

Dear Colleague:

For this month, the NEARI Press newsletter article looks at the research behind the dosage of treatment. This study explores the question of *how much* more treatment services or supervision to provide, especially to higher risk clients. The research seems to indicate that providing high dosage of treatment (200 hours) to higher risk offenders shows substantial reductions in recidivism. That said, this research also suggests that when clinicians make these decisions based on thoughtful and individualized assessments, we may enhance both safety and treatment success.

As always, if you have any other questions or suggestions for future newsletter topics, please don't hesitate to contact us.

Sincerely, Joan Tabachnick and Steven Bengis

What Is the Right Amount of Treatment for the Level of Risk?

by Steven Bengis, David S. Prescott, and Joan Tabachnick

The Question

How much treatment is enough to have a significant impact?

The Research

Kimberly Sperber, Edward Latessa, and Matthew Makarios examined the impact of treatment dosage (measured by the number of hours in treatment) on recidivism at different risk levels. Although the study examined 689 adult male offenders, the findings suggest that further exploration of the risk principle for those working with youth as a key characteristic of effective programs is important. The risk principle holds that the amount of services provided should be commensurate with the amount of risk posed. In other words, high-risk clients require high-intensity interventions.

Until recently, there were few studies that would provide individual clinicians, residential programs, or correctional facilities with the practical guidance to decide on the treatment dosage. This study explores the question of *how much* more treatment services or supervision to provide, especially to higher risk clients.

One previous meta-analysis of 200 studies on juvenile (mostly non-sexual) offenders found that treatment programs that lasted for a minimum of six months (100 hours of programming) demonstrated significant reductions in recidivism (Lipsey, 1999). These findings held for both

institutional and non-institutional programs. Sperber et al.'s study showed a 38% reduction in recidivism for high-risk cases receiving 200 or more hours of treatment. The study also found a 13% reduction in recidivism for low risk cases when dosage increased from minimal (less than 100 hours) to moderate (100-200 hours) of treatment.

Overall, the study suggests a relationship between treatment dosage and risk level. The most efficient use of resources lies in providing more treatment services to those who truly pose the highest risk. Although this study examined adult offenders, it demonstrates the need for further research with adolescents to provide the same practical guidance needed for the field.

Bottom Line: Providing high dosage of treatment (200 hours) to higher risk adult offenders shows substantial reductions in recidivism.

Implications for Professionals

This research provides some benchmarks for clinicians to consider when making treatment dosage decisions. However, as our understanding of risk in adolescents expands into individualized approaches that are both contextual and developmental, this research raises questions of dosage as well as the identifying the correct treatment needs to focus on. With a "more is better" guideline for higher risk clients and "less is more" with lower risk clients, the additional work is individualizing the treatment plan to address the safety and treatment needs for the best outcomes.

Implications for the Field

Practical information about dosage is a valuable step in research that helps ground our work with adolescents in research-based practice. Future research will focus on accurate identification of risk management strategies, individualized research-based treatment approaches, and cost efficient use of limited intervention resources. With this research we start to answer key questions such as: How much, for whom, with what methodologies, with what fidelity to implementation of research-based approaches will replicate positive outcomes? That said, this research suggests that when we make these decisions based on thoughtful and individualized assessments, we may enhance both safety and treatment success.

Abstract

The risk principle suggests that effective correctional interventions should vary the intensity of treatment by offender risk, with higher risk offenders receiving more intense services than lower risk offenders. Although much research indicates that programs that target higher risk cases are more likely to be effective, relatively little research has examined the impact of varying levels of treatment dosage by risk. Consequently, this study seeks to identify the number of hours of treatment that are necessary to reduce recidivism in a sample of offenders placed in a residential community corrections facility. The sample for this study includes 689 adult male offenders successfully discharged from a Community-Based Correctional Facility in Ohio. The results provide support for providing higher levels of dosage to high-risk offenders, with substantial reductions in recidivism for high-risk offenders receiving 200 or more hours of treatment.

Citation

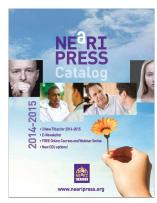
Sperber, K.G., Latessa, E.J., & Makarios, M.D. (2013). Examining the interaction between level of risk and dosage of treatment. Criminal Justice and Behavior. Vol. 40, No. 3. 338-348.

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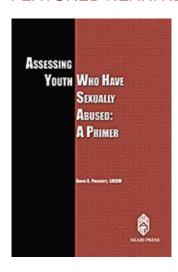
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Assessing Youth Who Have Sexually Abused: A Primer

by David S. Prescott

Assessing Youth introduces program and clinical staff to the goals and principles, techniques and instruments, and accomplishments and pitfalls of assessing young people who have sexually abused. This primer provides an overview of many of the instruments currently in use for assessing youth and addresses areas of risk that can serve as treatment goals. It further provides considerations for the developmental needs of youth, brief suggestions for interviewing, and links to new resources. Assessing Youth is the most user-friendly primer on adolescent assessment available.

ISBN: 978-1-929657-27-8

Cost: \$23 plus shipping and handling

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Presented by: Phil Rich, Ed.D, LICSW

Date: June 2-4, 2015

Location: Marlboro, Massachusetts

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CE credits: 3 days of CE credits are available for Social Workers and Psychologists through a competency-based process.

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