

Dosage, Intensity, and Duration

We all understand the concepts of dosage, intensity, and duration. When we are sick and are prescribed medication, the prescription tells us what kind of pills to take, how many to take each day, how often, and for how long (e.g., take two pills every six hours for two weeks). Taking too few pills for too short a time may have little or no benefit; taking too many pills for too long can be harmful. Research demonstrates that it is the same with correctional intervention: too little intervention, too infrequently, over too short a time is not likely to be effective, while too much intervention, too frequently, over too long a time may be detrimental.

The Relationship Between Types of Intervention; Dosage, Intensity, and Duration; and Recidivism Risk

Studies show a positive correlation between the types of intervention; their dosage, intensity, and duration; and the likelihood of law-abiding behavior. The relationship depends on a variety of factors:

- **Research-based, structured assessments** are used to determine a person's risk of recidivism and criminogenic needs.
- People assessed at a **higher risk of recidivism receive more intervention**—that is, a higher dosage—to address harmful behavior patterns.
- Interventions **target people's criminogenic needs**, especially those needs that most influence their behavior (i.e., their driver).
- Interventions are **delivered as designed**. Quality assurance and continuous quality improvement strategies are implemented to ensure the integrity of evidence-based practices.
- Interventions are given in **greater intensity, especially at the start**, especially for people at a higher risk of recidivism. Reinforcing prosocial behaviors frequently at the very beginning of the process establishes the expectation of a positive pattern of behavior and helps affirm and motivate people's movement toward change.
- Interventions are given for the **appropriate duration**. Research indicates that when the duration of programming is too short, people do not have the time to learn, practice, and master new thoughts and skills. On the other hand, if the duration of programming is too long, people will experience "programming fatigue" and results will diminish.
- **Caseloads and workloads are "right-sized"** so that correctional professionals have sufficient time for meaningful one-on-one interventions.

DOSAGE, INTENSITY, AND DURATION

DOSAGE: The total number of hours of risk-reducing interventions that are recommended for a person (e.g., 200 hours).

INTENSITY: The frequency of interventions (e.g., twice a week).

DURATION: The number of weeks or months a person needs to complete their interventions (e.g., nine months).

Guidelines on Dosage, Duration, and Intensity for Adults

Research on dosage, duration, and intensity targets is limited, and targets may vary depending on people’s responses to programming. People who demonstrate resistance or who learn at a slower pace may need a longer duration than originally planned. People who have intensive programming in the beginning may progress more quickly than expected and, therefore, require a shorter period of intervention.

Risk Level	Dosage	Duration	Intensity
Low	Not applicable	Minimal	Minimal
Moderate	100 hours	3–6 months	Once per week
Moderate/High	200 hours	6–9 months	Twice per week
High	300 hours	9–18 months	Three times per week or residential facility

Where Does Dosage Come From?

Dosage can come from many sources: from people’s one-on-one appointments with corrections professionals, group programming, treatment providers, and take-home assignments.

The key is that dosage should focus on risk reduction and behavior change interventions rather than on monitoring conditions of supervision or casual check-ins.

