

FORUM

on Corrections Research

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Reducing recidivism

Perspectives

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For further information regarding the content of the magazine, please contact:

Research Division
Correctional Research and Development
Correctional Service of Canada
340 Laurier Avenue West
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Ottawa, Ontario K1A 0P9
(613) 995-3975

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Correctional Research and Development
Correctional Service of Canada
340 Laurier Avenue West
Second Floor
Ottawa, Ontario
K1A 0P9
(613) 947-8871

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FORUM

ON CORRECTIONS RESEARCH

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Larry Motiuk, Ph.D.

Manager, Research Division

Correctional Research and Development

Correctional Service of Canada

Second Floor, 340 Laurier Avenue West

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Reducing recidivism through institutional treatment programs

by Hugh A. Marquis,¹ Guy A. Bourgon, Barbara Armstrong and Jon Pfaff
Rideau Correctional and Treatment Centre, Ministry of the Solicitor General and Correctional Services (Ontario)

In the past, it has been difficult to demonstrate that institutional treatment significantly reduces offender recidivism.² There are several reasons for this lack of evidence, including inappropriate or non-existent comparison groups, poorly chosen treatment targets and procedures, certain institutional characteristics, and the overall nature of offenders.

This article attempts to begin filling this evidentiary void by examining the post-release outcomes of offenders who completed two types of treatment programs at the Rideau Treatment Centre.

Background

The Rideau Treatment Centre has a 24-bed assessment unit and a 64-bed treatment unit. The centre's programs and procedures attempt to address the difficulties involved in using programming to reduce offender recidivism.³ For example, operational procedures and correctional officer duties were designed around treatment goals:

- correctional officers participate in both the assessment process and the initial case conference where treatment programs and dorm assignments are recommended;
- each officer acts as a case manager for three or four inmates, overseeing offender treatment plans and preparing offender social history summaries, parole reports and discharge summaries;
- inmates are freed from institutional work placements to pursue their treatment goals full time; and
- officers and dorm coordinators meet weekly to deal with operational issues and promote collegiality.

Programming elements that have been shown to lower offender recidivism have also been integrated into the centre's programs:

- programming assignments are based on the results of a two-week assessment that examines criminal history, dorm behaviour, personality characteristics, treatment motivation, criminal sentiments and adherence to the inmate code;
- programming targets criminogenic factors such as substance abuse, violent behaviour and criminal attitudes;
- the programs are cognitive/behavioural and use peer pressure and support;
- the programs are individualized enough to focus on relevant situations and emotional states;
- the programs are intensive, running half days (four or five days per week) for at least 20 days; and
- pre- and post-program testing allows for an evaluation of inmate progress, stimulates program changes, and produces measures that can eventually be used in evaluating offender recidivism.

The Rideau Treatment Centre has a 24-bed assessment unit and a 64-bed treatment unit. The centre's programs and procedures attempt to address the difficulties involved in using programming to reduce offender recidivism.

Methodology

This study examined two samples. The first was made up of 216 offenders: a group of offenders who completed either a substance abuse relapse prevention program⁴

or the relapse program plus an anger management program⁵ during 1991–1992, and a comparison group of offenders who were on a waiting list for treatment. The offenders in this first sample were also identified as either violent or non-violent, depending on the characteristics of their convictions.

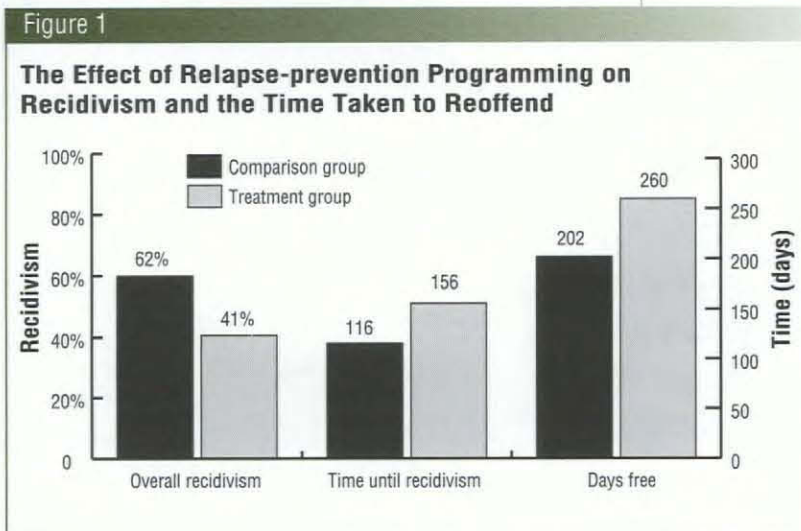
The comparison group was compared with the treated group on several variables that could have caused differences in recidivism between the groups. However, no significant

differences were found in age, Level of Supervision Inventory scores, sentence length, years of substance use, percentage of cross-addicted offenders, past convictions, past incarcerations or patterns of employment. Given the similarities between the comparison and treated groups, any differences in recidivism may reasonably be attributed to treatment.

The second sample was made up of 190 offenders: a group of offenders who participated in some form of substance abuse programming and an anger management program in 1993–1994, and a comparison group of offenders who were on a waiting list for treatment. All offenders in this sample had been assessed as needing anger management programming.

Relapse prevention programming

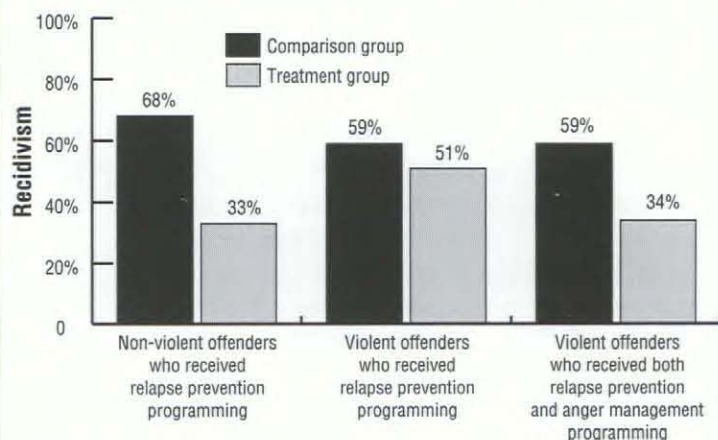
Sample 1 offenders who completed the relapse prevention program had significantly ($p < .05$) lower recidivism rates than the comparison group (see Figure 1).



The treatment even affected offenders who eventually reoffended. Offenders who completed the relapse prevention programming but eventually recidivated did so after a significantly greater number of days than offenders in the comparison group who reoffended ($p < .05$). The treated offenders also had significantly fewer days of incarceration during the follow-up period than the offenders in the comparison group ($p < .05$).

Figure 2

The Effect of Programming on the Recidivism of Violent and Non-violent Offenders



Therefore, not only did the relapse prevention program significantly lower recidivism, it even appears to have helped offenders who eventually reoffended.

Violent offenders

The relapse prevention program appears to be particularly effective with non-violent offenders. The sample 1 non-violent offenders who completed this program had a recidivism rate of just 33%, compared with the 68% rate of the comparison group (see Figure 2).

The relapse prevention program appears to have had little or no effect on violent offenders. However, the violent offenders who completed both relapse prevention and anger management programming did have a significantly lower recidivism rate than the comparison group offenders ($p < .05$).

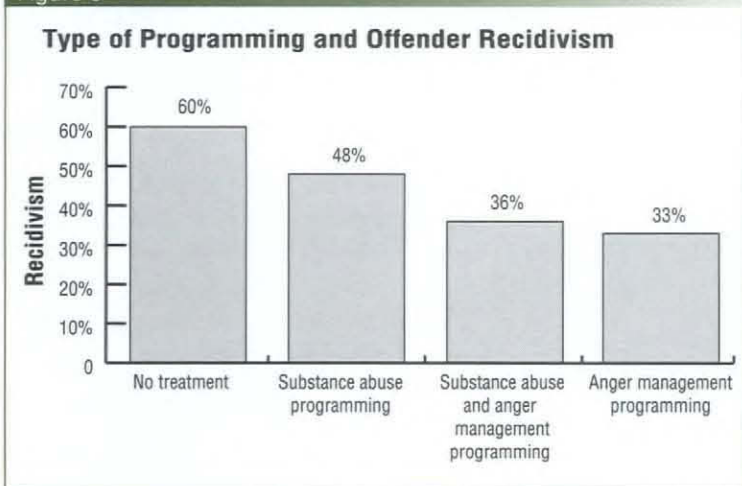
Anger management programming

The sample 2 offenders who had received treatment can be divided into three groups — those who had received only substance abuse programming, those who had received substance abuse and anger management programming, and those who had received only anger management programming.

There were no significant differences among the groups as to Level of Supervision Inventory scores, and all of the offenders had been recommended for anger management programming.

However, while the offenders who had completed either just anger management programming or this programming plus substance abuse programming had significantly lower recidivism rates than the comparison group ($p < .01$), the offenders who completed only substance abuse programming did not (see Figure 3).

Figure 3



The recidivism rate of the offenders who had received just substance abuse programming did not, however, differ significantly from the recidivism rates of either the offenders who had received anger management programming or the offenders who had received both anger management and substance abuse programming.

Discussion

Intensive, client-specific behaviourally oriented treatment programs that target criminogenic needs in a treatment milieu seem to reduce recidivism.

The relapse prevention program reduced the expected number of recidivists by 51% among non-violent offenders, while the combination of substance abuse and anger management programming reduced the expected number of recidivists by 40% among violent offenders.

However, the fact that substance abuse programming did not, by itself, significantly lower the recidivism of violent offenders in both samples has several implications.

First, most inmates who are recommended for anger management programming deny an anger problem and claim to be violent only when intoxicated. The results of this study suggest otherwise. Inmates often have several criminogenic needs, and we can expect success only to the extent that we target all of these needs.

Treatment programs should also, at the very least, focus on target behaviour in a specific context. Therefore, if anger control is the problem, treatment should address anger control in the context that is a problem for the offender. This approach casts doubt on the effectiveness of programs that attempt general treatment of problems like impulsivity, poor problem-solving skills or low self-esteem. ■

¹ Rideau Correctional and Treatment Centre, R. R. 3, Merrickville, Ontario K0G 1N0.

² D. A. Andrews, J. Bonta and R. D. Hoge, "Classification for effective rehabilitation: Rediscovering psychology," *Criminal Justice and Behaviour*, 17 (1990): 19-52. See also D. A. Andrews, I. Zinger, R. D. Hoge, J. Bonta, P. Gendreau and F. T. Cullen, "Does correctional treatment work? A clinically relevant and psychologically informed meta-analysis," *Criminology*, 28 (1990): 369-404. And see P. Gendreau and R. R. Ross, "Revivification of rehabilitation: Evidence from the 1980s," *Justice Quarterly*, 4 (1987): 349-407.

³ P. Gendreau, "The principles of effective intervention with offenders," *Choosing Correctional Options that Work: Defining the Demand and Evaluating the Supply*, A. T. Harland, Ed. (Thousand Oaks: Sage, 1996).

⁴ The relapse prevention program was developed by Guy Bourgon and Pamela Yates based on H. Annis, "A relapse prevention model for treatment of alcoholics," *Treating Addictive Behaviours*, W. E. Miller and W. Heather, Eds. (New York: Plenum, 1986): 407-435.

⁵ The anger management program was developed by Barbara Armstrong.

Factors influencing the effectiveness of cognitive skills training

by David Robinson¹

Correctional Research and Development, Correctional Service of Canada

Cognitive skills training was the core component of the living skills programs introduced in 1988 by the Correctional Service of Canada. It combines several state-of-the-art techniques and is designed to teach offenders the thinking skills essential to maintaining a crime-free lifestyle.

This article summarizes recent post-release follow-up research that examined a pool of program participants large enough to permit study of the impact of a variety of factors on the effectiveness of this type of programming.² This study contributes further evidence to a growing body of research identifying factors (including offender characteristics and program variables) that influence program effectiveness.

Program basics

Cognitive skills training coaches must undergo an intensive training and certification process. Participants are also carefully assessed and selected, and cognitive behavioural methods are matched to offender learning styles.

The problems targeted by the program include impulsivity, lack of social perspective, poor interpersonal problem-solving skills, insufficiently concrete thinking, inadequate planning skills, and the inability to set goals.³

Methodology

The experimental design of this study used a waiting-list control group. This control group was made up of offenders who went through pre-program assessment, but were then randomly assigned to the program waiting list. The overall sample consisted of 2,125 offenders randomly assigned to either the waiting list (379)⁴ or to program participation groups (1,746). All offenders in the sample were subject to at least 12 months follow-up after release.

Most demographic (such as age and Aboriginal status) and criminal history

(such as previous federal admissions and admission type) variables were comparable for the two groups. However, the waiting-list control group included fewer offenders serving life sentences and a higher proportion of non-violent property offenders and offenders serving shorter sentences. Statistical controls were used to correct for the possible effects of these differences.

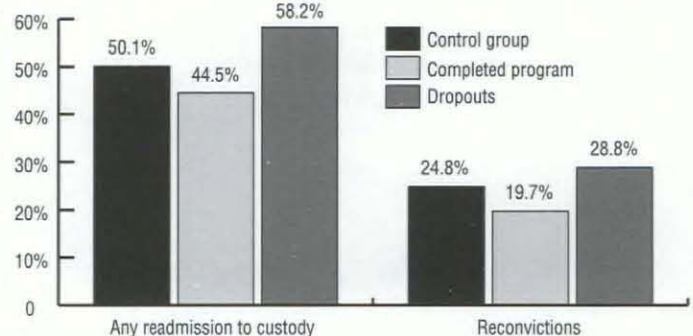
Return to custody

Overall, 47.4% of the sample was re-admitted to federal custody within one year of release — 21.9% because of a conviction for a new offence. This high recidivism rate illustrates the relatively high-risk nature of the sample offenders. Cognitive skills training generally targets offenders at high risk of recidivism.

Roughly 44.5% of those who completed the program were re-admitted to custody (see Figure 1), compared with 50.1% of the

Figure 1

Release Outcomes and Program Participation



waiting-list control group and 58.2% of those who dropped out of the program (17.3% of the overall sample). The difference ($p < .05$) between the program group and the control group represents an 11% reduction for those who completed the program.

The reduction in reconvictions was even greater. Program completion reduced recidivism by 20% ($p < .03$), although the program appeared to have no significant impact on re-admissions to custody for technical violations of conditional release.

However, statistical controls indicate that these effects were reduced when differences in the criminal history variables for the two groups were accounted for.

These numbers also suggest that offenders who started but did not complete the program had higher recidivism rates than those who did. Why? The dropouts simply may have been higher-risk offenders. About two thirds of the dropouts withdrew for reasons such as lack of interest or disruptive behaviour. Further, the dropouts may not have received the full benefits of the program because of their early departure.

Some researchers might argue that program effectiveness should be assessed by directly comparing the outcomes of all program participants (including dropouts) with the waiting-list control group. Dropouts tend to be higher-risk offenders, so their removal from the program group could lower its risk profile and make it less comparable to the control group. Others might argue that program dropouts cannot be included because they were not fully exposed to the program and, therefore, compromise the internal validity of the study. The full report on the study sets out both methods of comparison. The inclusion of the dropouts with those who completed the program did tend to dilute the program's effects. However, the basic trends remained generally intact.

Offender risk

While the program seemed to have a moderate impact on recidivism, it was more successful with certain types of offenders and had no appreciable impact on others. For example, the offenders were divided into lower- and higher-risk groups.⁵ The higher-risk offenders appeared

These data are consistent with other research indicating that programming works best with medium- to high-risk offenders, but not necessarily with those at the highest risk of recidivism.

to gain little from the program, while the rate of return to custody for the lower-risk offenders declined by 20% ($p < .04$) and their recidivism rate was reduced by 34.2% ($p < .03$).

These data are consistent with other research indicating that programming works best with medium- to high-risk offenders, but not necessarily with those at the highest risk of recidivism.⁶

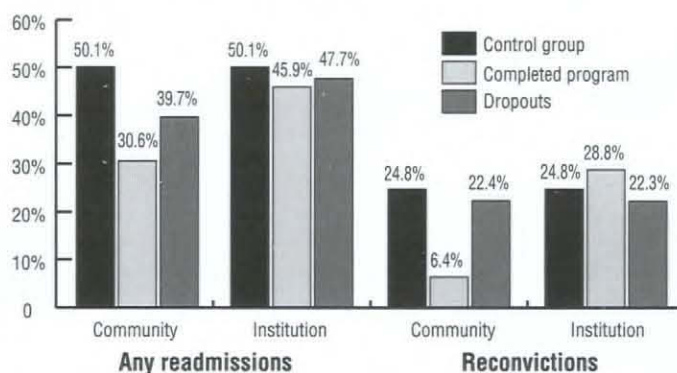
Program characteristics

The effects of the program also seemed to vary according to whether it was taken in an institution or in the community. The return to custody rate for offenders who took the program in the community declined by 39.1% ($p < .001$), while their recidivism rate dropped 66.3% ($p < .001$). The

comparable reductions for offenders who completed the program in an institution were only 8% and 16.2%, respectively (see Figure 2).⁷ This disparity is consistent with other research findings.⁸

Figure 2

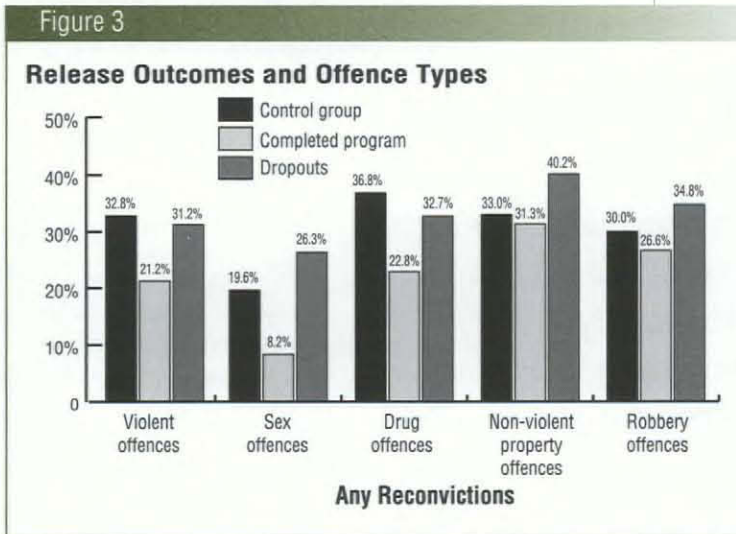
Release Outcomes for Community-based and Institutional Programs



Although the dropout rate from the community-based programs was high (55 of 186 participants), program impact remained strong even when the dropouts were grouped with those who completed the program ($p < .02$; $p < .001$). Further, the community-based programs appeared to reduce the recidivism of even the higher-risk offenders.

Offence type

Violent offenders, sex offenders and drug offenders who completed the program all had lower recidivism rates than their counterparts in the control group (see Figure 3).



However, program completion produced no statistically significant effects for robbery and non-violent property offenders (these particular offenders tended to have higher risk ratings).

The reduction in the return to custody rate of sex offenders, violent offenders and drug offenders ranged from 18.5% to 39.4% ($p < .02$; $p < .006$), while the drop in their recidivism rates ranged from 35.3% to 57.8% ($p < .03$; $p < .001$). Sex offenders appeared to achieve the greatest gains, but about 30% of this group had received sex offender treatment before participating in cognitive skills training.

Discussion

Previous studies of the effects of programming on recidivism have produced estimates of an approximately 10% average reduction in recidivism.⁹ However, there is a lack of research on the effects of programming on high-risk offenders such as those in this study sample.

While the cognitive skills training program did not reduce the recidivism of all members of the sample, the reduction in recidivism for some groups of offenders exceeded the average impact of programming. The current study furnishes optimistic evidence about the effect of the program with generally high-risk offenders.

The results also point to selection and program assignment issues that deserve further attention. Clearly, the program delivery system must be adapted to the needs of highest-risk offenders. For example, we could capitalize on the potentially greater impact of community programming. The highest-risk offenders may need to be incarcerated while they receive programming to produce the necessary motivation, but this initial programming could be followed by additional training after release.

A cognitive skills "booster" was developed by the Service's Pacific Region to respond to offender need for contact with the program after release. Higher-risk offenders could be induced to stay with the program through incentives such as parole conditions. However, the fact that offenders are more likely to complete programs while incarcerated (because of their desire to obtain parole) suggests that correctional institutions should remain the setting for initial program exposure.

Future research will undoubtedly identify more factors that enhance program effectiveness. Along these lines, a series of projects aimed at assessing other Service living-skills programming components are currently under way. These projects include research on programs (such as parenting skills training and anger/emotions management) that are based on the cognitive model of offender rehabilitation. ■

¹ 340 Laurier Avenue West, Second Floor, Ottawa, Ontario K1A 0P9.

² D. Robinson, *The Impact of Cognitive Skills Training on Post-Release Recidivism among Canadian Federal Offenders* (Ottawa: Correctional Service Canada, 1995).

³ F. J. Porporino, E. Fabiano and D. Robinson, *Focusing on Successful Reintegration: Cognitive Skills Training for Offenders* (Ottawa: Correctional Service Canada, 1991).

⁴ To avoid denying eligible offenders access to the program, all offenders randomly assigned to the waiting-list control

group were given the option of participating in the program at a later time. These offenders were given priority admission if they were still available to participate the next time the program was offered. As a result, the waiting-list control group was reduced by approximately 25% over time. However, none of these 379 offenders was exposed to the program before release.

- ⁵ The lower-risk group might be more appropriately labeled as medium-risk, given the high-risk nature of federal offenders with serious cognitive problems. A risk scale similar to the Statistical Information on Recidivism Scale was used to define risk. See J. Nuffield, *Parole Decision-Making in Canada: Research Towards Decision Guidelines* (Ottawa: Solicitor General Canada, 1982).
- ⁶ D. A. Andrews, J. Bonta and R. D. Hoge, "Classification for effective rehabilitation: Rediscovering psychology," *Criminal Justice and Behaviour*, 17 (1990): 19-52.
- ⁷ A sufficiently large waiting-list control group could not be established for community-based sites. The overall waiting-list control group from the previous examinations

was, therefore, used in this comparison. Although community and institutional program participants were similar in most characteristics, statistical controls were used to equate the community group with the waiting-list control group. Statistically significant effects nevertheless persevered.

- ⁸ D. A. Andrews, I. Zinger, R. D. Hoge, J. Bonta, P. Gendreau and F. T. Cullen, "Does correctional treatment work? A clinically relevant and psychologically informed meta-analysis," *Criminology*, 28 (1990): 369-404. See also R. L. Izzo and R. R. Ross, "Meta-analysis of rehabilitation programs for juvenile delinquents: A brief report," *Criminal Justice and Behavior*, 17 (1990): 134-142. And see F. Lösel, "The efficacy of correctional treatment: A review and synthesis of meta-evaluations," *What Works: Reducing Reoffending*, J. McGuire, Ed. (Chichester: John Wiley & Sons, 1995): 79-111.
- ⁹ M. W. Lipsey, "What do we learn from 400 research studies on the effectiveness of treatment with juvenile delinquent?" *What Works: Reducing Reoffending*, J. McGuire, Ed. (Chichester: John Wiley & Sons, 1995): 63-78.

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Intensive programming for violent offenders: A comparative investigation

by *Larry Motiuk,¹ Carson Smiley and Kelley Blanchette*
Correctional Research and Development, Correctional Service of Canada

In 1990, the Correctional Service of Canada's Regional Health Centre (Pacific) implemented an intensive program for the treatment of violent male offenders. This specialized program emphasizes a cognitive-behavioural and psychosocial dynamic approach to changing the antisocial behaviour of these offenders. A group of 12 to 16 offenders is co-led by at least two professional staff members for eight months of intensive treatment.

This program helps offenders deal with patterns related to their crime cycle. While learning about the behavioural, cognitive, interpersonal and affective components of violent offending, the offenders focus on communication, addictions, thinking errors, human sexuality/relationships, anger management and empathy. Research suggests that offenders with significant problems in these areas are much more likely to recidivate after release than offenders without such difficulties.

However, an important question remains — does specialized programming targeting these key needs have an impact on the criminal futures of violent offenders? This article examines this question within the context of this specific offender program.

Methodology

The study sample was drawn from a group of 169 federally incarcerated male offenders who had completed the Regional Health Centre (Pacific)'s intensive program for violent offenders. Of these offenders, 60 had been released from custody and were available for follow-up.

A matched sample of 60 similarly situated (under federal responsibility in the Correctional Service of Canada's Pacific region) male offenders who had not participated in the program was selected from the available offender release population. These offenders were matched with the treatment sample based on release date, age at release and sentence length.

No significant differences were found between the two offender groups. The offenders spent an average 6.9 years in custody before release, had an average age of 35 at release and had an average sentence length of 7.2 years (excluding the 14 lifers in each group). The groups could also not be distinguished as to risk (as measured by the Statistical Information on Recidivism Scale [revised]).²

Sample characteristics

Although there were no significant differences between the treatment and comparison groups as to history of violent offending, differences did emerge with respect to type of previous violent offending (see Table 1).

For example, the treatment group had roughly double the number of homicide offenders as the comparison group (23 versus 12). The treatment group also had no offenders with an official history of sex offences.

Table 1

A Breakdown of the Treatment and Comparison Groups by Type of Violent Offence and Risk Level

Offence type (n)	Risk level				
	Very poor	Poor	Fair	Good	Very good
Homicide					
Treatment (23)	30.4%	13.0%	4.4%	34.8%	17.4%
Comparison (12)	16.7%	25.0%	16.7%	8.3%	33.3%
Sex offence					
Treatment (0)	0	0	0	0	0
Comparison (11)	9.1%	27.3%	9.1%	18.2%	36.4%
Robbery					
Treatment (25)	56.0%	20.0%	20.0%	4.0%	0
Comparison (26)	57.7%	19.2%	3.9%	15.4%	3.9%
Assault					
Treatment (9)	44.4%	0	33.3%	11.1%	11.1%
Comparison (3)	33.3%	33.3%	33.3%	0	0
Other offence					
Treatment (3)	33.3%	33.3%	0	33.3%	0
Comparison (8)	50.0%	0	0	0	50.0%

Overall, it appears that this intensive treatment program selects mostly homicide and robbery

offenders as participants. These offenders account for four fifths of the treatment group.

Both the treatment and the comparison groups had the same proportion of offenders in the poorer risk categories (58%). However, nearly twice as many homicide offenders in the treatment group were assessed as a very poor risk as homicide offenders in the comparison group.

Similarly, nearly twice as many homicide offenders in the comparison group were assessed as a very good risk as homicide offenders in the treatment group.

This indicates that this program may be selecting relatively higher-risk homicide offenders (as suggested by previous convictions, incarcerations and parole revocations) as participants.

Post-release outcome

The recidivism rates calculated for this study refer to offender reconvictions. The average follow-up period was about two years, with a range from about three months to almost six years.

There was also an average one-year gap between the treatment and the treated offender's release from custody.

The overall recidivism rate for any offence was 40% for the treatment group and 35% for the comparison group. These numbers dropped to 18% and 15% for violent recidivism. Neither of these rates differed significantly between the groups.

To examine differences in the type of reconviction for a new violent offence, we again collapsed offence history (past and/or current) into five groups: homicide, sex offence, robbery, assault and other offence (see Table 2).

This analysis revealed that just one homicide offender in the treatment group recidivated, and that this offence was just a minor assault.

Further, although robbery offenders in both the treatment and comparison groups had convictions for new violent offences, the treatment offenders committed fewer serious personal injury offences. All of the robbery offenders' new homicides and sex offences were committed by comparison group offenders.

Level of risk and outcome

This study also reconfirmed that risk assessments (based mainly on the offender's criminal history) can predict post-release general recidivism. The risk levels of both the treatment ($r = -.35, p < .01$) and comparison ($r = -.27, p < .05$) offender groups were significantly related to their rates of reconviction for any new offence.

However, the risk levels were statistically unrelated to rates of reconviction for a new violent offence for both groups.

Treatment impact

The results of this comparative investigation indicate that participation in an intensive treatment program for violent offenders can positively affect offender post-release violent recidivism, particularly for homicide and robbery offenders.

This indicates that this program may be selecting relatively higher-risk homicide offenders (as suggested by previous convictions, incarcerations and parole revocations) as participants.

Table 2

A Breakdown of the Treatment and Comparison Groups by Type of Violent Offence and Type of Reconviction

Offence type (n)	Type of Reconviction				Total
	Homicide	Sex offence	Robbery	Assault	
Homicide					
Treatment (23)	0	0	0	1	1
Comparison (12)	0	0	0	0	0
Sex offence					
Treatment (0)	0	0	0	0	0
Comparison (11)	0	1	0	0	1
Robbery					
Treatment (25)	0	0	3	3	6
Comparison (26)	1	1	3	2	7
Assault					
Treatment (9)	0	0	2	0	2
Comparison (3)	1	0	0	0	1
Other offence					
Treatment (3)	0	0	1	1	2
Comparison (8)	0	0	0	0	0

The fact that homicide and robbery offenders appear to have benefited from this intensive programming and that the offenders chosen for the program tend to be categorized as "poorer risks" points to the importance of continuing to offer specialized services to these individuals.

It also emphasizes that research into program effectiveness must look deeper into the nature of recidivism before drawing hasty

conclusions as to whether treatment has had any impact. ■

¹ 340 Laurier Avenue West, Second Floor, Ottawa, Ontario K1A 0P9.

² The Statistical Information on Recidivism Scale [revised] is based on 15 risk-related factors that are significantly associated with offender re-arrest after release from prison.

Thank you

This issue of FORUM is an anniversary of sorts for us. It is the 25th issue of FORUM to be published. We have been fortunate to have been in production for the almost 10 years that have passed between FORUM's first and 25th issue.

FORUM's editorial staff would, therefore, like to express a universal thank you to all involved in FORUM's life thus far. More specifically, thank you to our authors, who give generously of their time, knowledge and patience to help us compile internationally respected content issue after issue.

Most of all, thank you to our readers around the world whose interest in developments in correctional research and FORUM is our reason for existence. Research is not of much use until it is put into the hands of those who can use it.

Here's to the next 25 issues!

The Editorial Staff

Forum on Corrections Research

Effective sex offender treatment: The Warkworth Sexual Behaviour Clinic

by Howard E. Barbaree, Michael T. Seto¹ and Alexandra Maric
Forensic Division, Clarke Institute of Psychiatry

The Warkworth Sexual Behaviour Clinic opened in 1989 and has since provided treatment to about 75 offenders per year. The treatment given in this program is intended to reduce the likelihood of offender recidivism — especially violent or sexual recidivism.

The program uses a group therapy format, and is designed to fit into institutional work and job-site organization. Participants report to work five days per week throughout the five-month program.

This article sets out the preliminary results of a recent research project that attempted to evaluate both the clinic's risk assessment process and the effectiveness of the clinic's approach to treatment.

Program characteristics

The Warkworth Sexual Behaviour Clinic uses a relatively novel process for assessing offender recidivism risk. The pre-treatment assessment looks for a history of sexual offending, signs of deviant sexual arousal, a history of antisocial behaviour, and other indicators of antisocial personality and social competence problems. Research indicates that these four characteristics are predictive of recidivism among sex offenders.

The assessment then considers offender motivation for treatment and their degree of behaviour change during treatment, to incorporate the offender's progress into the risk assessment. Each offender's pretreatment risk assessment is ultimately combined with consideration of these two dynamic factors and overall clinical impression to determine an offender's overall post-treatment risk rating (ranging from low to high).

This risk assessment is used to identify offender treatment needs. It establishes treatment targets relevant to the offender's

risk of recidivism, and helps indicate how long the course of treatment should be — the greater the risk, the longer treatment should last.

The program tries to address the specific needs of each offender by providing treatment when it is most likely to produce behaviour change and to lead to a safe release, that

varies according to changes in offender needs, and that provides a variety of treatment opportunities to allow offenders to engage the programming interactively.

Treatment groups meet for about three hours a day, five days a week. Group therapy is supervised by one senior therapist, with regular visits by the program director. Groups typically include 10 offenders who are in treatment at the clinic for the first time, but may also include additional offenders who are being treated for the second or third time.

After treatment is completed, a report is prepared detailing the offender's risk assessment, progress during treatment, offence cycle and relapse-prevention plan. The report also recommends assistance to meet offender post-release needs, discusses treatment targets that raise concerns, and refers the

offender to a community-based treatment program (where warranted). This report is eventually sent to the National Parole Board.

Study sample

The 250 offenders who had received treatment at the clinic by the time of this study included 123 rapists, 56 incest offenders, 56 extra-familial child (younger than 14) molesters

Each offender's pretreatment risk assessment is ultimately combined with consideration of these two dynamic factors and overall clinical impression to determine an offender's overall post-treatment risk rating (ranging from low to high).

and 15 offenders convicted of a sex-related homicide. All offenders consented to the use of their information for research purposes as part of their consent to assessment and treatment at the clinic.

Information was drawn from institutional files, semi-structured interviews with the offenders, psychological and phallometric testing, and pre- and post-treatment reports. The earliest offender releases after treatment were in 1989, allowing for a maximum follow-up period of six years.

Of the original 250 offenders, 193 completed treatment. There was no significant variation among offender types as to the proportion completing treatment.

Risk assessment

Incest offenders were assessed as presenting significantly less pretreatment risk than the other sex offender groups. However, there was no significant variation among offender types as to their overall post-treatment risk scores. The average risk scores of the incest offenders did not change during treatment, while the average scores of the other groups decreased slightly.

Conditional release outcome

Information from National Parole Board files was obtained for 215 of the sample offenders. Files for the remaining 35 offenders were unavailable for a variety of reasons. Of the 215 offenders in this follow-up group, 17 were ineligible for conditional release during the time-frame of this study. Therefore, only 198 offenders were eligible for conditional release.

Two thirds of these offenders received some form of conditional release, while the rest were detained in custody on their statutory release date. There was no difference between offender types as to the proportion who were detained. However, offenders assessed as more likely to reoffend after treatment were more likely to be detained. There was also a significant relationship between the recommended level of post-release management and detention.

Of the 132 offenders who were released, 32% failed on conditional release in some way — a relapse for which no official action was taken, suspension of conditional release for breach of a condition, or complete revocation of conditional release. Rapists were more likely than the two groups of child molesters to fail on conditional release, although this difference was not statistically significant.

The average time at risk in the community before conditional release failure was approximately 43 months, with a range from one week to 5.2 years. Survival analysis revealed that 29% of the rapists had failed on conditional release within one year, but only 14.4% of the child molesters did the same. A similar pattern appeared over longer follow-up periods, indicating that the rapists failed at roughly twice the rate of the child molesters.

However, given that more than 50% of the offenders in each group were still at risk of failing because they had not completed their sentences, these results should be interpreted with caution.

In general, highly antisocial offenders who behaved poorly in group treatment were more likely to fail on conditional release.

Recidivism

A total of 218 of the offenders had been released from custody at the time of this study — 132 on conditional release and 86 because their sentence expired. However, one offender died and 15 others were deported, so the following observations are based on 202 offenders.

Table 1

Recidivism and Sex Offender Type (202 offenders)

Sex offender type	Any type of recidivism	Sexual recidivism	Violent recidivism
Rapists	25	8	3
Sex killers	1	1	0
Incest offenders	5	2	1
Extra-familial child molesters	5	2	0

Of these offenders, 36 committed a new offence after release — 13 committed a sex offence and four committed a violent offence (see Table 1). Rapists were most likely to

commit a new offence of any kind and to commit a new sex offence.

However, no association was found between completion of treatment and recidivism. These rates are comparable to those of other large sex offender treatment programs.

Comparing treatment acceptors and refusers

National Parole Board data were available for a comparison group of 74 offenders who were offered treatment at the clinic but refused.

Of these offenders, 65 were released from prison — 39 on some form of conditional release and 26 at the end of their sentence. Not surprisingly, those who refused treatment were 60% less likely to be granted conditional release.

Fifteen of the 39 treatment refusers who received conditional release failed in some manner. This proportion did not differ from the results of those who accepted treatment.

However, the average time these offenders were at risk was just 582 days (with a range of four months to 3.3 years), which was significantly less than the at-risk time of those who received treatment. The treatment refusers, therefore, may well have a higher failure rate than the treatment acceptors after an equivalent follow-up period.

A similar trend was revealed by survival analysis. While 77.8% of the treatment sample survived the first year of follow-up, just 61.1% of those who refused treatment did the same. A similar result was present over a two-year follow-up.

However, these results must be again interpreted with caution given the small sample of treatment refusers and the fact that more than half of each group of offenders were still at risk of failing on conditional release.

Approximately 18.5% of the 65 treatment refusers who were released committed a new offence after release. This proportion was the

same in the group of offenders who received treatment, and there was no significant difference between the two groups as to the commission of a new sex offence.

What does it all mean?

These preliminary data indicate that the risk assessment completed at the Warkworth Sexual Behaviour Clinic is predictive both of decisions made by the National Parole Board and of failure on conditional release.

This preliminary evaluation also suggests that this treatment program is effective in reducing recidivism and helping offenders complete conditional release successfully.

Two other findings also deserve emphasis. First, there are sensible relationships between decisions made at different stages of this treatment process and offender case management, indicating that offender information is used systematically. Initial risk scores are based on historical factors drawn from sources such as file reviews and, although post-treatment risk scores are conservative because they are heavily influenced by these initial scores, they also reflect the offender's performance during treatment.

Similarly, recommendations for post-treatment management are informed by the post-treatment risk ratings, and National Parole Board decisions are influenced by these recommendations.

Finally, the relatively prominent role of treatment-process factors in predicting post-treatment outcome suggests that it could be important

to consider treatment responsiveness throughout the treatment process. ■

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¹ 250 College Street, Toronto, Ontario M5T 1R8. For more detailed information, please see H. E. Barbaree, M. C. Seto and A. Maric, *Working Papers in Impulsivity Research: Sex Offender Characteristics, Response to Treatment and Correctional Release Decisions at the Warkworth Sexual Behaviour Clinic* (Toronto: Clarke Institute of Psychiatry, 1996).

The Cyrano method: Using theatre in offender treatment

by *Jacqueline Duhaime*¹

School of Criminology, University of Montreal

Offender incarceration is a much-used response within our correctional system. However, to get the best possible results from incarceration, rehabilitation must be as important a goal as societal protection. In fact, long-term societal protection cannot be achieved without offender rehabilitation.

One potential form of institutional offender treatment is the Cyrano method, a therapeutic approach that uses theatre participation to help offenders release repressed emotions, and get to know themselves and others better. The resulting enhanced awareness may facilitate changes in their behaviour.

This article, therefore, sets out the conceptual framework and key elements of the Cyrano method. It also summarizes the results of initial research that suggests that this treatment tool may impact positively on several aspects of offender institutional treatment.

The basics

The Cyrano method combines catharsis, speech, theatre and expression. It was inspired by the story of Cyrano de Bergerac who whispered poetic lines to Christian to help him express his love for the beautiful Roxanne. By helping Christian both to experience and to communicate his emotions, Cyrano made it possible for the other man to achieve his heart's desire. From this, we drew the premise for a form of treatment — because the lack of words gives rise to violence that will eventually be directed either inwardly or outwardly.

The Cyrano method supplies the words that inmates need for self-expression but are unable to utter. An extract from a play is selected according to an inmate's specific problems, and the inmate is assigned a role.

Playing the role allows the “actor” to work on himself. An actor must understand the character to play the part, so the inmate is forced to identify the character's emotions, characteristics, qualities and faults — which are similar to the inmate's own.

The play setting gives inmates a sense of protection as they open up and make themselves vulnerable.

The importance of expression

Socrates theorized that a person who loses the power of language loses their identity. He developed the Socratic method in an attempt to help the soul regain its identity through verbal expression.²

It is also useful to consider the experiences of people with aphasia, a disorder that restricts the ability to speak and understand language. Aphasics often undergo radical personality changes. Calm, rational people become anxious and irritable, while quiet people become aggressive.³ Loss of speech can also lead to egocentricity, narcissism, frustration and poor self-esteem. The inability to speak clearly causes internal damage, as well as a rupture between an individual and society.

Methodology

This study was conducted over a 16-week period in a Correctional Service of Canada Quebec Region

minimum-security institution, where two three-hour Cyrano workshops were run per week. Some level of attrition was expected, so we decided to begin with 12 inmates.

By helping Christian both to experience and to communicate his emotions, Cyrano made it possible for the other man to achieve his heart's desire. From this, we drew the premise for a form of treatment — because the lack of words gives rise to violence that will eventually be directed either inwardly or outwardly.

All of the inmates still had relatively long sentences to serve (to ensure they would finish the study), spoke French as their first language (emotional expression is more likely to occur spontaneously in the language most closely linked to emotions) and had no psychiatric problems.

This group included eight inmates who had been incarcerated for murder; one for manslaughter; one for aggravated sexual assault and theft involving violence; one for hostage-taking, kidnapping and armed robbery; and one for breaking and entering, mischief and possession of stolen property.

A log-book was kept for each workshop. Workshop development and individual inmate progress were noted in detail, as was staff behaviour. Attempts were also made to note any circumstances that could affect inmate behaviour, although it was recognized that it is impossible to control all factors. Observable criteria were tracked, such as inmate motivation and involvement; opportunities for verbal, vocal or body expression; inmate empathy toward others; inmate receptiveness to exercises that bring the unconscious into play; and inmate resistance to suggested scripts.

Ultimately, the workshops began with 11 inmates. The twelfth participant dropped out repeatedly during preliminary stages. Several other participants also withdrew relatively early in the process. After six weeks, the group had been reduced to its final total of four inmates. The departures caused only a few minor changes in the assignment of plays and roles.

Each play involved two characters, so the inmates worked in pairs. Half the group acted during the week's first workshop, the other half acted during the second. However, all offenders were actively involved in each workshop. If they were not acting, they cued

the inmates who were. The inmate actors were asked to perform their scenes in their own words at both the mid-point and end of each semester. They also presented a formal performance of the play at the end of the semester, but without an audience.

No specific equipment or costumes were used, apart from simple objects associated with the characters that the inmates could obtain easily.

The inmates were urged to develop their characters through "method" acting. Method acting involves creating a character by expressing genuine feelings. Method actors draw on their own experiences and feelings to portray the emotions associated with their character. For example, to act sad, a method actor must try to feel sad.

Treatment impact

While the small sample size obviously prevents much generalization, these experimental workshops have indicated that the Cyrano method could contribute to correctional treatment in two distinct ways. The character-creation stage of the process could be a valuable diagnostic tool, and rehearsals could be used as a form of intervention.

During the character-creation stage, all of the inmates projected their own inner lives and previous experiences into their roles. They revealed their deepest emotions, self-image and current opinions of key persons in their lives (such as parents). As one participant said, "you can't help but look inside yourself for all the memories and everything that the character feels."

Inmates can, therefore, get in touch with their emotions through their roles. The staff, who were familiar with the plays and roles, helped us assess the inmates' interpretations of characters. For example, one play featured a father who loves his son but cannot assert himself. The inmate actor transformed the character into an authoritarian who continually

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denigrated his son. Another inmate actor attributed a very negative attitude and an alcohol problem to his character. The script did not refer to such problems at all, but the inmate had an alcohol problem.

The rehearsals clarified problems that appeared during the character-creation stage and allowed the inmates to act on them. For example, one inmate could not express anger. Rehearsals, instructions and exercises were used as concrete tools to work directly on this problem, and eventually produced expressions of anger.

The rehearsals also encouraged positive self-confrontation, and all the inmates learned to see themselves better through their roles. One apparently indifferent and remote inmate broke into tears when he realized that he was behaving coldly toward his son, just as his father had with him. By playing the role of the father, he saw himself in relation to both his father and his son.

The lively confrontation and interaction among characters made it difficult for inmates to rationalize their emotions. The inmates had not only to talk about a situation, they also had to live it. For example, one inmate began a workshop by saying how much he loved his father, only to express contempt and rejection during his performance.

Finally, the rehearsals allowed the inmates to become more aware of others' needs and differences. Their tolerance and empathy levels clearly increased. At the same time,

the rehearsals allowed the inmates to observe their own growth. They began to realize that they could overcome their problems and succeed where they were now failing, enhancing their self-confidence.

Discussion

Many offenders hide their emotions. Therefore, little of what offenders say corresponds to what they feel. This reality highlights the potential of the Cyrano method in working with offenders. The structure of the play and actor identification with a character can bring repressed speech and emotions into the open. Given the potential benefits and the small size of the sample used for this study, the next step should be to test the Cyrano method in larger offender populations.

Speech normally flows from emotion, but many inmates are almost completely unable to verbalize their feelings. The Cyrano method attempts to give an individual the appropriate words, so emotional contact can be made and the connection completed. Offenders can thus reappropriate their emotional lives, using the script to

help them find their way to their own words. ■

The lively confrontation and interaction among characters made it difficult for inmates to rationalize their emotions. The inmates had not only to talk about a situation, they also had to live it.

¹ 28-11530 rue Notre-Dame, Montreal, Quebec H1B 2X4. This article is based on a master's thesis.

² D. Barrucand, *La catharsis dans le théâtre, la psychanalyse et la psychothérapie de groupe* (Paris: Epi, 1970): 37.

³ J. Ponzio, D. Lafond, R. Degiovani and Y. Joanette, *L'Aphasique* (Saint-Hyacinthe: Edisem, 1991).

Coming up in *Forum on Corrections Research*...

The January 1997 issue of FORUM will focus on "Offender Classification." The theme of the May 1997 issue will be "Violent Offenders."

Gradual release programs: Day parole performance and subsequent release outcome

by **Brian A. Grant**¹

Correctional Research and Development, Correctional Service of Canada

and **Christa A. Gillis**

Psychology Department, Carleton University

The safe and effective re-integration of offenders into the community is a goal of most correctional systems. The Correctional Service of Canada offers a wide variety of programs to help in this process, including substance abuse treatment, educational training, cognitive skills training and counselling.

These programs are important to the eventual re-integration of offenders, but gradual release programs are also crucial to the rehabilitative process, as they provide offenders with progressively less restricted community living.

Gradual release programs range from supervised temporary absences (which last only a few hours) to full parole and statutory release, which allow offenders to serve a portion of their sentence in the community under supervision. Offenders may also be placed on day parole before full parole or statutory release to permit them to work or learn in the community while living at a halfway house or correctional institution.²

Day parole allows the Service to carefully monitor offender behaviour and ensure low risk to the community while permitting offenders to adapt to community life in a manner that is conducive to successful full release.

The purpose of day parole is to prepare offenders for eventual full release on parole or statutory release.³ Success on day parole should, therefore, indicate potential for success on full release. The following article summarizes the results of a recent study that tests this proposition.

Day parole outcome

As part of a 1992 review of the Correctional Service of Canada day parole program, data were collected on several factors associated with day parole success and failure.⁴ Follow-up data were then collected for offenders from the study to determine whether day parole performance was associated with their outcome on full release.

The original study group was composed of one third of the offenders who completed day parole in 1990–1991. A subset

of male offenders on “ordinary” day parole (the offender lives in a halfway house or correctional facility) was then selected for follow-up.⁵ This sample included about 681 offenders, but 126 were not released after day parole or had not completed their sentence by the end of the study period (March 31, 1994) and were, therefore, excluded from the post-release follow-up analyses.

Before 1992, offenders were eligible for day parole after serving one sixth of their sentence. Today, most offenders are eligible for day parole six months before they are eligible for full parole. About 6% of the sample received day parole on the earliest possible date, 40% received day parole before their full parole eligibility date, and 54% received day parole after they became eligible for full parole.

However, other data indicate that only 8% of day parole releases occurred between the end of one sixth of an offender’s sentence and six months before eligibility for full parole,⁶ suggesting that comparatively few cases were affected by the recent change in eligibility date.

Roughly 80% of offenders released on day parole before their full parole eligibility date completed their day parole successfully (see Table 1).⁷ This number dropped to 70% for offenders released on day parole after their full parole eligibility date. Most offenders released after their full parole eligibility pose a greater risk to the community, which partially accounts for their higher failure rate.

Table 1

Success and Failure on Day Parole and Timing of Release

Day parole completion	Time of Release		
	Day parole date	Between day parole and full parole dates	After full parole date
Successful	74.4%	79.8%	70.5%
Failure	25.6%	20.1%	29.5%
Number of offenders	39	283	376

Type of subsequent release

The preceding section used a general definition of day parole success that focused on whether offenders completed day parole without incident. Another measure of success is the type of release that follows day parole. An offender released on day parole during the period of eligibility for full parole should progress to full parole after successfully completing day parole. Similarly, an offender released on day parole close to his or her statutory release date would normally be transferred to statutory release on the appropriate date.

Table 2

Type of Release after Day Parole	
Type of release	Number of offenders
Full parole	44.7%
Statutory release	19.2%
Full parole after subsequent day parole(s)	3.4%
Statutory release after subsequent day parole(s)	2.2%
Full parole after incarceration	7.0%
Statutory release after incarceration	23.5%

An examination of the type of release following day parole completion indicated that 45% of the offenders were released on full parole after completing day parole, while another 19% reached their statutory release date during or immediately after completing day parole (see Table 2). Approximately 6% of the offenders were given at least one additional day parole before release on either full parole or statutory release.

Roughly 30% had to remain in custody longer before full release (77% of these offenders were released on their statutory release date). Most offenders (82%) who returned to custody after day parole remained incarcerated for more than two months.

Release outcome

To determine the relationship between day parole performance and full release outcome, new admissions to custody were monitored until the end of the offenders' sentences. However, several cases were not included in the follow-up because the offenders were not

released after day parole (2%) or did not complete their sentence (17%). The following results apply to the remaining 581 cases.

The average follow-up period was 21 months (with a median of 19 months), with a range between 4 and 46 months (with a median of 19 months). More than 75% of the offenders had follow-up periods of more than 12 months.

Overall, 77% of the offenders who were released on day parole were not re-admitted to a federal correctional institution before the end of their sentence. However, 84% of offenders who completed day parole successfully completed their sentence without re-admission, while only 56% of offenders who did not complete day parole successfully completed their sentence without re-admission (see Table 3).

An offender may be re-admitted to federal custody for a technical violation⁸ of conditional release (parole or statutory release) or for committing a new criminal offence. Of the 16% of offenders who successfully completed day parole but were eventually re-admitted to federal custody, about 8% were re-admitted for a technical violation and 10% were re-admitted for a new offence (an offender could be re-admitted for either a technical violation or a new offence, or both). Of the 44% of offenders who were unsuccessful on day parole and eventually re-admitted to custody, 20% had their release revoked for a technical reason and 30% committed a new offence (again, the groups are not mutually exclusive).

Table 3

Post-day Parole Failures by Day Parole Outcome and Type of Failure				
Day parole outcome	Type of failure after day parole			
	Re-admission	Technical violations	New offence	New violent offence
Successful	15.5%	8.5%	10.0%	3.4%
Unsuccessful	44.2%	20.3%	30.0%	8.0%
All day parole cases	22.7%	11.5%	15.0%	4.5%

The failure groups are not mutually exclusive. An offender can be represented in more than one group.

These rates indicate that offenders who are unsuccessful on day parole are twice as likely to fail on full release because of a technical violation and three times more likely to commit a new offence than offenders who complete day parole successfully.

The results also indicate that only 3% of the offenders who completed day parole successfully

committed a violent offence before the end of their sentence, while approximately 8% of offenders who failed on day parole committed a violent offence later in their sentence.

Motivation

Motivation can be an important mediating factor in dealing with problems associated with a criminal past. Therefore, the offenders were assessed as to their motivation for program participation during day parole. This assessment was then analyzed to determine how much motivation contributed to the successful outcome of both day parole and the completion of the sentence.

Results indicate that motivation at the time of release on day parole was highly related to day parole success (see Table 4). Only 16% of offenders rated as motivated failed, compared with 48% of those classified as unmotivated. This relationship is not as strong for post-day parole outcome, but is still evident — 21% of those classified as motivated were re-admitted to custody after full release, compared with 30% of offenders who were unmotivated.

Table 4

Failures Compared with Motivation and Day Parole Outcome

Outcome	Motivated	Not motivated
Day parole failure	16.3%	48.0%
Post-day parole failure*	20.6%	30.1%

* = Any re-admission.

Discussion

The results suggest that day parole outcome (whether day parole was completed

successfully or not) is associated with an offender's post-day parole outcome. While other factors certainly operate, this finding suggests that day parole is an effective way to prepare offenders for eventual release into the community. Failure on day parole may be used as an indicator of the potential for failure on future conditional releases. An offender who cannot meet the conditions of a day parole is likely to have more serious problems meeting the requirements of daily life without the support of the community residence in which offenders on day parole reside.

Selection factors ensure that lower-risk offenders are released on day parole, but the data also indicate that day parole is not just for the lowest-risk offenders. It provides an opportunity to test offenders' ability to live effectively outside prison with a minimal level of supervision. During the day parole period, problematic behaviour patterns can be addressed and, if they cannot be dealt with effectively, offenders can be easily returned to an institution to ensure societal safety.

Day parole provides a safe way to determine whether an offender's behaviour has been affected by various types of programming. The confinement of an institution reduces potential external influences, and may, therefore, provide fewer distracting factors than the community. The skills and behaviour patterns learned in cognitive skills and substance abuse programs are most effectively tested by the offender in an environment that is supportive, but that approximates the "real world" as closely as possible. Day parole provides opportunities to use the skills learned in correctional programming, which helps reduce risk to the community. ■

¹ 340 Laurier Avenue West, Second Floor, Ottawa, Ontario K1A 0P9. Please note that Moira Law and Chris Beal coded the follow-up data used in this study.

² The length of day parole varies, but most day paroles last about six months.

³ *Corrections and Conditional Release Act, R.S.C., C-20, 1992.*

⁴ B. A. Grant, L. Motiuk, L. Brunet, P. Courturier and L. Lefebvre, *Day Parole Program Review* (Ottawa: Correctional Service of Canada, 1996).

⁵ Results for female offenders are included in Grant, Motiuk, Brunet, Courturier and Lefebvre, *Day Parole Program Review.*

⁶ Grant, Motiuk, Brunet, Courturier and Lefebvre, *Day Parole Program Review.*

⁷ Success is defined as completion of the day parole period without a new offence or revocation of release for violation of a day parole condition.

⁸ A technical violation is a violation of the conditions of release. These conditions may include abstaining from alcohol, not associating with known criminals, and participation in treatment programs.

Offender programming: An institutional perspective

by *Mitch Kassen*¹

Warden, Bowden Institution

Bowden Institution owes a great deal to the traditions and corporate climate created by staff during our conversion to a federal correctional institution. Bowden Institution was purchased from the Alberta government in 1974. The staff who remained with the institution had a tradition of openness and empathy — a tradition on which we continue to build.

The original Bowden staff were joined by experienced correctional staff from other federal institutions who brought their expertise into the culture of the institution. Bowden Institution's population has also grown slowly through the years, which has allowed staff to develop consistent, high-quality offender programming in a safe and secure correctional environment.

This article examines Bowden Institution's general approach to offender programming in an attempt to obtain an institutional perspective on offender programming by focusing on the philosophy and practices of one particular institution.

A gradual evolution

Programming has evolved in all areas of the institution since 1983. For example, community resources were unable to deal with the demand for inmate addiction programming, but roughly 68% of Bowden inmates had used alcohol, drugs or both at the time of their offence. There was a clear link between substance abuse and criminal behavior.

Therefore, an institutional substance abuse program was developed, to be delivered by trained correctional staff. The success of this program can be directly attributed to departmental support and cooperation, as well as to a general understanding of the potential benefits for both inmates and staff. The program could have been derailed any number of times, but

it was consistently supported. Both staff and inmates took pride in "their" program.

Trust was a major concern for inmates during the initial program planning stages. For example, inmates were concerned that correctional officers would be so security oriented that classroom discussions would not remain confidential. Both inmates and staff clearly had to take risks to develop a real communication process.

Institutional staff also worked hard to keep each other informed. Staff meetings and briefings were frequent, as were staff training sessions and social events to encourage interaction among the various institutional departments. Traditional communication barriers gradually dropped as more programs were developed. Staff-inmate interaction also improved throughout the institution.

This program served as a catalyst for other programming within the institution. Other programs were soon developed based on the same model.

The next step ...

Both life skills and anger management programs soon followed. A sex offender program and a nation-wide series of cognitive living skills programs were also added because many

inmates could not be accommodated at specialized facilities.

Today, Bowden Institution is one of the largest prisons in Canada and offers a wide range of inmate programs — all to help inmates

The success of this program can be directly attributed to departmental support and cooperation, as well as to a general understanding of the potential benefits for both inmates and staff. The program could have been derailed any number of times, but it was consistently supported. Both staff and inmates took pride in "their" program.

acquire skills, correct their dysfunctions, and seek alternatives to crime when they are released.

All parts of the institution have worked together to achieve this result. One of the first priorities was to create a work environment that involved staff in assessing inmate needs and formulating correctional plans that identify criminogenic factors and encourage inmates to participate in programming to address these factors. This has been crucial to our recent success in developing and delivering high-quality inmate programming.

A coordinated approach

Bowden Institution strives for a coordinated approach to programming and treatment. Correctional plans often hit rough spots and must be revised. We rely on communication, trust, cooperation and shared responsibility to facilitate this process. No single person or department can meet all inmate needs or assume sole responsibility for intervention.

Case managers are, therefore, involved at all stages of the process and are always in contact with available resources. The goal is to provide the right programming at the right time to accommodate an individual inmate's sincere desire to change.

Obviously, this requires cooperation between inmates and case management staff. However, work supervisors, teachers, chaplains, native Elders, liaison officers and staff involved in program delivery all help form the "feedback loop" that reports back to case management

staff on how individual offenders are functioning.

A long-range plan

The key to effective correctional programming is creating and maintaining a safe environment, anchored by the belief that inmates can change. Dynamic security practices can ensure a safe environment, while allowing for the risks necessary to encourage inmate change. Bowden Institution's staff and volunteers take a "can do" approach to programming. However, the inmates also understand that a certain standard of behaviour is expected from them.

This philosophy has served Bowden well. It allows inmates and staff to interact fully, break down communication barriers and create a learning environment.

Bowden Institution's major strength is its staff's ability to look beyond the prison walls and plan for what might be. Our first priority is public safety, but this is best served if the inmates of Bowden Institution actually change their lives and have effective relapse-prevention plans in place when they are released.

The greatest tribute ever given to Bowden Institution's inmate

programming is a simple statement made by a former inmate now on conditional release — "the programs I took at Bowden have given [me] my life back." ■

The greatest tribute ever given to Bowden Institution's inmate programming is a simple statement made by a former inmate now on conditional release — "the programs I took at Bowden have given [me] my life back."

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Looking back at 25 years of offender programming

by John Gillis¹

Special Advisor to the Deputy Commissioner, Atlantic Region, Correctional Service of Canada

The role of a parole officer was considerably different from what it is today when I was working my way into the then National Parole Service during the early 1970s. The National Parole Service was centralized in Ottawa, reports were mailed to Ottawa from area offices, and case preparation was done largely by Ottawa analysts. Specific offender cases were heard in the institutions, but by travelling National Parole Board panels assisted by local parole officers.

Conditional release assessments focused primarily on institutional adjustment, whether the inmate had obtained the maximum benefit from incarceration, and the degree of support available to the offender in his or her home community. A job, school participation or trade training was seen as a necessity, so institutions concentrated any programming in these areas. Problems like substance abuse were left to community programs such as Alcoholics Anonymous.

However, the 1990s have brought more varied programming to the forefront. Core programs now focus on factors such as living skills, substance abuse, family violence and sexual abuse.

This article will chronicle these developments from the perspective of a Correctional Service of Canada senior manager to illustrate the forces at play in, and the results of, these developments.

Employing offenders

In 1973, Springhill Institution teamed with Scott Paper to offer a four-month course in forest harvesting. This program was run in the institution and at a work site in the immediate area. The second phase of the program involved offenders spending six months on day parole in a community-based residential centre managed by Scott Paper.

This work/training opportunity allowed inmates to learn a skill and appropriate work habits on the job. It also allowed inmates to

leave the institution with money to help them re-enter the community. At the time, this innovation was seen as an effective tool. Interestingly, we are currently in the process of measuring skill acquisition and its relation to employability in a Service pilot project.

Many of these then-experimental programs have evolved into today's core programs that deal with things such as anger management, substance abuse and sex offender programming. This era also produced the literacy programs that paved the way for today's inmate education programs.

Organizational developments

In 1978, the Canadian Penitentiary Service and the National Parole Service merged to form the Correctional Service of Canada. As a result of the merger and consolidation of resources, the Service's Atlantic Region of the late 1970s and early 1980s began to experiment with both institutional and community programming.

Many of these then-experimental programs have evolved into today's core programs that deal with things such as anger management, substance abuse and sex offender programming. This era also produced the literacy programs that paved the way for today's inmate education programs.

The Atlantic Region also participated in the Service's cognitive skills pilot project in the mid-1980s. This program went on to become a Service flagship program — in high demand and often cited as a prerequisite for other core programs.

This pilot project was a major turning point in Service program delivery. Before it began, we relied on contractors to provide programs. However, the pilot project showed us that our own staff could be trained to do the same thing. The demonstrated positive impact of this program on offender recidivism has also

helped secure resources for further programming efforts.

As for community programming, the Atlantic Substance Abuse Program was established in 1988 with the assistance of the New Brunswick Commission on Drug Dependency. This portable, parole officer-delivered program was a regional forerunner to today's national Offender Substance Abuse Pre-release Program and the Choices Program.

The community substance abuse program also opened the doors to cognitive skills, anger management, family violence and sex offender programming in the Atlantic Region.

Where are we now?

The offender intake assessment process has become a tool that provides the intimate assessment needed to deal effectively with inmates, their criminogenic needs and offender management. Current assessment tools allow us to pinpoint how much remedial assistance each offender needs — in stark contrast to past generalizations as to degree of need in areas such as substance abuse, sex offender programming and basic social skills.

Offender correctional treatment plans can also be used to zero in on the programs needed by individual offenders (as well as when and where they are needed), allowing for more effective and selective management of specific cases and precious resources.

In the Atlantic Region, inmate classification and the use of the Custody Rating Scale are starting to bear fruit. For example, Westmorland Institution had no inmate escapes between November 1994 and March 1996 because of staff awareness of dynamic security risk reduction through appropriate programming, appropriate case management intervention, and a supportive work placement environment. These positive changes are now

beginning to filter down into community-based corrections.

Institutional and community programming efforts are also maximizing resources. For example, inmates use escorted temporary absences to participate in community-based programs. Trained volunteers deliver community-integration programs both at institutions and community-based residential centres. Other joint ventures have contributed significantly to effective inmate and parolee programming.

Joint programming efforts are also used for francophone inmates. Some have been transferred to institutions that offer programming in French. Other francophone inmates have taken advantage of substance abuse programs offered in French in a New Brunswick provincial hospital.

Collaboration

The Atlantic Region is making significant progress in breaking down traditional barriers to meeting offender needs through various forms of collaboration. For example, the Correctional Service of Canada is part of a Miramichi community council involving 22 representatives from the area. This council works on meeting community needs within the context of addressing offender needs.

Other joint federal-provincial projects are under way in the context of risk/needs assessment and sex offender relapse-prevention programming.

The Service has signed a three-year memorandum of understanding with Prince Edward Island

community and health services to provide joint sex offender and family violence services. Efforts are also under way to open a joint community-based residential facility for Prince Edward Island offenders.

Finally, the Service collaborates with New Brunswick Probation Services, Canada Employment and the John Howard Society

Institutional and community programming efforts are also maximizing resources. For example, inmates use escorted temporary absences to participate in community-based programs. Trained volunteers deliver community-integration programs both at institutions and community-based residential centres.

to help disadvantaged people in Saint John, New Brunswick. This collective effort often makes a little go a long way.

A look ahead

As I move into my new position as a special advisor to the Deputy Commissioner (Atlantic Region), I will be working to harmonize institutional and community-based programming. The four Atlantic provinces have all indicated that they are willing to work more closely to deliver these services more effectively. We want to build on this, as well as on the groundwork laid by the projects discussed earlier.

We will also be working very closely with the National Parole Board to help increase its awareness of community-based programming options that manage and reduce risk. Such programming can be a viable alternative to treating an offender in custody.

I also want to point to a sex offender self-help group established at Westmorland Institution

A sex offender self-help group openly meeting in a minimum-security institution without fear of reprisal. We really have come a long way.

in 1995 that indicates both how far we have come and where we are going. These offenders have made tremendous gains in identifying their problems and coming up with ways of coping with and understanding their sentences. They also look beyond programming to a time when they will re-enter society safely.

This group has been able to help newly admitted sex offenders gain acceptance in the institution and with each other. The group has even helped some inmates in denial to come to grips with their problems.

A sex offender self-help group openly meeting in a minimum-security institution without fear

of reprisal. We really have come a long way. ■

¹ 1045 Main Street, Unit 102, Moncton, New Brunswick E1C 1H1

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Catch-22: What psychological staff can (and cannot) do for offenders after their sentence expires

by Robin J. Wilson¹

Director, Sex Offender Maintenance Program, Central Ontario District, Correctional Service of Canada

Currently, offenders who have completed their sentence receive no official support from Correctional Service of Canada staff. This can create problems for offenders who are not released into the community until the end of their sentence. These offenders may not receive professional assistance in re-adjusting to community life.

The cessation of treatment at sentence completion also creates problems for sex offenders, many of whom may need extensive lifelong clinical and supervisory intervention. Few sex offender treatment programs are available outside the correctional system.

This article, therefore, examines what Service staff should do to further the Service mission of protecting society by actively encouraging offenders to become law-abiding citizens while exercising appropriate control.² When do our responsibilities to the offender and the community end?

Current problems

Offenders are normally detained until the end of their sentence to protect society. However, it can be argued that bypassing the usual gradual release program (from escorted temporary absences to work release to unescorted temporary absences to day parole to full parole to statutory release) puts the community at greater risk, because the offender is left to re-integrate without professional support.

There is no empirical evidence that demonstrates that gradual release decreases the risk of offender recidivism. However, combining a gradual lessening of restraint with an increasing degree of

offender re-integration into the community seems logical.

Despite increasing public support for detention, many sex offenders receive statutory release after serving two thirds of their sentence. But, although many sex offenders may qualify for conditional release, the length of time between this release and the end of their sentence often does not give clinical staff enough time to adequately address their treatment needs. This situation could decrease community safety — particularly with regard to high-risk sex offenders.

Many sex offenders need long-term treatment. However, few sex offender treatment programs are available outside the correctional system. For example, Metropolitan Toronto has a population of more than 3 million but only 40 sex offender outpatient group spaces.³ Further, cuts to government social service and health care funding threaten the existence of even these programs.

Apart from the bureaucratic difficulties, it is also rare for offenders to want to continue treatment once they have served their sentence. They instead prefer to distance themselves from the "system" and any professionals associated with it. However, it is possible that some offenders might want to continue working with the

Service psychologist with whom they have already established a rapport if that option were available.

Currently, offenders who have completed their sentence receive no official support from Correctional Service of Canada staff. This can create problems for offenders who are not released into the community until the end of their sentence. These offenders may not receive professional assistance in re-adjusting to community life.

These difficulties must be examined from several perspectives, including morality, ethics, legal responsibility, and civil and criminal liability. The following example illustrates dilemmas faced by Service psychologists with respect to this issue.

John's story

John (not his real name) was a recidivist sex offender (he sexually assaulted adult women) who recently successfully completed a 16-month conditional release program during which he attended regular relapse-prevention counselling. John formed a strong clinical relationship with his therapist and developed an understanding of relapse-prevention principles.

However, relapse-prevention treatment is like an inoculation — you often need “boosters” to maintain the process. Therefore, John was certainly not “cured” but was, by the time his sentence ended, at low to moderate risk of reoffending. He was also keenly aware that his past offences made it likely that he would be indeterminately incarcerated if he ever recidivated sexually.

At the end of his sentence, John declined a referral to follow-up care in the community. He instead began to phone his former Service therapist periodically to report his success in the community. John had resumed contact with his ex-wife and children, and had found a rewarding job.

However, after resuming contact with his family, John became increasingly depressed about his ex-wife's reluctance to re-instate their marital relationship. After about five or six months, John called his former therapist and told him that his depression had become much worse and that he had tried to kill himself four times in the last four months. John also told the Service therapist that he intended to make another attempt on his life.

The therapist explained that, as a Service employee, he would not be able to resume

treating John, and suggested that he go to a local psychiatric hospital.

This brief account illustrates the frustrating dilemma faced by many Service psychologists whose clients reach out for help after completing their sentences. Current Service policy virtually prohibits contact with offenders who have completed their sentence on the grounds that such contact could result in Service liability should the offender commit another offence.

This prohibition is, however, at odds with the codes of clinical conduct for many board-regulated clinical professionals. For example, American Psychological Association⁴ and Canadian Psychological Association⁵ standards suggest that a clinician's obligation to a client cannot be arbitrarily ended (as occurs at the end of an offender's sentence). The professional must maintain some continuity of care.

Yet, in this case, John's therapist's hands were tied. The therapist had the benefit of 16 months of intervention with John and a strong client-clinician relationship, but was prevented from offering him any real help because of Service policy.

The policy could be relaxed by loosely defining when a clinical relationship has been initiated. It can be argued that a clinical relationship is not in place until the psychologist agrees to provide clinical care. This could allow

Service staff to help offenders to a limited extent after their sentence has expired.

However, a more conservative interpretation might characterize even accepting a telephone call from a former client as re-instituting counselling. Therefore, John's therapist could be said to have provided clinical advice by suggesting that John go to a psychiatric facility.

Balance

This article is not an attempt to judge whether dangerous offenders belong in institutions or

Current Service policy virtually prohibits contact with offenders who have completed their sentence on the grounds that such contact could result in Service liability should the offender commit another offence.

in the community under appropriate supervision. However, a Service core value emphasizes that offenders have the potential to live as law-abiding citizens.⁶ We must, therefore, actively encourage and assist offenders in their re-integration into the community.

Ultimately, the best approach is probably a fair balance between ethical conduct and the

limitation of Service liability. Although the formal obligations of Service personnel to offenders ends with their sentence, the Service and its clinical staff should not turn a blind eye to post-sentence offenders with clearly identified needs. To do so places several groups at risk — offenders, therapists, the Correctional Service of Canada and, most of all, the community. ■

¹ 330 Keele Street, Main Floor, Toronto, Ontario M6P 2K7.

² *Basic Facts About Corrections in Canada* (Ottawa: Correctional Service of Canada, 1993).

³ Metropolitan Toronto Service Flow Committee, Personal communication.

⁴ *Ethical Standards of Psychologists* (Washington: American Psychological Association, 1977). See also *Standards for Providers of Psychological Services* (Washington: American Psychological Association, 1977). These standards were

endorsed by the College of Psychologists of Ontario. See *Standards of Professional Conduct* (Toronto: College of Psychologists of Ontario, 1994).

⁵ "Canadian code of ethics for psychologists," *Canadian Psychological Association Directory* (Old Chelsea: Canadian Psychological Association, 1992): 83-107.

⁶ *Mission of the Correctional Service of Canada* (Ottawa: Correctional Service of Canada, 1991).

Just released...

The Correctional Research and Development Sector of the Correctional Service of Canada recently released the following publications:

- *Correctional Research and Development Plan 1996-1997* (Ottawa: Correctional Service of Canada, 1996).
- L. L. Motiuk and R. L. Belcourt, *Prison Work Programs and Post-release Outcome: A Preliminary Investigation*, Report R-43 (Ottawa: Correctional Service of Canada, 1996).
- K. Blanchette and L. L. Motiuk, *Female Offenders With and Without Major Mental Health Problems: A Comparative Investigation*, Report R-47 (Ottawa: Correctional Service of Canada, 1996).

The Auditor General of Canada's report on Correctional Service of Canada offender programs

Since most inmates will eventually be released back into the community, the impact of the Correctional Service of Canada on offenders extends beyond incarceration. Many argue that the Service's most important mandate is actually to rehabilitate the offenders in its care. This argument is persuasive, given that almost one in three offenders who are released go on to commit another offence.

The Service spends approximately 7% of its one billion dollar annual budget on programming that targets factors that contribute to criminal behaviour, such as sexual deviancy, substance abuse and antisocial behaviour. The Service's current range of programs is extensive, with some having received international recognition.

The Auditor General of Canada recently released his 1996 audit of selected federal government agencies. Chapter 10 of this report focused on Correctional Service of Canada offender programs.¹ It examined both the practicality and cost effectiveness of intervention programming designed to change inmate behaviour, as well as of more traditional employability skills training. This article summarizes this analysis.

Intervention programs

The current thrust of the Correctional Service of Canada approach to offender treatment is to concentrate its resources on programs that research has indicated have the most potential for reducing recidivism (such as substance abuse and sex offender treatment) — programs aimed at offender characteristics related to criminal behaviour.

Some intervention programs try to influence attitudes and behaviour indirectly by conveying information, while others try to change behaviour directly.

While the Service's range of programs is impressive, there is always room for improvement. For example, the Service's

treatment of sex offenders varies considerably from region to region. A high-risk sex offender may receive a year of treatment in a psychiatric facility in one region, but would receive just six months of non-residential treatment in another.

The costs of sex offender programming also vary widely — even within the same risk level. Some moderate-intensity programs cost \$2,000 to treat an offender, while other similar programs cost up to \$7,000 per offender. Similar cost discrepancies were found for both high- and low-intensity treatment.

In short, a disproportionate amount of resources is also being spent on a few offenders. Given these variations in program length and cost, the Service needs to focus on the most cost-effective programs.

Another intervention program weakness is that the Service has not established a continuum of programs that support offenders properly in their transition from the institution to the community. It is critical that offenders continue to have access to appropriate treatment or assistance after they return to the community, because that is when they are most forcefully confronted with the factors that led to their original criminal conviction.

However, the Service is currently able to meet only 65% of the demand for community-based sex offender relapse-prevention programs. Similar problems

are present for many other types of programming. Further, many of the Service's community-based programs are essentially duplicates of those offered in institutions, rather than being booster or follow-up programming.

The current thrust of the Correctional Service of Canada approach to offender treatment is to concentrate its resources on programs that research has indicated have the most potential for reducing recidivism (such as substance abuse and sex offender treatment) — programs aimed at offender characteristics related to criminal behaviour.

Given these weaknesses (and in keeping with the principles of its correctional strategy), the Service should ensure that its resource allocation is based on sound cost and program benefit information — among similar program types and across all rehabilitation programs.

Employability programs

Research indicates that offenders who find good jobs after release are less likely to be reincarcerated. Employability (academic, personal management and teamwork) skills are the key to success in the Canadian workforce. The Service, therefore, offers education, vocational and employment programming to help offenders acquire these skills.

However, there are significant cost variations across these three program areas. Both education and vocational training are much less expensive per inmate than institutional employment. It costs about \$13,000 per year to provide one institutional job, but only \$7,500 to provide either education or vocational training for one inmate.

Further, both education and vocational training appear to be given to those who need it, while roughly half of the offenders who are placed in some form of institutional employment do not necessarily need this type of training.

The Service also does not have sufficient programming to help offenders make the transition from the institution to the community. Only limited assistance is available to offenders trying to find and keep a job after release. More than 95% of the Service's employability resources are spent in institutions, which leaves very little to help offenders after they return to the community.

Finally, the Service needs a framework for deciding how to spend its employability training resources, as well as a periodic reassessment process for these programs.

Given these concerns, the Service should evaluate the costs and benefits of its employment, education and vocational training expenditures to establish clear guidelines on who should be trained and which programs are the most cost effective.

Program management

The Service's recent rehabilitation initiatives represent a significant accomplishment. The Service has put a great deal of effort and resources into improving its programs, and these efforts to reduce recidivism through strong rehabilitation programming are laudable.

The Service has recently shifted responsibility for many aspects of its programs to its regions, institutions and parole offices. This decentralized approach means that all levels of management need clear goals, targets and measurement systems that provide information on how well criminogenic needs are being addressed and what results are being achieved.

However, the Service has only limited overall cost information on its programming efforts. In short, senior managers do not focus enough attention on determining the best match of resources to the overall objective of re-integrating offenders safely into the community. To achieve this balance, the Service will require better information on the cost and benefits of its rehabilitation programs. Without such information, the Service cannot strategically reassess and reallocate its program funding.

The Service should, therefore, develop the capability to strategically reassess its programming expenditures and reallocate funds as necessary. The Service should also develop performance measures so that all levels of management can truly manage the rehabilitation effort. ■

Employability (academic, personal management and teamwork) skills are the key to success in the Canadian workforce. The Service, therefore, offers education, vocational and employment programming to help offenders acquire these skills.

¹ For more detailed information, see "Correctional Service Canada — Rehabilitation programs for offenders," *Report of the Auditor General of Canada to the House of Commons*, Chapter 10 (Ottawa: Public Works and Government Services Canada, 1996).

Access to Correctional Service of Canada Research by the Internet

An August 31, 1996, review of the Correctional Service of Canada (CSC) world wide Internet site determined that there were 153,076 accesses by the Internet community (since March 19, 1996). The most popular place to visit is the Forum on Corrections Research publications (available as of May 15, 1996) followed by Research Reports and Briefs (available as of June 12, 1996).

The end-of-August review also revealed that the majority of accesses (92%) were for the Correctional Research and Development Sector. Over the past three months (June 1, 1996 to August 31, 1996), the number of accesses by the Internet community has increased by 56% (from 23,631 to 36,888).

It is notable that each day we can expect about 1,200 accesses to the CSC Internet site.

Finally, this end-of August review identified 54 countries (other than Canada) that have accessed our site to read and download documents. They are:

Argentina	Hong Kong	Philippines
Australia	Hungary	Romania
Austria	Iceland	Russia
Belgium	Indonesia	Singapore
Belize	Ireland	Slovak Republic
Bermuda	Israel	Slovenia
Brazil	Italy	South Africa
Colombia	Japan	South Korea
Costa Rica	Kuwait	Sweden
Croatia	Lithuania	Switzerland
Czech Republic	Luxembourg	Tasmania
Denmark	Malaysia	Thailand
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Finland	Netherlands	United Kingdom
France	New Zealand	United States of America
Germany	Norway	United Soviet Republic
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Effective correctional programming: What empirical research tells us and what it doesn't

by Friedrich Lösel¹

Department of Psychology, University of Erlangen-Nürnberg

The correctional politics of many countries have changed as dramatically as fashion trends during the last 25 years. For example, the United States has moved from optimistic experiments on offender rehabilitation to tough punishment and frequent imprisonment.

Although these waves may be understandable within the broader political, societal and cultural context, they are only loosely related to empirical research and practice. The research world has produced more consistent, step-by-step development.

Recent meta-analyses and other research syntheses have examined more than 500 controlled studies.² Although the research varies greatly, a fairly consistent picture has been painted of several fundamental topics. However, other areas have been plagued by either inconsistent or minimal study.

This article, therefore, sets out a brief overview of what we know and what we still have yet to learn about effective correctional programming.

General effectiveness

All meta-analyses on offender treatment suggest that offenders who receive some kind of psychosocial treatment tend to do better than those who do not. This conclusion cannot be attributed solely to reliance on selected positive results because various meta-analyses have also included unpublished research reports.

The overall effect of such treatment is relatively small. On average, offender treatment tends to reduce recidivism by approximately 10 percentage points. However, even such a small effect can produce significant cost savings.³ Further, many recognized and praised medical treatments produce similar results.⁴ Methodological studies also suggest that the potential upper limit of such reductions is actually between 30 percentage points and 40 percentage points.⁵

Type of treatment

There are remarkable differences in the effectiveness of different types of programming. Intervention based on empirically valid theories of criminal behaviour that address criminogenic needs (the need principle) and account for offender learning styles and characteristics

(responsivity) produce greater results.⁶ Successful programs also tend to be either behavioural, cognitive-behavioural or multi-modal.

Unstructured case work, counseling, and psychodynamic, insight-oriented and nondirective approaches tend to have less impact. The same is true of pure punishment, deterrence measures (such as boot camps), or measures with no educational or psychosocial component (such as diversion). Some of these less-appropriate programs have even been found to have negative effects.

Program integrity

Various studies suggest that high program integrity can lead to better offender outcomes. However, if the program is inappropriate to begin with, integrity will not improve outcome.

Low program integrity may be caused by things like weak program structure, lack of a manual, insufficient staff training, organizational barriers, staff resistance to proper program implementation, incidents that lead to political changes, unsystematic changes to the program, and lack of a basic philosophy of criminality and treatment.⁷

On average, offender treatment tends to reduce recidivism by approximately 10 percentage points. However, even such a small effect can produce significant cost savings. Further, many recognized and praised medical treatments produce similar results.

Of course, any form of programming is largely individual and cannot be completely standardized. It is, however, important to continually monitor areas such as program development, organizational structure, staff selection and training, communication and decision-making rules.

Methodological considerations

A large portion of the variances in treatment outcome can be attributed to methodological variations between studies.⁸ One should, therefore, be cautious about generalizing the results of a single study.

The criteria used to measure program effects are particularly important. Behavioural and more objective measures of criminality and recidivism tend to produce smaller effect findings than measures of institutional adaptation, attitudes or personality change. Reliable criteria and longer follow-up periods are also associated with smaller effects.

In many studies, measures of intermediate goals (such as personality change) tend to be too unspecific for sound prediction of future criminality. This suggests the need for thorough assessment of offender development before, during and after program participation.

Location

Community-based programming tends to produce greater results than programming delivered in custody. However, some institutional programs have produced positive results.⁹

The negative impact of incarceration depends on personal, situational and organizational characteristics that can be addressed at least partially by programming. Many offenders have hazardous lifestyles, so institutions may be a stabilizing influence. However, these arguments should not be misunderstood as a plea for custodial programs. Custody should be a last resort. Systematic risk and

dangerousness assessments have proven useful in making placement decisions¹⁰ and should be continually improved.

Offender characteristics

A focus on simple offender variables like age, sex or type of offence does not normally produce particularly strong results. It is more effective to assess high-risk personality disorders (such as psychopathy),¹¹ specific criminogenic needs, and responsivity.¹² Antisocial cognitive styles, lack of social skills, impulsivity, and verbal and neuropsychological problems indicate a risk of persistent offending.¹³

Such characteristics are relevant not only to treatment characteristics, but also to the fit between offender and program. For example, while role-playing and interpersonal skills training may help "ordinary" offenders,¹⁴ they can be counterproductive for primary psychopaths. Learned skills can be misused, which could result in treated offenders recidivating more frequently than untreated offenders.¹⁵

Risk and program intensity

The risk principle suggests that high-risk offenders need intensive treatment, while low-risk offenders should not receive too-intensive (and costly) programming. However, very high-risk offenders are difficult to change, even through intensive treatment.

The best way to understand the relationship between risk and

The best way to understand the relationship between risk and treatment failure is to imagine the letter "u," where the top of one end of the "u" represents high risk and the top of the other end represents low risk. The fit between risk and service level is most important at the bottom of the "u" — the broad middle range of offender risk.

treatment failure is to imagine the letter "u," where the top of one end of the "u" represents high risk and the top of the other end represents low risk. The fit between risk and service level is most important at the bottom of the "u" — the broad middle range of offender risk.

Program intensity can also be influenced by other factors. For example, psychopathic

offenders tend to express less motivation and effort,¹⁶ putting them at risk of receiving less intensive treatment or of dropping out of the program.

Organizational and staff characteristics

Unfortunately, little systematic research has been done on the impact of organizational characteristics such as facility climate, prison regime or relationship with other services. However, institutional features vary widely.¹⁷ A regime that is emotionally and socially responsive, well structured, norm-oriented and controlling can be important not only to program interaction but also to future nonoffending.¹⁸

The impact of staff characteristics is also rarely investigated. Yet, psychotherapy research indicates that the personal variables of a therapist are very important to effective intervention.¹⁹ Effective treatment requires well-selected, specifically trained, highly motivated and continuously supervised staff. Staff attitudes and competence that do not match the aims and content of a program may not only lower treatment integrity, they may also hinder its effectiveness.

Natural protective factors

Some individuals can cope relatively well without professional help. Cognitive and social competencies, an "easy" temperament, success at school or in hobbies, attachment to a stable reference person, social support from outside the family, and accepting/responsive or demanding/controlling educational styles can help protect an individual.²⁰

Correctional programs do not generally account for such natural protective factors. However, young offender programming and early intervention in at-risk groups have shown that working with young offenders and their families is particularly effective.²¹

Unfortunately, this is much more difficult to accomplish with offenders who are older or in custody. Their natural environment is often

heavily disturbed and they frequently lack personal and social factors that could help in decreasing criminality. Depending on the context, some of these factors (such as support from a deviant peer group) could even have a negative effect.²² Despite these realities, efforts should be made to integrate such natural protectors into programming.²³

Relapse prevention

Various types of programming are relatively successful in the short term, but fail over the long term. However, the positive changes offenders achieved in these programs could be preserved by additional or relapse-prevention programming.²⁴

Although the necessity for effective after-care is unquestioned, there is little research on the combination of treatment and relapse-prevention measures. Practical problems such as resource allocation also must be solved.²⁵

Discussion

Empirical evaluations of correctional programs have more to offer than do fashionable crime policy trends.

Although many inconsistencies and blind spots remain in the research, there are clearly some concepts that are key to effective correctional programming:²⁶

- realistic expectations of results;
- theoretically sound concepts;
- dynamic offender risk assessment that matches the service level;
- appropriate targeting of specific criminogenic needs;
- awareness of the consequences of applying reinforcement;
- teaching self-control, thinking and social skills;
- matching program type, offender and staff;
- thorough selection, motivation, training and supervision of staff;

Various types of programming are relatively successful in the short term, but fail over the long term. However, the positive changes offenders achieved in these programs could be preserved by additional or relapse-prevention programming.

- acceptance/reward and structure/control within the institutional regime;
- neutralization of criminogenic social networks;
- strengthening of "natural" protective factors;
- high program integrity;

¹ Bismarckstr. 1, 91054 Erlangen, Germany.

² More than a dozen meta-analyses on offender treatment have already been published. For an overview, see F. Lösel, "The efficacy of correctional treatment: A review and synthesis of meta-evaluations," *What Works: Reducing Reoffending*, J. McGuire, Ed. (Chichester: John Wiley & Sons, 1995): 79–111. See also T. Palmer, *The Re-emergence of Correctional Intervention* (Newbury Park: Sage, 1992). Due to space limitations, only the two most comprehensive meta-analyses are cited. See D. A. Andrews, I. Zinger, R. D. Hoge, J. Bonta, P. Gendreau and F. T. Cullen, "Does correctional treatment work? A clinically relevant and psychologically informed meta-analysis," *Criminology*, 28 (1990): 369–404. See also M. W. Lipsey, "Juvenile delinquency treatment: A meta-analytic inquiry into variability of effects," *Meta-analysis for Explanation*, T. D. Cook, H. Cooper, D. S. Cordray, H. Hartmann, L. V. Hedges, R. L. Light, T. A. Louis and F. Mosteller, Eds. (New York: Russell Sage Foundation, 1992): 83–127.

³ R. Prentky and A. W. Burgess, "Rehabilitation of child molesters: A cost-benefit analysis," *Child Trauma I: Issues and Research*, A. W. Burgess, Ed. (New York: Garland, 1992): 417–442.

⁴ M. W. Lipsey and D. B. Wilson, "The efficacy of psychological, educational and behavioral treatment," *American Psychologist*, 48 (1993): 1181–1209.

⁵ For example, large proportions of nonrecidivism in control groups, unreliability of treatment and outcome measures, and dichotomization of variables reduce the potential effects.

⁶ D. A. Andrews and J. Bonta, *The Psychology of Criminal Conduct* (Cincinnati: Anderson, 1994).

⁷ C. R. Hollin, "The meanings and implications of program integrity," *What Works: Reducing Reoffending*, J. McGuire, Ed. (Chichester: John Wiley & Sons, 1995): 195–208. See also F. Lösel, "Working with young offenders: The impact of meta-analyses," *Clinical Approaches to Working with Young Offenders*, C. R. Hollin and K. Howells, Eds. (Chichester: John Wiley & Sons, 1996): 57–82.

⁸ Lipsey, "Juvenile delinquency treatment: A meta-analytic inquiry into variability of effects." For a comparison with other studies, Lösel, "The efficacy of correctional treatment: A review and synthesis of meta-evaluations."

⁹ Andrews, Zinger, Hoge, Bonta, Gendreau and Cullen, "Does correctional treatment work? A clinically relevant and psychologically informed meta-analysis." See also F. Lösel, "Increasing consensus in the evaluation of

- selection and assessment of adequate intermediate treatment goals;
- assessment and monitoring of offender behavioural change; and
- relapse-prevention and after-care programming. ■

offender rehabilitation? Lessons from recent research syntheses," *Psychology, Crime & Law*, 2 (1995): 19–39.

¹⁰ J. Bonta, D. A. Andrews and L. L. Motiuk, *Dynamic Risk Assessment and Effective Treatment*, Paper presented at the Annual Meeting of the American Society of Criminology, Phoenix, 1993. See also J. Bonta and L. L. Motiuk, "Classification to halfway houses: A quasi-experimental evaluation," *Criminology*, 28 (1990): 497–506. And see J. Bonta and L. L. Motiuk, "Inmate classification," *Journal of Criminal Justice*, 20 (1992): 343–353.

¹¹ R. D. Hare, "Psychopathy: A clinical construct whose time has come," *Criminal Justice and Behavior* (In press).

¹² Andrews and Bonta, *The Psychology of Criminal Conduct*.

¹³ T. Moffitt, "Adolescence-limited and life-course-persistent antisocial behavior: A developmental taxonomy," *Psychological Review*, 100 (1993): 674–701.

¹⁴ R. R. Ross and E. A. Fabiano, *Time to Think: A Cognitive Model of Delinquency Prevention and Offender Rehabilitation* (Johnson City: Institute of Social Sciences and Arts, 1985).

¹⁵ M. E. Rice, G. T. Harris and C. A. Cormier, "An evaluation of a maximum security therapeutic community for psychopaths and other mentally disordered offenders," *Law and Human Behavior*, 16 (1992): 399–412.

¹⁶ J. R. P. Ogloff, S. Wong and A. Greenwood, "Treating criminal psychopaths in a therapeutic community program," *Behavioral Sciences and the Law*, 8 (1990): 181–190.

¹⁷ J. Bonta and P. Gendreau, "Reexamining the cruel and unusual punishment of prison life," *Law and Human Behavior*, 14 (1990): 347–372. See also R. Moos, *Evaluating Correctional and Community Settings* (New York: John Wiley & Sons, 1975).

¹⁸ Moos, *Evaluating Correctional and Community Settings*. See also F. Lösel, "Protective effects of social resources in adolescents at high risk for antisocial behavior," *Cross-national Longitudinal Research on Human Development and Criminal Behavior*, H. J. Kerner and E. G. M. Weitekamp, Eds. (Dordrecht: Kluwer, 1994): 281–301. And see M. Rutter, B. Maughan, P. Mortimore and J. Ouston, *Fifteen Thousand Hours: Secondary Schools and Their Effects on Children* (London: Open Books, 1979).

¹⁹ F. J. Porporino and E. Baylis, "Designing a progressive penology: The evolution of Canadian federal corrections," *Criminal Behaviour and Mental Health*, 3 (1993): 268–289. See also F. Lösel and T. Bliesener, "Psychology in prison: Role assessment and testing of an organizational model," *Criminal Behavior and the Justice System: Psychological*

Perspectives, H. Wegener, F. Lösel and J. Haisch, Eds. (New York: Springer-Verlag, 1989): 419-439.

- ²⁰ F. Lösel and T. Bliesener, "Some high-risk adolescents do not develop conduct problems: A study of protective factors," *International Journal of Behavioral Development*, 17 (1994): 753-777. See also M. Rutter "Resilience in the face of adversity: Protective factors and resistance to psychiatric disorder," *British Journal of Psychiatry*, 147 (1985): 598-611. And see M. Stouthamer-Loeber, R. Loeber, D. P. Farrington, Q. Zhang, W. van Kammen and E. Maguin, "The double edge of protective and risk factors for delinquency: Interrelations and developmental patterns," *Development and Psychopathology*, 5 (1993): 683-701.
- ²¹ R. E. Tremblay and W. Craig, "Developmental crime prevention," *Building a Safer Society: Strategic Approaches to Crime Prevention*, M. Tonry and D. P. Farrington, Eds. (Chicago: The University of Chicago Press, 1995): 151-236. See also H. Yoshikawa, "Prevention as cumulative protection: Effects of early family support and education on chronic delinquency and its risks," *Psychological Bulletin*, 115 (1994): 28-54.
- ²² D. Bender, *Psychische Widerstandsfähigkeit im Jugendalter: Eine Längsschnittstudie im Multiproblem-Milieu* [Resilience in Adolescence: A Longitudinal Study in Multiproblem Milieu], Doctoral Dissertation, University of Erlangen-Nürnberg, 1995. See also F. Lösel, *Resilience and Protective Functions in Adolescence*, Keynote address at the Fifth Biennial Conference of the European Association for Research on Adolescence, Liège, Belgium, 1996.
- ²³ L. L. Motiuk, "Using familial factors to assess offender risk and need," *Forum on Corrections Research*, 7, 2 (1995): 19-22. See also Porporino and Baylis, "Designing a progressive penology: The evolution of Canadian federal corrections."
- ²⁴ D. R. Laws, *Relapse Prevention with Sex Offenders* (New York: Guilford Press, 1989).
- ²⁵ T. Exworth, "Compulsory care in the community: A review of the proposals for compulsory supervision and treatment of the mentally ill in the community," *Criminal Behaviour and Mental Health*, 5 (1995): 218-241.
- ²⁶ For a more comprehensive overview see P. Gendreau, "The principles of effective intervention with offenders," *Choosing Correctional Options that Work: Defining the Demand and Evaluating the Supply*, A. T. Harland, Ed. (Thousand Oaks: Sage, 1996).

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Principles of effective correctional programming

by Paul Gendreau¹

Centre for Criminal Justice Studies; Department of Psychology, University of New Brunswick and Claire Goggin²

Community Mental Health Services, Region II, New Brunswick

When the first author first began reviewing offender treatment studies in the 1970s, the amount of available information was rather limited.³ However, with the passage of time, a sizeable literature has emerged and recent developments in quantitative literature review techniques (such as meta-analysis) now allow us to make summary statements of the data with reasonable confidence.

This article will, therefore, highlight some key points that have emerged from this literature. In short, it will set out some of the basic principles of effective correctional treatment.

Summary of key data

There are currently 13 (and counting) quantitative reviews of the literature.⁴ Taken together, they represent at least 700 studies. The average effect size across these meta-analyses, expressed in terms of the correlation coefficient r is about 0.10. This simple statistical relationship can be taken at face value.⁵ In other words, offender treatment programs reduce recidivism by about 10%. While this is a modest result for some treatment literatures, it is acknowledged that serious antisocial behaviour is very difficult to treat. Further, a 10% reduction is comparable to what is acceptable for many medical interventions and represents substantial cost savings.⁶

But that is only half the story. It has been repeatedly said that to better understand the robustness of the offender treatment literature, one must look into the "black box"⁷ of the programs themselves. At the risk of oversimplifying a complex literature, it is fair to say the consensus reached is that effective (appropriate) programs are behavioural/highly structured in nature and target the criminogenic attitudes, values and behaviours of higher-risk offenders. Inappropriate or ineffective programs tend to be those that are psychodynamic, non-directive, medical

model, use vague group milieu/vocational/educational strategies or sanctions, or any treatment that does not target criminogenic needs.

The potency of the results that emanate from this type of "black box" analysis are informative. For example, three types of programs were outlined in a meta-analysis that was completed in 1990 and then updated in 1995:⁸ the aforementioned appropriate and inappropriate types,⁹ and an unspecified category where it was not clear what was offered under the guise of therapy (see Table 1).

Table 1

Type of Treatment and Recidivism Reduction

Type of program	1990		1995	
	Number of comparisons between a treatment and control group	r	Number of comparisons between a treatment and control group	r
Appropriate	54	0.30	85	0.25
Inappropriate	38	-0.06	64	-0.03
Unspecified	32	0.13	66	0.13
Total	124	0.15	215	0.13

Appropriate programs produced convincing results. In 1990, there were 54 comparisons between an appropriate treatment and a control group, with an average reduction in recidivism of 30% ($r = .30$). This result still held five years later, when 85 comparisons were available. Although the new average effect size of $r = .25$ is somewhat smaller,¹⁰ it is virtually identical to the potency effects found for therapies across a wide variety of "clinical" (non-criminal justice) areas.¹¹

Obviously, from a clinical and policy perspective, the utility of this effect is far from trivial. The old myth¹² propagated by "nothing works" devotees, that offenders are of such a peculiar psycho-biological nature that they are beyond responding positively to

interventions designed to reduce criminal behaviour has finally been put to rest.

A second table was prepared specifically for this paper. We did this because "punishing smarter" programs have assumed such a high profile — they are found in every U.S. state and are making significant advances into Canada.

We gathered 138 punishment versus control group (no or reduced punishment) comparisons in this table (see Table 2).

Table 2

Punishment and Offender Recidivism

Punishment type	Recidivism	
	Punishment group	Comparison group
Drug testing (7)	16.7%	17.1%
Electronic monitoring (8)	7.1%	9.9%
Fine (5)	29.5%	22.6%
Intermittent incarceration (38)	31.5%	30.5%
Restitution (19)	36.1%	41.9%
Scared straight (15)	30.5%	29.5%
Incarceration (46)	25.4%	22.8%
Total (138)	27.8%	27.2%

Summing across all seven types of punishment, we find that the recidivism rates for the two groups are virtually identical (27.8% versus 27.2%), with an average effect size of $r = .00$. Indeed, the punishment (restitution) that produced the best result ($r = .06$) is four times less effective than the 1995 appropriate treatment group in Table 1.

Principles of effective intervention

Some caveats should be noted in reading this information. Most of these principles are drawn from the meta-analyses, which are not infallible. There is variation between the meta-analyses in terms of methodology and literature surveyed, and disagreement over some issues (such as setting effects).¹³ The meta-analyses also did not address several program issues, but this is mainly due to the inadequacy of the original literature.

No doubt, as new data on program effectiveness are produced, a few of the following principles will be revised and some additional principles will emerge. In drawing up these principles, we have relied on several key meta-analyses/reviews of meta-analyses,

as well as narrative reviews, selected experimental studies and clinical wisdom.¹⁴

i) Assessment factors

Offender risk factors should be assessed using an actuarial method (such as the LSI-R) with proven predictive validity for recidivism. The risk measure should be based on local norms and should assess a variety of static (such as age) and dynamic (such as criminogenic need) risk factors. Higher-risk offenders should be identified and assigned to the more intensive levels of treatment.

ii) Treatment characteristics

Treatment should be based on behavioural strategies (such as radical behavioural, social learning, cognitive behavioural or skill building) and preferably located in the offender's natural environment. The treatment dosage should be substantial (at least three to four months or 100 hours of direct service), and daily contact is desirable.

Treatment should be multi-model, emphasize positive reinforcement contingencies, and be individualized whenever possible. Treatment should target criminogenic needs, and should be designed to match the characteristics of the offender, the therapists and the program in such a way as to motivate the offender to participate and provide optimal conditions for learning pro-social behaviours.

Finally, the treatment should be designed to provide continuing assistance/aftercare to the offender once the formal phase of treatment ends.

iii) System factors

Effective program implementation is necessary for program sustainability and integrity. Some relevant factors in this area are that the program designer/director has professional credibility, prepares a strong curriculum, and conducts staff training and program evaluation. The program should be supported by administration, line staff and external stakeholders, and funding must be adequate and internally generated.

Staff must have appropriate training, experience and counselling skills (such as clarity, empathy, the ability to be firm and fair, and problem solving abilities). Technology transfer should be encouraged by ongoing

staff training on relevant theoretical, assessment and treatment developments, supporting the use of responsible professional discretion in making changes to program components, and the improvement of staff clinical skills through the periodic monitoring of therapeutic sessions.

To ensure effective case management, changes in offender criminogenic need factors must be monitored while the offender completes the program. Additionally, post-program client outcome must be gathered to determine whether changes are needed to program modalities.

Finally, the treatment unit should pursue advocacy/brokerage of services under the condition that a thorough assessment is made of the adequacy of those services.

Optimal results

As noted previously, the average reduction in recidivism for appropriate treatments is in the 25% to 30% range. Nevertheless, we can expect even better results under conditions of optimal therapeutic integrity. Therapeutic integrity consists of several dozen elements.¹⁵ Essentially, it means that programs not only fit the "appropriate" definition, but have an evaluator/program designer who is very well versed in behavioural interventions, and well qualified and trained clinical staff who provide a very intensive service.

In the case of prison-based programs that fall within the minimum criteria of the appropriate category (such as behavioural treatment), reductions in recidivism of about 5% to 16% are the norm.¹⁶ Prison programs with, in our opinion, a great deal of therapeutic integrity, can produce reductions in recidivism in the range of 20% to 35%. Two such current programs are the Rideau Correctional Centre anger management and relapse prevention program (see the Marquis article in this issue) and the Stay'n Out substance abuse program.¹⁷

With regard to contemporary community-based interventions, the Ohio and South Carolina programs¹⁸ for high risk-juveniles are especially noteworthy. Reductions in recidivism of at least 30% are typical of these programs. In one South Carolina comparison, a 50% reduction was reported. In addition, the South Carolina group is replicating their program results in several other jurisdictions.¹⁹ One of the truly impressive features of these programs is that they are multi-faceted. They are also based in the offenders' natural environment (home, peers, school). In short, they adhere to a social ecological model²⁰ of human behaviour. We are confident that this model will continue to generate the most robust and generalizable results, attesting to the effectiveness of offender rehabilitation. ■

¹ P.O. Box 5050, Saint John, New Brunswick E2L 4L5.

² 55 Union Street, Mercantile Centre, Saint John, New Brunswick E2L 5B7.

³ P. Gendreau and R. R. Ross, "Effective correctional treatment: Bibliotherapy for cynics," *Crime and Delinquency*, 25, 4 (1979): 463-489.

⁴ F. Lösel, "Increasing consensus in the evaluation of offender rehabilitation? Lessons from recent research syntheses," *Psychology, Crime & Law*, 2 (1995): 19-39.

⁵ See the Binomial Effect Size Display in R. Rosenthal, *Meta-analytic Procedures for Social Research* (Newbury Park: Sage Publications, 1991).

⁶ Lösel, "Increasing consensus in the evaluation of offender rehabilitation? Lessons from recent research syntheses." See also Rosenthal, *Meta-analytic Procedures for Social Research*. And see F. Lösel, "The efficacy of correctional treatment: A review and synthesis of meta-evaluations," *What Works: Reducing Reoffending*, J. McGuire, Ed. (Chichester: John Wiley & Sons, 1995): 79-114.

⁷ P. Gendreau and R. R. Ross, "Correctional treatment: Some recommendations for effective intervention," *Juvenile and Family Court Journal* (1983-1984): 31-39. See also P. Gendreau, "The principles of effective intervention with offenders," *Choosing Correctional Options that Work: Defining the Demand and Evaluating the Supply*, A. T. Harland, Ed. (Thousand Oaks: Sage Publications, 1996): 117-130.

⁸ The 1990 and 1995 meta-analyses were completed by Don Andrews and colleagues. See D. A. Andrews, I. Zinger, R. D. Hoge, J. Bonta, P. Gendreau and F. T. Cullen, "Does correctional treatment work? A clinically relevant and psychologically informed meta-analysis," *Criminology*, 28 (1990): 369-404. The 1995 dataset was presented at the American Society of Criminology Conference, Boston, 1995, and was discussed in personal communication, 1996.

⁹ Andrews' inappropriate category does not include sanctions or what are commonly known as "punishing smarter" strategies. We address the efficacy of this type of intervention separately.

- ¹⁰ The shrinkage is due to the fact that some of the newer studies were institutionally based and the evaluator was not involved in the design of the program. There are still a few studies to be added to the 1995 database, most of which have proven quite effective.
- ¹¹ M. W. Lipsey and D. B. Wilson, "The Efficacy of Psychological Educational and Behavioural Treatment: Confirmation from Meta-Analysis," *American Psychologist*, 48 (1993): 1181-1209.
- ¹² Gendreau and Ross, "Effective Correctional Treatment: Bibliotherapy for Cynics."
- ¹³ Lösel, "Increasing consensus in the evaluation of offender rehabilitation: Lessons from recent research syntheses." See also Lösel, "The efficacy of correctional treatment: A review and synthesis of meta-evaluations."
- ¹⁴ Lösel, "Increasing consensus in the evaluation of offender rehabilitation: Lessons from recent research syntheses." See also Gendreau and Ross, "Correctional treatment: Some recommendations for effective intervention." And see Andrews, Zinger, Hoge, Bonta, Gendreau and Cullen, "Does correctional treatment work? A clinically relevant and psychologically informed meta-analysis." And see D. A. Andrews, "The psychology of criminal conduct and effective treatment," *What Works: Reducing Reoffending*, J. McGuire, Ed. (New York: John Wiley & Sons, 1995). And see P. Gendreau and D. A. Andrews, "Tertiary prevention: What the meta-analysis of the offender treatment literature tells us about what works," *Canadian Journal of Criminology* (In press). And see T. Palmer, "Programmatic and nonprogrammatic aspects of successful intervention: New directions for research," *Crime and Delinquency*, 41, 1 (1995): 100-131.
- ¹⁵ P. Gendreau and D. A. Andrews, *Correctional Program Assessment Inventory (CPAI)*, Sixth Edition, 1996.
- ¹⁶ Lösel, "Increasing consensus in the evaluation of offender rehabilitation? Lessons from recent research syntheses."
- ¹⁷ D. S. Lipton, "Prison-based therapeutic communities: Their success with drug-abusing offenders," *National Institute of Justice Journal*, 230 (1996): 12-20.
- ¹⁸ D. A. Gordon, "Functional family therapy for delinquents," *Going Straight: Effective Delinquency Prevention and Offender Rehabilitation*, R. R. Ross, D. H. Antonowicz and G. K. Dhaliwal, Eds. (Ottawa: Air Training and Publications, 1995): 163-178. See also C. M. Borduin, B. J. Mann, L. T. Cone, S. W. Henggeler, B. R. Fucci, D. M. Blaske and R. A. Williams, "Multisystemic treatment of serious juvenile offenders: Long-term prevention of criminality and violence," *Journal of Consulting and Clinical Psychology*, 63, 4 (1995): 569-578.
- ¹⁹ S. Henggeler, personal correspondence, December 27, 1995.
- ²⁰ U. Bronfenbrenner, *The Ecology of Human Development: Experiments by Nature and Design* (Cambridge: Harvard University Press, 1979).

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"Sector Sound Bites," sponsored by National Headquarters' Correctional Research and Development Sector, are regular noon hour information sessions that keep NHQ staff updated on developments in the Correctional Service of Canada. All staff are invited to present on a topic relevant to their work that they think may be of interest to their co-workers.

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Criminal recidivism is predictable and can be influenced: An update

by Don A. Andrews¹

Department of Psychology, Carleton University

This is a follow-up to an article published in a 1989 issue of *Forum on Corrections Research*.² The 1989 article explored how research on risk, need and other offender characteristics may contribute to the efficient management of offender sentences, as well as to reductions in offender recidivism.

The 1989 article argued that correctional treatment services should be reserved for higher-risk offenders, and that lower-risk offenders do as well (or better) with minimal service.

The article also asserted that treatment should match offender criminogenic need. Criminogenic needs are characteristics that, when influenced, are associated with changes in the chance of recidivism. Treatment tends to be more effective when reduced criminogenic need is set as an intermediate objective.

Finally, the article emphasized that treatment should also match the attributes and circumstances of each specific offender.

This article updates these three major issues in the prediction of criminality and effective offender treatment. The goal is to clarify where knowledge and practice have taken us during the last seven years, and to indicate where things are likely to move in the future.

The risk principle

The risk principle is so obvious that it hardly needs to be stated, yet so subtle that it must be emphasized. In short, the principle argues that treatment tends to have a greater impact on higher-risk offenders. Lower-risk offenders often have less to gain from treatment.

Despite the apparent logic of this concept, the belief persists that treatment is effective only (if ever) with lower-risk offenders.

Psychologists and other service professionals often insinuate that treatment works only for the young, affluent, anxious, attractive, verbal, intelligent and socially successful.

Developments since 1989 have neither convincingly confirmed nor refuted the risk principle, although recent in-depth meta-analysis research³ supports it. This research

revealed that offender treatment resulted in greater delinquency reductions for higher-risk young offenders than for lower-risk offenders.

However, two separate studies concluded that lower-risk offenders have a similar,⁴ if not greater,⁵ response to treatment than higher-risk offenders. These researchers did, however, point out that the lower-risk Correctional Service of Canada offenders in their study might have been classified as higher-risk offenders in a sample of provincially incarcerated offenders.

These varying results suggest that the risk principle should remain a research priority. To that end, a sample of 294 tests and treatments was used to test the principle.⁶ Within this sample, treatment provided in accordance with the risk principle produced greater results among higher-risk offenders (categorized as such because of the extent of their involvement in the correctional system or because of their criminal record) than among lower-risk offenders (see Table 1).

Table 1

Risk Level and Treatment Effects	
Offender risk-level group	Impact of appropriate treatment on recidivism*
Lower-risk offenders	0.11
Higher-risk offenders	0.26
Most offenders did not have a criminal record	0.15
Most offenders had a criminal record	0.26

* = This number reflects the difference in recidivism rates between offenders in the group who received treatment and those who did not. The greater the number, the greater the recidivism reduction for the offenders who received treatment.

Risk/need factors

During the last seven years, progress has been made in understanding risk assessment issues.

For example, meta-analysis research⁷ supports the classification of risk factors as either major or minor (see Table 2).

Table 2

Major and Minor Offender Risk Factors**Major risk factors**

Antisocial attitudes, values, beliefs, rationalizations and cognitive-emotional states (such as anger, resentment, defiance or despair).

Antisocial associates.

A history of antisocial behaviour.

Temperamentally aggressive, callous, egocentric, impulsive, psychopathic, weak socialization, problem-solving or self-management skills.

General problems at home, school, work or leisure.

Minor risk factors

Lower-class origins.

Personal distress indicators.

Biological and neuropsychological factors.

Major risk factors include the "big four" — antisocial cognitions, antisocial associates, antisocial personality complex and a history of antisocial behaviour. The importance of these characteristics has pushed current theory toward a general social psychology theory of human behaviour that focuses on the importance of social learning.⁸

Research results supporting the validity of risk/needs assessment instruments have increased dramatically in recent years. As a result, several principles have been identified as enhancing the predictive accuracy of risk/needs assessment instruments (see Table 3). For example, comprehensive assessment instruments that incorporate dynamic need factors tend to have greater predictive accuracy than historical risk scales.⁹

Finally, the volume of research on dynamic risk factors is limited compared with the wealth of general evidence on risk factors. Therefore, theory and research continue to support the promising and less-promising rehabilitation targets outlined in 1989.

Responsivity

The risk principle helps in deciding who might profit most from intensive programming, while the need principle suggests appropriate targets for such programming. Responsivity has to do with choosing the most appropriate mode of service.

Apart from evidence of the ineffectiveness of deterrence-based programming¹⁰ and of the positive effect of cognitive-behavioural approaches with sex offenders,¹¹ few advances have been made in this area since 1989. However, recent work on offender motivation for treatment may yet prove to be extremely important.¹²

The best modes of service still appear to be behavioural, with a focus on cognitive behaviour and social learning. This type of approach can involve techniques such as modelling, role playing and concrete verbal suggestions.

However, some offenders may respond to less structured and more relationship-dependent service. Possible responsibility factors, such as gender, age, psychopathy and motivation, should be systematically studied.

Now and then ...

My 1989 article concluded by recognizing that its assertions were not universally accepted. This is still true. In fact, pockets of anti-psychology bias may have increased in recent years.¹³

However, an academic movement that characterizes the punishment agenda as harmful is clearly building.¹⁴

Table 3

Maximizing the Predictive Accuracy of Offender Risk/Needs Assessment

1. Standardized and structured risk assessments are more valuable than those based on unstructured professional or clinical judgment. Professional discretion is helpful, but in combination with systematic assessment.
2. The best risk assessment instruments measure the presence of several major risk factors. However, even a composite measure of minor risk factors will not maximize predictive accuracy.
3. Staff training, management support, professional standards and ongoing clinical supervision also affect the reliability and consistency of risk assessment.
4. Risk assessment should rely on more than one information source.
5. Broadly assess reoffending through the use of longer follow-up periods and different measures of reoffending.
6. Assess both fixed and dynamic risk factors, and reassess these factors periodically to detect any changes in risk.
7. False positive and negative errors can be influenced by the careful selection and cross-validation of the scores used to separate lower- and higher-risk offender groups.

Evidence of this shift includes new Correctional Service of Canada and National Parole Board core training programs, U.S. Department of Justice "what works" training and consultation efforts, International Community Corrections Association research consensus conferences,¹⁵ the American Probation and Parole Association's endorsement of an intensive treatment model,¹⁶ special offender treatment editions of mainstream academic journals,¹⁷ and the publication of several evidence-based books on offender assessment and treatment.¹⁸

It is also now clear that, although small samples and evaluator involvement in the design and delivery of programming tend to

enhance treatment effects, there is no evidence that the positive effects of clinically appropriate service can be dismissed or discounted by methodological or measurement problems.¹⁹

Therefore, the evidentiary support for offender programming has not lessened since 1989. There is still solid research on which to base offender assessment and programming efforts, although the empirical tradition demands that respect for established findings be tempered by a healthy scepticism. Research must, therefore, continue in all areas of offender treatment. ■

¹ 1125 Colonel By Drive, Ottawa, Ontario K1S 5B6.

² D. A. Andrews, "Recidivism is predictable and can be influenced: Using risk assessments to reduce recidivism," *Forum on Corrections Research*, 1, 2 (1989): 11-18.

³ M. W. Lipsey, "What do we learn from 400 research studies on the effectiveness of treatment with juvenile delinquents?" *What Works: Reducing Reoffending*, J. McGuire, Ed. (Chichester: John Wiley & Sons, 1995): 63-78.

⁴ D. Antonowicz and R. R. Ross, "Essential components of successful rehabilitation programs for offenders," *International Journal of Offender Therapy and Comparative Criminology*, 38, (1994): 97-104.

⁵ D. Robinson, *The Impact of Cognitive Skills Training on Post-release Recidivism Among Canadian Federal Offenders* (Ottawa: Correctional Service of Canada, 1995).

⁶ D. A. Andrews, *Toward the Expanded Meta-analysis: Theoretical Issues*, Paper presented at the American Society of Criminology meetings, Boston, 1995.

⁷ P. Gendreau and T. Little, *A Meta-analysis of the Predictors of Adult Offender Recidivism: Assessment Guidelines for Classification and Treatment* (Ottawa: Solicitor General of Canada, 1994). See also L. Simourd and D. A. Andrews, "Correlates of delinquency: A look at gender differences," *Forum on Corrections Research*, 6, 1 (1994): 32-35.

⁸ D. A. Andrews and J. Bonta, *The Psychology of Criminal Conduct* (Cincinnati: Anderson, 1994). See also R. Agnew, "Foundation for a general strain theory of crime and delinquency," *Criminology*, 30 (1992): 47-87. And see R. Paternoster and A. Piquero, "Reconceptualizing deterrence: An empirical test of personal and vicarious experiences," *Journal of Research in Crime and Delinquency*, 32 (1995): 251-286.

⁹ Gendreau and Little, *A Meta-analysis of the Predictors of Adult Offender Recidivism: Assessment Guidelines for Classification and Treatment*.

¹⁰ See the Gendreau article in this issue.

¹¹ HALL G., "Sex offender recidivism revisited: A meta-analysis of recent treatment studies," *Journal of Clinical and Consulting Psychology*, 63 (1995): 802-809.

¹² C. C. DiClemente, "Motivational interviewing and the stages of change," *Motivational Interviewing: Preparing People to Change Addictive Behavior*, W. R. Miller and S. Rollnick, Eds. (New York: Guilford Press, 1991).

¹³ C. H. Logan, G. G. Gaes, M. Harer, C. A. Innes, L. Karaacki and W. G. Saylor, *Can Meta-analysis Save Correctional Rehabilitation?* (Washington: Federal Bureau of Prisons, 1994). Recent political calls for increased offender punishment also reflect this anti-treatment bias.

¹⁴ T. R. Clear, *Harm in American Penology: Offenders, Victims and their Communities* (Albany: State University of New York Press, 1994). See also F. T. Cullen, "Assessing the penal harm movement," *Journal of Research in Crime and Delinquency*, 32 (1995): 338-358.

¹⁵ A. T. Harland, Ed., *Choosing Correctional Options that Work: Defining the Demand and Evaluating the Supply* (Thousand Oaks: Sage, 1996).

¹⁶ B. Fulton, P. Gendreau and M. Pappozzi, "APPA's Prototypical Intensive Supervision Program: As it was meant to be," *Perspectives*, 19 (1995): 25-42.

¹⁷ Garwick, 1996.

¹⁸ Andrews and Bonta, *The Psychology of Criminal Conduct*. See also C. R. Hollin and K. Howells, *Clinical Approaches to Working with Young Offenders* (Chichester: John Wiley & Sons, 1996). And see T. A. Leis, L. L. Motiuk and J. R. P. Ogloff, *Forensic Psychology: Policy and Practice in Corrections* (Ottawa: Correctional Service Canada, 1995). And see J. McGuire, *What Works: Reducing Reoffending* (Chichester: John Wiley & Sons, 1995).

¹⁹ M. W. Lipsey, *Juvenile Delinquency Treatment: A Meta-analytic Inquiry into Variability of Effects*, Report to the Research Synthesis Committee of the Russell Sage Foundation, 1990. See also Lipsey, "What do we learn from 400 research studies on the effectiveness of treatment with juvenile delinquents?" And see Andrews, *Toward the Expanded Meta-analysis: Theoretical Issues*.

Strategies for enhancing the treatment of violent offenders

by *Ralph Serin*¹ and *Shelley Brown*

Correctional Research and Development, Correctional Service of Canada

The identification and management of adult violent offenders has received considerable recent attention. The assessment and treatment of violent offenders should, therefore, be a major correctional focus. However, much of the work in this area has focused on the prediction and characteristics of violent offenders.²

In fact, there are few controlled studies of the effectiveness of treatment with violent non-sexual offenders. There is growing research on domestic abuse and family violence, but that is a separate subject.³

This article will, therefore, review the best practices in the treatment of violent offenders. Within this framework, the article will examine both traditional and emerging approaches to the treatment of such offenders.

Offender programming

Recent research has concluded that appropriate offender treatment can reduce offender recidivism,⁴ although these studies do not distinguish between violent and nonviolent offenders. "Appropriate" treatment is highly structured, behavioural or cognitive-behavioural, and responsive to risk/need principles.⁵ Program effectiveness is further improved by sustained treatment integrity, qualified and dedicated staff, and a hospitable setting.⁶

The following concepts are also crucial to effective offender programming:

- the role of diagnosis (for example, Antisocial Personality Disorder and substance abuse are overrepresented);
- recognition of offenders as individuals (heterogeneity issue);
- treatment targets (problems vs. symptoms);

- multi-method measurement of treatment gain;
- responsivity factors; and
- treatment duration and intensity.

Violent offenders

Violent offenders are distinguished by the injuries they cause, their motivation for violence, the types of events and emotions that cause them to offend, the culpability they accept, the characteristics of their offences, their risk and need levels, and their motivation for treatment.⁷ They also differ as to the degree of planning involved in their violent crimes, their histories of violent and nonviolent crime, and their mental status.

Like most offender "types," violent offenders vary widely and no single program can be expected to meet all their needs. Therefore, treatment gain should be assessed in a variety of ways, offender motivation/readiness for treatment should be evaluated,⁸ and responsivity factors such as psychopathy should be considered.⁹ Programming should also be of varying intensity to address the range and pervasiveness of these offenders' needs.

The research base

The treatment of violent offenders has been plagued by methodological limitations, such as offender self-reported treatment needs and gains, a lack of control groups, the absence of follow-up data, a lack of clearly specified admission or selection criteria, and the failure to link treatment to a conceptual model of violence.

Like most offender "types," violent offenders vary widely and no single program can be expected to meet all their needs. Therefore, treatment gain should be assessed in a variety of ways, offender motivation/readiness for treatment should be evaluated, and responsivity factors such as psychopathy should be considered.

While the data collected have generally been promising in terms of within-treatment effects, the impact on recidivism rates appears minimal (see Table 1). This research also illustrates that anger control is the most prominent treatment approach and that diagnosis is generally limited in its usefulness in identifying treatment targets.

The traditional approach

So far, the treatment of violent offenders has focused on anger control. This approach

conceptualizes violence as resulting from an offender's inability to identify and manage anger. The cognitive aspect is therefore emphasized in treatment, as is improved assertiveness and communication skills. Relapse prevention has also recently been incorporated into this process.¹⁰

It is unclear whether violent offenders have specific offence cycles like sex offenders and addicts. Regardless, this strategy facilitates the identification of high-risk situations and emotions.

Table 1

A Summary of the Research on the Treatment of Adult Violent Offenders

Study	Sample	Characteristics	Evaluation	Outcome
Rokach (1987)	51 treated incarcerated male offenders and 44 control-group offenders with violent criminal histories and self-reported anger problems	Anger management, cognitive-behavioural, short term (27 hours), group format	Non-random referrals, partially matched control group, pre/post-test self-reports, non-blind post-treatment interviews	Positive within-treatment effects, no recidivism data
Stermac (1987)	Offenders remanded for psychiatric assessment: 20 treated and 20 not, all with anger problems	Anger management, cognitive-behavioural, short term (12 hours), group format	Randomly assigned, control group, pre/post self-report measures	Some positive within-treatment effects, no recidivism data
Kennedy (1990)	Provincially incarcerated male offenders referred for anger management, 19 treated and 18 not	Anger management, cognitive-behavioural, short term (60 hours), group format	Non-random unmatched control group, pre/post self-reports, blind behavioural role-play ratings, 2-month follow-up of institutional misconduct	Positive within treatment effects, mixed findings on institutional misconduct
Rice, Harris and Cormier (1992)	176 treated mentally disordered male offenders and 146 matched control-group offenders with violent histories	Intensive 2-year therapeutic community therapy, group therapy, 80 hours per week	Non-random, matched control group, retrospective 10-year follow-up measuring general/violent recidivism	Overall, significant treatment effects
Hughes (1993)	Federally incarcerated male offenders: 52 treated and 27 not, all with violent criminal histories	Cognitive-behavioural, anger management, short term (24 hours), group format	Referrals, non-random, unmatched control group, pre/post self-reports, role plays, coping ability ratings, 4-year follow-up assessing time to re-arrest, and recidivism	Positive within-recidivism effects, mixed results as to recidivism
Hunter (1993)	Federally incarcerated male offenders: 28 treated, 27 not, all with violent histories	Cognitive-behavioural anger management, short term (10 weeks), group format institutional misconduct	Non-random, unmatched waiting list control group, pre/post self-reports, 2-month follow-up of	Positive within- and post-treatment effects
Smiley, Mulloy and Brown (1995)	134 treated federally incarcerated male offenders with a violent index offence, 14,500 control-group offenders	Cognitive-behavioural violent offender personality-disorder program, group format, 8 months	Non-random, control group not matched, unspecified follow-up period, recidivism defined as failure on conditional release	No post-treatment effects

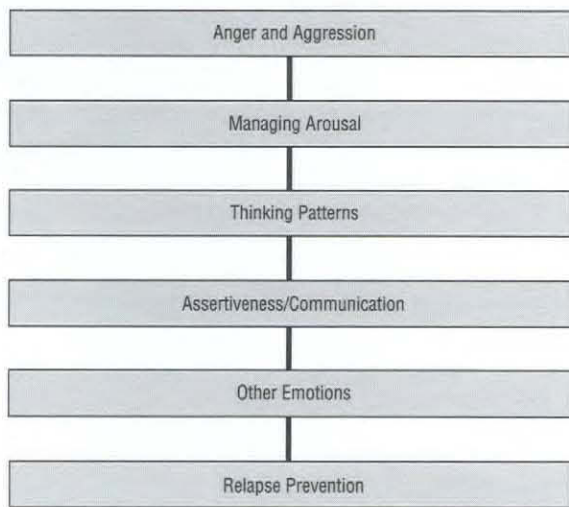
Please note that this table is merely an attempt to present a summary. It is not an attempt to list all important research in this area.

The assumption that all violent offenders must be angry typifies the traditional approach to treating these offenders. This is not unlike the assumption that all sex offenders have deviant sexual interests. However, we now know that deviant sexual preference is but one treatment target for sex offenders.¹¹ Assertiveness and social skills training have, therefore, been recently added to the treatment of violent offenders.¹²

Despite this change, researchers are speculating that increased emphasis on aggressive beliefs and impulsivity may produce better results.¹³

Figure 1

Anger Management Approach to Treating Violent Offenders



An alternative approach

Developmental research on aggressive children has identified information-processing problems as an important treatment target.¹⁴ This approach may be equally relevant for violent adults. It assumes that violent offenders have problems with social-cognitive skills such as problem solving, hostility toward others and self-regulation, and that these deficits lead to violence in conflict situations.

This model focuses on the fact that these offenders tend to have "self-schemas" about aggression because of their violent histories. These schemas evolve over time and are affected by arousal, problem-solving deficits, beliefs about violent behaviour and impulsivity.

As such, treatment must target the factors that affect the offender's hostile schema, such as aggressive beliefs and attitudes.

This approach has produced promising results in the treatment of violent juveniles.¹⁵ For adult offenders, an alternative treatment approach of this type should emphasize that:

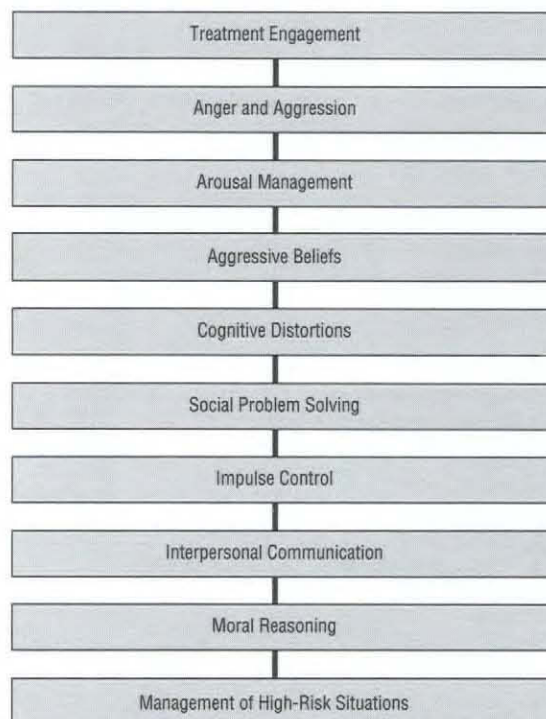
- hostile schemas contribute to violent behaviour by distorting offender goals and expectancies in conflict situations; violent offenders lack problem-solving skills;
- schemas are affected by aggressive beliefs that elicit and sustain violence; and
- impulsivity and arousal further contribute to violence, although this varies by offender.

Discussion

What does all this mean to the development and delivery of programming for violent offenders? There seem to be two possible treatment approaches, both of which have yielded optimistic preliminary results (although the samples used were small and sometimes included individuals who were not incarcerated).

Figure 2

Information-Processing Approach to Treating Violent Offenders



The Anger and Emotions Management Program, a component of Correctional Service of Canada cognitive skills training, typifies the anger control approach (see Figure 1). The Service has also developed a Cognitive Mediation Program that incorporates the information-processing/problem-solving approach (see Figure 2).

An initiative is currently under way to address the methodological shortcomings of the earlier research and to evaluate the relative effectiveness of these approaches with persistently violent offenders. Offenders will be randomly assigned to one of the treatment approaches and multi-method assessment will be used to assess any treatment gains.¹⁶ ■

- ¹ National Headquarters c/o Joyceville Institution, P.O. Box 880, Kingston, Ontario K7L 4X9.
- ² S. Hodgins, *Mental Disorder and Crime* (Newbury Park: Sage Publications, 1993). See also J. Monahan and H. J. Steadman, *Violence and Mental Disorder: Developments in Risk Assessment* (Chicago: University of Chicago Press, 1994).
- ³ D. G. Dutton, *The Batterer: A Psychological Profile* (New York: Basic Books, 1995). See also *Forum on Corrections Research*, 7, 2 (1995). This paper will, therefore, limit itself to the treatment of persistent, non-sexually violent offenders whose violence is not restricted to partners or family members.
- ⁴ G. T. Harris and M. E. Rice, "Mentally disordered offenders: What research says about effective service," *IARCA Journal*, 5 (1995): 21-23. M. E. Rice and G. T. Harris, *Treatment for Prisoners with Mental Disorder*, Research Report X-2 (Penetanguishene: Mental Health Centre, 1993). And see M. E. Rice, G. T. Harris, V. L. Quinsey and M. Cyr, "Planning treatment programs in secure psychiatric facilities," *Law and Mental Health: International Perspectives*, D. N. Weisstub, Ed. (New York: Pergamon Press, 1990): 162-230. And see M. E. Rice, G. T. Harris, V. L. Quinsey and C. Lang, "Treatment of forensic patients," *Mental Health and Law: Research, Policy, and Practice*, B. Sales and S. Shah, Eds. (In press). And see P. Gendreau, T. Little and C. Goggin, *A Meta-analysis of the Predictors of Adult Offender Recidivism: Assessment Guidelines for Classification and Treatment* (Ottawa: Solicitor General Canada, 1995).
- ⁵ P. Gendreau, "The principles of effective intervention with offenders," *Choosing Correctional Options that Work: Defining the Demand and Evaluating the Supply*, A. T. Harland, Ed. (Thousand Oaks: Sage Publications, 1996): 117-130.
- ⁶ Rice and Harris, *Treatment for Prisoners with Mental Disorder*.
- ⁷ R. Blackburn, *The Psychology of Criminal Conduct* (Chichester: John Wiley & Sons, 1993). See also R. C. Serin, *Treating Violent Offenders: A Review of Current Practices*,

- Research Report R-38 (Ottawa: Correctional Service of Canada, 1994).
- ⁸ W. R. Miller and S. Rollnick, *Motivational Interviewing: Preparing People to Change Addictive Behaviour* (New York: Guilford Press, 1991).
- ⁹ Harris and Rice, "Mentally disordered offenders: What research says about effective service." See also R. C. Serin, "Treatment responsibility in criminal psychopaths," *Forum on Corrections Research*, 7, 3 (1995): 23-26.
- ¹⁰ P. Prigrove, "A relapse prevention approach to reducing aggressive behavior," *Serious Violent Offenders: Sentencing, Psychiatry and Law Reform*, S. A. Gerrull and W. Lucas, Eds. (Canberra: Australian Institute of Criminology, 1993).
- ¹¹ *Forum on Corrections Research*, 8, 2 (1996).
- ¹² M. Henderson and C. R. Hollin, "Social skills training and delinquency," *Handbook of Social Skills Training (Vol. 1): Applications Across the Life Span*, C. R. Hollin and P. Trower, Eds. (Oxford: Pergamon, 1986).
- ¹³ Serin, "Treatment responsibility in criminal psychopaths." See also R. C. Serin and M. Kuriyuchuk, "Social and cognitive processing deficits in violent offenders: Implications for treatment," *International Journal of Law and Psychiatry*, 17 (1994): 431-441.
- ¹⁴ R. G. Slaby and N. G. Guerra, "Cognitive mediators of aggression in adolescent offenders: Assessment," *Developmental Psychology*, 24 (1988): 580-588.
- ¹⁵ N. G. Guerra and R. G. Slaby, "Cognitive mediators of aggression in adolescent offenders: Intervention," *Developmental Psychology*, 26 (1990): 269-277.
- ¹⁶ For more detailed information, see *Persistently Violent (Non-sexual) Offenders: A Program Proposal* (Ottawa: Correctional Service of Canada, 1995).

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Factors associated with successful re-integration of Aboriginal offenders into the community

by Maggie Hodgson and Doug Heckbert¹
Nechi Institute on Alcohol and Drug Education

A boriginal leaders and justice officials are aware of the over-representation of Aboriginal persons in the criminal justice system. Aboriginal offenders frequently seem to be in conflict with the law earlier in their lives for longer periods of time for more serious crimes than non-Aboriginal offenders. However, many Aboriginal offenders do turn their lives around and become law-abiding citizens.

This article summarizes a recent exploratory study that examined the lifestyles of some Aboriginal offenders who successfully re-entered the community. These offenders all shared several common characteristics, which are important indicators that can be used actively to help Aboriginal offenders become law-abiding citizens.

Methodology

Many researchers, writers and criminal justice officials have documented the extensive over-representation of Aboriginal persons in all areas of the criminal justice system — from involvement with the police to court appearances to correctional populations.² Aboriginal persons also tend to be disadvantaged in areas such as employment, education and health.

The Nechi Institute on Alcohol and Drug Education therefore believed that Aboriginal offenders who have successfully re-entered society have an important story to tell, and decided to research the lifestyles of Aboriginal offenders who became law-abiding citizens. This research was to systematically document the personal qualities, community resources, family relationships and correctional interventions that positively affected these offenders.

A sample of 20 Aboriginal offenders (3 women and 17 men) was selected. Each of these individuals had either a serious and extensive criminal record or had served a sentence of five years or longer. All were now back in the community and had not been in further serious conflict with the law for at least two years.

The offenders ranged from in age 32 to 53. Their criminal records included minor offences such as illegal possession of alcohol, and serious offences such as theft, assault and robbery. Many had convictions for drug offences. The most serious offences were manslaughter and murder.

Relatively unstructured personal interviews allowed the offenders to tell their stories about growing up, getting into trouble, getting out of trouble and staying out of trouble. The interviews were taped and transcribed, and the contents were analysed to identify factors that positively affected their efforts to develop a law-abiding lifestyle.

The early years

The offenders' early experiences varied widely. Most reported some good times, including a close family, strong cultural ties and supportive communities. The good times did not, however, last long. These offenders experienced the devastation of residential schools, alcoholism in their families and communities, violent deaths, family breakdown, poverty, suicide and neglect.

As a result, these offenders tended to lose their self-confidence and self-esteem at a young age, and felt that their Aboriginal identity was threatened. The formative years were turbulent for most of the people in the study.

Getting into trouble

Although their explanations for getting into trouble were equally diverse, all the offenders mentioned alcohol or drug abuse. Some drank or used drugs to mask the pain of violent and abusive relationships. Substance abuse also seemed to help many cope with the pain associated with family breakdown, racism, death and neglect.

Most of the sample lived in a violent subculture. They learned about violence at home, at school and in the community. Some exploded in anger, rage and bitterness, and fought their families, friends, employers, teachers, police and correctional workers.

Many of the offenders also felt attacked because they were Aboriginal, which hurt their self-esteem and confidence. They, therefore, tended to rebel at the discrimination and racism they encountered. With few positive role models, many followed negative stereotypes.

At this point in their lives, the offenders generally did not feel good about themselves. They saw few alternatives to their situations, and did not hope to live any other way. They lost their individual and Aboriginal identity and became someone else — a drinker, a drug-user, a fighter, a tough con.

Getting out of trouble

How did these people change from being a danger to themselves and the community to being positive role models? In each case, a variety of positive influences impacted on their lives. Most of the offenders began to see the destruction caused by their substance abuse and decided to stop drinking and taking drugs. Alcoholics Anonymous meetings helped many who were in custody, and others attended Aboriginal treatment centres.

Sobriety helped the offenders to begin to feel good about themselves and spot new life paths. These paths were not easy to follow. A third of the offenders suffered relapses and some committed new offences. However, all of them gradually brought their drinking under control and, as they achieved sobriety, they stopped committing crimes.

Aboriginal Elders were important to many of the offenders. For some, an Elder rekindled their cultural awareness, and taught rules of conduct, values and beliefs that either had been lost or had never been learned. Other

Elders acted as counsellors, helping the offenders deal with problems such as the emotions and pain from their childhood.

The impact of the Elders was coupled with the positive effects of Aboriginal culture and spirituality, which apparently gave many of the offenders a sense of direction and a path to follow. The offenders took part in ceremonies in prison and in the community. They spoke about prayer and about faith — things that had not been in their lives for many years.

These offenders were also simply getting sick and tired of going in and out of prison. Many had begun to feel that they were wasting their time. This gnawed at them, pushing them to question their past actions. Old patterns were replaced by hopes for a better life.

The Native Brotherhood organizations in prisons also helped. These groups helped the offenders to feel comfortable with each other and avoid (for a while) the racial tensions of prison life.

Finally, some offenders were helped by correctional staff who were patient and tolerant; focused on potential instead of past actions; encouraged involvement in Aboriginal cultural activities; did things with them on their own time; served as positive role models; looked beyond the negative to the positive; challenged them to change their lives; and who talked with them, not at them.

Aboriginal staff were particularly influential in getting through to these offenders. However, these Aboriginal offenders had high expectations of Aboriginal staff. When the expectations were not met, any potential for positive impact was quickly lost.

In most cases, the rejuvenation process was gradual but noticeable. Over time, the offenders found a new way to live that allowed them to overcome personal, family and community problems. This empowered them with a personal sense of direction and

These offenders were also simply getting sick and tired of going in and out of prison. Many had begun to feel that they were wasting their time. This gnawed at them, pushing them to question their past actions.

equipped them with ways to relate positively with others. This, along with support, encouragement and reinforcement from family, friends and staff, paved a way for the offenders to successfully re-enter society.

Staying out of trouble

The most important influence on the offenders' ability to stay out of trouble was developing their spiritual and cultural identity. This involved taking part in activities such as sweat lodges, pipe ceremonies, drum groups, fasting, vision quests, prayer and healing circles.

The offenders all worked diligently at staying sober by attending Alcoholics Anonymous meetings and taking part in treatment programs. Some eventually relapsed for a time, but those who had been addicted knew they had to deliberately avoid drugs and alcohol.

The offenders also spoke about their strengthening personal identity and the importance of managing their lives. They talked about feeling happy, being humble and finding a place in life. They realized that it was their responsibility to stay crime-free — nobody else could do it for them. They had to learn to make the right choices.

Being able to help others was another influence that helped these offenders stay out of trouble. Many of the offenders took on a helping role such as counsellor, or volunteered in schools or community agencies.

It was also important to remain employed. A job provided not only income, but also satisfaction. The offenders were proud to be able to look after their families, and pay rent and bills. Education also helped. Personal development courses such as life skills and counsellor training were particularly helpful.

Many offenders expressed the need for therapy and other ways to deal with issues that interfered with their healing. The offenders turned to peers, Elders, psychologists, psychiatrists and other therapists for help with these issues. Families were very important to the offenders, particularly the support they received from them.

Finally, the offenders all spoke about personal responsibility. When they were getting into

trouble, they tended to see themselves as at the mercy of forces outside their control such as racism, substance abuse and poor role modelling. Now, however, they are confident and committed to making it on their own.

Discussion

Although this study is limited by its small sample, its relatively unstructured interview format and its method of analysis, its findings should help those working with Aboriginal offenders in the criminal justice system.

It is clearly important for such offenders to stop drinking and using drugs. The study also documented the positive impact of Aboriginal spirituality and culture on Aboriginal offenders. These two influences did much to transform hard-core offenders into law-abiding citizens.

This raises important implications for the training of non-Aboriginal staff. Do staff know about Aboriginal spirituality and culture? Do they recognize changes in the attitudes and behaviour of Aboriginal offenders that may be associated with becoming law-abiding persons? Do they understand the dysfunctional dynamics in Aboriginal families and communities?

Interestingly, none of the offenders ever used the word "rehabilitation." The closest they came was to describe their process of change as "healing." More research is needed into this concept as it applies to Aboriginal offenders.

Many people have wondered what can be done to reduce the over-representation of Aboriginal persons in the justice system. Some of the answers may rest in the concepts of healing, spirit and recovery. ■

¹ Box 34007, Kingsway Mall P.O., Edmonton, Alberta T5G 3G4.

² C. T. Griffiths and S. N. Verdun-Jones, *Canadian Criminal Justice* (Toronto: Harcourt Brace, 1994). See also R. A. Silverman and M. O. Nielsen, *Aboriginal Peoples and Canadian Criminal Justice* (Toronto: Butterworths, 1992). And see Task Force on the Criminal Justice System and its Impact on the Indian and Métis People of Alberta, *Justice on Trial* (Edmonton: Queen's Printer, 1991).

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