The Need Principle: Knowing What to Target in Offender Rehabilitation and How to apply it in Corrections

Minga Wong

Minga Wong is Senior Quality Assurance Officer, Offender Assessment Unit with Corrective Services New South Wales (CSNSW), Australia

Introduction

During the past fifteen years, reviews of offender rehabilitation literature has found that providing programs services to offenders are associated, on average, with a reduction of ten percentage points in recidivism (Andrews, & Bonta, 2006; Lipsey, 1989). A number of characteristics are found to be associated with effective rehabilitation, with the Risk, Need and Responsivity principles considered to be the most important (Andrews, Bonta & Hoge, 1990).

The Risk principle states that the level of services should be matched to the risk level of the offender. The Need principle states that the targets for intervention should be factors related to offending (known as criminogenic needs) and the General Responsivity principle states that interventions should be delivered in a manner that is appropriate to the offender (Andrews & Bonta 2003).

Although the assessment of risk will inform selection of participants and intensity of service delivery, assessment of needs will inform program target and content. In this article we will describe the Need principle, its rationale and effectiveness. We will also highlight challenges corrections staff encounters in applying the Need principle and how to overcome these barriers through the use of organisational resources.

Criminogenic needs Vs non-criminogenic needs

Many offenders, especially High Risk offenders, have a variety of needs. They need places to live and work and/or they need to stop taking drugs. Some have poor self-esteem, chronic headaches or lack creative abilities and these are all “needs”. The Need principle draws our attention to the distinction between criminogenic needs and non-criminogenic ones (Andrews & Bonta, 1995).

Criminogenic needs are dynamic attributes of an offender that, when changed, are associated with the possibility of recidivism. Non-criminogenic needs are also dynamic and changeable, but these changes are not necessarily associated with the probability of recidivism (McGuire, 2005).

Based on tests of the Need principle, successfully addressing criminogenic needs is associated with an average 19% difference in recidivism whilst treatments that focus on non-criminogenic needs are associated with a slight increase (about 1%) in recidivism (Andrews & Bonta, 2006).

Prioritising treatment targets

The Level of Service Inventory – Revised (LSI-R) is the Corrective Services New South Wales’ (CSNSW) primary risk/need assessment and it can be used to identify factors associated with an offender’s criminal behaviour. This may include deficits...

When devising an offender’s intervention, corrections staff should prioritise treatment targets based on the criminogenic need with the highest score as this is the factor most relevant to the offending behaviour. If there is a tie to the highest scoring need, treat the intrinsic need first. An intrinsic need is something that a person can change within themselves, such as their attitude, values and beliefs, whilst an extrinsic need requires an external factor to make change happen, such as finding work. There are two reasons why we should treat an intrinsic need before an extrinsic one. Firstly, it is easier for an offender to change something they have full control over and this will help to create short term wins for those with multiple needs. Secondly, intrinsic factors often affect whether an extrinsic need can be met (Andrews & Bonta, 2006).

For example, if an offender scores 9 on Education and Employment and 9 on Alcohol and Other Drugs (AOD) on the LSI-R, it is more effective to treat the intrinsic need first (AOD) because this will affect the offender’s ability to pursue further studies and/or secure employment. If we address the extrinsic need first, the offender’s ability to find, secure and maintain employment will be affected by his unresolved AOD issues.

**Using assessment results to motivate change**

No matter where a person is in the stages of change, or how they came into contact with corrections, there are proven strategies to help to motivate people to change their thoughts and behaviours. Miller (1995) identified six keys to motivation for change that are appropriate for any type of problem behaviour and they are commonly known as Feedback, Responsibility, Advice, Menu, Empathy and Self-Efficacy (FRAMES).

**Feedback** involves giving personal feedback with regard to ways in which the behaviour is harmful to the individual. Using the LSI-R as an example, staff may use an offender’s risk/need profile to highlight factors associated with his/her offending and targets for change. In their study, Butcher, Dahlstrom, Graham, Tellegen, & Kaemmer (1989) found that participants who received feedback on the *Minnesota Multiphasic Personality Inventory*-2 assessment reported, across a two week period, significant decreases in symptomatology, significant increases in self-esteem and greater hopefulness about future than those without feedback.

In the clinical literature, assessment feedback has been described as providing an opportunity for rapport building. Some have suggested that sharing specific and relevant feedback reduces defensiveness and instills confidence in the helping process, thus contributing to a collaborative working relationship (e.g., Rozenesky, Sweet & Tovian, 1997). Others have also noted the relationship-building function of feedback, particularly when it is delivered in an accurate and empathetic manner (Baucom & Epstein, 1990; Finn, 1996). Thus, assessment feedback enhances and accelerates the rapport-building process between the assessor and the client (Allen, Montgomery, Tubman, Frazier and Excover, 2003). Assessment feedback has also been described as an intervention that enhances self-related processes such as self-understanding, self-verification, positive self-regard and...
self-awareness (e.g. Finn, 1996). Consistent with the self-enhancement hypothesis, Escovar (1997) and Finn and Tonsager (1997) argued that concrete and accurate assessment information addresses basic human motivations of self-verification and insight, self-esteem, self-discovery and self-efficacy. Many clinicians believe that the early enhancement of client self-awareness facilitates the collaborative identification of treatment goals and the motivation to work toward them (Baucom & Epstein, 1990; Millon, 1999).

Responsibility is related to research that consistently shows that people are likely to take action when they perceive that they have personally chosen to do so (Fagan, 1999). When individuals are told that they have no choice, they often resist change, but when they are told that it is ultimately up to them to choose, they may be more willing to change. For example, statements such as “You have a serious problem with drugs and you need treatment” are likely to evoke from many offenders the response “No I don’t!” Asking an offender questions such as “Is there anything about your drug use that concerns you, that you would like to change?” can help individuals resolve their opposition.

Advice involves giving the offender clear and direct counsel as to the need for change and how it might be accomplished. The key element is a clear recommendation for change, based on accurate personal information given in an empathic manner (Najavito & Weiss, 1944).

Menu involves individuals actively involved in choosing their own treatment approach (es). In order for a person to genuinely believe that he has personal responsibility in decision-making, there must first be a variety of real alternatives from which the individual can choose from. The research shows that programs need to be flexible and while no single treatment is appropriate for all individuals (Miller, Benefield & Togan 1993), a cognitive behavioral approach is favored (McGuire, 2005).

Empathy is one of the strongest predictors of success in motivating and treating offenders. An empathetic therapist is one who is client-centered, listening to, and reflecting the client’s statement and feelings by:

1) Speaking directly, simply, and honestly,
2) Avoiding making judgmental comments, asking open-ended questions including their thoughts and feelings about being in therapy, and then being a good listener,
3) Acknowledging the person’s distress and ambivalence about being in therapy and addressing their AOD problems,
4) Exploring the purpose and goals of treatment and ways in which recovery can best be accomplished with them,
5) Discussing issues of confidentiality,
6) Instilling confidence in the person about your skills as a therapist and your belief that they can meaningfully address their problems (Johnson, 1980).

Self efficacy involves helping individuals come to the belief that meaningful change can be achieved. This is accomplished not only by giving people the tools they need to make meaningful changes, but also involves ensuring staff are communicating that they too believe the offenders can make meaningful changes (Strupp, 1996).
High Risk offenders and treatment readiness

Although only a small percentage of offenders supervised by CSNSW are assessed as High Risk on the LSI-R, they re-offend at a quicker and higher rate than offenders assessed as Low Risk, Medium/Low Risk, Medium Risk and Medium/High Risk (Watkins 2011). Bourgon and Armstrong (2005) found that moderate level treatment (100 hours) that is effective for Medium Risk offenders have no impact on High Risk offenders. Offenders in this category are characterised by their multiple needs and require a minimum of 200 hours of treatment to have an impact on reducing recidivism.

When treatment dosage and type are not matched with the offender’s risk/need profile it can lead to low rates of engagement in treatment and even program non-compliance or drop out. Rates of attrition in many correctional programs appear to be quite high and Dowden and Serin (2001) found that those who dropped out from a Canadian correctional service program for violent offenders had the highest rate of violent reoffending (40% compared with untreated; 17% and treated; 5%). This is not to say that High Risk offenders who are assessed as likely to drop out of programs should not be offered treatment, rather they may require additional interventions designed to prepare them to stay (Day, Bryan, Davey & Casey, 2006).

There are a number of factors that may contribute to an offender’s engagement in treatment. This includes internal factors such as beliefs about treatment, past experience of programs and offender goals along with external factors such as the extent to which treatment is coerced (e.g. part of a Court Order), the setting in which treatment is delivered and the availability of resources to support program delivery. Collectively, these internal and external factors establishes an offender’s treatment readiness which determines whether an individual engages in treatment and subsequently benefits from it (Ward, Day, Howells and Birgden, 2004).

One potential way to minimise rates of attrition is to assess participants’ treatment readiness before they enter the programs. In CSNSW, the Compulsory Drug Treatment Centre, Serious Offender Assessment Unit and Young Adult Offender Program use the Corrections Victoria Treatment Readiness Questionnaire (CVTRQ) to identify whether an offender is treatment ready. The CVTRQ also highlights which areas correctional staff needs to address to increase an offender’s readiness for treatment.

Applying the Need Principle in the Real World

Getting offenders into appropriate treatment for with all the limitations of a correctional environment is one of the greatest challenges in applying the Need principle. This issue is compounded if the offender is High Risk and/or staying in an area where resources are scarce. The following is a list of suggestions that may assist staff in overcoming some of these barriers.

Find out what programs are being facilitated in your area

Through a cohesive approach in program planning, managers can share resources to increase the range and frequency of services available in the area. This also helps to mitigate situations where a program has to be cancelled due to insufficient number of offenders.
Avoid double handling

To maximise the use of limited resources, correctional staff should find out the type/s of intervention an offender has previously completed. For example, if an offender completed an AOD program just prior to his release with positive feedback from the facilitator, it may be more effective to refer him to a maintenance program rather than repeating the same program he just finished. This will also free up valuable places for those who never received treatment.

Familiarise yourself with program contents

Some programs, especially those that are Cognitive Behavioural Therapy (CBT) based and long in duration (>100 hours) are designed to address a range of different needs. For example, in CSNSW the Violent Offenders Therapeutic Program (VOTP) encompasses six treatment related modules which includes a readiness phase to engage and motivate offenders to actively participate in the treatment process (Ware, Cieplucha & Matsuo, 2011). A good understanding in program contents can assist staff in optimising an offender’s treatment plan and make the most out of a limited timeframe.

Use assessment information to drive services availability

In most frontline locations, service provision is determined by correctional staff competency (e.g. whether they are trained in facilitating a certain program) and availability. Due to these limitations, it is unrealistic to expect every program to be available to offenders all year round. To mitigate these issues, Community Offender Service staff in CSNSW use LSI-R records stored on the agency’s database to identify the most common criminogenic factors in the local offender population. This information is then used to inform staff training needs and service provision.

Conclusion

The adherence to the Need principle has a significant impact on the effectiveness of treatment. For treatment to be effective in reducing recidivism, intervention targets should be matched with criminogenic needs, sequenced in the right order and involve the offender in the decision making process. It is important to remember that there is no “one size fit all” program and offenders’ treatment readiness should be considered to enhance their level of engagement. Correctional staff’s knowledge in the Risk, Need and Responsivity principles, ability to apply them in their day to day work and awareness of available resources plays a critical role in ensuring interventions are effective in reducing recidivism.

References


The Need Principle: Knowing What to Target in Offender Rehabilitation and How to apply it in Corrections


