

given day in state prisons or county jails, and 30,000 are under community supervision on probation or parole. These striking comparisons could be even more extreme; for Oregon, at 580 prisoners per 100,000 residents, has a lower rate of incarceration than the US average, which currently stands at 750 prisoners per 100,000 residents (Warren *et al.* 2008). This opening point, therefore, rings an alarm bell. Great care needs to be taken lest the Irish correctional systems come to resemble the size and more punitive aspects of US penal systems. If the Northern Ireland and Republic of Ireland rates of incarceration were the same as Oregon's, then Ireland would currently incarcerate roughly 34,220 men and women instead of 4,856.

Lack of data makes it difficult to compare Oregon and Irish crime rates (O'Donnell 1997), however, it is likely that they do not differ greatly. Kurki (1997) reached the following conclusion about the comparative crime rates in developed countries after studying the 1995 International Crime Victimization Survey: 'the overall victimization rate - weighted to reflect the seriousness of offenses - was lower in the United States than in England and Wales and the Netherlands, and only slightly higher than in Canada, France and Sweden. In 1995, only Northern Ireland and Finland, for example, had lower theft rates, than the United States'. So, the vast disparity in incarceration and community supervision rates between Ireland and Oregon is more likely to stem from differences in cultural assumptions and penal beliefs, policies and sentencing practices, than from differences in crime rates.

Most people who commit crimes can learn to live without committing crimes. Effective correctional staff and programmes can reduce recidivism. There is ample evidence in the literature, often called the 'what works' literature, to show that staff and programmes following the 'principles of effective correctional treatment' reduce recidivism by meaningful amounts in a cost-effective manner (Aos *et al.* 2006, Gendreau 1996, Lipsey 1995). The 'what works' literature also provides evidence to show that 'get tough' approaches with people, for example giving them more and longer prison sentences, actually make most people worse and have the overall effect of increasing their risk of recidivism by about 7% (Andrews *et al.* 1990).

The intention of this article is not to focus on the success that Oregon has had in funding and creating a huge prison and community-based penal complex, nor indeed on the so-called 'get tough' incarceration/supervision approach that has dominated the US penal system from the

A Country-Wide Approach to Increasing Programme Effectiveness is Possible: Oregon's Experience with the Correctional Program Checklist

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Summary: This article describes the Correctional Program Checklist assessment process implemented in Oregon to meet the new legislative requirement that all state-funded correctional programmes be evidence based. On average, programmes scored in the 'needs improvement' evidence-based category at baseline but in the 'very satisfactory' category when reassessed. Northern Ireland and the Republic of Ireland could follow a similar process and achieve substantial gains in evidence-based practices and hence programme success.

Keywords: Evidence-based practices, Correctional Program Checklist, programme integrity, recidivism.

Introduction

There are some penal comparisons between Oregon and Ireland that captivate one's imagination. With a total population of around 5.9 million, Ireland has about 4,856 incarcerated men and women (1,500 in Northern Ireland and 3,356 in the Republic of Ireland), and has roughly 11,200 under community supervision (3,700 in Northern Ireland and 7,500 in the Republic of Ireland) on any given day (Irish Prison Service 2007, Probation Service 2008, FBNI 2008). In contrast, approximately 20,300 of Oregon's population of 3.5 million are incarcerated on any

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1970s to today. Rather, it describes something fairly unique that Oregon has done from a 'what works' perspective within its larger 'get tough' penal context (Latessa 2004); something that is very creative, exciting and potentially significant in terms of helping Oregon to reduce the recidivism rates of those who are under the care of its penal system. We hope that our experience in Oregon can make a contribution to colleagues in the Irish penal systems, as work continues to help offenders turn from a life with crime to a life without crime and to reduce the number of crime victims in Ireland.

A true story of agency change

The story begins in April 2005 in Josephine County, a small, rural county in south-western Oregon with a population of 81,688. Interestingly, Oregon has 36 counties compared to Ireland's 32, but Oregon is almost three times the land mass or size of Ireland. Each county in Oregon has its own Community Corrections agency that supervises its probationers and parolees. The Community Corrections agency in Josephine County, under its Director Abe Huntley, is responsible for supervising over 1,000 people on probation and parole.

In April 2005 Huntley led a team of 14 parole and probation officers, three drug and alcohol counsellors, six work crew programme staff, one home detention programme worker, five support staff and one treatment supervisor. This team was dedicated to the kind of 'best practices' that had resulted from over thirty years of get-tough, law-enforcement-oriented supervision strategies. Then the Oregon Legislature passed Senate Bill 267 into law and required a radically new way of conducting business for all state-funded correctional treatment programmes in the community or in prison.

Senate Bill 267 stipulated that the state of Oregon would spend 25% of state monies for correctional programmes on programmes that were evidence based by 2005, and this would increase to 50% of state monies by 2007, and 75% of state monies by 2009. It defined an evidence-based programme as one that 'incorporates significant and relevant practices based on scientifically based research' and that is cost-effective in the sense that it realises cost savings over a reasonable period of time that are greater than the programme costs.¹ In other words, the legislature

¹ See www.oregon.gov/DHS/mentalhealth/ebp/sb267summary.pdf (accessed 3 July 2007).

laid down standards of correctional effectiveness for state-funded correctional programmes.

Faced with these new requirements, Huntley asked a team of evaluators to assess and measure the fidelity of the programme practices of his agency to evidence-based practices. He received a 17-page report that rated his agency as not meeting evidence-based standards with what he called a 'dismal score of 44%'. Even though his agency score was relatively low, Huntley and his team found the assessment process helpful and encouraging. His response to the report is best summed up in his own words:

The broad picture was clear. Do a better assessment, work together to share information, develop treatment plans and find a good curriculum, that includes proper staff training, and implement the curriculum in the way it was designed [referred to by the experts as 'fidelity']. It was a detailed, topographical type of roadmap to a better practice, a more effective way to supervise with clear directions to behaviour change. All we needed to do was to put a team of practitioners together and start to plan the route.

Huntley inspired and equipped his team, with the help of key people such as treatment supervisor Denise Olson, to follow the roadmap. Two years later, in April 2007, Huntley invited the programme assessors back. Once again we hear from him:

The results were different this time and we were recognised as making great strides in our journey, and although not perfect we were commended for 'implementing changes and improvements to their substance abuse treatment program and associated interventions that consistently follow evidence-based principles and should have a lasting and positive impact on the clients they serve and the community as a whole'. An overall score of 85%, or 'very satisfactory', was good to see and felt as though the efforts we made were validated and not in vain. The second 'map' also provided suggestions for continued improvement, particularly in the area of quality assurance or gathering and measuring data to measure success on an on-going basis, which certainly made sense.

What if every state-funded correctional treatment programme in Oregon's prisons and in its 36 counties travelled a similar path to that

taken by Huntley and his team? What would it mean for the Oregon correctional system and the repeat offence or recidivism rate for Oregon's offenders? What would it mean for the citizens of Oregon if every programme for the 20,300 prisoners and 30,000 people under community supervision advanced its rating from 'unsatisfactory' to 'very satisfactory' or from 44% to 85% fidelity to evidence-based practices for reducing future criminal behaviour in a cost-effective manner?

Such a state-wide approach is exactly what the Oregon Department of Corrections (in charge of funding for state-wide adult correctional programmes) and the Oregon Youth Authority (in charge of funding for state-wide juvenile correctional programmes) set out to do in response to Senate Bill 267. This article will comment on some results from that state-wide process for adult corrections, but first it describes the instrument called the Correctional Program Checklist (CPC) that Oregon uses to assess a programme's fidelity to evidence-based practices.

Correctional Program Checklist (CPC)

A team of researchers led by Professor Ed Latessa at the Center for Criminal Justice Research in the Criminal Justice Division of the University of Cincinnati developed CPC. The researchers modelled CPC on a similar instrument called the Correctional Program Assessment Inventory or CPAI (Gendreau and Andrews 1996, 2001). CPC is an evidence-based checklist tool that helps correctional staff know how closely their work and programmes meet known principles of effective intervention such as the risk, need and responsivity principles from the 'what works' literature.

The risk, need and responsivity principles guide agencies and programmes to assess and focus on offenders who are at high risk of future crime, work with them on their particular need areas that are criminogenic (i.e. predictive of future crime), and do so with treatment interventions that are motivating and cognitive-behavioral in nature (Bogue *et al.* 2008). Other evidence-based practices include developing programmes that are based on a review of the relevant programme literature, hiring staff members that have the ability to develop empathic working relationships with their clients, and having an evaluation process to measure programme quality and outcomes. The more a programme follows these evidence-based practices, the more it is said to have 'programme integrity'.

To select and validate CPC indicators or measures of programme integrity, the University of Cincinnati researchers used data from studies of over 400 correctional programmes in both prison and community settings that served over 40,000 offenders (both adult and juvenile). These studies identified programme characteristics that were related to positive programme outcomes and found strong correlations between programme outcomes (reduced recidivism) and CPC programme integrity scores (Holsinger 1999, Lowenkamp 2004, Lowenkamp *et al.* 2006). The higher the CPC score, the more likely the programme had a positive impact on the success of its clients.

CPC examines five areas or domains:

1. **Leadership and development:** The qualifications, skills and experience of the programme director, and how well he or she developed and secured public and staff support for the programme.
2. **Staff:** The qualifications, skills, training, experience and values of the programme staff.
3. **Client assessment:** The extent to which the right kind of offender is involved in the programme, and the extent to which the programme assesses the criminogenic risk, needs and personal characteristics of the offender.
4. **Treatment characteristics:** How well does the programme target criminogenic behaviours and what type of treatment does it use to target those behaviours?
5. **Quality assurance:** How well does the programme monitor the quality of its programming and evaluate its effectiveness or outcomes?

CPC has 77 indicators or measures of evidence-based practices worth up to a total of 83 points across the five individual domains. The assessors using CPC arrive at a score for each of the five domains, as well as an overall score, which is broken down into four categories. Oregon has chosen to name these four categories: 'very satisfactory' (a score of 65% to 100%), 'satisfactory' (55% to 64%), 'needs improvement' (46% to 54%) and 'unsatisfactory' (45% or less). It should be noted here that the CPC instrument uses different names for the four categories – very effective, effective, needs improvement, ineffective – but the same scoring convention.

After assessing almost 400 programmes across the US, the researchers at the University of Cincinnati found that approximately 7% of the programmes were classified by the assessors as very satisfactory, 18% as satisfactory, 33% as needs improvement and 42% as unsatisfactory. Seventy-five per cent of programmes, therefore, were considered to be inadequate for the task of helping offenders reduce their recidivism risk. This CPC-based finding of large-scale programme infidelity to evidence-based practices is similar to findings by assessors who used the different but similar CPAI programme integrity assessment tool (Gendreau and Goggin 2000, Lowenkamp 2004, Nesovic 2003). Correctional systems around the US are spending an enormous amount of money on programmes that are ill prepared to achieve their principal aims of reducing repeat crime and making the community safer.

The CPC process has both advantages and disadvantages. Advantages include:

- CPC criteria derive from empirically based principles of effective programmes.
- Research has shown that CPC indicators are correlated with reductions in recidivism.
- The CPC process gives programme staff normative feedback on the integrity and quality of their programme, and provides insight into the so-called 'black box' or content of a programme.
- The CPC process is quick and relatively inexpensive (it takes two trained assessors approximately three to five working days depending on how they structure the process).
- The CPC process identifies programme strengths, weaknesses, opportunities and threats.
- The CPC process gives an agency or programme encouragement by highlighting what it is doing right as well as providing it with a roadmap and recommendations for making improvements.
- The initial CPC assessment establishes a benchmark that allows a programme to be compared with other programmes that have been assessed using the same criteria. It also enables one to determine the extent, if any, of progress made by the programme at a later date.

The main disadvantages of the CPC process are:

- The objectivity and reliability of the programme assessors or evaluators cannot be guaranteed (proper training and experience for the assessors is therefore critical).

- CPC scoring is specific to the actual programme reality at the time of the assessment, it does not take planned improvements into consideration.
- The CPC process does not identify the reasons why problems exist within a programme.
- The CPC process requires assessors who are able to motivate and encourage the programme leadership and staff to make changes based on their own desires to change and improve their programming.

Initial findings and results from Oregon's experience with CPC

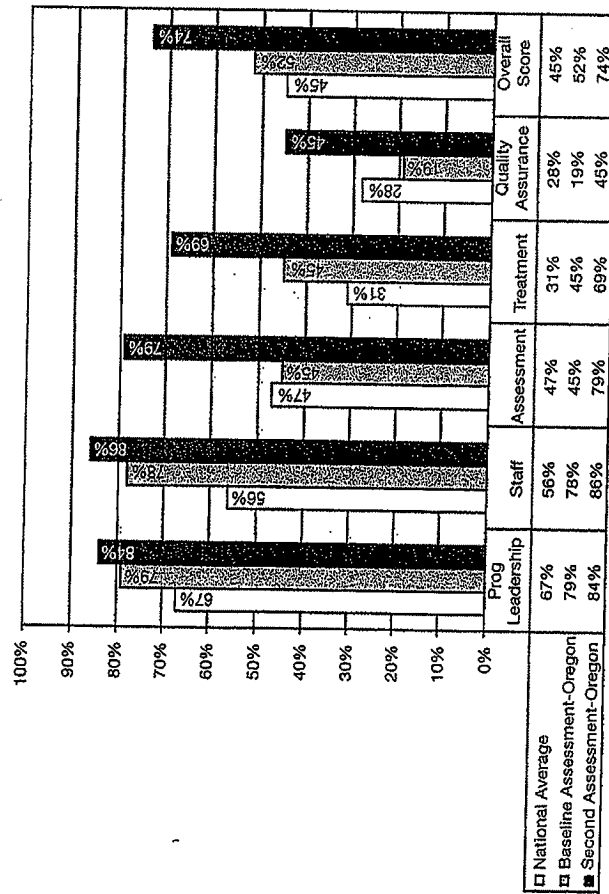
In Oregon the majority of the adult correctional funds from the legislature for both the state-controlled prison system and the locally controlled Community Corrections system of probation/parole are channelled through the Oregon Department of Corrections. In response to Senate Bill 267 the Oregon Department of Corrections trained a group of people in the use of the CPC instrument and decided to assess gradually all of the adult state-funded correctional programmes. To co-ordinate this state-wide project and maintain quality assurance, the department hired one additional full-time staff member, who took CPC training and became skilled in the CPC process through practice and coaching. The state-wide co-ordinator always assesses a programme with the help of another person from the pool of people who took CPC training and who make the CPC assessment process a relatively small part of their ordinary job.

The results of the initial or baseline assessments for 47 programmes that have been assessed using the CPC and for six programmes that have had follow-up or second assessments are given in Figure 1. Programmes are usually not reassessed until after one or two years pass from the time of the initial assessment, so the second round of assessments is only beginning.

Overall, the results from the assessment process show that the adult correctional programmes in Oregon are consistently meeting or exceeding the standards set by Senate Bill 267, so the standards set by that law were realistic and attainable. Figure 1 illustrates the programme integrity scores for each of the five CPC domains and the overall score of three different groupings of programmes. The white bars show the average US baseline CPC scores for 404 programmes from around the

US. The grey bars give the average Oregon baseline CPC scores for 47 programmes from various parts of Oregon. The black bars display the average Oregon follow-up CPC scores for the six adult programmes in Oregon that have been assessed at two points in time.

Figure 1. Baseline and follow-up CPC scores in Oregon compared to national average baseline CPC scores



Notes: Very satisfactory = 65% or higher, satisfactory = 55% to 64%, needs improvement = 46% to 54%, unsatisfactory = 45% or less.

Figure 1 shows that the US national average overall CPC score for 404 programmes was 45%, which falls into the 'unsatisfactory' category. The Oregon average baseline overall CPC score for 47 programmes was 52%, which is in the 'needs improvement' category. The Oregon average follow-up overall CPC score for six programmes was an impressive 74%, which is categorised as very satisfactory.

In the baseline assessments Oregon scored higher than the national averages in the overall score and in three of the five domains (Leadership and development, staff, and treatment characteristics), but lower in two of the five domains (client assessment and quality assurance). By the

time of the follow-up assessments, Oregon was scoring considerably higher than the baseline national averages in the overall score and in all five of the domains. At baseline, the assessors rated Oregon's programmes as strongest in the programme leadership and development, and staff domains, and weakest in client assessment, treatment characteristics and quality assurance. The six follow-up assessments indicate that Oregon's programmes are maintaining their strengths and making substantial gains in the areas that most needed development.

Figure 1 suggests that Huntley's experience in Josephine County is not unique, for the domain that clearly remains in need of development, even after the follow-up assessments, is that of quality assurance. The domain of quality assurance looks at eight indicators, including: Are clients assessed on their satisfaction with the programme? Are the risks and needs of clients reassessed during the programme to capture gains? Are recidivism rates for programme participants tracked?

Discussion

Everyone who has worked in the field of corrections for any length of time has an understanding that our field is primarily about people with difficult problems and is thus very complicated. There are no easy answers or panaceas. There are weaknesses to the CPC process and it is possible for a programme to achieve a fairly high CPC score and yet not be a very effective programme. For example, a programme can have a high overall score, but a pretty low score in the domain of treatment characteristics. So it might have a good programme director, good staff, good client assessments and fair quality assurance procedures in place, however its treatment characteristics or core programming may be found to be severely wanting.

The CPC process is simply one tool that is available to professionals in our field and it complements the many excellent evidence-based tools or strategies for probation officers and correctional staff that have emerged from at least four different bodies of literature in recent years, and which are identified by Bogue *et al.* (2008). Examples of these 'tools' include the development of empathic working relationships using motivational interviewing strategies; risk, need and responsibility assessment strategies; contingency management strategies (rewards and sanctions) that encourage pro-social behaviour and discourage antisocial

behaviour; and strategies for helping offenders to shift their social networks, engage with pro-social roles and develop a sense of self-agency. Wisely used, the CPC process can be an important tool. Although Oregon has, to date, only completed six follow-up assessments in the adult field, the results are encouraging. One swallow does not a summer make, but six swallows tell you that summer might be quite close.

There are a few key or important elements to a wise CPC process. First, the government, or at least a government agency, should back evidence-based practices at a policy level and set clear programme standards and accountability structures for effective practices. Second, the government agency needs to make the process available at a national level if it is to impact on not only individual programmes but the penal system as a whole. Third, senior management must set out a vision and make the necessary resources available to agencies, programmes and staff for achieving that vision (a small increase in personnel and staff trained in and available to conduct a quality CPC assessment process at little cost to the receiving agencies). Fourth, skilled assessors are required, who can make sound clinical judgements informed by assessment instruments and who can engage programme leadership and staff in a process that is motivating and encouraging of change. Fifth, there must be at least two CPC processes: a baseline and a follow-up process. Sixth, it requires its own quality assurance procedures and an analysis of the data and information collected in the process at an individual programme and a national system level.

This article cannot demonstrate that the work of the programme directors, staff and assessors who engaged in the CPC process resulted in a reduction in the rates of recidivism among Oregon's offenders. The reader will remember that the CPC process revealed that one of Oregon's weakest areas of programme integrity was the area of quality assurance. So the programmes assessed in Oregon were generally not collecting recidivism data and so were not in a position to say if they were having an effect on recidivism. Gradually, however, they are making gains in the area of quality assurance, and they ought to be able to determine their impact on recidivism in the next few years.

The research evidence suggests, however, that the programme improvements made in Oregon are likely to reduce recidivism because better programme integrity measured with the help of an instrument like CPC correlates with better outcomes. This article demonstrates that the correctional system of a state can implement a systematic national

process for improving correctional programme integrity and fidelity to the evidence-based practices that have been found in hundreds of studies and many meta-analyses to reduce recidivism when they are followed.

What if the directors and staff of every correctional treatment programme in Northern Ireland and the Republic of Ireland travelled a similar path to that taken by Abe Huntley and his team? It is likely that communities all across Ireland would become safer places in which to live as the correctional systems increasingly brought evidence-based practices in a systematic, intentional and documentable way to those under their care.

The Probation Service and the Probation Board for Northern Ireland have increased spending on staff training and development in recent years, therefore a small additional investment would enable both bodies to capitalise on that development and implement a country-wide CPC process that would significantly increase the fidelity of their correctional programmes to evidence-based practices. Such an increase in programme integrity would help men and women who have engaged in criminal behaviour to desist from crime and reconnect in more positive ways with their friends, families, work situations and communities. A country-wide development in correctional programme integrity would also mean greater satisfaction for staff, fewer victims and increased public safety.

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From Research to Practice: The Development of the Internet Sex Offender Treatment Programme (i-SOTP)

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Summary: The phenomenal growth in Internet-related sexual offending has proved a challenge for those providing intervention programmes to address this new form of sexual offending behaviour. This article describes the research that underpinned the development of the Internet Sex Offender Treatment Programme (i-SOTP). It explores similarities and differences between viewing behaviour and contact sexual offending, identifies treatment needs and describes the model of change upon which the treatment programme is based.

Keywords: Problematic Internet use, sex offender treatment, child pornography.

Introduction

The widespread implementation of cognitive-behavioural techniques in the treatment of sex offenders has reflected the move towards offence-focused work in dealing with criminal populations. Meta-analyses of treatment outcomes have shown that the most successful programmes are those which target the specific criminogenic behaviours involved (Andrews *et al.* 1990, Antonowicz and Ross 1994, Andrews 1995, Lipsey 1995, Losel 1995, Losel and Schumucker 2005). Typically such programmes focus on enhancing social and empathy skills, restructuring offence-supportive attitudes and improving self-management through the implementation of relapse prevention techniques (Fisher and Beech 1999).

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