

## TREATMENT DOSAGE

"Treatment dosage" includes:

1. Duration or Length: Example: number of weeks or months
2. Intensity: Hours of program per week.

### Review of Literature:

One of the first examinations of the effect of treatment dosage on recidivism was conducted by Lipsey (1995). Lipsey set a minimal standard of 100 contact hours or 26 weeks; however, this "standard" did not take into account offenders with differing risk levels and offenses.

Latimer et al., (2003) later researched treatment dosage by looking at the number of hours spent in treatment and number of total days spent in the treatment program. Latimer, et al., found that both of the factors were important in the overall success of the programs. Risk level was also considered in the research and results contradicted Lipsey's research. Latimer, et al., found that low risk offenders did better with a low dosage of treatment (fewer total hours of treatment) and high risk offenders did better with a high dosage of treatment (more total hours of treatment). Programs with 21-100 hours had a greater effect than programs longer than 100 hours. It was also found, that regardless of risk level, both low and high risk offenders did better with a shorter length of treatment, rather than overly lengthy treatment.

Bourgon and Armstrong (2005) also researched treatment dosage in respect to Lipsey's minimum 100 hours. Their study controlled for risk and need level. They found evidence that treatment dosage plays a very significant role in reducing recidivism. For offenders with moderate risk or few needs, a 5 week program with a total of 100 hours (20 hours/week) was sufficient in significantly reducing recidivism. For offenders with either high risk or multiple needs, a 10 week program with 200 (20 hours/week) hours was sufficient. Lastly, for offenders with both high risk and multiple needs a minimum of a 15 week program and 300 hours (20 hours/week) is needed to significantly reduce recidivism.

### Summary:

As seen above, literature varies on how long treatment should be. Luckily, if an agency is using an Evidence Based Practice, the appropriate treatment dosage has already been found. It is highly recommended that agencies follow the treatment dosage outlined in the treatment manual of each program, as it has previously been found to be effective in research studies.

Generally, for non-residential programs that serve moderate to high risk youth, treatment should be between 3 and 9 months, and between 2 and 10 hours a week. For low risk youth, treatment should be much briefer, if at all.

### REFERENCES:

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