

# REVEALING RESEARCH & EVALUATION (RREV)

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PERFORMANCE, RESEARCH AND EVALUATION (PREV) UNIT  
Community Corrections and Corporate Programs Division

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***This issue highlights two unique projects that significantly reduce recidivism: the Therapeutic Community at the Nanaimo Correctional Centre and the Strategic Training Initiative in Community Supervision.***

***Our programs work!***

## The Nanaimo Correctional Centre Therapeutic Community (NCC TC)

### Background

The therapeutic community (TC) at Nanaimo Correctional Centre (NCC) began admitting inmates in the fall of 2006 and was fully implemented by fall of 2007. The main goal of a TC is to change established patterns of negative thoughts, feelings, and behaviours that lead to drug use and criminal behaviours (De Leon, 2000). This is accomplished by using peer interaction to treat the whole person. Like the majority of TCs in correc-

tional settings, the NCC TC is based on the following principles (Barnett, 2009):

- ◆ Complete separation from the general or segregated population;
- ◆ A highly structured environment;
- ◆ Constant engagement; and
- ◆ Priority for those with substance abuse issues that lead to criminal behaviours.

The TC model implemented at NCC requires a minimum four-month residential substance abuse treatment program consisting of four phases: orientation, primary treatment phase, re-entry/transition phase, and an after-care phase that occurs after release from NCC. Each phase has

a set of goals to be met and a minimum time requirement before the inmate can graduate to the next phase. Successful completion of the TC requires the individual to complete each phase, take on increasing responsibilities, accept responsibility for their behaviour, and hold other residents accountable.

**The criteria for referral to the TC includes:** Documented substance abuse issues; no institutional violence; psychiatrically stable; and a sentence of 180 days with minimum 120 remaining.

As noted in the table below, 86% of the TC Evaluation Group had an overall CRNA rating of HIGH and 77% had a high Substance Abuse Rating.

Photo: Guthrie Lakeside



### Facts About Therapeutic Communities

- ◆ TC is based on social learning theory.
- ◆ The term was coined by Thomas Main in his 1946 paper, "The hospital as a therapeutic institution".
- ◆ The concept of the TC caught on and dominated the field of inpatient psychiatry in the 1960s. TCs provided a more democratic, user-led form of therapeutic environment, in contrast to the authoritarian and demeaning practices of many psychiatric institutions at that time.

**Table 1: Profile of the TC Evaluation Group (n=93)**

|   |            |
|---|------------|
| Average age   | 34.6 years |
| Average number of days in TC  | 165 days   |
| Average sentence length   | 11 months  |
| Proportion with community sentence following custody                        | 57%        |
| Proportion history of violent offence(s)                                    | 58%        |
| Proportion history of sexual offence(s)                                     | 5%         |
| <b>CRNA - Overall Risk Rating of HIGH (n=76)</b>                            | <b>86%</b> |
| CRNA - Substance Abuse Rating of 'Considerable Need for improvement' (n=74) | 77%        |

## REVEALING RESEARCH & EVALUATION (RREv)

### Results: TC has a significant impact on recidivism.

In September of 2009 the Performance, Research and Evaluation Unit started analyzing the potential impact of the NCC TC pilot project on recidivism. The evaluation period was from February 1, 2007 when the first TC participant was released, to September 16, 2009 when data was retrieved from CORNET. The final sample consisted of 93 NCC inmates who participated in TC and 93 NCC inmates who did not participate in the TC but shared similar profiles.

The analysis included four different tracking periods of time at risk to reoffend in the community: the full study period, and three, six, and twelve months post release.

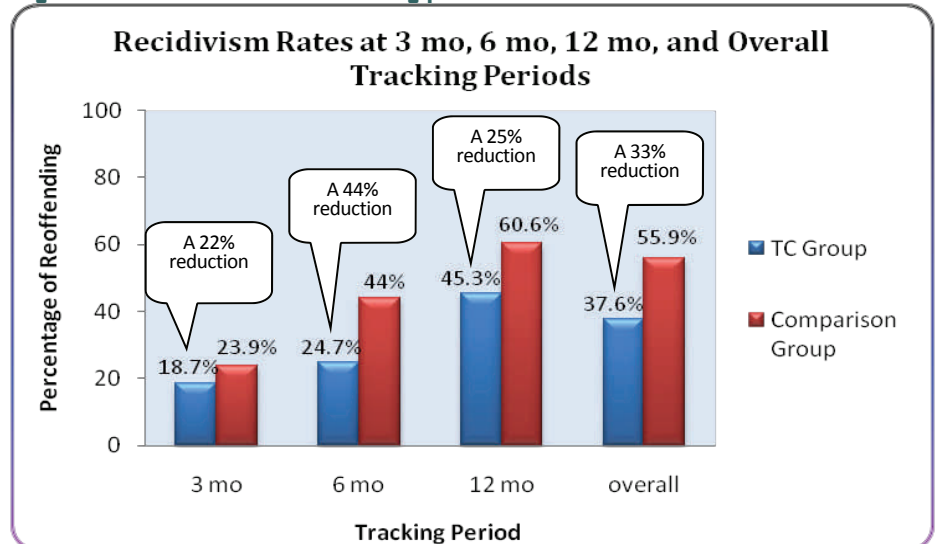
### Did the TC reduce recidivism? YES!

#### Photo: TC Group Therapy Session



Figure 1 below shows the recidivism rates of the TC completers and comparison group for the different tracking periods. The TC group reoffended at significantly lower rates than the comparison group for the six, twelve, and overall tracking periods. The reason for the three month tracking period not showing a significant difference can only be speculated; however the stronger (significant) results over longer tracking periods speaks to the potential of the program to have a long-term positive impact.

Figure 1: Recidivism rates at tracking periods



Although not statistically significant, those individuals who completed the TC (but recidivated) committed a lower average number of offences, violent or property offences, and drug and alcohol related offences, and were less varied in the types of crimes. In addition, of the convicted offences, the TC group had a higher proportion of breaches than the comparison group (and therefore less violent, property or other offences). Future studies that include a larger sample of TC completers will provide more information.



**In summary, offenders who complete the TC reoffend significantly less than those who do not complete the TC. In addition, the program significantly increased the amount of offence free time.**

### TC Evolution

- ◆ During 2010, the TC moved to a larger unit with 46 beds, and have 10 more on the way.
- ◆ The John Howard Society has recently dedicated a small house with 5 community beds to the TC alumni.
- ◆ Ministry of Social Development agreed to support referrals to a hiring agency where the residents will participate in a 35 hour employment program.
- ◆ For the full report, see the PReV CorrPoint site.

#### Definition of Recidivism

For this evaluation, recidivism was defined as a sentencing document (received and recorded in CORNET) for a criminal offence or a breach following the offender's release from custody. Breaches were included in this analysis for two reasons: First, the sample size of this evaluation is small and therefore all available data is important and second, one of the goals of the TC is to reduce behaviour that would result in a breach.

## The Strategic Training Initiative in Community Supervision (STICS)

### Background

A challenge for community corrections is translating “what works” into effective everyday practice. To respond to the challenge, B.C. Corrections participated in an innovative national study called the Strategic Training Initiative in Community Supervision (STICS). STICS is a Risk–Needs–Responsivity (RNR)-based training program for probation officers, developed by Dr. James Bonta & Dr. Guy Bourgon, to assist in the one-on-one supervision of offenders under a probation order.



### Remember from Issue 3... RNR PRINCIPLES:

- ◆ **RISK PRINCIPLE:** Match level of services to risk;
- ◆ **NEED PRINCIPLE:** Target criminogenic needs; and
- ◆ **RESPONSIVITY PRINCIPLE:** Tailor the intervention to meet individual motivation, strengths, and abilities.

Table 2: The “Central Eight” & “The Big Four” Risk Factors

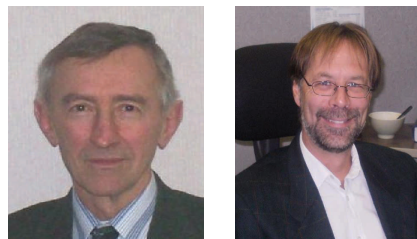
|                                  |                             |                                 |
|----------------------------------|-----------------------------|---------------------------------|
| The “Central Eight” Risk Factors | The “Big Four” Risk Factors | History of antisocial behaviour |
|                                  |                             | Antisocial personality pattern  |
|                                  |                             | Antisocial attitudes/ cognition |
|                                  |                             | Antisocial associates           |
|                                  | Family and/or marital       |                                 |
|                                  | School and/or work          |                                 |
|                                  | Leisure and/or recreation   |                                 |
|                                  | Substance abuse             |                                 |

Table 2 shows the ‘Big Four’ risk factors that were the focus of training.

### The Study

Dr. Bonta & Dr. Bourgon recently presented the results of the STICS project, which included 80 volunteer POs, 55 from B.C., 15 from Saskatchewan, and 10 from PEI. The POs were randomly assigned to two groups. One received the STICS training, the other attended a half-day workshop on the purpose of the project. Each PO was asked to recruit 2 medium and 4 high risk clients; 143 clients were recruited.

Photos: Dr James Bonta & Dr. Guy Bourgon, Public Safety and Emergency Preparedness Canada



The researchers measured the use of the skills taught in training by listening to and scoring audiotapes of supervision sessions. Then, the researchers examined the recidivism rates of the clients.

### The Training

The training consisted of two main components: 3 days of training, and ongoing clinical support. The 3-day training included 10 modules, emphasizing RNR principles and front line implementation. This included teaching skills to target attitudes, build rapport, and use pro-social modeling; reinforcement and cognitive-behavioural techniques to influence change; and using a strategic supervision structure in each individual session as well as over the entire supervision period.

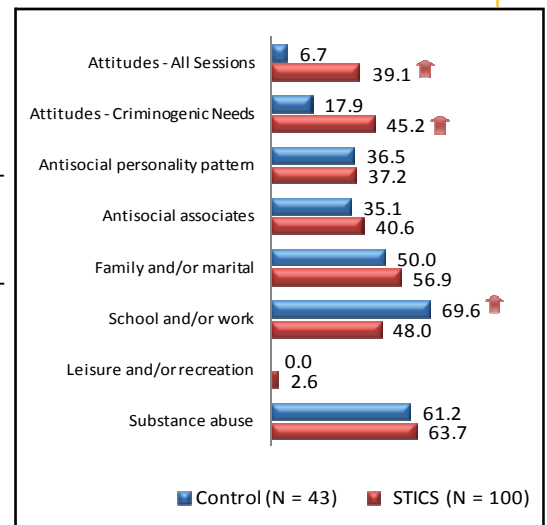
The ongoing clinical support was to ensure purposeful maintenance and enhancement of skills and consisted of three elements: (1) monthly group meetings with the trained probation officers and Dr. Bourgon, (2) the submissions of audiotapes of individual sessions with a client for feedback, and (3) a 1-day refresher course.

### The Results

#### Did STICS Change PO Behaviour? YES!

The STICS group had significantly more discussions on antisocial attitudes, both when it was identified as a criminogenic need (45.2%) and also when it was not identified (39.1%) (see Figure 2). Meanwhile, the control group POs had significantly more sessions discussing the conditions of probation (56.0%) and the criminogenic need area of school and/or work (69.6%).

Figure 2: Percent of Sessions on Relevant Issues



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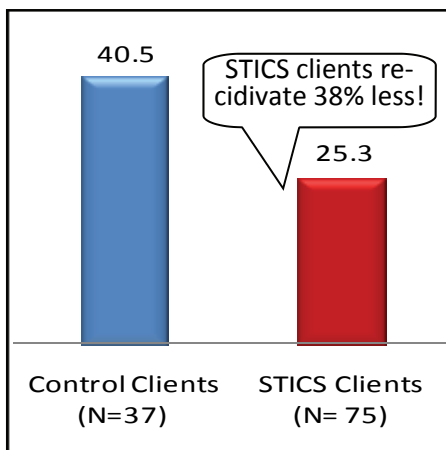
POs in the STICS group showed significantly more skill in areas such as structuring an interview, relationship-building, targeting antisocial attitudes, and cognitive restructuring techniques. Although the STICS POs demonstrated higher quality scores on Behavioural Techniques than the control POs, this difference was not statistically significant.

### Did STICS reduce recidivism? YES!

At post-training, 2-year recidivism rates were 25.3% for the clients of the STICS, and 40.5% for clients of control POs (see Figure 3), which means a 38% reduction in recidivism.

To see if the POs trained in STICS had clients with lower levels of recidivism before training, a second recidivism

**Figure 3: Percent Reconviction Rates After STICS training**



analysis examined the reoffending rates of the clients served by the POs before the POs were STICS trained. The pre-STICS training recidivism rate for clients was 46.7%. As stated above, STICS trained POs saw a reduction in their client's recidivism, a recidivism rate of 25.3%. This demonstrates a 46% reduction in recidivism.

### Was On-Going Skill Maintenance Useful? YES!

The effects of the skill maintenance were most directly seen in the display of cognitive-behavioural skills by the POs. Learning the importance of a cognitive-behavioural model and applying cognitive restructuring skills is a difficult task, especially in a three day workshop. Skill maintenance was critical for proper development and implementation.



**In summary, training in the implementation of evidence-based principles of the RNR model can have an important impact on the behaviour of POs and can reduce recidivism by 38%.**

*\*\*For further information on RNR Principles, please refer to Issue 3 of RREv.*

## Lessons Learned

- 1. STICS Improves PO skills and Interventions.**
  - ◆ More direct focus on criminogenic needs, especially antisocial attitudes;
  - ◆ Less on non-criminogenic needs and conditions of probation; and
  - ◆ Better relationship, cognitive restructuring and cognitive-behavioural skills for change.
- 2. STICS can reduce reoffending.**
- 3. On-Going Clinical Support is critical.**
  - ◆ Helps maintain and increase skill levels;
  - ◆ Cognitive behavioural skills, are difficult to learn, and require time and on-going feedback and support.

### Definition of Reduction in Recidivism

For these evaluations, we refer to a percentage "reduction in recidivism", which is different from a straight percentage-point decrease. The latter refers to a simple subtraction of the lower percentage from the higher one, while the former refers to the percentage of that decrease from the original rate. For example, if a recidivism rate drops from 25% to 10%, there is a 15% point decrease, but the **reduction in recidivism** would be 60% (15/25).

## Next Steps

- ◆ Dr. Bonta and Dr. Bourgon presented their study in December 2009 to a joint CDMC and CMC and then again to the participating probation officers.
- ◆ Collaboration between B.C. Corrections and Dr. Bonta and Dr. Bourgon continues.
- ◆ STICS has full endorsement of SMC; funding requests are under consideration by the ministry's executive.
- ◆ STICS has full endorsement by Heads of Corrections.
- ◆ For the full report, see the PREv CorrPoint site.

## The Performance, Research and Evaluation (PREv) Unit

**Contact us!** If you have comments, questions, or ideas about this publication, please contact:

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<https://collaboration.pssg.gov.bc.ca/Corr/EBP/default.aspx>