

Reducing recidivism through institutional treatment programs

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.

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 program⁽⁴⁾ or the relapse program plus an anger management program⁽⁵⁾ 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 ($p < .05$).

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).

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.

Figure 1

Release Outcomes and Program Participation

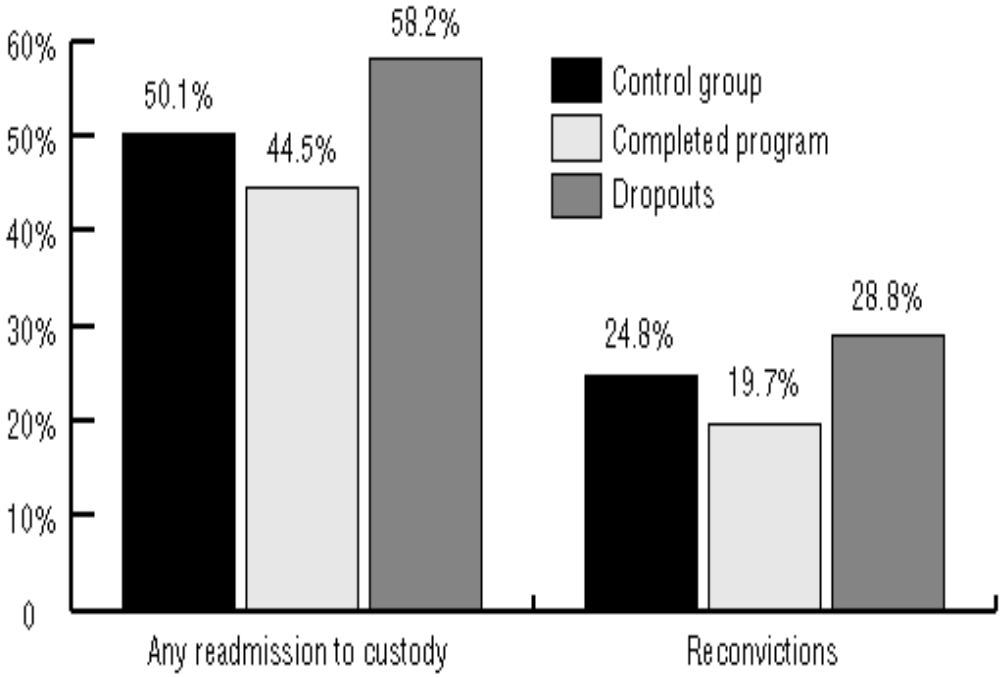


Figure 2

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

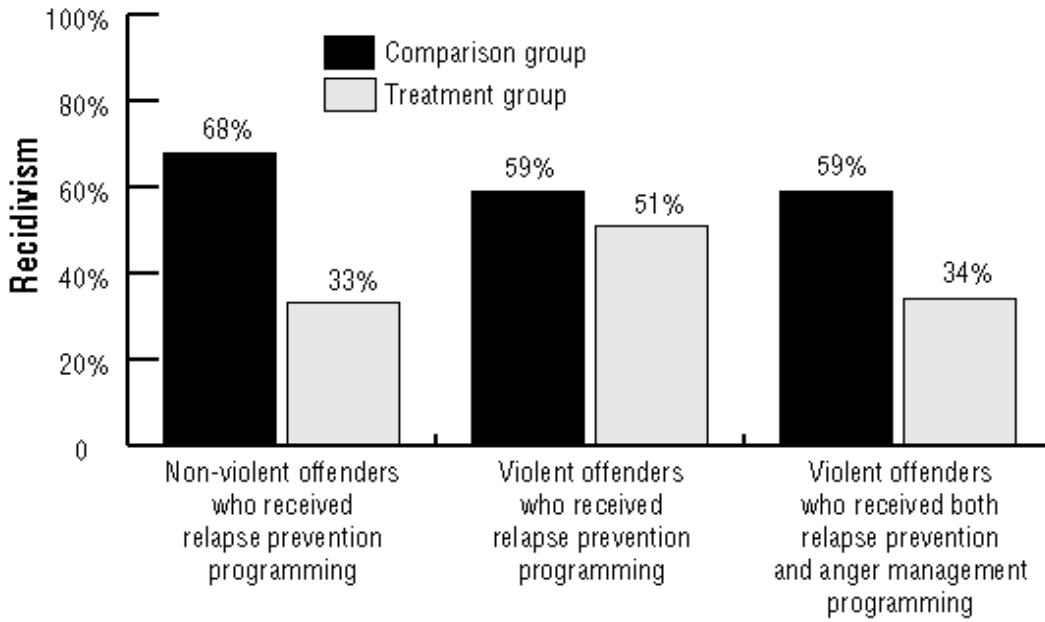
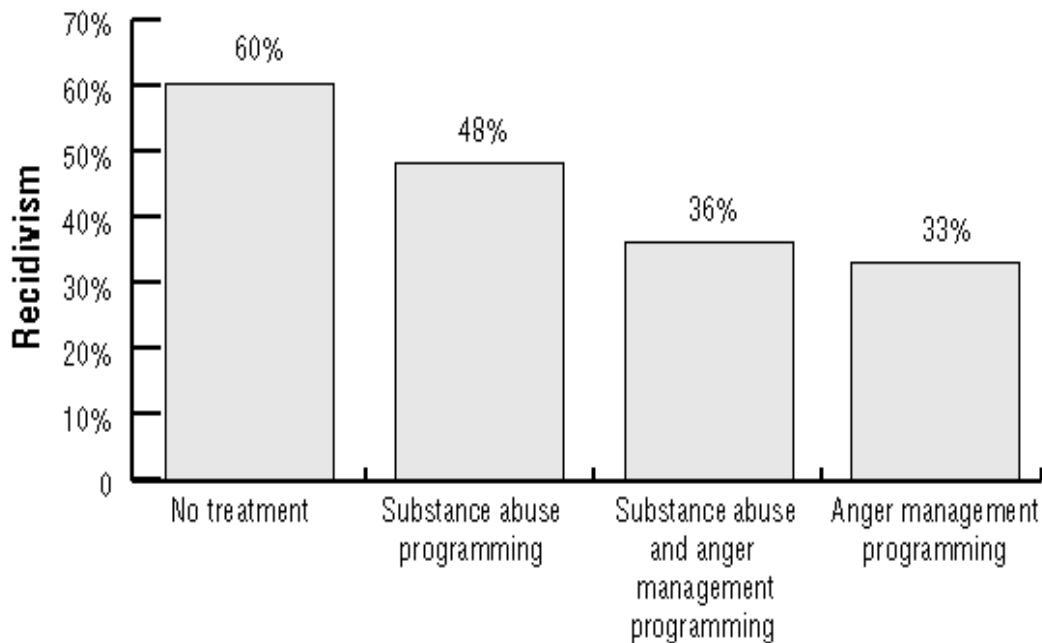


Figure 3

Type of Programming and Offender Recidivism



- (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): 1952. 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): 369404. And see P. Gendreau and R. R. Ross, "Revivification of rehabilitation: Evidence from the 1980s," *Justice Quarterly*, 4 (1987): 349407.
- (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): 407435.
- (5) The anger management program was developed by Barbara Armstrong.