

The Community Maintenance Program: A new strategy for providing treatment follow-up in the community

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Background

In the last decade, the Correctional Service of Canada's (CSC's) reintegration programming has followed two main strategies: standardization and accreditation. The purpose of standardization is to ensure that offenders are provided with the same intervention for the same criminogenic risk factors throughout the country. The purpose of accreditation is to ensure that the treatment that is delivered meets theoretical and empirically-based criteria for effective treatment.

The first generation of standardized or national programs, such as Cognitive Skills (now called Reasoning and Rehabilitation), Anger and Emotions Management, and the Offender Substance Abuse Program were designed to address specific criminogenic need factors, such as problem solving, anger arousal control, and substance abuse, closely paralleling the target domains and indicators identified by the Offender Intake Assessment (OIA). These programs are prescribed for all offenders for whom the skill deficit is considered a criminogenic need.

The current generation of standardized programs has taken another approach. Programs such as Family Violence or Violence Prevention attempt to address a number of the criminogenic need factors or skills deficits that are believed to be associated with the harmful behaviour. These programs are prescribed for offenders who are convicted of specific types of offences. Sex Offender treatment has always taken this approach, while the High Intensity Substance Abuse Program is a hybrid. Although not specifically aimed at an offence type, it addresses a number of skills deficits such as problem solving, thinking distortions, dealing with unpleasant emotions, social skills and conflict resolution which are associated with the problem behaviour.

Theoretically, the main advantage of programs that deal with a specific type of offence by addressing a number of criminogenic needs is the opportunity to apply the gained skills directly to the problem behaviour leading to the offence. This is generally done using a relapse prevention or self-management model.

Strategy for providing maintenance

During the last five years, program development in CSC has increasingly been informed by the realization that skills gained through treatment programs are more likely to be maintained with follow-up rehearsal and reinforcement. Furthermore, it is more likely that skills gained within the restricted environment of institutions will successfully generalize to the community upon release with aftercare. There has been a growing awareness of the need for maintenance programs, especially in the community. Therefore, all standardized programs now have a built-in maintenance component.

The proliferation of maintenance programs has had some unforeseen consequences. For instance, there are now a multitude of follow-up programs which offenders must attend upon release to the community. Depending on prior program participation, an offender may be mandated to take several maintenance programs. This has proven to be problematic because motivation to take programs in the community is often low, and the motivation to take multiple programs is almost absent. The main problems, however, have been availability and access. It is financially and practically prohibitive to have the full range of maintenance programs at every parole office. Since offenders are spread out in the community, it is difficult to assemble the critical number of offenders necessary to start a treatment group in all but the metropolitan centres. In addition, a small but significant number of offenders return to remote communities and are supervised at a distance. The net effect is that most offenders have to wait long periods until they can enter a maintenance program. For many offenders the contact they have with their parole officer is the only kind of intervention they can expect upon release.

The Effective Corrections initiative was one response to concerns over access to, and availability of, programs in the community. At a meeting of parole and programs stakeholders in Ottawa in 2001, consensus was reached for developing a community maintenance program which would address some of these identified

problems. The advisory committee put forth the following guidelines for the development of the new program:

- It should be based on a relapse prevention or self-management model of treatment.
- It should be a follow-up program and maintain already learned skills, rather than teaching new skills.
- It should focus on applying skills to everyday problems which offenders experience.
- It should be written and delivered using a simplified and jargon-free language.
- It should be readily comprehensible and usable by graduates of the different programs which would “feed” into it.
- Intake should be continuous so that an offender could start maintenance quickly, if not immediately, upon entry into the community.
- For the sake of almost universal availability, it should be capable of being delivered either individually or in a “group” format.
- It should recognize the importance of Andrews² risk and need principles: intervention should be directed at offenders that present a moderate or higher risk to re-offend, and treatment should target criminogenic needs.

The limits of the program were also agreed upon. Firstly, since it was not possible to address the needs of all offenders in the community, it was agreed that women offenders and Aboriginal offenders should attend programs that take into account their specific risk, need and responsivity factors. As well, it was not deemed possible to meet the needs of completely untreated offenders within the same framework.

Developmental background

Relapse Prevention (RP) is a cognitive-behavioural treatment technique that was initially developed by Marlatt and his colleagues³ to maintain gains and prevent relapse following treatment for substance abuse. The technique was later applied to sex offenders in order to maintain treatment gains. More generally, the relapse prevention model has been used as a framework to guide treatment and is, in fact, the common model underlying most of CSC’s treatment programs. Although not every program uses the full range of RP concepts and associated strategies, the central

RP concepts of high risk situations and relapse prevention plans occur in every program except Cognitive Skills (Reasoning and Rehabilitation). All of these programs culminate in the offender creating a personal relapse prevention plan. Therefore, it made sense to use the RP model as the framework of the community maintenance program.

There were two potential obstacles to using a simplified RP framework: the diverse language of the different programs and conceptual departures from the “classic” RP model by several of the “feeder” programs: National Sex Offenders Program, Violence Prevention Program, and Counter-Point. The differences in RP language between the programs were dealt with by paring down the concepts to three: high risk situations, comprising both internal and external triggers; offence paths (including the concept of offence cycles); and a relapse prevention plan.

The classic RP model is based on the assumption that the client is motivated to stop engaging in harmful behaviour, or to avoid it altogether. The possibility also exists, of course, that the client is motivated to continue engaging in harmful behaviour, especially but not exclusively in a correctional population. Ward and Hudson⁴ have dealt with this possibility in their extension of the RP model: the Self-Regulation model. Their model describes two possible goals regarding re-offending: **avoidance and approach**, and two possible strategies, **active and passive**, resulting in four possible offence pathways: passive or active avoidance, and automatic or explicit approach. They explain that different treatment strategies should be used for individuals on each of these different pathways. The most basic difference is that, while increasing awareness of high risk situations through self-monitoring is a common task for individuals on the first three pathways, the most important task for individuals on the fourth pathway, explicit approach, is to challenge the basic goals and underlying beliefs, attitudes and values. Both the sex offender treatment and violence prevention program deal with these different pathways to offending, while Counter-Point specifically targets the goals and thinking which characterizes individuals on the explicit approach pathway. The community maintenance program is based on the self-regulation model and the need to suit intervention to the individual’s offence pathway.

The program is also based on Zamble and Quinsey’s⁵ coping model of criminal recidivism. This model suggests that, for many offenders,

recidivism is the end result of a definable series of emotional and cognitive events, called a path of habitual offending or *offence path*. The proximal cause of recidivism is the development of certain problems (e.g., interpersonal conflict, substance abuse, strong negative emotional states) with an accompanying lack of effective coping responses. Thus, recidivism is seen as the result of failing to cope. The implications of the coping model are that treatment should be based on the identification of an offender's individual offence path and precursors, it should include increasing awareness of these precursors, and it should stress active and collaborative problem solving.

Program format

The Community Maintenance Programs (CMP) consist of a cycle of 12 weekly two-hour sessions. Six of the sessions consist of skills rehearsal: review and practice of six core skill clusters common to many correctional treatment programs. These sessions are fairly structured. The remaining six sessions are less structured, and consist of the application of the core skills to everyday problems, obstacles, and high-risk situations. The skills and application sessions alternate. The full cycle takes approximately 90 days to complete. Since each of the sessions is designed to "stand alone", an offender can enter and exit the program at any point in the cycle.

There are two admission criteria: being moderate to high risk to re-offend as measured by static risk indicators, and, having participated in a program with a relapse prevention component. At intake, offenders are rated on two assessment instruments: a dynamic risk measure, and a skills mastery (need) measure. Both instruments have been developed specifically for the program.

All participants are expected to attend a full 12 session or 90-day cycle of the program. Future attendance and frequency of attendance hinges on the level of dynamic risk and level of skills mastery. Offenders whose dynamic risk level is low, and who show mastery of the skills in everyday life, can graduate from the program. If dynamic risk should increase in the future, an

offender may be re-directed to the program by his parole officer.

Program content

Examination of the content of CSC's standardized programs shows that they teach a number of common skills, for example, problem solving, anger and emotional arousal control, relapse prevention or self-management and dealing with thinking errors and rationalizations. While the models and language used to communicate these skills varies from program to program, the differences appear to be mainly superficial.

Five of the six core skills clusters appear in many programs: problem solving, emotional regulation, challenging high-risk thinking (values, beliefs, and attitudes), relationship skills, and relapse prevention or self-management. The sixth, working towards goals, which includes impulse and habit control and planning skills, is subsumed in many of the programs but comprehensively addressed only in the Violence Prevention Program.

Implementation

The CMP will be implemented as a pilot program. Pilot implementation will include both urban and rural settings across the country. Facilitators will be drawn from programs and parole staff and may also include program facilitators from non-governmental organizations. Training will be intensive, given the number of skills on which facilitators will have to achieve at least a basic level of competence. However, once trained, facilitators will be able to work with a wide range of offenders, either individually or in groups, and in effect will be able to respond to the need for maintenance programming wherever it exists. There will be an ongoing evaluation of whether the program reduces short- and longer-term risk, how it compares with existing maintenance programs, and whether it has the potential to increase the effectiveness of community programming with regards to increased access and availability. ■

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² Andrews, D.A., Zinger, I., Hoge, R.D., Bonta, J., & Cullen, F.T. (1990). Does correctional treatment work? A clinically relevant and psychologically informed meta-analysis. *Criminology*, 28, 369-404.

³ Marlatt, G.A., & Gordon, J.R. (Eds). (1985). *Relapse prevention: Maintenance strategies in the treatment of addictive behaviours*. New York, NY: Guilford.

⁴ Ward, T., & Hudson, S.M. (2000). A self-regulation model of relapse prevention. In D.R. Laws, S.M. Hudson, & T. Ward (eds.) *Remaking relapse prevention with sex offenders*. Thousand Oaks, CA: Sage Publications, Inc.

⁵ Zamble, E., & Quinsey, V.L. (1997). *The criminal recidivism process*. Cambridge, MA: Cambridge University Press.