

Chapter 16

Technology Transfer— A Case Study in Implementing the Principles of Effective Cognitive Behavioral Interventions for At-Risk Juveniles

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INTRODUCTION

Although there have been many different studies that have explored the “what works” literature for correctional interventions, few have actually been able to follow a program over the course of time as it works to implement components of effective interventions. This chapter briefly reviews the principles of effective intervention, how they were derived, and what they tell us and then provides a case study of one juvenile program that was evaluated over multiple years as it strived to put into practice the principles of effective intervention.

PRINCIPLES OF EFFECTIVE INTERVENTIONS: EVIDENCE AND EFFECTIVENESS

During the 1960s and 1970s, correctional rehabilitation took a seminal blow when researchers postulated that few programs were effective in reducing recidivism (Martinson, 1974). This literature, coupled with the social context of the times, which supported deterrence strategies and a “get tough” approach, led to a paradigm shift away from rehabilitation (Cullen & Gilbert, 1982; Cullen & Applegate, 1997). Thus, many in the United States focused on incarceration and intermediate sanctions instead of treatment.

Although many turned their backs on rehabilitation and treatment, others, most notably several Canadian researchers and some colleagues in the United States, began to publish narrative reviews proclaiming the rehabilitative ideal was indeed alive and thriving in certain programs (Andrews et al., 1990b; Gendreau & Ross, 1979; Palmer, 1975). While these narratives were informative, they failed to provide a numerical magnitude of the effectiveness of correctional programming outside of the box-score summaries (Gendreau, French, & Gionet, 2004). It became apparent that a new technique was needed to summarize, integrate, and interpret the literature concerning correctional programming. Accordingly, meta-analysis¹ has emerged as a viable mechanism to assess the effectiveness of correctional treatment. Meta-analysis provided quantitative support in the form of effect sizes that not only demonstrated that treatment could reduce recidivism but could also have a substantial effect. From these early meta-analytic studies, Gendreau (1996) originally outlined eight principles of effective interventions. In 2002, Gendreau, French, and Taylor (2002) updated the principles, which made them more quantifiable. The eight principles of effective interventions as outlined by Gendreau (1996) and updated by Gendreau et al. (2002) are as follows:

- *Organizational culture.* The organization should be receptive to implementing changes. There should be low staff turnover, adequate staff training, and a system in place to share information.
- *Program implementation.* The implementation of the program should be based on a need for the program in the locality. Effective programs also conduct extensive literature reviews prior to the implementation of the components. The implementation of the program occurs when the organization is not in a state of turmoil.
- *Management/staff characteristics.* Staff should be well qualified. The

director of the program should possess a bachelor's degree in a helping profession and have several years of previous experience working with offenders. The program director should be involved in overseeing the staff. The staff should possess undergraduate degrees and have clinical experience working with offenders.

- *Client risk/need practices.* The assessment of the offenders should include a standardized measure of risk, need, and responsivity. Furthermore, the program should reassess the risk level over time.
- *Program characteristics.* The most important characteristic is that the program is behaviorally based and target criminogenic needs of high-risk offenders. The program implements a formal system of rewards and punishers and presents relapse prevention strategies after the initial period of treatment.
- *Core correctional practice.* Counselors should engage in anticriminal modeling, effective reinforcement and disapproval, problem-solving techniques, structured learning procedures for skill building, effective use of authority, cognitive self-change, relationship practices, and motivational interviewing.
- *Interagency communication.* The program makes referrals for the offenders so they receive high-quality services in the community.
- *Evaluation.* The agency conducts periodic reviews of the program, reviews client satisfaction data, monitors offenders' progress, and collects recidivism data on the offenders.

The principles of effective interventions may be collapsed into five categories: the human service principle, the risk principle, the need principle, the responsivity principle, and program integrity (Cullen, 2002).

Human Service Principle

The human service principle states that if correctional programs want to reduce recidivism, some type of treatment must be delivered instead of punishment. This contention is supported by recent studies that reaffirm rehabilitation over control- or punishment-oriented interventions (Andrews et al., 1990b; Lipsey, 1992; Lipsey & Wilson, 1998). In one of the early reviews, Andrews et al. (1990b) reviewed eighty studies and found that punishment-oriented interventions actually increased recidivism by an average of 2 percent. Furthermore, programs that were deemed to be appropriate (i.e., programs that targeted high-risk offenders, were behavioral, and addressed criminogenic needs) reduced recidivism by an average of 25 percent.

In a review of 443 studies of juvenile correctional programs, Lipsey (1992) also found support for the human service principle. When programs were deemed as appropriate, there was a demonstrated reduction in recidivism ranging from 20 to 40 percent. However, deterrence or control-oriented programs actually did harm by increasing recidivism by an average of 6 percent. In addition, Dowden and Andrews (1999a) examined programs for female offenders and found that programs that deliv-

ered treatment services instead of sanctions produced a much greater reduction in recidivism (18 percent for treatment-oriented services and 1 percent for sanctioning programs). The research is clear on this issue: Programs that provide some type of treatment for offenders result in greater reductions in recidivism than programs that adhere to punishment/deterrence or sanctions only.

Risk Principle

The risk principle states that programming should be matched to the risk level of the offender (Andrews, Bonta, & Hoge, 1990a), and higher-risk offenders should receive more intensive programming for a longer period of time to reduce their risk of reoffending. Furthermore, intensive interventions with low-risk offenders can actually increase recidivism rates (Lowenkamp & Latessa 2004). Many studies have reinforced the risk principle. For example, Andrews and Dowden (1999) conducted a meta-analysis of twenty-six studies that focused on correctional treatment for female offenders, both adult and juvenile. They found that programs that adhered to the risk principle reduced recidivism by 19 percent whereas those programs that violated the risk principle actually increased recidivism by 4 percent.

The same results were found for studies that only included juvenile offenders. The higher-intensity programs that targeted high-risk juveniles reduced recidivism by an average of 13 percent, but the programs that provided intensive services to low-risk juveniles only had a reduction in recidivism by 3 percent (Dowden & Andrews, 1999b). A more recent examination of the risk principle was conducted in Ohio. This study examined approximately fifty community residential programs for offenders. The programs reduced recidivism with high-risk offenders with reductions ranging from 10 to 30 percent, but most programs actually increased the recidivism for low-risk offenders (Lowenkamp & Latessa, 2005).

Need Principle

The third principle is the need principle, which states that programs should assess and target criminogenic needs (Andrews et al., 1990b; Gendreau, 1996). Research has indicated that certain factors are strong correlates of criminal conduct, such as antisocial attitudes, antisocial personality, antisocial associates, low educational and vocational achievement, poor familial relationships, and substance abuse (Andrews & Bonta, 1998; Gendreau, 1996; Hubbard & Pratt, 2002). Meta-analyses have indicated that programs that target criminogenic needs results in reductions of recidivism of approximately 20 percent whereas programs that targeted noncriminogenic needs (i.e., self-esteem, artistic ability, physical ability, stress, anxiety, and medical needs) have few if any effects on criminal behavior (Dowden & Andrews, 1999a; Dowden & Andrews, 2000).

Responsivity Principle

Because most behavior is learned, the responsivity principle states that while offenders have different learning styles, programs based on cognitive behavioral and social learning theories are the most effective in reducing criminal behavior (Andrews & Bonta, 1998). Research has supported this contention. Garrett (1985) revealed that

the average effect size for the most effective programs for adjudicated delinquents was .37. Specifically, cognitive behavioral programs, life skills training, and family therapy were the most supported types of interventions for juvenile delinquents. Dowden and Andrews (1999b) found that programs that incorporated cognitive behavioral and social learning components were related to reductions in recidivism of approximately 27 percent.

Aside from general responsiveness, research has also indicated specific responsiveness factors that affect success in programming (Kennedy, 2004). Offenders have specific characteristics that interact with modes of service, and if programs are to be successful in reducing recidivism, these factors must be assessed and treatment must be matched to these specific considerations. Andrews et al. (1990b) reviewed a number of studies and found that motivation, maturity level, and anxiety level were important factors for consideration.

Fidelity Principle

The last principle is one of fidelity or program integrity. Gendreau (1996) identified certain characteristics of effective programs, which if adhered to result in reductions in recidivism ranging from 10 to 30 percent. Some of the specific characteristics include:

- Programs should be behavioral and intensive in nature.
- Programs should focus on criminogenic needs.
- Programs should match characteristics of offenders to staff and programs.
- Programs should develop contingencies and behavioral strategies and rewards should be used more often than punishers.
- Programs should be designed to disrupt criminal networks.
- Programs should provide relapse prevention and booster sessions.
- Programs should develop relationships with community-based services and refer offenders to these services.
- Staff should relate to offenders in interpersonally sensitive ways. They should be evaluated, supervised, and trained. Staff should be hired on interpersonal skills related to service delivery.

Andrews and Dowden (1999) found that programs that provided an adequate dosage of treatment resulted in an effect size of 0.22 whereas those programs that did not provide an adequate dosage of treatment resulted in an effect size of .09. When reviewing studies for serious juvenile delinquents, Lipsey and Wilson (1995) found that program intensity and duration were related to recidivism. Furthermore, Lipsey (1999) found programs that lasted at least eighteen weeks, had distinct treatment sessions, and had more than five hours of contact per week with offenders had better outcomes than the programs that did not meet the aforementioned criteria.

Relapse prevention in the form of aftercare and booster sessions should be developed to increase treatment effectiveness. Research has shown greater reductions in recidivism for offenders who participate in aftercare when compared to offenders who

receive only the main treatment. For example, Inciardi, Martin, Butzin, Hooper, and Harrison (1997) found that substance-abusing offenders who participated in a therapeutic community and received aftercare in the community were significantly more likely to be arrest-free and drug-free compared to offenders who only participated in the therapeutic community. Other research has found the same promising results for aftercare for both substance abusers (Knight, Simpson, Chatham, & Camacho, 1997; Martin Butzin, Saum, & Inciardi, 1999) and sex offenders (Maletzky, 1991).

A recent study of evidenced-based interventions for youthful offenders found that if properly delivered, programs such as functional family therapy and Aggression Replacement Training[®] significantly reduced recidivism. However, if they were not competently delivered, the same programs actually resulted in higher rates of recidivism (Barnoski & Aos, 2004).

Finally, it is recommended that programs hire staff members who possess interpersonal qualities such as empathy, warmth, and ability to be firm but fair, genuine, and caring. Andrews and Bonta (1998) have found that staff who possess these qualities are far more likely to be better role models and will more effective in eliciting behavioral change in the offenders than staff members who do not possess these qualities. In addition, programs should have trained staff and provide clinical supervision for the treatment staff. Andrews and Dowden (1999) found that programs that provided training and clinical supervision to the staff members were significantly more effective in reducing recidivism than programs that did not train staff and provide clinical supervision.

In summary, research has identified certain principles of effective correctional programs, which if adhered to will result in significant reductions in recidivism (average of 30 percent). These principles of effective interventions have been identified and studied in much correctional literature; however, little is known about how programs engage in the process of technology transfer. The current research used a standardized measure of program quality to gauge how one juvenile correctional program implemented the principles of effective interventions.

THE CORRECTIONAL PROGRAM ASSESSMENT INVENTORY

The principles as outlined in the previous section are closely linked to the Correctional Program Assessment Inventory (CPAI). The CPAI, developed by Gendreau and Andrews (1992), is a standardized instrument that measures program quality in a quantifiable manner. The CPAI has been validated on both adult and juvenile programs and has shown strong correlations with outcome (Holsinger, 1999; Lowenkamp, 2003) and good psychometric properties (Nesovic, 1999).

Previous research on the CPAI has found that many programs are lacking program integrity (Matthews, Jones-Hubbard, & Latessa, 2001; Gendreau & Goggin, 2000; Pealer & Latessa, 2004). For example, a review of eighty-six correctional programs found that 34 percent scored in the unsatisfactory category (Matthews et al., 2001). In a review of juvenile programs using the CPAI, Pealer and Latessa (2004) found that a large majority of the programs scored as unsatisfactory or needing improvement (82 percent). Similarly, very few programs (approximately 10 percent) score in the very satisfactory range on the CPAI (Matthews et al., 2001; Gendreau & Goggin, 2000; Hoge, Leschied, & Andrews, 1993). Accordingly, the research to date on program integrity has shown that many programs are having problems implementing "what

works." Therefore, the question becomes one of technology transfer. Specifically, how do programs implement the principles of effective interventions?

CASE STUDY METHODS

The current research is a case study of one juvenile community correctional facility in Ohio and the changes the facility undertook to implement with the principles of effective interventions. The facility has been in operation since 1996 and has been evaluated on three separate occasions (1998, 2000, and 2001) using the CPAI. The CPAI is used to ascertain how closely a correctional treatment program meets known principles of effective correctional treatment. There are six primary sections of the CPAI:

- *Program Implementation.* The first section examines how much influence the current director had in designing and implementing the program, his or her qualifications, his or her involvement with staff and participants, and the overall implementation of the program.
- *Client Preservice Assessment.* This section measures three areas: the manner in which offenders are selected; the assessment of risk, need, and responsivity of the offenders; and the manner in which these areas are assessed.
- *Program Characteristics.* This section examines the day-to-day activities of the program: specifically, whether the program is targeting criminogenic behaviors and attitudes, the types of treatment used to target these behaviors and attitudes, specific treatment procedures, the use of reinforcements, and the methods used to prepare offenders for return to the community.
- *Staff Characteristics.* The fourth section concerns the qualifications, experience, stability, training, and involvement of the program staff.
- *Quality Assurance.* This section centers on the type of quality assurance mechanisms and whether the program measures performance.
- *Other.* The final section of the CPAI is examining stability of the program, funding, and support, and the comprehensiveness of files and ethical guidelines.

Each section is scored as "very satisfactory" (70-100 percent); "satisfactory" (60-69 percent); "needs improvement" (50-59 percent); or "unsatisfactory" (less than 50 percent). The scores from all six sections are totaled and the same scale is used for the overall assessment score. It should be noted that not all of the six areas are given equal weight, and some items may be considered "not applicable," in which case they are not included in the scoring. Data were collected through structured interviews with selected program staff and youth in 1998, 2000, and 2001. Other sources of information included the examination of several representative case files, observation of groups, and review of other selected program materials.

The CPAI has several limitations. First, the instrument is based on an "ideal" type. The criteria have been developed from a large body of research and knowledge that

combines the best practices from the empirical literature on "what works" in reducing offender recidivism. Second, as with any research process, objectivity and reliability are always an issue. Although steps are taken to ensure that the information that is gathered is accurate and reliable, given the nature of the process, the assessor invariably makes decisions about the information and data gathered. Third, the process is time specific. That is, the assessment is based on the program at the time of the assessment. Changes or modifications may be under development; however, only those activities and processes that are present at the time of the review are scored. Fourth, the process does not take into account all "system" issues that can affect program integrity. Finally, the process does not address "why" a problem exists within a program.

Despite these limitations, there are a number of advantages to this process:

1. The criteria are based on empirically derived principles of effective programs.
2. The process provides a measure of program integrity and quality; it provides insight into the "black box" of a program, something an outcome study alone does not provide.
3. The results can be obtained relatively quickly.
4. It identifies both the strengths, and weaknesses of a program. It provides the program with an idea of what it is doing that is consistent with the research on effective interventions, as well as those areas that need improvement.
5. It provides some recommendations for program improvement.
6. It allows for benchmarking. Comparisons with other programs that have been assessed using the same criteria are provided, and since program integrity and quality can change over time, it allows a program to reassess its progress over time.

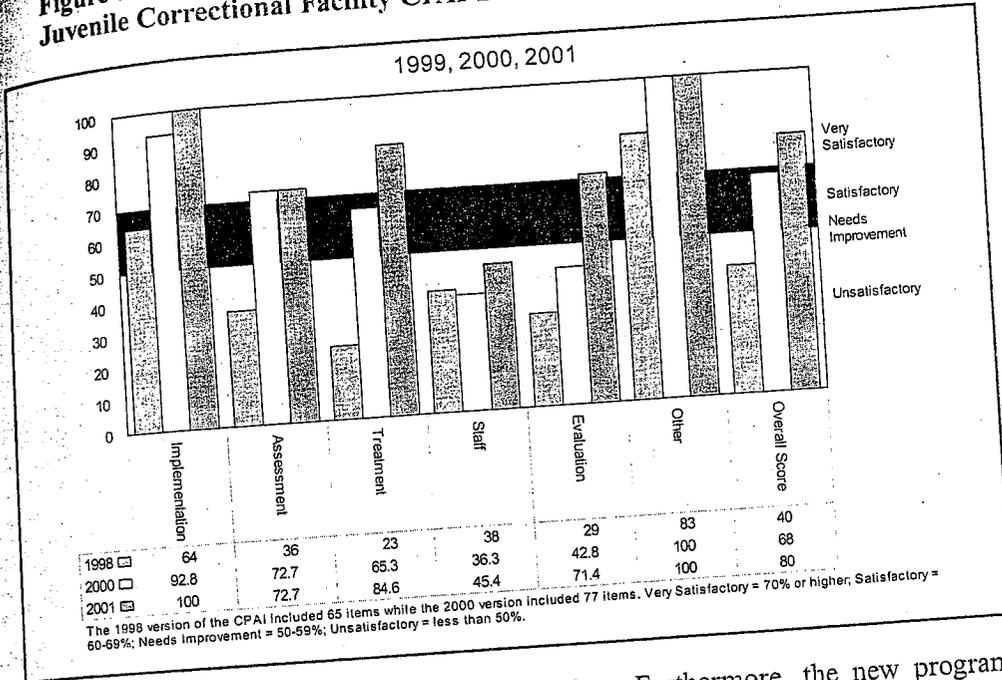
THE PROCESS OF TECHNOLOGY TRANSFER: THE PROGRAM

The program under study is a community correctional facility (CCF) that serves male felony juvenile offenders. Funding for the program is provided by the state; however, operations and oversight are the responsibility of a local judicial board. Youth are referred to the program by the juvenile courts in a four-county area, and the facility has a capacity of twenty residents. There were fourteen full-time and three part-time staff at the time of the last review. The following summarizes the findings from three CPAI assessments that were conducted over a three-year period.

Implementation

Figure 16.1 shows the results from the CPAI evaluations that were conducted over the course of three years. When examining the implementation section, the scores increased from 64 percent (satisfactory) to 100 percent (very satisfactory) by the third evaluation. There were some dramatic changes that occurred in the program during the three years. First, a new program director was hired after the first evaluation. The new program director was well qualified for the position. She held a graduate degree and

Figure 16.1
Juvenile Correctional Facility CPAI Evaluations



had previous experience working with offenders. Furthermore, the new program director was very involved in the daily operations of the program. For example, she was involved in the operations of the staff (i.e., hiring, supervising, and training) and facilitated groups for the offenders. The new program director was also able to assist with technology transfer by implementing a formal piloting system for new interventions. Before implementing any new components, the program director reviewed the literature concerning "what works" for juvenile offenders, and from the literature review, she piloted new components of the program prior to their full implementation. By the last assessment, the program scored 100 percent in the implementation section. The new treatment-oriented program director was providing strong involved leadership and had developed a program based on evidence. As of the last evaluation, the program director had also secured additional funding for the program that allowed it to sustain the efforts implemented.

Assessment

Concerning the assessment section, the program greatly improved from the first evaluation to the second evaluation. Initially, assessment was nonstandardized and did not allow for the identification of risk levels or criminogenic needs. After the first CPAI the program implemented standardized and objective measures of risk and need factors. Specifically, the program implemented the Youthful Level of Service/Case Management Inventory (Hoge & Andrews, 2002), which is a standardized instrument that measures criminogenic needs and provides the staff with a summary score of each youth's likelihood of recidivating. The one major deficiency in this area pertained to the assessment of responsivity factors. The program still had not implemented any

standardized responsivity instruments that measure learning styles of the youth or potential barriers to successful completion of treatment.

Program Characteristics

As previously mentioned, the program characteristics section of the CPAI is the largest section and examines the types of interventions offered by the program. The juvenile program originally scored as "unsatisfactory" (23 percent) and improved to 65.3 percent (satisfactory) in the second assessment. The increase in the score was reflective of the various components the program director and staff implemented. For example, by the second assessment the program had implemented a cognitive behavioral intervention, which targeted criminogenic needs such as antisocial attitudes, family, substance abuse, and victim empathy. Furthermore, the length of treatment was matched to the risk level of the youth, with moderate risk youth receiving at least six months of treatment and high risk youth receiving nine months of programming. Low-risk youth were excluded from the program altogether and were referred to other, less intensive interventions.

By the time of the second assessment, the program had implemented a formal system of behavioral reinforcements. First, the staff members developed a system of appropriate rewards and punishments to encourage prosocial behavior. The program used a point system whereby the youth traded in points for extra privileges. Furthermore, staff members were trained in the administration of rewards and punishments. Second, with the implementation of a cognitive behavioral curriculum, the program began to offer mechanisms to teach the youth how to monitor problem situations. In addition to monitoring situations, the staff members were also able to teach the youth how to deal with these situations in the future.

At the time of the third assessment, the program had moved into the highest category (very satisfactory) in the program characteristics section. Within one year of the second assessment, the program had implemented components that assisted the youth once they left the facility. For example, in addition to teaching the youth how to identify high-risk situations, places, and people, the counselors taught the youth new skills to overcome these high-risk areas. Furthermore, the program implemented a role-play and a prerelease group in which all youth were required to role-play every new skill in increasingly difficult situations.

In addition to the role-play and prerelease groups, the program implemented a family group in which parents were required to attend. The family group was designed to assist the family members in providing a prosocial support system for the youth once they returned home. Specifically, this group taught the family members how to create boundaries, increase communication, and improve parental consistency. Finally, the program developed booster sessions for youth to return to the facility to relearn skills taught during the initial treatment period. In addition, the staff members at the facility partnered with the local probation office to ensure that youth received aftercare services.

Staff Characteristics

As shown in Figure 16.1, the score for staff characteristics while rising slightly was still classified as "unsatisfactory" during all three evaluations. The only improvements the program made were the addition of a clinical supervisor and a formal on-

going training program for staff members. The problem areas for this section were the lack of educated and experienced staff and the lack of sufficient initial training. In addition, the program experienced a lot of staff turnover during the evaluation periods.² Accordingly, these factors (i.e., staff turnover, less educated staff, and insufficient initial training) have been problematic as the program attempted to implement the principles of effective intervention.

Evaluation

The evaluation section of the CPAI measures the quality assurance mechanisms of the program. As with the other sections of the CPAI, the juvenile program increased its score by almost 50 percent. At the initial evaluation, the program did not have many quality assurance mechanisms in place. The only mechanisms in place were that the program was reassessing the youth and collecting recidivism data on the youth who left the facility. Accordingly, the program only scored 29 percent during the initial evaluation. However, by the last evaluation in 2001, the program scored "very satisfactory" (71.4 percent) due to the fact that the program implemented a client feedback survey and had participated in an outcome study detailing the effectiveness of the program in reducing recidivism.

Other

The "other" section of the CPAI examines factors such as the completeness of files, the presence of ethics of interventions, and stability in funding, programming, and support. At the initial CPAI evaluation, the program did not have documentation of an ethics of intervention and treatment (e.g., use the least restrictive intervention). This oversight was remedied by the second evaluation. The program developed a code of ethics that governed the staff members at the facility. Accordingly, the program scored a perfect 100 percent by the second evaluation and maintained that score by the third evaluation. Specifically, along with the code of ethics, the program maintained complete files on the youth, and had stable funding and community support.

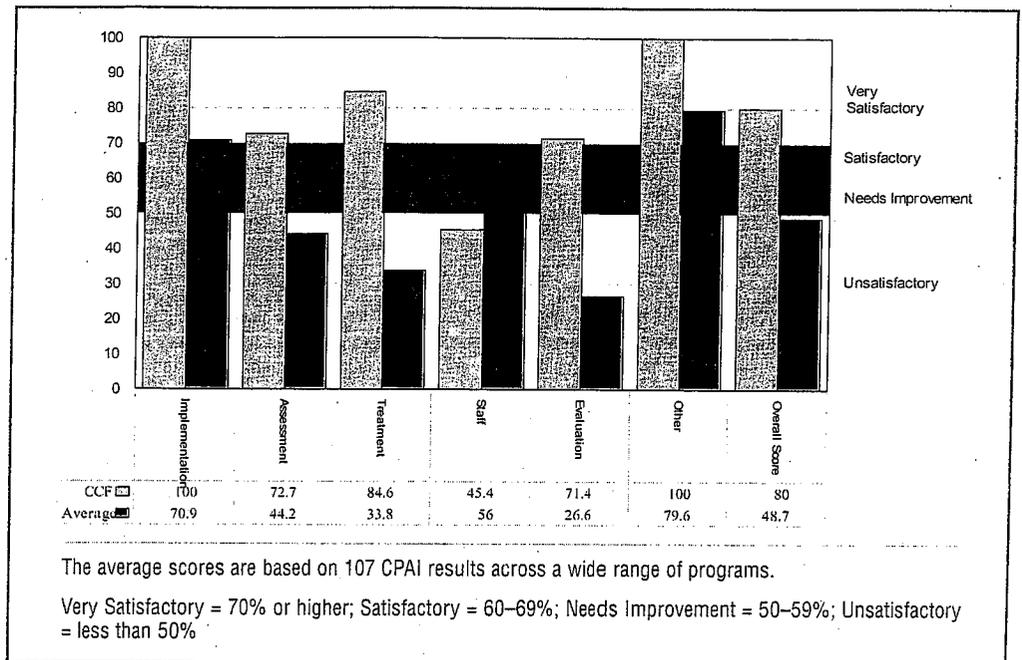
COMPARISONS TO OTHER JUVENILE PROGRAMS

Figure 16.2 shows the most recent CPAI scores from the CCF program compared to all other juvenile programs that have been assessed by the University of Cincinnati. As can be seen, the program scored considerably higher in every area except one, "staff." Considering where the program started, these data indicate that the CCF has been able to significantly improve program integrity in a relatively short period of time.

CONCLUSIONS

The research presented here has been a case study in technology transfer. Specifically, one juvenile justice program was evaluated during three different phases of its implementation of "what works" components. The program was able to improve its overall CPAI score from 40 percent to 80 percent during the course of three years. It should be noted that doubling the score in only three years is not an easy task especially considering the amount of staff turnover the program experienced. Furthermore,

Figure 16.2
CCF Program CPAI Scores Compared to Average Scores From 107 Juvenile Programs



although the program is only at 80 percent currently, it is one of the highest-scoring programs from over 360 correctional programs that researchers from the University of Cincinnati have assessed. With the hiring of a new program-oriented treatment director, the program was able to implement many of the principles of effective interventions. Furthermore, given that many of the principles of effective interventions have been successfully implemented at the CCF it is expected that the program will see reductions in the recidivism rates of the juveniles it serves in the foreseeable future.³

Footnotes

¹ Meta-analysis is a statistical technique that quantifies literature. The end result of a meta-analysis is a precise estimate, called an effect size (r), of the effect of treatment. For example, if $r = .25$, then the correctional treatment program would have reduced recidivism by 25 percent in contrast to a comparison group that did not receive the treatment.

² During the interviews for the evaluations, staff members reported that a possible explanation for the staff turnover was the combination of low pay and stress from the job.

³ An outcome evaluation was conducted for the program as part of a larger evaluation in the state of Ohio (see Latessa et al., 1999). The outcome study occurred during the initial evaluation period of the program. It is important to note that the program had some of the highest recidivism rates of all similar types of facilities in the state, which is not surprising given that the program had not implemented many components of the "what works" literature. A new study is currently under way, and it is expected that the program as it is currently configured will have lower recidivism rates.

than it did before, given that many of the principles of effective interventions have been successfully implemented at the program.

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