

# The Disconnect Between Assessment and Intervention In the Risk Management of Criminal Offenders

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**Abstract:** Although research suggests that risk/needs assessment and intervention models may be effective in reducing recidivism, there is emerging evidence that risk management interventions commonly used with various groups of offenders are not based on a proper assessment of offenders' criminogenic needs. In this paper, we examine the apparent disconnect between assessment and treatment among various groups of offenders, including sex, juvenile, mentally ill, drug-involved, and female. As will be discussed, research in these areas suggests that interventions commonly used with these specific groups of offenders may not be targeting appropriate criminogenic needs, which may be attenuating the effectiveness of the provided interventions.

**Keywords:** risk assessment, criminal offenders, risk management, recidivism, risk/needs interventions.

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## Introduction

Criminal recidivism remains a serious concern in the United States. Among offenders released from correctional institutions, more than 65% are re-arrested within three years (Langan & Levin, 2002), and in 2007 alone 16% of those parolees deemed "at-risk" were re-incarcerated (Glaze & Bonczar, 2009). The recidivism rates for specific types of offenders are even higher. Among drug-involved criminal offenders, for example, 95% return to drug use (Martin, Butzin, Saum, & Inciardi, 1999) and 68% are rearrested (Langan & Levin, 2002) within three years of release from state prisons.

Given these figures, effectively managing the recidivism risk among offenders remains a high priority in the criminal justice system. Despite earlier claims to the contrary, risk-management strategies have proven to be effective in reducing recidivism among a variety of offenders (see Andrews & Bonta, 2010, and Bonta & Andrews, 2007, for reviews). Perhaps as a result of the earlier skepticism, researchers have sought to produce empirically supported interventions and theoretical models based on sound

methodology and application in real-world settings. For example, the *Risk-Need-Responsivity* (RNR) model (Bonta & Andrews, 2007) is currently used with a wide range of offenders in an effort to manage their risk of re-offending.

The RNR model proposes that interventions for offenders are most effective when they are structured according to the three core rehabilitative principles of risk, needs, and responsivity (Andrews & Bonta, 1998). The key feature of this model is the *needs* principle. Of the questions that arise when discussing rehabilitation, one of the first involves what factors should be the target of the intervention. The answer, according to RNR, is that programming should target known predictors of crime and recidivism that can be changed (MacKenzie, 2006). These risk factors, referred to as *dynamic criminogenic needs*, include antisocial attitudes/behaviors, poor parental practices, weak interpersonal relationships, quality of leisure activities, negative peer influences, substance abuse, employment, and education (Gendreau, 1996; MacKenzie, 2006). Another aspect of RNR is the *risk* principle, which specifies that the intensity of treatment for offenders should be commensurate with their level of risk (Ward & Maruna, 2007), with high-risk offenders getting interventions that are more intensive. Lastly, the *responsivity* principle is concerned with matching the implementation of interventions to certain characteristics of the participants (e.g., motivation, learning style and ability, and multicultural needs) (Ward & Maruna, 2007).

Indeed, a large body of research suggests that targeting offenders' risk/needs in a manner consistent with the RNR model is associated with reduced re-offending in community and custodial settings among a variety of offender types (see Andrews & Bonta, 2010). Andrews and Bonta (2010) recently reported that adherence to the RNR model results in a 35% reduction in recidivism, whereas the reduction in recidivism is considerably lower among programs that adhere to less than all of the RNR elements. Unfortunately, this research also suggests that many correctional treatment programs are not adhering to the RNR model, with only 16% of the 374 programs studied adhering to all elements of the RNR model (Andrews & Bonta, 2010).

The failure to adhere to the RNR model often reflects a disconnect among assessment, treatment planning, and implementation. Although it is axiomatic that interventions should be based on the results of a well-conducted, empirically supported assessment of offenders' risk/needs, it appears that interventions used with many types of criminal offenders are not following this basic principle. As such, the provided interventions are not targeting the offenders' criminogenic needs, which will likely reduce the effectiveness of the intervention in terms of achieving meaningful reductions in criminal recidivism.

The purpose of this paper is to examine the apparent disconnect between assessment and treatment among various groups of offenders. After discussing the importance of assessment in guiding the intervention and the value of testing theory in real-world settings, we examine whether the interventions commonly used with certain groups of offenders are appropriately based on a risk/needs assessment that identifies their criminogenic needs. In particular, we examine the interventions used with several groups of offenders, including sex, juvenile, mentally ill, drug-involved, and female. We hope to

highlight the importance of targeting interventions at properly identified risk factors for future offending—a foundational concept that often appears to be neglected in the treatments used with certain groups of criminal offenders.

### **Importance of Risk Assessment in Guiding Intervention**

The most effective interventions are those that identify offenders most likely to recidivate (i.e., high-risk offenders), assess for factors related to reoffending that can be targeted in treatment (i.e., dynamic criminogenic needs), and then match the intervention to those specific needs and other characteristics of the individual (Hanson, Bourgon, Helmus, & Hodgson, 2009). A key element to highlight in this process is the relationship between assessment and intervention, and the ideal way they should both be used in risk management. Research suggests that most interventions involving offenders seek to reduce the risk of violence and reoffending (Borum, 2003; Douglas & Kropp, 2002), which highlights the importance of both assessment and intervention vis-à-vis risk management and recidivism reduction.

Assessment techniques related to effective treatment distinguish between criminogenic and noncriminogenic needs, and identify which needs should be addressed by the intervention (Hollin, 1999). Douglas and Kropp (2002) suggest that the ideal response for treating offenders is “the application of intervention and management techniques that target, very directly, the risk factors that have been identified in the assessment” (p. 641). Through the assessment of these factors, professionals are adhering to the principles of *need* and *responsivity*, which emphasize the importance of change and its facilitation through appropriate intervention (Bonta & Andrews, 2007). When criminogenic needs are not targeted in a manner consistent with principles of relapse prevention, the intervention may fail to achieve meaningful reductions in offender recidivism (Dowden, Antonowicz, & Andrews, 2003).

### **Importance of Applying Theory in the Real-World**

In addition to being guided by empirically supported assessment tools, such as structured professional judgment tools, risk-management strategies must be tested in real-world settings to gauge their applicability to the wide range of offenders they target. It is not enough for an assessment or intervention to be tested under ideal (or at least passable) conditions; although an important first step in establishing the validity of an assessment technique or efficacy of an intervention, testing in more real-world conditions is essential. Due to swelling prison populations, the current trend in the American criminal justice system is offender reentry, primarily through the establishment of community-based correctional services (Bouffard & Bergeron, 2007). Just as offenders are now transitioning from correctional institutions to community-based programs, so too must risk-management strategies demonstrate that they are effective in both of these settings.

Fortunately, there are risk-management strategies that have found empirical support, both behind bars and in community settings. One example is relapse prevention, a cognitive-behavioral approach to reducing recidivism across a wide array of offender

populations. A recent meta-analysis of relapse-prevention programs highlighted several factors as being particularly effective in managing offender recidivism, including teaching offenders to recognize characteristics of their own offense cycle, the development of skills to better address high-risk relapse situations, and the training of significant others in the program model (Dowden et al., 2003). These programs were particularly effective when considered in the context of the RNR model (with effect sizes [eta] hovering around .5), a finding similar to previous meta-analyses of this model concerning violent reoffending and correctional treatment programs (Dowden & Andrews, 2000). It is important to note that the setting of the relapse-prevention programs (i.e., correctional vs. institutional) did not moderate their effectiveness.

### **The Disconnect Between Assessment and Intervention**

The focus on risk assessment and management with criminal offenders is directed at “estimating the degree to which individuals constitute a menace to the community and then setting out to reduce or minimize their risk factors in the most cost-effective manner” (Ward & Maruna, 2007, p. 20). Although the RNR model is currently the reigning paradigm aligned with risk-management (Bonta & Andrews, 2007), other models exist (e.g., for relapse prevention, see Dowden et al., 2003; for the Good Lives Model, see Ward & Maruna, 2007). In all such models that seek to reduce recidivism, one must recognize the importance of a comprehensive assessment in guiding treatment planning and implementation. However, there is often a weak link between the assessment of risk and the selection of needs-appropriate intervention strategies for specific offender populations. This disconnect can reduce the likelihood of achieving optimal or even minimal reductions in re-offense rates.

In applied environments (i.e., community and institutionalized settings), there are several areas in which correctional programming may fall short. These shortcomings may evolve in a variety of ways. First, they can start at the initial assessment phase and trickle down to the implementation of risk-management interventions. Some organizations or institutions may lack the necessary resources (e.g., funding to purchase well-validated assessment tools, quality training for assessors) or scientific knowledge to utilize research-based assessment practices (Ferguson, 2002; Gendreau, 1996). Assessments conducted with outdated or inappropriate tools may lead to the selection of treatment programming that does not fully address the criminogenic needs of an offender or specific offender groups.

Second, errors can occur when recommendations based on a well-conducted assessment are not communicated adequately, or used appropriately to inform subsequent treatment planning decisions. Programs that fail to base interventions on the results of the assessment are at risk for falling into the one-size-fits-all trap in which individual treatment needs are ignored (Taxman & Marlowe, 2006; Ward, Melser, & Yates, 2007). Providing the same slate of services to all offenders falls far short of the ideal of tailoring treatment to the specific needs of offenders.

Third, the complete absence of any risk/needs assessment poses similar problems. Without an assessment, dynamic risk factors that ideally serve as targets for intervention are not identified, and the delivery of programming can become overly standardized and unscientific. Again, limited resources and empirical insight may be an underlying issue.

In all three of the above circumstances, the effectiveness of risk-reducing interventions may be compromised. Based on the risk/needs approach, reductions in recidivism would be enhanced if the relationship between assessment and management is strengthened (Dowden & Andrews, 2000; Ferguson, 2002; Gendreau, 1996). This objective can be accomplished by following a model, such as RNR, to develop and structure offender-specific rehabilitation efforts (Bonta & Andrews, 2007). In the following sections, we examine whether the treatments commonly used with certain groups of offenders are appropriately based on a risk/needs assessment – i.e., whether the interventions commonly used with these specific groups of offenders are targeting appropriate criminogenic needs.

**Sex Offenders** Although there has been a vigorous debate regarding which treatment approaches work best with sexually violent offenders (e.g., for cognitive-behavioral therapy, see Hanson et al., 2009; for relapse prevention, see Laws, 1999), few question the importance of maintaining a connection between accurate assessment and the resulting intervention among sex offenders. This ideal is consistent with the literature on use of the RNR model in guiding risk management of sex offenders (Hanson et al., 2009; Harkins & Beech, 2007).

A recent meta-analysis of 23 community and institutional correctional interventions for adult and juvenile sex offenders found that programs adhering to all three principles of RNR consistently showed the largest reductions in sexual and general recidivism compared to programs that adhered to none of the principles (Hanson et al., 2009). However, of the 23 studies in the meta-analysis, only four adhered to all three RNR principles. Based on these results, it appears that fully adhering to the RNR model is the exception rather than the rule, at least among sex offenders. Applied research is necessary to determine *why* these programs are not appropriately assessing and targeting offender-specific needs. Nonetheless, this meta-analysis supports the application of the RNR paradigm, when properly implemented, to the selection and implementation of treatment programming for sex offenders.

Substantial research has examined factors that relate to recidivism among sex offenders (see Conroy & Murrie, 2007; Harkins & Beech, 2007). Although most empirically supported risk factors are static rather than dynamic, a valid and accurate risk appraisal requires attention to both types of risk factors. Static, or historical, risk factors include prior sexual offenses, deviant sexual interests, psychopathy, antisocial lifestyle, age, gender and relationship of victim, and past failures (e.g., treatment relapse) (Conroy & Murrie, 2007; Witt & Conroy, 2009). These factors, however, are generally not relevant for evaluations focusing on change (Conroy & Murrie, 2007). The following dynamic factors may prove useful for estimating an offender's level of risk for sexual recidivism

and serve as appropriate targets of treatment: quality of social supports, emotional preoccupation with children, attitudes toward sexual abuse, poor self-management, hostility, substance abuse, resistance against authority, employment instability, and general sexual preoccupation (Witt & Conroy, 2009). Hanson et al. (2009) suggest that attention to the *needs* principle would have the greatest influence on facilitating a productive change in the interventions currently provided to sex offenders. They further suggest that service providers carefully review their program protocols to ensure that treatment targets emphasize those factors empirically linked to sexual recidivism.

Moreover, any variables that appear relevant to a particular offender's likelihood of engaging in future antisocial behavior, even if not consistent with those found in the literature, should be viewed as possible contributors to future offending (Heilbrun, 2009). Proactively using idiographic data derived from the assessment will minimize the likelihood of using a non-tailored one-size-fits all intervention (see DeMatteo, Batastini, Foster, & Hunt, in press). Conroy and Murrie (2007) also identify several unsupported risk factors that are often mistakenly thought to correlate with sexual recidivism. The most common of these "misleading" variables are verbally accepting responsibility for the offense, expressing victim empathy, expressing motivation for treatment, and completing sex-offender treatment that does not appropriately target criminogenic needs. According to Conroy and Murrie (2007), the correlation between each of these factors and recidivism is "close to zero" (p. 190). Correctional programming that assesses for and targets these factors in treatment may not achieve the most optimal reductions in recidivism. It is also important to avoid assessing only for the *presence* of risk factors; the absence of such factors is equally important to treatment planning and implementation because it reduces the expenditure of unnecessary resources (Witt & Conroy, 2009).

**Juvenile Offenders** There are also some concerns with the risk-management plans used to reduce recidivism among juvenile offenders, particularly related to the failure to incorporate assessment results into treatment planning. Although there are several risk assessment tools available, Mulvey and Iselin (2008) note how professionals make limited use of these instruments and instead "make decisions based mainly on their intuition about whether the adolescent presents a significant likelihood of future harm" (p. 38). Howell's (2003) discussion of the comprehensive strategy for serious, violent, and chronic juvenile offenders identifies the need for a comprehensive assessment instead of an arbitrary selection of appropriate treatment programs. This suggests that risk/needs assessments are either not being used or are done in an impromptu manner (Kelly, Macy, & Mears, 2005). These assessments are important because, as Howell (2003) notes, individuals in this population need to be classified in accordance with their needs and strengths so they may be properly placed in interventions that best fit their needs.

It also appears that responsivity factors are not being used to examine program implementation and effectiveness. For example, responsivity factors (such as learning style, cognitive ability, and psychological functioning) have been used to evaluate the effectiveness of treatment delivery styles, instead of being used to examine the effectiveness of matching juvenile offenders with interventions based on their individual responsivity factors (Vieira, Skilling, & Peterson-Badali, 2009). After identifying the most

prevalent needs of juvenile offenders through survey and assessment data, Kelly et al. (2005) found that roughly four out of every 10 of those with mental-health needs did not receive the indicated types of services, while two-thirds needing substance abuse treatment did not receive such treatment.

There is also a tendency for professionals to rely on factors that are unrelated to re-offending while overlooking factors that do have a relationship with re-offending (see Borum, 2003). For example, although improving self-esteem and increasing ambition for success are laudable goals, they lack empirical support as being risk reducing. Targeting non-criminogenic needs and overlooking criminogenic ones can negatively impact treatment selection, the applicability of the treatment to the individual, and the effectiveness of the treatment in reducing recidivism. Mulvey and Iselin (2008) suggest a lack of consideration for assessment may stem from juvenile court and how “the ethos of the court also reinforces a reliance on unstructured professional judgment” (p. 39), which may cause professionals to either shy away from using assessment methods that do not include this type of decision-making or be hesitant to include information based on structured assessment tools into their treatment planning.

Furthermore, interventions are being used that fail to address juveniles’ individual needs, exposing them to situations that may lead to iatrogenic effects because the intervention is not appropriately targeted (Barton, 2006). The needs of youth are often complex and involve several psychosocial domains, but developing a treatment plan is often done with a focus on a single component of the youth instead of his or her multifaceted needs (Brown et al., 1997), and through assessments lacking a comprehensive basis or generalizability (Hoge, 2002). For example, if only the needs of the individual offender are targeted for treatment, parent and family factors that also need to be addressed may be ignored, which may limit the effectiveness of the intervention in reducing recidivism (Brown et al., 1997). Implementing a proper risk-management plan that appropriately targets the diverse and multi-faceted needs of juvenile offenders has been shown to decrease recidivism (Kelly et al., 2005).

**Mentally Ill Offenders** The population of offenders with psychiatric illnesses has remained high since the wave of deinstitutionalization in the United States in the 1980s, with recent estimates of 14.5% of male inmates and 31% of female inmates having some form of mental illness (Steadman, Osher, Robbins, Case, & Samuels, 2009). Although empirical evidence suggests that mental illness alone is not necessarily predictive of violent recidivism (Bonta, Law, & Hanson, 1998) or general violence in the community (Monahan et al., 2001; Steadman et al., 1998), mentally ill offenders do experience other obstacles to treatment that must be taken into account when developing appropriate risk-management strategies.

One principle that must be considered is level of risk, which relies heavily on risk assessment but should also translate into appropriate risk-management strategies. For example, although some actuarial tools place individuals with a diagnosis of schizophrenia into a low-risk category, some studies suggest that a diagnosis of schizophrenia is associated with higher rates of interpersonal violence (see Mullen,

2000). Other studies further support the importance of incorporating level of risk in treatment strategies for mentally ill offenders in general (Dernevik, Grann, & Johansson, 2002), and programs aimed at high-risk mentally ill offenders have shown success in reducing violence risk (see Swanson et al., 2000).

The differing needs of mentally ill offenders must be considered when developing treatment strategies, although differences remain in how professionals focus their treatment of this population. An illustrative study of one medium-security forensic unit shows that psychiatrists tended to focus on pharmaceutical interventions, psychologists on personal factors such as a client's insight of his or her own history, occupational therapists on developing life skills, and social workers on post-discharge living arrangements (Davies, Heyman, Godin, Shaw, & Reynolds, 2006). Only some frontline nurses tended to adopt a criminogenic approach, and the clients themselves were more likely than the treating professionals to understand their needs in regards to broader life circumstances. Evidence-based practices, like relapse prevention and RNR, emphasize that treatments should consider criminogenic needs, whereas focusing on factors such as the diagnosis of severe mental illness and the development of life coping skills show minimal reductions in recidivism (Bonta & Andrews, 2007; Dowden et al., 2003). If the forensic unit in this study represents general treatment programs for mentally ill offenders, then programs are not adopting strategies that have been shown to be effective with this population. More research must be carried out in this regard, including outcome studies comparing these traditional treatment modalities and the evidence-based practices mentioned above.

Similar findings exist in the treatment of offenders with personality disorders, particularly psychopathy. Although studies suggest that this group poses a high risk of general and violent recidivism, recent research has found that assessments and interventions based on integrative RNR principles may be useful in managing this risk (e.g., Wong, Gordon, & Gu, 2007). This is further illustrated through risk-reduction approaches that are responsive to these offenders' particular needs for control and choice, which can be utilized to promote self-responsibility, self-management, and eventual prosocial behavior (Harris, Attrill, & Bush, 2004).

Mentally ill offenders are not a homogenous group and should not be treated as such. Tailored interventions based on the offender's level of risk, criminogenic needs, and specialized strengths and motivations would likely enhance risk-management interventions. However, there is an absence of convincing evidence suggesting that tailored interventions are being consistently used with these offenders.

**Drug-Involved Criminal Offenders** The number of drug-involved offenders in the criminal justice system has risen sharply in the past 25 years. Due to the "War on Drugs," which began in the 1970s and continued in the 1980s, correctional admissions have more than tripled (Harrison & Karberg, 2003), with drug violations accounting for roughly 60% of the increase in federal inmates and over 30% of the increase in state inmates (Harrison & Beck, 2002). Roughly 330,000 people were incarcerated for drug law violations in 2004, with drug offenders comprising over 50% of federal prison inmates and roughly

20% of state prison inmates (Mumola & Karberg, 2006). In 2004, 17% of state inmates and 18% of federal inmates reported committing crimes to obtain money for drugs, and one in four violent offenders reported being under the influence of drugs at the time of the offense (Mumola & Karberg, 2006). Finally, in 2004, 56% of state inmates and 50% of federal inmates reported using drugs in the month preceding their crime, and 32% of state inmates and 26% of federal inmates reported being under the influence of drugs at the time of their offense (Mumola & Karberg, 2006).

Given these figures, developing effective interventions to reduce recidivism among drug-involved offenders has taken on increased importance. Unfortunately, neither the “public safety” approach, which conceptualizes drug use as illegal behavior that should be punished, nor the “public health” approach, which views drug use as a medical condition that requires a treatment-oriented response, has resulted in meaningful reductions in recidivism (see Marlowe, 2002).

The advent of drug-treatment courts in the late 1980s marked a paradigm shift in how drug-involved offenders were treated in the criminal justice system. Drug courts combine elements of the public safety and public health approaches by providing judicially supervised drug abuse treatment, social services, and case-management services to nonviolent drug-involved offenders in lieu of prosecution or incarceration. A large and growing body of empirical research suggests that drug courts are outperforming virtually all other strategies that have been used with drug-involved offenders in terms of reducing criminal recidivism (see Belenko, DeMatteo, & Patapis, 2007, for a review of relevant research).

Despite the apparent effectiveness of drug courts, more recent research suggests that the one-size-fits-all intervention designed for drug-dependent offenders, which is used in most drug courts (Peyton & Gossweiler, 2001), may not be appropriate for the sizeable portion of drug-court clients who do not, in fact, have a serious drug problem (DeMatteo, Marlowe, Festinger, & Arabia, 2009). The failure of many drug courts to appropriately identify the needs of drug-court clients through a proper baseline eligibility assessment has resulted in a sizeable portion of low-risk and low-need drug-court clients who are not well suited for the intensive intervention services provided in most drug courts. Although 93% of drug courts reported using clinical screens to determine drug-court eligibility, more than one-third reported using non-validated measures developed by court staff (Peyton & Gossweiler, 2001). Even if standardized screening measures are used, research suggests that some commonly used measures (e.g., Substance Abuse Subtle Screening Inventory) overestimate the proportion of offenders in need of substance-abuse treatment (Peters et al., 2000). The result is that a sizable portion of drug-court clients may not be well suited for the kinds of intensive interventions provided in drug court.

Fortunately, some drug courts are beginning to implement less intensive interventions that are more appropriate for clients with less severe drug problems (see DeMatteo et al., 2009). Because these interventions are better suited to the needs of drug court clients who are not dependent on drugs, there is reason to believe that the already impressive performance of drug courts will improve even more, and at a reduced cost because

resources are being used more wisely. Future researchers will be well positioned to examine the effectiveness of these appropriately tailored interventions in terms of recidivism reduction and cost effectiveness.

**Female Offenders** The number of female offenders under correctional supervision has increased dramatically in recent years. Between 1995 and 2005, the number of incarcerated female offenders increased by 57%, compared with a 34% increase among incarcerated male offenders (Harrison & Beck, 2006). In 2006, the number of females under the jurisdiction of state and federal prison authorities increased by 4.5 percent, compared with 2.6 percent for males (Sabol, Couture, & Harrison, 2007). At year-end 2006, females accounted for 7.2% of all prison inmates, which is up from 6.1 percent in 1995 and 5.7 percent in 1990 (Sabol et al., 2007).

The increase in female offenders under correctional control and supervision has ushered in a new era of gender-specific, or gender-responsive, programming (Bloom, Owen, & Covington, 2003). These programs ostensibly target criminogenic needs relevant for female offenders. Consistent with RNR principles, this type of programming, compared to gender-neutral programming that traditionally targets “male” risk factors, should lead to greater decreases in criminal recidivism among female offenders. There are, however, two key concerns related to gender-specific assessment and programming.

One concern is whether widely used risk/needs assessment tools, such as the Level of Service Inventory-Revised (LSI-R), are valid with female offenders. These tools are considered gender-neutral, but there is concern about whether such tools are useful with female offenders. A recent study found that such gender-neutral tools are indeed robust predictors of recidivism among female offenders (Van Voorhis, Wright, Salisbury, & Bouman, 2010). It is important to note, however, that Van Voorhis et al. (2010) also found that the addition of female-specific risk factors added statistically significant incremental explanatory variance to the ability of the LSI-R to predict re-offending among females. Therefore, although gender-neutral risk/needs measures are useful, adding female-specific risk factors may very well increase their clinical utility.

The second concern is whether gender-specific interventions are targeting appropriate criminogenic needs and achieving meaningful reductions in criminal recidivism among female offenders. Nascent research suggests female offenders do indeed have different criminogenic needs than their male counterparts. For example, Heilbrun et al. (2008) compared large samples of male and female offenders using a widely used risk/needs assessment tool, and they found that female offenders exhibited significantly more deficits (i.e., criminogenic needs) in the areas of social relationships and financial health. More recently, Van Voorhis et al. (2010) found that female offenders had several risk factors associated with future offending, including substance abuse, economic, educational, parental health, and mental health. Consistent with the RNR model, interventions that target true criminogenic needs should result in more meaningful reductions in criminal recidivism.

## **Conclusion**

Despite the existence of psychometrically sound and empirically supported risk/needs assessment tools, as well as intervention models that emphasize the importance of targeting criminogenic needs to reduce recidivism, our review of the empirical literature suggests that the interventions used with many groups of offenders are not based on a proper assessment of risk factors. In some instances, the criminogenic needs of offenders are not being properly assessed (if at all), while in other instances the provided intervention is not based on the results of the assessment. In both instances, the disconnect between assessment and intervention is likely attenuating the effectiveness of the intervention.

We recognize that implementing interventions, particularly ones that are tailored to the needs of offenders, can be challenging in the context of complicated and oftentimes bureaucratic environments. Nevertheless, we hope that we have highlighted the importance of developing interventions based on a proper assessment of offenders' criminogenic needs. Recent studies demonstrating that adherence to risk/needs models leads to substantial reductions in recidivism are encouraging. As more treatment programs are developed and studied, researchers should consider examining (1) whether treatment programs that target criminal offenders are adhering to the basic elements of risk/needs assessment and intervention models, and (2) whether adherence to such models results in meaningful reductions in criminal recidivism among specific groups of offenders.

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