

# Forging a link between institutional and community-based treatment services

by **Robin J. Wilson**<sup>1</sup>

Director, Relapse Prevention Maintenance Program, Central Ontario District (Parole),  
Correctional Service of Canada

by **Anthony Eccles**<sup>2</sup>

Forensic Behavioural Services

The Correctional Service of Canada has increasingly relied on systematic use of community-based programming. Although the Service has been contracting with psychologists in the community since the 1970s, there has been a consistently greater push within the Service, particularly in its reintegration philosophy, to also offer core programming in the community. No doubt, this is a reflection of the enthusiasm for reintegration currently sweeping corrections in Canada. However, this push also likely springs from the recognition that programming offered in the community gives offenders greater opportunities to practise new learning than institutional settings can offer.

## Acknowledging institutionally based programs

Although programming in the community has increased considerably and receives a lot of attention, it is important to acknowledge that institutionally based programs have a long history of providing service to offenders. As the Service looks more to community personnel to offer rehabilitative programming, there is a greater need for an integrative link between institutional programs and their counterparts in the community. This is particularly true given that many community-based programs base their curriculum on the understanding that some areas have already been a part of institutional prerequisite programming. For instance, the success of the recently introduced Cognitive Skills Booster Sessions program depends on offenders having successfully completed Cognitive Skills programming while incarcerated, although such programming may also be done in the community.

Another example of community-based programming that relies greatly on work done in institutional settings is that of sex offender relapse prevention treatment. Relapse prevention consists of two components:

*internal management* and *external supervision*.<sup>3</sup>

It is important to remember that the relapse prevention model can apply to many criminogenic need areas (e.g., sexual offending, drug and alcohol abuse, gambling, and other compulsive behaviors), and therefore contributes aspects of its framework to a number of programs offered to offenders under the supervision of the Service.

Internal management consists of knowledge acquisition, that is, learning basic concepts and terminology, and targeting such attitudes as denial and minimization. Those who work with sex offenders know all too well that the treatment during the internal management phase of relapse prevention is handled best in institutional settings where offenders can devote substantial amounts of time and effort to learning the relapse prevention model and how it relates to their individual circumstances. To that end, institutional sex offender treatment programs are intensive, meaning that offenders typically engage in group and individual treatment for several hours a day over a period of months. Obviously, it would be impractical to engage offenders in programming of this intensity in the community.

External supervision essentially consists of the offender's supervised reintegration into the community. This is where offenders get to practise the skills they acquired in the institutionally based, intensive treatment program. A major component of external supervision consists of a collaborative effort between case management staff and treatment personnel. Recent results reported by staff in the Central Ontario Parole District<sup>4</sup> strongly suggest that such collaborative care significantly reduces sexual recidivism in offenders on conditional release. We suspect that this finding can be generalized to other groups of offenders.

## Forging a link

To meet offender needs better and to accomplish goals of both reintegration and external supervision, it is important that institutional and community personnel work together. A particularly close, interactive relationship may be somewhat impractical, but treatment staff could certainly keep some things in mind when they are treating offenders in institutional settings. With this in mind, we have developed the following “wish list.” This list consists of issues and variables we believe are important for institutional staff to help offenders understand before the offenders are released into the community. It is our hope that by understanding these issues offenders can make a smooth transition to the community. A beneficial side effect, of course, would be that the jobs of community-based treatment staff will be much easier.

We have identified five domains in which offenders need preparation before being released to the community:

1. community;
2. programs and treatment;
3. family;
4. employment; and
5. leisure.

**Community.** The community often has a difficult time accepting sex offenders after they have served their sentences; recent media attention on this issue is just one indication of this. However, all members of the community — ordinary citizens, victims, families, offenders, media and correctional staff — have a stake in an offender’s successful reintegration. Offenders need to be prepared for community reception. Institutional staff can help them to understand that they have to prove themselves as worthy members of the community. Offenders need to accept that risk is initially elevated around the time of release; risk begins to moderate only after some period of acclimatization. Further, it is important to stress that they need to be responsible community team players, and that means doing what is expected of them by their community-based supervisors. The team typically consists of the offender, the case manager, treatment and programs staff, and

any one else who has a personal stake in the offender’s success in the community (e.g., spouse, parent, employer). Basically, the idea is to stress to the offender that all members of the team have the same goal: the offender’s successful reintegration.

**Programs and treatment.** The National Parole Board expects programs and treatment for virtually all offenders. The Board will often make recommendations that go beyond those made by the institutional case management team or treatment and programs staff. Offenders need help in understanding that good practice requires appropriate community follow-up of institutional treatment gains. This is especially true for sexual offenders, who routinely require generalization of skills to community settings with the collaborative assistance of case management and treatment staff. A formula for failure is to have an offender believe that he or she is finished treatment when the institutional program is done. Unfortunately, this happens in a surprising number of cases. To combat this problem, we suggest that institutional staff attempt to instill in offenders a strong belief in the necessity of community-based maintenance programming. Further, staff should make it abundantly clear to offenders that they should expect community follow-up.

**Family.** Families are important to offenders. However, many sex offenders offend within their family and, therefore, have a hard time returning to their family without getting into trouble with victims, the Children’s Aid Society, the police and the Service. Offenders need to understand that while they have had time to deal with things, their families might not have. This is especially true for children who were victims, who likely have not had treatment. Institutional staff would be well advised to inform offenders that they may not get to see their family immediately, especially family members from out of town.

Some offenders have to be careful about how they handle family reconciliation. This can be particularly difficult if the National Parole Board has stipulated that no contact be made between the offender and certain family members. For instance, an incest offender may be permitted to have contact with some family members, but not the victim. This can be

difficult if the victim lives in the same house as the other family members. Offenders need to understand the controlling factors in reconciliation, especially for victim understanding and empathy.

**Employment.** Jobs are hard to find, even for people without criminal records. Offenders need to recognize that although we expect them to work, we will also **help** them find work. Numerous programs are available through CORCAN and other agencies. However, all offenders need to understand that program requirements supersede employment. But we will make every allowance possible, including evening appointments for groups, one-on-one sessions, and the like.

**Leisure.** Leisure is also important; however, offenders should expect to have to clear many of their leisure activities with their parole officer. This is especially true for the people with whom they might want to associate and for travel destinations. It needs to be clearly stressed to offenders that conditional release, especially statutory release, does **not** mean freedom without supervision. Further, offenders need to understand that leisure time is only that time left over after all parole conditions have been met.

## Community-based generalization of institutional treatment gains

Clearly, the goals of treatment and programming do not end the moment the offender leaves the institution. The underlying principles of programs offered in the Correctional Service of Canada stress the need for community-based generalization of skills acquired in prison settings. Two principal components of treatment, internal management and external supervision, are critical in the successful reintegration of any offender. Because it includes periods of community-based supervision, the Canadian system of corrections is, in fact, based on the need for system-facilitated return to community living.

For the most part, the system has done a reasonable job of informing offenders about the specifics of day parole, full parole, statutory release and the like. However, we are only now beginning to do the same with our expectations of offenders while they are on some form of release. A significant part of the work needed in this area might be easily accomplished by establishing a pre-release protocol that includes providing offenders with information on the need for and importance of community-based generalization of institutionally based treatment gains. ■

<sup>1</sup> 330 Keele Street, Toronto, ON M6P 2K7.

<sup>2</sup> 133 Princess Street, Suite 215, Kingston, ON K7L 1A8.

<sup>3</sup> W. Pithers, "Relapse Prevention with Sexual Aggressors: A Method for Maintaining Therapeutic Gain and Enhancing External Supervision," in W. Marshall, D. Laws and H. Barbaree (eds.), *Handbook of Sexual Assault: Issues, Theories,*

*and Treatment of the Offender* (New York, NY: Plenum, 1990): 343-362.

<sup>4</sup> R. J. Wilson, L. Stewart, T. Stirpe and M. Barrett, *Community Risk Management of Sex Offenders: Outcome of a Program Merging Treatment and Supervision*, paper presented at the 16<sup>th</sup> Annual Conference of the Association for the Treatment of Sexual Abusers (Arlington, VA: October 1997).

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