioning is purposefully broad, the public's attitudes are revealed as being somewhat more complex, and somewhat more pro-rehabilitation across a diverse range of offenders (i.e., juveniles, non-violent offenders, sexual offenders). Jonson and colleagues argue that policy makers generally overestimate the public's punitive attitudes regarding offender rehabilitation and that researchers should continue to design rigourous research and disseminate this research to show policy makers the true extent of the public's attitudes. In Jonson and colleagues' own words, doing so 'creates the ideological space needed to propose and implement policies'.

Part Two: What Works in Offender Assessment

This part begins with Chapter 4 where James Bonta and Stephen Wormith explore the RNR principles in aiding offender assessment. Here they describe the history of offender risk assessment and provide an overview of the role of theory and the RNR model. They go onto describe the Level of Service instruments as a practical application of RNR before discussing future challenges and potential solutions in this area. The authors conclude that although major advances in the accuracy and usefulness of risk assessment technology have been made, further improvement is possible. They suggest that a General Personality and Cognitive Social Learning theory, and the theory-driven RNR model, can pioneer these improvements.

This is followed by Chapter 5 in which Leam Craig, Anthony Beech and Franca Cortoni review best practices and 'what works' in assessing risk in sexual and violent offenders. The authors consider the development of risk assessment technologies such as structured guided assessments and actuarial measures used in the assessment of sexual and violent offenders.

They provide a detailed summary of the relative strengths, weakness and predictive accuracy of the various methods before considering a convergent approach to risk assessment – the methodology of combining estimations of actuarial static risk with assessments of stable dynamic psychological factors to assess the level of risk and treatment need of offenders. This is demonstrated by mapping static risk factors onto the four risk domains associated with reoffending. They conclude that with an emphasis on discovering 'what works' in offender risk assessment, a number of promising actuarial and structured approaches to sexual and violent risk assessment have been developed and evaluated.

Part Three: What Works in Offender Rehabilitation

Clive Hollin, Emma Palmer and Ruth Hatcher begin this part with Chapter 6 with a review of some of the cognitive skills programmes which have been developed within the criminal justice system in England and Wales such as Straight Thinking on Probation (STOP), ETS and R&R. They describe the introduction of the accreditation process used to examine the integrity of programmes and the programme audit. They address some of the methodological criticisms which dogged early programme evaluations (Lipton, Martinson and Wilks, 1975) and provide a detailed description of the programme evaluation process, research designs and measures of change. They conclude that the evidence from the outcome research shows that completion of cognitive-behavioural programmes has a positive effect on reoffending, with a concurrent negative effect of non-completion as compared to no-treatment comparison groups.

In Chapter 7, Jenny Tew, Leigh Harkins and Louise Dixon address the question of 'what works' in reducing violence in psychopathic offenders. After considering the concept of psychopathy, they move on to review the empirical literature considering the efficacy of treatment with offenders with high levels of psychopathic traits. They challenge the apparent belief that people with psychopathic personality disorder are 'untreatable' or possibly even made worse by treatment (D'Silva, Duggan and McCarthy, 2004), something which is often traced back to early evaluations in high-security institutions (Rice, Harris and Cormier, 1992). They discuss the specific assessment and treatment needs of this group within the RNR framework. They suggest that targeting traits within Factor 1 or Factor 2 for treatment (e.g., responsivity) may help reduce problematic behaviours. For example, they suggest individuals scoring highly on the Factor 2 item 'poor behavioural controls' may benefit from some sort of anger management training to reduce their risk of violence. They argue that the focus of research into the treatment of those scoring high in psychopathy has shifted from considering whether they are able to benefit from treatment on the whole, to trying to identify principles for treatment that would maximize engagement and successful outcomes. They conclude that the next stage is to evaluate recently accredited programmes in order to better understand the treatment needs of individuals with high psychopathy.

Continuing the theme of 'what works' with people with personality disorders, Vincent Egan, in Chapter 8, considers current best practice to treat personality-disordered offenders. First, the parameters and complexities of personality disorder are addressed, as these issues inform an exploration of the theory and practice of interventions with personality-disordered offenders. The therapeutic approaches considered are those which combine clinical practice and experience with academic content. This chapter highlights the clinical nature of much therapeutic work with this offender population, and the specific approaches aimed at managing interpersonal and impulsive aspects of personality disorder.

Josilyn Banks, Sheetal Kini and Julia Babcock review the evidence on 'what works' in reducing male intimate partner violence recidivism in Chapter 9. The authors state that they 'aim to educate the reader about the current "go to" interventions used in the rehabilitation of batterers, and the theoretical frameworks that shape these interventions'. They begin with a discussion of their research that has demonstrated the small effect of batterer interventions on partner violence recidivism. As such, they argue there is great room for improvement in developing such interventions. They go onto provide a review of commonly administered battering intervention programmes, exploring the efficacy of therapeutic strategies such as motivational interviewing and RNR. Finally, they consider typologies of batterers and their role in the future of rehabilitation with this offender population. They conclude, based on the underwhelming results of current batterer interventions, there is a need to generate and test the efficacy of new and novel programmes.

In Chapter 10, William L. Marshall, Liam E. Marshall, Geris A. Serran and Matt D. O'Brien examine 'what works' in reducing sexual reoffending. Marshall and colleagues begin the chapter with an examination of punitive treatment approaches and conclude that treatment for any offender, in the context of punitive measures, is unlikely to be successful. Marshall and colleagues suggest that due to the inherent variability across sexual offender treatment programmes, it makes sense to ask the question '*Can* treatment of sexual offenders be effective?' since this can lead professionals to carefully investigate the underlying principles guiding successful programmes. Marshall and colleagues review contemporary meta-analyses and conclude that sexual offender treatment *can* be effective in some cases. They move on to discuss principles that they believe bring about positive effects in reducing sexual reoffending and describe – in detail – their own sexual offender treatment programme along with associated outcome data relating to its effectiveness. Marshall and colleagues conclude that strengths-based sexual offender treatment targeting criminogenic needs can often be effective, although they recognize that the knowledge base in this area is constantly expanding.

Turning to the treatment needs of violent juvenile offenders, Charles Borduin, Alex Dopp and Erin Taylor discuss in Chapter 11 the juvenile justice intervention programmes that have proven most effective. They note that although large-scale progress has been slow, several interventions have proven effective over the past 20 years in reducing the criminal activity of serious juvenile offenders, and recent efforts to disseminate these evidence-based interventions have been very promising. They begin by outlining the criteria for selection before detailing Multisystemic Therapy (MST), Multidimensional Treatment Foster Care (MTFC) and Functional Family Therapy (FFT). They explain the theoretical and clinical foundations of each intervention before reporting research outcomes. Each of the three interventions produced positive results in decreases in adolescent antisocial behaviour, association with deviant peers and significantly lower recidivism rates for status offences. Borduin, Dopp and Taylor argue that when taken together, these studies suggest that changes in caregiver discipline practices and youth association with deviant peers are critical factors in the attenuation of antisocial behaviour in youths. They highlight the most important goal of future research in this area should be to determine the specific components of treatment (e.g., in-session behaviours, protocols) that lead to improved caregiver discipline and disengagement of youths from deviant peers.

In Chapter 12, Raymond W. Novaco provides a comprehensive review of focused anger treatment studies with offender populations. He begins by setting the origins of understanding of anger citing Roman and Greek philosophers who make reference to rage, wrath and madness as indicators of anger. Novaco highlights anger is neither necessary nor sufficient for violence,

but it is part of the confluence of multi-level risk factors affecting violent behaviour. Having discussed the mechanism of anger and emotional dysregulation, he provides a chronological narrative of illustrative studies with control groups giving attention to important issues, topical content, types of intervention, populations (adult and juvenile, male and female) and settings (prison, psychiatric). The review of studies reveals that cognitive-behavioural treatment of anger has been shown to have applicability to a wide range of client populations and many clinical disorders. Prisoners and hospitalized patients with long-standing aggression histories, mental disorder and even intellectual disabilities (ID) can be engaged in cognitive behavioural therapy (CBT) anger treatment and have been shown to benefit. Novaco points out that although some studies with prisoners have not found anger reductions to follow anger control interventions, the illustrative studies reviewed have demonstrated that self-reported anger does decline following intervention programmes. He suggests that one can say with reasonable confidence that anger management or anger treatment interventions are successful in reducing anger levels in offender populations, provided that the treatment recipients have certified anger regulatory problems. When anger treatment is applied to persons for whom the treatment target is absent, the outcome evaluation enterprise is dubious. He cautions, regarding whether therapeutic interventions for anger have been successful in reducing aggressive behaviour, the evidence is less clear. One first must be mindful that a *behavioural* criterion is something independent of the subject's self-report; for example, 'physical aggression' scales on self-report instruments are not *behaviour*. He argues many studies exclusively assess anger by self-report instruments, and, of those, few studies have a measurement set that provides a look at whether there is convergence in multiple validated self-report instruments. Anger is a construct having cognitive, somatic and behavioural referents. He concludes, beyond anger control, if the aim is to reduce violent offending, an elaborated account of the complexities and the prospects of anger should be considered.

In Chapter 13, John Weekes, Flora Matheson, Andrea Moser and Michael Wheatley address 'what works' in reducing substance-related offending. The authors note the importance of this topic considering the well-established link between the use and abuse of substances and offending behaviour and provide the reader with a theory- and research-driven integrated model for the assessment and treatment of offenders' substance abuse problems. They begin the discussion of 'what works' with a brief review of the prevalence and dynamics of substance abuse problems in incarcerated populations, and the relationship between substance abuse and criminal offending. A focus on substance abusing female offenders and the role of trauma in the genesis of substance abuse problems is provided. They go on to consider the important role of assessment and highlight the need to consider specific client characteristics in the development of an individualized treatment plan. Finally, the authors describe theoretically based, evidence-informed, intervention models before presenting evidence showing the efficacy of some treatment models and approaches in reducing the likelihood of future problematic use of alcohol and other drugs.

Turning to 'what works' in reducing arson-related offending, in Chapter 14 Kate Fritzon, Rebekah Doley and Fiona Clark synthesize the key theory and treatment approaches that have been used by professionals to treat individuals who have set fires. Fritzon and colleagues note that a lack of knowledge about this group and a lack of rigourous treatment evaluations have greatly restricted professionals' knowledge about 'what works' with individuals who set fires. However, Fritzon and colleagues are able to cite some ongoing UK work aimed at rectifying this issue (Gannon, Lockerbie and Tyler, 2012) and – through piecing together current theory and research findings – make some valuable proposals regarding the potential

dynamic risk factors associated with firesetting. However, Fritzon and colleagues note that this particular area is relatively under-researched and 'sparse', making it difficult for professionals to move forward in an empirically informed manner. However, they conclude positively by noting that professionals in the United Kingdom and Australia are moving forward in their efforts to further understand this phenomenon fully.

Similarly to Chapter 14, there has long been a distinct lack of knowledge concerning 'what works' with female sexual offenders. However, Franca Cortoni and Theresa A. Gannon begin Chapter 15 by noting that they feel there is now enough information in this field to make some recommendations on what is *likely* to work with female sexual offenders. Using the RNR principles (Andrews and Bonta, 2010), Cortoni and Gannon examine what is known, and what can reasonably be concluded, about risk and treatment need for female sexual offenders regarding each principle. In particular, Cortoni and Gannon highlight important gender differences that should be taken into account by any consulting professional (e.g., differences in baseline recidivism rates, women's greater need for emotional connections with others, women's severe victimization at the hands of males). Cortoni and Gannon conclude by urging professionals to stay abreast of the constantly updating research literature and not to be tempted to fall back on the more established male sexual offender literature during professional practice with female sexual offenders.

In Chapter 16, William Lindsay and Amanda Michie consider 'what works' for offenders with ID, specifically relating to anger control, sexually inappropriate behaviour and social problem solving and offence-related thinking. They begin by providing a detailed description of an Anger Management Treatment (AMT) which includes behavioural relaxation, understanding of the person's own and others' emotion, understanding the construction of anger and stress inoculation. They present a number of case studies on group and individual AMT on people with ID as well as the results from recent random control trials demonstrating positive outcomes from treatments using AMT principles. They move on to consider 'what works' in the treatment of sexually inappropriate behaviour in people with ID. They argue that CBT techniques have become the predominant approach for the treatment of sex offenders in the last 20 years, including the treatment of those with ID. Using specialist psychometric measures designed for people with ID, they provide evidence for significant improvements on a range of cognitive assessments relating to attitudes to offending, sexual knowledge, victim empathy and measures of locus of control. However, they note due to pressures from courts or criminal justice services not to delay treatment, there have been no evaluations of sex offender treatment in this client group using a randomized control trial or waiting list controlled trial. They note other interventions such as the Social Problem Solving and Offence Related Thinking (SPORT) programme have also had success in sexual and violent offender groups. In conclusion, they note although treatments for AMT, inappropriate sexual behaviour, firesetting and criminal thinking have all been conducted with some success, there is clearly a need for better controlled research in this field.

In Chapter 17, Gwenda M. Willis and Tony Ward examine whether adhering to the GLM actually 'works' and review preliminary evidence regarding this most recent rehabilitation model. They begin by outlining the main tenets of the model as well as the clinical implications of the GLM. They move on to assess existing empirical research examining rehabilitation programmes that use the GLM's overarching framework or incorporate at least some Good Lives principles. The majority of research, as Willis and Ward point out, has focused largely on sexual offender populations since the GLM was first developed and applied to this forensic group. Although only a small amount of studies to date have examined rehabilitation

programmes using the GLM as an overall framework, Willis and Ward conclude that evidence supporting the GLM is accumulating. In particular, Willis and Ward note that the striking difference between classical RNR and Good Lives rehabilitation is the engagement of the client in the change or desistance process, and the ability of the GLM to promote positive pro-social ways of living a crime-free life.

Part Four: What Works in Secure Settings

In exploring the role of secure settings on offender behaviour, Nathan Kolla and Sheilagh Hodgins, in Chapter 18, consider what the empirical literature tells us about the efficacy of services and treatment that aims to prevent antisocial and aggressive behaviour among persons with schizophrenia living in the community. The authors present a brief review of the pathways through which individuals with schizophrenia and a history of offending come to receive psychiatric care. Differences between general and forensic psychiatric services are highlighted. They go onto discuss different subtypes of offenders with schizophrenia before finally considering specific interventions for reducing aggressive behaviour in this population. It is concluded that the evidence base on effective treatments for offenders with schizophrenia is small, yet greatly needed. Therefore, current policy and practice regarding the treatment of this population is not based on empirical evidence.

Next, in Chapter 19, Richard Shuker considers the role and efficacy of therapeutic communities (TCs) in treating UK offenders, which, as Shuker asserts, have provided intervention for this population of offenders for over half a century. The chapter first outlines the origins, recent developments and contribution of TCs to forensic practice. It outlines their treatment approach and methods and addresses the issue of TCs as a model of risk reduction, before addressing the opportunities that they provide for risk assessment and engagement in a safe and collaborative treatment process. Finally, it explores an analysis of the evidence base for TCs. It is concluded that TCs provide a key position in addressing risk and treatment of offenders.

In Chapter 20, David Thornton and Deirdre D'Orazio discuss best practice in sexually violent predator (SVP) treatment programmes, from initial assessment and detention criteria to treatment programme targets and strategies for managing risk on release. They begin by offering a historical overview of the development of SVP laws before providing a detailed analysis of the important treatment philosophy and the challenges faced by professionals and detainees within civil commitment legislation. They emphasize the importance of individualized treatment targets and highlight the difficulties that treatment participants face as part of the change process. In contrast to less-developed SVP treatment programmes, from which there have been few or no releases, Thortnon and D'Orazio recognize the important progress that has been made with more recent SVP treatment programmes which have improved assessment and treatment methodologies and theoretical underpinnings leading to a significant number of persons committed under SVP laws having been returned to the community.

Part Five: Cultural Factors and Individualized Approaches to Offender Rehabilitation

Jo Thakker begins this part of the book with Chapter 21 by examining the complex role of culture within offender rehabilitation. Thakker begins the chapter by defining culture as a concept and discusses how contemporary rehabilitation/treatment models (i.e., the RNR and GLM) conceptualize and integrate the concept of culture. Following this, Thakker outlines what is

known about the effectiveness of 'culture-inclusive' treatment programmes for offenders. In particular, she focuses on programmes in Canada (e.g., The Tupiq Program for Inuit Sexual Offenders), Australia (e.g., The Indigenous Family Violence Offender Program) and New Zealand (e.g., The Te Piriti Special Treatment Unit). Thakker notes throughout this chapter that very few research evaluations of culturally inclusive programmes result in peer-reviewed publication, and many are instead published 'in-house' as governmental reports (often with ill-matched comparison groups). Consequently, although the preliminary evidence looks promising, there are many questions that remain unanswered in this field. In particular, Thakker suggests that future research needs to provide more convincing information about the additional benefit of incorporating a strong cultural component to treatment since it is often unclear whether treatment – in the absence of a cultural component – would have been equally effective. Furthermore, if the cultural aspect of treatment *is* highly important for treatment effectiveness, researchers need to establish exactly why this is the case.

In Chapter 22, Andrew Day and Rachael M. Collie examine the Australasian approach to offender rehabilitation. They begin the chapter by providing an overview of the distinguishing features of Australia and New Zealand in terms of demographic and jurisdictional features. Following this, they examine, in detail, the rehabilitation programmes provided in each country and discuss the dearth of research examining the effectiveness of these programmes. Similarly to Chapter 21, Day and Collie note that many of the treatment evaluations currently available in each country are based on in-house government reports and do not appear to meet the study design standards required for international peer review. Day and Collie conclude that although Australasian offender rehabilitation programme development has paralleled developments observed in other countries, Australasia holds some unique challenges as a context for the development of successful rehabilitation. In particular, challenges are faced particularly in Australia where treatment providers are required to provide services to very large rural areas. Furthermore, Day and Collie note that the development of methodologically sound, peer-reviewed research examining treatment effectiveness must represent a crucial aim for both New Zealand and Australian researchers if the field is to progress.

In Chapter 23, R. Karl Hanson and Andrew Harris consider the criminogenic needs of sexual offenders on community supervision. They begin by considering psychologically meaningful risk factors for sexual recidivism and the results of a programme of research known as the Dynamic Supervision Project (DSP) from 2000 to 2007. They describe how, following the results of the DSP, two new measures were revised and created – STABLE-2007 and ACUTE-2007. These were developed to address the dynamic (changeable) risk factors of sexual offenders on community supervision. STABLE-2007 is a structured rating scheme containing 13 risk items and is completed by the evaluator based on file review and an interview with the offender. In contrast to stable factors, the seven items in ACUTE-2007 include factors based on current behaviour, which, in practice, means behaviour during the past month, or less (if the offender was seen more recently). T items were developed from previous studies of high-risk behaviours and the immediate precursors of sexual reoffending. Hanson and Harris provide encouraging support for the psychometric properties of the STABLE-2007 and ACUTE-2007 and the scales ability to discriminate between recidivists and non-recidivists. However, they note such research is in the early stages, and further research is required to determine the conditions under which meaningful changes in STABLE-2007 can be observed. In conclusion, they note that although initial results with these measures are encouraging, further research is needed to: (i) clarify the constructs assessed by these measures and (ii) determine the extent to which these constructs function as genuinely *dynamic* risk factors.

In Chapter 24, Hazel Kemshall and Sarah Hilder consider multi-agency approaches to effective risk management of high-risk offenders in the community in England and Wales. The chapter aims to summarize current issues associated with these approaches, post a 2007 evaluation. It begins by explaining the history of Multi-Agency Public Protection Arrangements (MAPPA) and goes on to discuss improvements in standards of risk management, engaging high-risk offenders in risk management plans and responding to issues of diversity. Important issues for the future development of MAPPA are also discussed. It is concluded that it is a challenging time for MAPPA, and although the system has expanded since its inception, it must now explicitly prove its worth. This can be achieved through increased attention to quality, effective risk management and positively evaluated outcomes.

In Chapter 25, Geris A. Serran, William L. Marshall, Liam E. Marshall and Matt D. O'Brien discuss whether individual or group therapy is the most effective mode for the treatment of sexual offenders. Serran and colleagues begin by examining what is known about the relative effectiveness of individual versus group treatment in the general clinical literature. They note that the general clinical research literature suggests that either treatment approach is more effective than no treatment provision at all. Moving on to discuss the sexual offending literature, Serran and colleagues note that group treatment appears, by far, to be the preferred treatment modality for sexual offender professionals (see the 2003 Survey of North American Programmes; McGrath, Cumming and Burchard, 2003). Consequently, there appears to be very little research literature examining the effectiveness of individual versus group treatment. However, of the scant research available, Serran and colleagues draw similar conclusions to those drawn in the general clinical literature. In short, both types of treatment are likely to be more effective than no treatment at all. Serran and colleagues argue that the most important consideration is *how* individual or group-based work is implemented (i.e., therapeutic process). They then outline what makes group or individual therapy effective drawing upon both the general and sexual offender therapeutic process literature. On the basis of their review, Serran and colleagues conclude that professionals should not feel limited to group therapy and should consider engaging a client in individual therapy when this seems most appropriate.

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