

Increasing offender participation in programs

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A sizeable body of high quality research has amassed over the last few years that confirms that it is possible to assist offenders in making positive behavioural change.² In addition, this literature provides guidance regarding interventions and models that are most effective in fostering change. Presently, many advanced correctional jurisdictions are placing considerable emphasis on programs to reduce the likelihood that offenders will become re-involved in criminal activity upon release from custody. The Correctional Service of Canada is an example of an agency in which assisting offenders in making positive change is entrenched in its Mission Statement.

Summarizing, the effective correctional treatment literature underscores the need for the accurate identification of treatment-relevant factors that are directly linked to criminal behaviour, such as substance abuse. Further, the most intensive intervention resources should be reserved for offenders who are at the greatest risk to re-offend and who have the greatest treatment needs. Finally, interventions should be strongly oriented toward skill-development and the treatment approaches used should be selected accordingly, to match the outlook, orientation, and characteristics of the client. Operationally, appropriate and maximal utilization of treatment resources demands a strong adherence to the theory and practice indicated by the basic tenets of effective correctional intervention, popularly referred to as the “risk,” “needs,” and “responsivity” principles.

Significant investments in program delivery

Since the late 1980s, the Correctional Service of Canada (CSC) has emphasized the development, implementation, and delivery of high quality intervention programs to incarcerated offenders and offenders on release in the community. The corporate priority given to assisting offenders in changing their behaviour in more pro-social and law-abiding directions has resulted in the proliferation of intervention programming and has helped the Service earn the reputation of being one of the most program-oriented correctional jurisdictions in the world. The Service’s current menu of intervention programs are arranged under major content areas such as substance abuse, sex offending, family violence, living skills, violence prevention, Aboriginal-specific intervention, education programs, and other personal development programs.

A recent analysis of program availability in institutions and in the community undertaken by the CSC Reintegration Programs Division exemplifies the priority and investment given by the Service towards providing effective intervention programming for offenders. Based on population statistics for September 2000, there were 12,976 incarcerated offenders and 10,328 offenders in the community under CSC jurisdiction. Table 1 summarizes the number of institutional and community program seats that are planned for the six-month period September 1, 2000 to March 31, 2001. A total of 25,826 institutional program spaces are available and 7,621 program spaces in the community.³ This large number of seats reflects the range of criminogenic factors in need of direct intervention and the fact that many offenders have multiple treatment needs.

About 60% of institutional spaces are for intervention programs such as substance abuse, violence prevention, etc., whereas about 40% of the available institutional seats are for education programs. The proportion of education spaces drops dramatically to about 2% of seats in the community in favour of other community-based programs (for example, Living Skills, Counterpoint, other personal development programs).

Utilization of substance abuse programs

The “Increasing Program Participation” Reintegration Lever suggests that, in order to ensure maximum

Table 1

Program spaces	Institutional	Community
Substance Abuse	3,591	2,556
Sex Offender	948	954
Family Violence	645	369
Living Skills	5,904	2,202
Counterpoint (community only)	N/A	326
Violence Prevention	283	100
Aboriginal	1,050	190
Other Personal Development Programs	2,853	766
Education	10,552	158
Total	25,826	7,621

benefit from programs, offenders must be referred to programs according to the program's model and approach which has been developed to address their needs. Incorrect targeting of programs may lead to over- or under-prescription as well as potentially affecting the efficacy of treatment.

We decided to examine the way in which the Service's substance abuse program model is used both in institutions and in the community. We chose substance abuse because an offender's use of alcohol and other drugs is a significant criminogenic factor. Moreover, the assessment-treatment matching model is clearly defined and based in research, as well, the programs have been the subject of multiple outcome evaluation studies, and they have been accredited using the Service's program accreditation processes.

During the intake assessment process, the prevalence and nature of an offenders' substance abuse problems is identified using the substance abuse domain of the *Dynamic Factors Identification and Analysis (DFIA)* followed by the *Computerized Lifestyle Assessment Instrument* or *CLAI*. Embedded within the *CLAI* are a number of standardized alcohol and other drug screening instruments.⁴ The National Service data (Table 2) consistently indicate that about 67% of the total offender population exhibit problematic use of alcohol and other drugs. When disaggregated, a full third of the population do not have a substance abuse problem; about one third of the population has low severity problems (requiring low intensity treatment); and a final third engage in more serious use of a variety of substances. Research also indicates that offenders with more serious substance abuse problems are much more likely to have engaged in criminality related to their substance use.⁵

In September, 1998, the Service's core substance abuse programs, the *Offender Substance Abuse Pre-Release Program (OSAPP)* and the *Choices* community-based program were accredited by a panel of international additions experts as state-of-the-art substance abuse intervention programs for offender clients. *OSAPP* is a 26-session institution-based program that was designed for offenders with intermediate to severe substance abuse problems. The *Choices* program is intended for delivery in the community as the primary form of treatment for offenders with low severity problems and as the community treatment component for offenders with more serious problems. Of the 67% of offenders identified with substance abuse problems, 50% of that group has been identified as having a serious substance abuse problem and should participate in *OSAPP* prior to their release and virtually *all* offenders with substance abuse problems should participate in the *Choices* program following their release.

Table 2

Use of OSAPP	National
March 2000 incarcerated population	12,929
Offenders with substance abuse problem (67%) ⁱ	8,663
Offenders with serious substance abuse problem (50% of above)	4,333
Average number of years served prior to first release	2.1
Approximate number of OSAPP seats required per year (Offenders with serious problems divided by Years to first release)	2,051
OSAPP Enrolments April 1, to September 31, 2000 (Prorated for one year)	1,920
Overage/(Shortfall)	(131)

Close examination of the data displayed in Table 2 suggests that, with some variation across the five regions of the country, there seems to be only a modest national shortfall of 131 spaces in enrolments to the program. These data would also suggest that the program is likely used appropriately and targeted correctly toward offenders with more serious problems. However, when offenders' substance abuse assessment data are directly linked to the intervention they received, a somewhat different picture emerges. The substance abuse severity scores were examined from the *CLAI* for a sample of 667 offenders who were enrolled in *OSAPP*. It was found that almost 31% of offenders in the sample who were referred to the program had either a low severity substance abuse problem or no substance abuse problem. In general, these findings constitute inappropriate utilization of the program. Indeed, while it is possible that a small number of offenders with low severity problems could be referred to the program for various case-specific reasons, as mentioned previously, *OSAPP* is intended for offenders with serious substance abuse problems.

Conclusion

The review of the use of the Correctional Service of Canada's Substance Abuse Program Model identified the following issues the Service should address:

- The "*Increasing Program Participation*" Reintegration Lever underscores the need for appropriate assignment of offenders to programs based on their assessed level of risk and need.
- Despite the clearly defined assessment-treatment matching model for the Service substance abuse programs, a sizeable number offenders who evidence low severity or no substance abuse problem are participating in *OSAPP*.

- While respecting the fact that other substance abuse treatment options are available in the community coupled with the acknowledged challenge of delivering group-oriented treatment in remote locations of the country, the *Choices* program continues to be grossly under-utilized

despite the fact that it is an accredited program with demonstrated effectiveness.

- The Service must continue to actively work toward addressing the “*Increasing Program Participation*” Reintegration Lever.

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² Andrews, D. A., Zinger, I., Hoge, R. D., Gendreau, P., & Cullen, F. T. (1990). Does correctional treatment work? A clinically-relevant and psychologically-informed meta-analysis. *Criminology*, *28*, 369-404. See also Bonta, J., & Cormier, R. (1999). Corrections research in Canada: Impressive progress and promising prospects. *Canadian Journal of Criminology*, *41*, 235-247. See also Gendreau, P. (1996). Offender rehabilitation: What we know and what needs to be done. *Criminal Justice and Behavior*, *23*, 144-161. And see Lipsey, M. W., & Wilson, D. B. (1993). The efficacy of psychological, educational, and behavioral treatment. Confirmation from meta-analysis. *American Psychologist*, *48*, 1181-1209.

³ Offender population data for September, 2000 provided by the Corporate Reporting System, CSC Performance Assurance Sector. These statistics refer to space available for primary intervention programs as well as space available for maintenance and booster sessions.

⁴ Skinner, H. A., & Horn, J. L. (1984). *Alcohol Dependence Scale ADS User's Guide*. Toronto, ON: Addiction Research Foundation. See also Skinner, H. A. (1982). The Drug Abuse Screening Test. *Addictive Behaviors*, *7*, 363-371.

⁵ Weekes, J. R., Moser, A. E., & Langevin, C. M. (1999). Assessing substance-abusing offenders for treatment.” In E. J. Latessa (Ed.), *Strategic solutions: The Interational Community Corrections Association examines substance abuse*. Lanham, MD: American Correctional Association Press.

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