

# **TREATMENT REGIMES: THE NEED FOR CONSISTENCY**

by  
Donald G. Evans  
President  
Canadian Training Institute  
Toronto, Ontario, Canada

## **Introduction**

I would like to thank the organizers of this conference for the opportunity to participate in this worthwhile and timely discussion of major issues and challenges facing correctional systems today. The presentations and discussions, I am sure, will be both informative and instructive. It is my hope that my brief discussion of treatment regimes in prison settings, based on the experience of recent efforts in the Correctional Services of Canada will encourage your thoughtful consideration as we together struggle with ways and means to reduce the rate of re-offending on the part of released offenders.

In this presentation I intend to discuss, however briefly, the main characteristics of effective correctional programming, and look at three treatment regimes for specialized populations: sexual offenders, substance abusers and offenders with mental illnesses. The last example will also be used to demonstrate the need for consistency and the value of continuity of care (from prison to community supervision). However, before I start there are three observations I would like to make regarding the current situation of treatment regimes in corrections.

## **Observations**

If we are to avoid merely warehousing offenders our prison systems will need to offer a variety of programs geared to reducing the offenders' prospects of re-offending. These programs should be developed with a perspective that sees the continuation of the program in the community. Aftercare seems to have become a forgotten concept in corrections and needs to be reintroduced if significant gains are to be made in reducing re-offending. Better case management and supervision in community settings would enhance rather than detract from prison sentences. Prison systems will need to address a major concern, related to the lack of continuity and consistency in offender programming. Safe, secure custody is an imperative but corrections must do more than this if it is to promote public safety. Too often programs supportive of a prisoner's resocialization are commenced but not continued for a host of reasons including insufficient resources, lack of trained personnel, changes in leadership, or outright failure of leadership. If treatment regimes are to fulfill their promise there will need to be consistency in program efforts.

I would like now to turn to a discussion of what is meant by effective treatment regimes.

### **A. Effective Treatment Regimes**

A treatment regime is a structured intervention that addresses the factors directly linked to the offender's criminal behavior. Now, I am assuming that a major goal of the correctional system is to assist in the resocialization of offenders and their subsequent resettlement in the community as law-abiding citizens through the provision of programs in prisons and in the community. It is critically important that treatment regimes meet the identified needs of offenders and contribute to their successful resettlement in the community.

From the work done in Canada we can distill at least eight minimum characteristics of an effective treatment regime in both prison and community settings. They can be summarized as follows:

1. The use of an empirically-based model of change which facilitates a change in the offender's attitudes and behavior and is based on a theory supported by research.
2. The targeting of criminogenic factors that contributes directly to criminal behavior.
3. The deployment of effective methods of program delivery, including the statement of qualifications for treatment staff involved in the program.
4. A strong skills orientation in the program.
5. Attending to the issue of responsivity, this refers to the characteristics of offender's that have direct impact on how much benefit they will derive from the intervention.
6. Paying attention to program intensity, which means the scope, sequencing and duration of treatment related to the seriousness and persistence of the offender's risk and need.
7. Being cognizant of the need for continuity of care issues. This means that treatment gains made during imprisonment are reinforced and strengthened by intervention efforts in the community.
8. Providing for ongoing monitoring and evaluation of the treatment regimes.

This last item is extremely important and could include the following activities:

- rates of participation, completion, and reasons for non-compliance;
- assessment progress against program targets;
- the influence of responsivity factors;
- the participant's satisfaction with the program;
- the impact on institutional conduct and adjustment;
- rates of re-admission following release from prison;
- rates of re-offending following release from prison; and
- the cost-effectiveness of the treatment regime.

With this information as a background, let us turn now to a discussion of three examples of treatment regimes in the Canadian Correctional Service.

## **B. Examples of Treatment Regimes in Canada**

The legislative purpose of the correctional system in Canada is to assist the rehabilitation of offenders and their reintegration into the community as law-abiding citizens through the provision of programs in penitentiaries and in the community. The Canadian Correctional System is therefore responsible for providing programs that will meet the legislative aim of the Parliament of Canada.

All of the regimes used in the Correctional Service of Canada start with the three basic principles of effective correctional interventions, namely, risk, need and responsivity (Andrews and Bonta, 2006). These principles suggest the following:

- Risk: Treat only offenders who are likely to re-offend (moderate risk or higher).
- Need: Target criminogenic needs (needs that are likely to produce criminal behavior). Examples of criminogenic needs are: antisocial personality, antisocial associates, antisocial cognitions, low attachment to family/lovers, low engagement in education/employment, poor use of leisure time and abusing drugs or alcohol.
- Responsivity: Matching the treatment regime to the offenders' learning styles and culture.

These themes are repeated and modified in the following regimes that are geared to meeting the specific needs of sexual offenders, substance abusers and mentally ill offenders.

### **1. Regime for sex offenders**

In the Canadian system the following offenders are provided with an opportunity to be assessed for and to participate in sexual offender regimes:

- Offenders whose current conviction is for sexual offending.
- Offenders who have previously been convicted of sexual offending or have a history of sexual offending.
- Offenders whose current or past offences involved a sexual offence whether or not the latter resulted in a conviction.

### **Assessment**

The focus of assessment and treatment of sexual offenders relies on identifying the nature and pattern of behavior resulting in sexual offending and then developing strategies and tactics that might be used to reduce the risk of re-offending (Quinsey, 1998). In Canada the assessment of sexual offenders is a systematic and dynamic process that evaluates offenders throughout their sentence. Upon admission to the prison, a sexual offender will be given a specialized assessment which includes an evaluation of their history and development of sexual behavior, sexual preferences, attitudes and cognitive distortions, social competence, medical history, psychopathology, and prior assessment and treatment

results. To accomplish this variety of assessment methodologies and instruments are used in an integrated manner.

In this context, assessment determines the timing, focus, format and content of the treatment regime. Throughout the process the assessment focuses on the offender's risk, need, responsiveness, and capacity for treatment.

Earlier in this paper I addressed the components of criminogenic needs and now I want to show how, based on practice and research, we can fine tune these needs for sexual offending. The key criminogenic needs for sexual offenders comprise the following:

- Deviant sexual interests (for example, children, paraphilias).
- Sexual preoccupations
- Antisocial orientation (lifestyle instability, rule violation).
- Attitudes tolerant of sexual assault.
- Intimacy deficits (emotional identification with children, lack of stable love relationships).

## **Treatment**

In the Canadian Correctional System the treatment of sexual offenders is a therapeutic and semi-structured approach aimed at reducing the risk of re-offending through the use of effective self-management techniques. The regime deals with cognitive distortions, deviant arousal and fantasy, social competence, anger and emotion management, empathy, and victim awareness. These regimes tend to have a cognitive-behavioral basis and are delivered in group settings with individual intervention as necessary. The regimes emphasize the offenders need:

- To accept responsibility for their behavior
- To recognize the behavioral progression that preceded and followed their sexual offences.
- To identify situations which place them at risk of re-offending.
- To, with assistance from correctional staff, develop strategies to prevent a relapse and repeat offending.

The sexual offender regimes in Canada usually include components that deal with the following issues:

- Attitudes towards sexuality and relationships.
- Empathy enhancement and victim awareness.
- Anger and emotion management.
- Techniques to reduce or control deviant arousal and healthy self-management skills.

The overall approach places emphasis on reducing the risk of sexual offending through combining self-management and external control through supervision.

### **Duration and intensity**

Another dimension of the regime that needs to be clarified relates to the duration and intensity of the treatment. Regime intensity is linked to the offenders risk and need profile. For example, moderate to high needs are usually accommodated in an institutional setting where the regimes are longer and more intensive. Those offenders that are identified as having a lower risk and need classification tend to be matched with regimes of lower intensity and of shorter duration. These regimes are usually offered in either minimum-security prisons or while on community supervision. All offenders regardless of level of intensity are provided the opportunity to participate in a follow-up maintenance or booster regime. These regimes can be offered in either a prison setting or in the community through the parole office. The goal of the maintenance regime is to maintain the gains made in the sexual offender treatment groups as well as monitoring the offender's risk level and to work with them to further develop skills that improve their ability at effective self-management.

Working with sex offenders is complicated and complex and the state of our knowledge are still limited. It is therefore important that these treatment regimes are closely monitored and evaluated so that our knowledge of what is effective continues to develop. I would be remiss if I didn't remind you, that in this field, "programs have to be developed in the context of imperfect but increasing knowledge" (Quinsey, 1998:221).

My second example of a treatment regime, relates to the approach taken to assist substance abusers.

## **2. Regime for substance abusers**

The National Substance Abuse Program (NSAP) was developed to assist offenders to modify their substance abuse and criminal behaviors. It is estimated that approximately 80% of offenders in Canadian prisons have problems related to substance abuse and that this is a critical factor needing attention if the offender's potential for resettlement is to be realized. The strategies used in this regime were selected in order to prepare the offenders to more effectively manage those situations that give rise to a relapse into crime or substance abuse.

This approach is based on an integrated theoretical model which suggests that patterns of substance abuse have multiple determinants and can be explained in part by social learning theory. In this view, substance abuse is a maladaptive response to ongoing problems in living. The individual's behavior is initiated and maintained by past learning experiences including peer modeling, reinforcement contingencies, cognitive expectations or beliefs, and biological influences. The model argues that if substance abuse behaviors are learned, then the same processes can be used to assist the offender to develop more adaptive cognitive and behavioral coping responses.

Now, as you are all aware, not all substance abusers are identical. The degree of dependency and problems associated with substance abuse range from low to severe. The strength of the association with criminal behavior varies although it tends to be somewhat more consistently linked with serious substance abuse. Given these factors it is necessary to consider what types of interventions should be provided. Based on research there is evidence that appropriate matching of the offender to the regime is critical to effective interventions,

As with most of the Canadian Correctional Services efforts, they have based the matching concepts on the risk, need, and responsivity principles. Again, the risk principle suggests that the intensity of an intervention must match the level of risk. That is, the high intensity treatment (defined as an intervention that is multifaceted and of longer duration) should be reserved for the higher risk offenders, while lower risk offenders should receive less intensive service or none at all.

The need principle posits that treatment targets factors empirically substantiated as being directly associated with criminal behavior. These are the criminogenic factors discussed earlier in the paper. Proponents of this approach argue that criminogenic needs can be changed through appropriate treatment and research has found that a positive change in this need domain can mitigate the risk of re-offending.

Responsivity is defined as a matching of the style and mode of service to the personal orientation, abilities and learning strategies of the offender. This principle notes the importance of the offender's characteristics and attention to conditions that could promote or impede positive change. Matching is effective because the needs of the various groups differ and thus the regimes differ. For example, in the Canadian prison system, those with an assessed need level of high would receive 89 sessions and the program would last approximately 5 months, whereas a low assessed need would receive 10 sessions of approximately 2 weeks duration. This substance abuse treatment model offers a range of treatment interventions that vary in intensity and are designed to be matched with the offenders' substance abuse severity. This approach tends to increase the chances of positive treatment outcomes.

The final example, relates to regimes for the treatment of the mentally ill offender.

### **3. Regime for mentally ill offenders**

More recently the Correctional Service of Canada has been wrestling with the problem of an increase in offenders with mental health problems. This has led to the development of a community mental health initiative. What I am about to describe is a work in progress but an essential activity that is needed in order to fulfill the Service's mandate to support offender rehabilitation and contribute to community safety.

Mental health problems are now two to three times more common in Canadian prisons than among the general population and according to some estimates, getting worse. Consider the following:

- Rate of mental health problems in prisons is rising (71% increase in offenders with mental health disorders since 1997, 80% increase in numbers of inmates on prescribed medication).
- Many inmates have both mental health and addiction disorders (requiring more comprehensive assessment and treatment).
- Offenders with mental disorders are more likely to return to prison (CSC, 2006).

These challenges led to the formation of a Community Mental Health Initiative Implementation Team, situated at the National Headquarters of the Correctional Service of Canada. Members of the team have been presenting information and training on the initiative to staff and to community partners. The objective of the initiative is to prepare offenders with serious mental disorders for release into the community by strengthening the continuum of specialized mental health support and providing continuity of support from institutions to the community. The key elements of the initiative are:

- Enhanced discharge planning;
- Transitional mental health services and support to targeted offenders’
- Mental health specialists to support offenders residing in the community;
- Training in mental health issues for community staff, and
- Specialized services such as emergency psychiatric assessments.(CSC, 2006)

In the coming months the team will be completing training modules for staff, and assisting in the mobilization of support through partnership development in communities. This initiative is a prime example of trying to establish strong links between prison and community for the furtherance of offender rehabilitation and the promoting of community safety. Facing up to the essential need for a continuum of care is clearly indicated for offenders suffering from mental disorders. If re-entry, reintegration or resettlement of released offenders is to be effective in the reduction of re-offending a strong, practical aftercare effort will be required. Getting offenders with mental illness connected to a supervised medical support system would be a major accomplishment in the production of community safety.

Having review three efforts undertaken by the Canadian prison system I would now like to spend a few moments identifying some lessons that have been learned from the Canadian experience with treatment regimes.

### **C. Lessons Learned from the Canadian Experience of Treatment Regimes**

It is important that we examine the experiences of others and seek to draw out lessons that we could apply to our own situations. For me the following brief discussion of the lessons that have been learned from these experiences in providing treatment regimes in

Canada will I trust be constructive in your own efforts... As I noted in the title of this paper, consistency in implementation and application is essential to the effectiveness of these regime initiatives. For me there are two key lessons to be learned: one the importance of the staff interactions with offenders and secondly, adherence to the principles of risk-need-responsivity.

Dr. Karl Hanson has stated clearly, the characteristics of effective workers with offenders in treatment regimes. He has noted that these workers are able to form meaningful relationships with offenders by which he implies that they are warm, exhibit accurate empathy, and are rewarding of positive gains made by offenders, and also provide prosocial direction by imparting skills, problem-solving techniques and positive values to the offenders. Let us not forget, in the search for technique the value of interpersonal skills of our staff (Hanson, 2006).

The second lesson we can learn has to do with implementing the risk-need-responsivity principle. Dr. Andrews has brief summarized the research on these principles and I merely highlight the main points for your consideration. He makes eight key points regarding adherence to risk-need-responsivity principles, they are as follows:

- Employ structured and validated risk/need assessment instruments.
- Never assign low-risk cases to intensive services.
- Reserve intensive for moderate and higher risk cases.
- Always target a predominance of relevant criminogenic needs.
- Always employ cognitive-behavioral and social learning interpersonal influence strategies.
- Managers and supervisors must attend to the relationship and structuring skills of service delivery staff.
- Clinical supervision entails regular ongoing high level modeling and reinforcement of relationship and structuring skills.
- Make monitoring, feedback, and corrective action routine, as a matter of policy. (Andrews, 2006).

Seeking to enhance and improve our treatment regimes so that offenders are supported in their efforts at resettlement and local communities are made safer by our efforts is a tough challenge, but a challenge I believe is necessary if prison services are truly to serve the public and avoid being another contributor to wasted lives through the warehousing of offenders and running the risk of returning prisoners to the street worse than when they were admitted.

## **Conclusion**

I would like to thank you for your kind attention, and would like to draw your attention to a caveat to my presentation. I am not here to suggest that what we do in Canada is superior to anything done in other jurisdictions, but rather to report on what we are trying to do to reduce reoffending through the use of treatment regimes. My hope is that what



we are struggling with will help inform your discussions and enable you to continue with all of us in seeking more effective practices that will promote safer communities and reduce further offending and victimization by those in our charge and care. We must be realistic, committed and consistent in our efforts. I trust this conference is helpful towards that goal.

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