

Treatment and violent offenders: Reducing the risk to offend

The overriding mission of the Correctional Service of Canada is to protect the public. As most offenders under the auspices of the Service will be released to the community at some point in their sentences, it is imperative that we find effective ways of reducing the risk to reoffend. Treatment programs designed to reduce the risk of reoffence are the most common rehabilitation technique used, but we should not simply assume that they are effective without verification. Ongoing follow-up work must be done on all such treatment programs to ensure that these programs are indeed reducing recidivism rates. These programs should also be aimed at those most in need: inmates who are seen as being at high risk to reoffend. The Correctional Service of Canada's Regional Health Centre in Abbotsford, British Columbia, runs a treatment program for high-risk violent offenders. Previous research indicates the program is effective in reducing violent recidivism. This article explores the treatment methods used in this program and further examines the recidivism rates of program participants.

Introduction

There has been a recent focus within the Correctional Service of Canada on assessing the dangerousness of offenders. From this comes a natural concern with the treatment programs being used to reduce the risk of reoffence. Most of this concern has centred on sex offenders, perhaps because of the devastation caused to the victims of sex crimes. It is also important, however, to address the treatment needs of violent offenders. Violent crimes cause a great deal of harm to victims and have a large cost for society. Violent offenders who score high on such risk assessment instruments as the General Statistical Information on Recidivism (GSIR) Scale and the Violent Risk Assessment Guide (V-RAG) tend to be among those most at risk to reoffend. Despite this, there are few institutional treatment programs aimed specifically at reducing violent offenders' risk to reoffend. As a result, there is little research on the effects of such treatment on these offenders.

The Regional Health Centre in Abbotsford, British Columbia, offers the Intensive Treatment Program for Violent Offenders, a program specifically for federal inmates who are seen as being at a very high risk to reoffend. This program has been running in its current form since November 1990. Sixteen participants spend eight months in the program and are expected to attend on a full-time basis. The program is multimodal, with an emphasis on cognitive-behavioural therapy and relapse prevention. There is also a focus on ameliorating skill deficits associated with offenders, such as communication and anger management problems. The setting of prosocial group norms by participants is encouraged through daily group psychotherapy and community living. All treatment providers are trained professionals and remain with the program for its full duration, ensuring continuity of care. Staff involved in the program include a psychologist, a social worker and nurses who provide much of the treatment. Staff from other disciplines are involved as needed. The treatment team model is used, with all staff involved in treatment being consulted on treatment decisions.

Generally, the completion rate of participants in the program is fairly good, averaging 80%. Of those who do not complete, some drop out voluntarily, and others are asked to leave because of disciplinary

concerns or severe problems in treatment. For example, a condition of admittance to the program is that the offender admits to the crime. An offender who subsequently recants on this and refuses to work on the relevant issues may be asked to leave the program.

Treatment progress is determined through the ongoing assessment of participants by staff, using objectives for each offender within specific program components. These "report cards" are used in the final report on each individual at the end of treatment. Since 1995, this report has included a full risk assessment, using the Hare Psychopathy Checklist -Revised ² and the V-RAG.³ Individual treatment-component assessments are also used to examine the effectiveness of treatment. For example, if none of the participants was able to meet an objective within a module, staff will discuss the reasons for this and make changes to the treatment format if necessary.

The Intensive Treatment Program for Violent Offenders was developed using research on the most effective treatment methods currently known for this population.⁴ Nevertheless, an essential component of such a treatment program is outcome assessment and, so, research data were collected on offenders who had participated in the program in the early 1990s.

Method

We studied 132 male, adult, federal offenders who entered the Intensive Treatment Program for Violent Offenders between November 1990 and January 1994. The average age of program participants at the time of treatment was 34 years. Three quarters (77%) were Caucasian, 15% were from First Nations and 8% were of other ethnic backgrounds. About half (52%) were serving life sentences, and the average determinate sentence length was 11 years. Depending on when offenders took part in the program, the follow-up time varied between three-and-a-half years and six months. Of the 132 participants, 10 had taken the program more than once.

Most (105) program participants completed treatment, while 27 did not. Demographically, offenders who completed the program were significantly older at the time of taking the program than those who did not. No other significant differences between the two groups were found in terms of demographics.

Program completers (PC) were also compared with non-completers (NC) in terms of their institutional security classifications since taking the program. This provided a rough measure of offenders' institutional behaviour post-treatment. Generally, there was little difference between the PC and NC groups. At the time of follow-up, the institutional security level did not differ between the two groups. During the first year after treatment, however, the NC group was at a significantly higher security level than the PC group.

Procedure

The National Parole Board files for these offenders were examined between February and April 1995 by trained research assistants. Data were collected on institutional and community performance after

treatment.

Results

Release rates: About 41% of the program non-completers (11 of 27) were granted some form of community release after the program, compared to one third of the program completers (35 of 105). It is unclear why the release rate for the non-completers was higher than for the program completers. Those in the NC group who were released on statutory release had served a significantly shorter time on their sentence before this release than had those in the PC group. Statutory release is automatically granted except where the case management team recommends detention. This indicates that those in the NC group may have been serving shorter sentences than those in the PC group. However, there was no significant difference between the PC and NC groups in terms of sentence length, so this assumption could not be supported in the data.

Recidivism: The program completers and non-completers who were released were compared in terms of their recidivism. The results are shown in the table. Among the non-completers, 91% recidivated in some way (suspension, revocation, new charges), whereas only 49% of the program completers recidivated. Program non-completers were significantly more likely to perform poorly on all recidivism variables than the program completers. More specifically, 37% of the PC group had their release revoked and 23% incurred new charges. By comparison, 82% of the NC group had their release revoked and 82% incurred new charges.

Table 1

| Comparison of Program Completers with Non-completers on Recidivism Variables | | |
|-------------------------------------------------------------------------------------|---------------------------|-------------------------------|
| Type of Recidivism among Released Offenders | Program Completers | Program Non-completers |
| | n=35 | n=11 |
| Released revoked | 37.1% | 81.8% |
| New charges | 22.9% | 81.8% |
| Total recidivism | 48.6% | 90.9% |

Clearly, completion of the Intensive Treatment Program for Violent Offenders was associated with better performance in the community.

As data collection on this sample continues, further analysis will be done on the length of time offenders managed to remain offence-free in the community. Such an analysis is not possible at this time, partially because of the small number of offenders who have been released since taking treatment and partially because of the large variation in the length of time offenders have been on release and, therefore, at risk for reoffending.

These findings further support a previous study on this sample,⁵ which found that participants were less likely to reoffend violently than those in a comparison group of offenders matched on the basis of age at release, sentence length and release dates. The overall recidivism rate of program participants, however, did not differ significantly from that of the comparison group. It was also found that offenders who had taken part in this program had committed more serious crimes on average before treatment participation than offenders in the comparison group. Although the two-year follow-up period for this study was relatively short, the finding that the program had an impact on the incidence of violent recidivism is encouraging and provides validity for the program's treatment methodology.

Discussion

Clearly, offenders who completed the Intensive Treatment Program for Violent Offenders performed significantly better on release than those who did not complete treatment. This finding suggests that the program may indeed be successful at reducing the risk of reoffence for those who complete it. This is particularly encouraging given the fact that the offenders selected to take part in this program had been assessed as being at a very high risk to reoffend.

Completion of treatment is also a useful indicator of success on community release. It appears that those offenders who do not complete the program are also those who will not behave well while on release in the community. This suggests that an offender's ability to complete treatment programming should be taken into account when release recommendations are made.

Scores on the Hare Psychopathy Checklist - Revised were assessed on a subset of this sample. The scores indicate that approximately one third of this sample are psychopaths.⁶ The research to date⁷ has suggested that psychopaths may be untreatable. Other research on a subset of this sample⁸ shows that psychopaths are more likely to drop out of treatment and show less improvement from treatment than non-psychopaths. In our group, however, most of the psychopaths did manage to complete treatment and showed some improvement on factors related to treatment success. This indicates that while psychopaths may be more difficult to treat than non-psychopaths, treatment is not impossible. It also suggests that psychopaths may be overrepresented in the non-completer group in this study. This may account for some of the disparity in reoffence rates between the completers and the non-completers. Nevertheless, the fact that some reduction in recidivism appears to have been accomplished with this population, which has a high proportion of psychopaths, is particularly encouraging.

Conclusion

The findings of this study must still be considered preliminary, due to the lack of a formal control group and to the short follow-up time. They do, however, indicate that this population of offenders may be treatable. The findings also point to the importance of examining treatment completion when assessing risk of reoffence. Given the high danger that this population of violent offenders poses to the public, any progress made in understanding and predicting the risk of reoffence is encouraging.

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