

SUBSTANCE ABUSE: THE PERSPECTIVE OF A NATIONAL PAROLE BOARD MEMBER FROM CANADA AND AACFP MEMBER*

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It is clear that alcohol and other drug problems constitute a major problem for both incarcerated offenders and those who are on some form of conditional release. It is estimated that about 70% of offenders have substance abuse problems that are in need of some form of treatment, and that more than 50% of their crimes are linked with substance use and abuse.

The mandate of the National Parole Board of Canada is to make decisions with respect to the timing and conditions of the release of offenders, which will contribute to the protection of the public by facilitating their reintegration into the community as law-abiding citizens. In meeting this primary mandate, the Board must assess the risk posed by each offender, and then examine the proposed plan for conditional release that is offered by that person. In essence, the Board will grant the release if it is determined that the offender is not likely to re-offend, that the risk is not undue, and that the release will facilitate the offender's reintegration.

It follows then that the Board will need to review information about each offender's criminal history, risk factors and criminogenic need factors that have been identified, both at the time of incarceration, and as the sentence unfolds. Board members are quite cognizant of the principles of effective treatment as described by Andrews, Bonta, and Hoge (1990). These are the common characteristics of offender programs that reduced recidivism. The four principles are risk, need, responsivity and professional discretion. From the Board's perspective, the two more relevant principles are risk and need. The need principle suggests that effective treatment programs must be able to differentiate offenders in their risk to re-offend and then match their risk to the level of service (and supervision) that they require. Thus, higher-risk offenders require more intensive services, while lower-risk offenders require very little or no

services.

The service that is offered must address what are referred to as criminogenic needs. These are offender needs that, when changed, are associated with changes in recidivism. Employment problems are an example of a criminogenic need. Self-esteem, for example, is not. Clearly, substance abuse is another example of a criminogenic need. That is, a reduction of an offender's reliance on, or use of alcohol or drugs, should result

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in a reduction in the likelihood of re-offending.

While it is clearly evident that an offender who is serving a Canadian federal sentence will likely have a number of criminogenic needs, it is sadly evident that substance abuse may well be one that is most common among inmates. This fact has been recognized by the Correctional Service of Canada (CSC), and a range of treatment programs is available throughout all Canadian regions, both institutionally and in the community. In addition to the programs that have been developed by CSC, a number of other substance abuse treatment programs are available in many communities throughout Canada.

In some respects, it would appear that the task of the Board is relatively straightforward when it comes to substance

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AMERICAN ASSOCIATION FOR CORRECTIONAL & FORENSIC PSYCHOLOGY

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abuse issues and decision-making. There should be file information that indicates whether an offender has a substance abuse problem, the nature of it (drugs or alcohol, or both), and the severity of it. There should also be information that confirms whether there is a direct link between the substance abuse problem, and the individual's criminal history. Next, there should be an indication that a treatment program has been identified, and that it is a part of the offender's correctional plan. There should then be a report from the program that the individual attended, that will contain an indication of any benefits evident from programs, and recommendations regarding further treatment. Finally, if further treatment in the community is suggested, this should be addressed in the Assessment for Decision and Correctional Plan Progress Report that are available at the time that a decision is required. Put simply, there should be an assessment of the problem, a treatment report, and specific recommendations for any follow-up. Or, if we were watching an episode of ER, there would be a diagnosis, procedure, prognosis and prescription.

Life, of course, is not always that simple, and the Board must deal with substance use issues both prior to a release decision, and following release. There are a number of problems that may arise, and interfere with the ideal scenario. For example, there are times that while offenders may require treatment, it is not available at the right location. In that case, the Board must determine if their risk for re-offending will

remain undue without that treatment prior to release, or whether a community-based treatment program will be sufficient. There will be other times when, in spite of successful program completion, offenders have been caught using either drugs or alcohol prior to release. In addition, it is logical to assume that at least some offenders are not always truthful with people in authority as they are processed during their initial days in Canadian federal custody. As a result, the assessment of the severity of a substance problem may not be accurate; if so, an offender will not likely receive the level of intervention, or treatment that is required.

The previous are not untypical examples and are an indication of the types of issues that may require a Board member, during a panel hearing, to ask a number of questions related to the offender's history of substance use or abuse.

The Board must be satisfied that the information that is contained in an offender's file is accurate regarding their history of drug or alcohol use. In the end, the Board needs to determine whether an individual's substance abuse history is actually linked to their criminal history, or index offense. There are times when there appears to be a link, but it is not actually causal. That is, an offender may have been drinking prior to an offense, but it was not related to the decision to commit a crime. In addition, the Board should know the benefits of any treatment that the offender has participated in, at any time, not just during the current sentence. It is often the case that an offender has attempted to cease their drug or alcohol use at some time prior to the current sentence. If the pre-

vious treatment was considered successful, and the individual returned to substance use which is then linked to the current offense, knowing why the previous treatment failed might be useful in determining if the current treatment will be more successful.

In essence, each Board member's task is to determine the risk that the offender may pose for returning to substance use and, ultimately, criminal activity. It is often the result of information gathered during a parole hearing that helps the Board make the decision regarding the offender's risk for a return to substance use. Experience and training have taught Board members how to make this determination. Rather than asking an inmate directly if they have a problem with drugs or alcohol, the member will try to use factual information. After all, the decision regarding whether an offender has a problem with a substance is actually not entirely theirs to make. Professional judgment is more accurate, and it is likely that this assessment has been made long before an inmate is seen at a hearing. Nevertheless, the reports that are commonly available don't necessarily capture an offender's feelings or attitudes about substance use. In addition, the assessment instruments that are commonly used generally are limited to assessing the individual's self-reported information about his drug or alcohol use in the 6 months prior to the current sentence. This method of assessment is common in the addictions field and not specific to CSC. However, that limited time period may not

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be indicative of the offender's actual pattern of use, or commitment not to use, and the parole hearing then provides an ideal opportunity to obtain that information.

Ultimately, it is the task of the Board to determine whether substance abuse is a current criminogenic factor. And, if it is, whether the risk for re-offending is manageable in the community, or not. For an inmate whose release plan includes participating in a substance abuse treatment program while in the community, the risk for returning to substance use is still present. It is necessary, therefore, to determine whether the treatment program is sufficiently intensive, and whether it will be starting close to the inmate's release date.

Current research in the field of substance abuse strongly suggests that one of the most important predictors of relapse is an individual's inability to deal effectively with various stressors or negative life events. The ability to cope may be enhanced by other programming, particularly ones that improve an individual's ability to solve problems and make appropriate decisions, and evidence of this will likely be available through the offender's file or during the hearing.

The Board's involvement in issues related to substance use does not end with a releasing decision, or in adding special conditions to abstain from drug or alcohol use or both. Offenders do violate those conditions once released, and the Board must make further decisions each time it is notified of such a vi-

olation by CSC. The Board has a limited number of options when so informed. It may take a no-action decision; it may add a new condition or modify an existing one, or it may take the extreme step of directly revoking the offender's release. The decision that is made is based, primarily, on the assessment of risk for re-offending that is currently posed by the offender. It is likely that if an offender returns to the type of substance that is linked to his offense history, the Board will take a more serious response than it might otherwise.

It is clear that the Board, must be knowledgeable about substance use; treatment programs and research that are currently available. The CSC is the normal source for such information.

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Items of Interest

ANNOUNCING A NEW JOURNAL: CORRECTIONS AND SENTENCING LAW AND POLICY

Sharon Dolovich, University of California Los Angeles (UCLA) law professor, and Washington University law professor Margo Schlanger are Co-Editors of a new Social Science Research Network (SSRN) journal, *Corrections and Sentencing Law and Policy*.

The new journal will provide a forum for works-in-progress, abstracts, and completed articles dealing with the broad range of doctrinal, theoretical, and policy issues relating to the punishment, sentencing, and re-entry of convicted criminal offenders. Topics include (but are not limited to), prison and jail conditions and life; prisoners' rights; probation, parole, and re-entry; prison and jail

administration; imprisonment and diversionary sentencing; and the death penalty. The journal also invites submissions dealing with the implications of incarceration and other criminal punishments for families, communities, and society as a whole. Contributions from all disciplines are welcomed, and scholars working in the area are encouraged to submit their work. To subscribe, click here: <http://hq.ssrn.com/jourinvite.cfm?link=corrections-sentencing-law-policy>. To view papers, click here: <http://www.ssrn.com/link/corrections-sentencing-law-policy.html>.

The journal's advisory board includes Douglas Berman (Ohio State Moritz College of Law); Lynn Branham (Thomas Cooley

Law School); Brett Dignam (Yale Law School); Malcolm Feeley (Boalt Hall); David Garland (NYU Law School); James Jacobs (NYU Law School); Dan Kahan (Yale Law School); Pam Karlan (Stanford Law School); Ira Robbins (American University Law School); Carol Steiker (Harvard Law School); Robert Weisberg (Stanford Law School); and Larry Yackle (Boston University School of Law).

The SSRN's online research network disseminates abstracts and working papers of researchers internationally in a variety of subject areas. Contact the SSRN User Headquarters: <http://hq.ssrn.com>.

FLORIDA IN DISPUTE WITH ITS JUDGES OVER MENTALLY ILL PATIENTS

For years, Florida judges have ordered state officials to obey the law and promptly transfer severely mentally ill inmates from jails to state hospitals, says the *New York Times*. With few hospital beds available, then-Governor Jeb Bush reportedly quit responding to those court orders in August, 2006. The state is being threatened with steep daily fines if it does not comply. One judge has raised the possibility that the Secretary of the Florida Department of

Children and Families could go to jail for contempt of court.

State law requires that inmates found incompetent to stand trial be moved from county jails to psychiatric hospitals within 15 days of the state's receiving the commitment orders. A rising number of mentally ill inmates, now more than 300, have been left without treatment in crowded jails because the state's 1,416 psychiatric beds are full. The problem is not unique to Florida; it is severe in Miami-Dade County, which has

one of the nation's largest percentages of mentally ill residents, says the National Alliance for the Mentally Ill. A U.S. Department of Justice study released in September, 2006 found that 64% of inmates in county jails around the nation reported mental health problems within the last year. Many are arrested for petty crimes say, yet remain in jail a long time because there is nowhere else for them to go.

Member Report

CANADIAN CORNER

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Larry Motiuk, Ph.D., Moves On In The CSC

Many of us have followed Dr. Larry Motiuk's work and career in the Correctional Service of Canada (CSC). He was one of the early recipients of the Canadian Psychological Association's (CPA's) Criminal Justice Section Student Award. He has recently moved on to assume new challenges as Director General, Offender Programs and Reintegration, CSC, where he will be responsible for three divisions including Institutional Reintegration Operations, Community Reintegration Operations and Correctional Programs.

As Director General of CSC's Research and Statistics Branch, which he inherited from Dr. Frank Porporino in 1993, Larry built a unit of top-notch staff that has had a national and international impact on the field of correctional research and practice. In addition to responding to the constant administrative and political demands of CSC, he has managed to produce important contributions to our understanding of offenders and how we, as clinicians and all other correc-

tional practitioners, work with our offender clientele. His research has appeared in various journals including *Criminal Justice and Behavior*. It has also been nicely summarized in a couple of editions that were published by CSC (Leis, Motiuk & Ogloff, 1995; Motiuk & Serin, 2001). In his most recent posting, Larry also served as Editor of the CSC research periodical, *Forum on Corrections Research*, which has helped to unite corrections researchers, practitioners and administrators throughout North America and beyond.

Stalking Dissertation

Shannon Costigan successfully completed her Ph.D. at the University of Saskatchewan in June, 2006. Her dissertation was titled "Post-Relationship Stalking & Harassment: The Reasonable Person Standard of Fear." Her study found that fear ratings to hypothetical post-relationship stalking scenarios were associated with the psychological characteristics, sexual coercion history, and gender of the respondent, as well as the type of stalking behavior and the terminator (self or partner) of the relationship depicted in the

scenario (Costigan, 2006). Anyone wishing to stalk the stalking researcher for more information may do so at the Center for Addiction and Mental Health (CAMH) in Toronto at (416) 535-8501 (Ext. 2968) or shannon_costigan@camh.net

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Member Report

HONOR, SHAME, AND CRIME IN MALTESE SOCIETY

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This is a continuation of a two-part report begun in the January, 2007 issue of *The Correctional Psychologist*.

To be shamed is to be looked down upon, to have one's reputation ruined. In this respect it is not unlike dishonor, but is more of a public interpretation of it.

Giddens (1991) notes that shame bears directly on self identity because it is essentially anxiety about the adequacy of the narrative by means of which the individual sustains a coherent biography.

Commitment to a lifestyle of criminality is facilitated by the development of a criminal identity which, in turn, is encouraged through processes of social inter-

action which define the offender as deviant. With increased commitment the likelihood of refutation of alternative courses of action is increased. Identity is a personally experienced construct but is influenced by the interactions that the individual has with others. The development of a criminal identity marks the shift

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between initial deviance, consisting of tentative flirtations with rule breaking behavior, and more conscious and consistent deviance that is based on the assumption and carving out of a deviant role in society.

Changes in the self-conception of the offender may result from a variety of processes. Increased involvement in crime sparks off a process of self-labeling that contributes to a self-conception as criminal. This, combined with apprehension, increased supervision, adjudication and sentencing by the courts, help to confirm to young offenders that they are different to other people and instigates a reconceptualization of the self. Personal identity is affected by social identity and contacts with the agencies of social control increase the young offender's self evaluations as deviant.

Perhaps one of the most important contingencies influencing commitment to the criminal career is the experience of rejection and stigmatization that is afforded the publicly identified criminal. A consistent theme to emerge out of a biographical study of Maltese inmates by Clark (1999) was the rejection and labeling experienced by interviewees from members of Maltese society. Publicly identified criminals are likely to develop a bad reputation within their local communities, and, in the case of small states like Malta, even on a national level. They are publicly shamed by being treated with suspicion which often gives rise to feelings of inferiority and differentness, and helps in the assumption of a deviant identity. The assignment of criminality as a master status secures the continued stigmatization of the criminal and his subsequent alienation from conventional so-

ciety. Within the context of Maltese society the application of a "master status" holds special theoretical value. In a society characterized by interdependency, communitarianism and strong gossip networks, stigmatization makes unlikely the successful reintegration of the publicly identified criminal into the community of law abiding citizens.

Maltese society provides few opportunities to exit a criminal career. The development of a criminal reputation and the continued stigmatization that the ex-convict has to deal with often contributes to commitment to criminality. In the study by Clark (1999), many of the inmates recalled that on return to their communities they were not treated as individuals with positive and negative qualities, but simply as people who have been to prison. If access to conventional roles is made difficult, the assumption of deviant ones becomes more likely. While the fear of loss of a good reputation may serve as an important deterrent for initial involvement in illegal activities, the development of a criminal reputation through shaming also serves to lessen the individual's social bond to society, because one now reasons that one has nothing to lose. The failure to reintegrate oneself successfully in conventional society and continued stigmatization, especially by important people in a person's life, means that commitment to the criminal career with concomitant solidification of the criminal identity is more likely.

According to Rogers (1961), if the therapist can provide a certain type of relationship, the other person will discover within himself the capacity to use that relationship for growth and change, and personal development will occur. For the therapist to provide this relationship s/he must create an atmosphere of trust. This is difficult to achieve with individuals who have been

shamed because shame leads to feelings of ontological insecurity, since it consists of fears that the narrative of self identity cannot withstand engulfing pressures on its coherence or social acceptability. According to Giddens (1991), shame eats at the roots of trust more corrosively than guilt, because shame is involved in a fundamental way with the fear of abandonment. Trust is a key component of the therapeutic relationship since the relationship between client and therapist is based on mutual trust and respect.

By focusing on one particular approach, person-centered therapy, this section will attempt to demonstrate how the issue of shame might interfere with the development of the client/therapist relationship. According to Rogers (1977), three characteristics or attributes of the therapist form the core part of the therapeutic relationship: (1) congruence, (2) unconditional positive regard (UPR), and (3) accurate empathic understanding.

Congruence is the most important attribute, according to Rogers. This implies that the therapist is real and/or genuine, open, integrated and authentic during their interactions with the client. The therapist does not have a facade, that is, the therapist's internal and external experiences are one and the same. In short, the therapist is authentic. This authenticity functions as a model of a human being struggling toward greater realness. Since therapists are also human, they cannot be expected to be fully authentic. Instead, the person-centered model assumes that, if therapists are congruent in the relationship with the client, then the process of therapy will get

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under way. Congruence exists on a continuum rather than on an all-or-nothing basis (Corey, 1986). Thus, therapists have to be honest about their reactions to the clients and, in the case of correctional counseling, to the offenders' misdeeds. In Maltese society, since therapists are as likely as the offender to be bound by the code of honor and shame, this has important implications for their ability to be truly authentic with the result that the intervention may be further stigmatizing for the offender concerned. The experience of shame increases one's sensitivity towards one's reputation. Clients may, therefore, engage in identity management in order to influence therapists' opinions of them.

Unconditional positive regard (UPR) refers to the therapist's deep and genuine caring for the client. The therapist may not approve of some of the client's actions but the therapist does approve of the client. In short, the therapist needs an attitude of "I'll accept you as you are." According to Rogers (1977), research indicates that, the greater the degree of caring, prizing, accepting, and valuing the client in a nonpossessive way, the greater the chance that therapy will be successful but, it is not possible for therapists to genuinely feel acceptance and unconditional caring at all times (Corey, 1986). This might be particularly salient within a correctional setting. If the therapist is unable to be unconditional then this will further facilitate the experience of shame and further solidify the developing criminal identity and consequent marginality.

The intrinsic valuing of the client without imposing conditions of worth is of particular importance when working with

stigmatized individuals because their sense of self-worth is often low. The experience of being with someone providing this core condition is healing in itself and will enable offenders to begin to challenge their self-concepts.

According to Braithwaite (1989), reintegrative shaming means that expressions of community disapproval, which may range from mild rebuke to degradation ceremonies, are followed by gestures of reacceptance into the community of law-abiding citizens. These gestures of reacceptance will vary from a simple smile expressing forgiveness and love to quite formal ceremonies to decertify the offender as deviant. For example, in Malta, drug addicted offenders who have completed a period of rehabilitation, participate in a formal graduation ceremony marking the end of their status as junkies. Unfortunately, much effort is directed at labeling deviance, while little attention is paid to de-labeling, to signify forgiveness and reintegration, to ensuring that the deviant label is applied to the behavior rather than the person, and that this is done under the assumption that the disapproved behavior is transient and performed by an essentially good person. Disintegrative shaming (stigmatization), in contrast, divides the community by creating a class of outcasts. Reintegrative shaming requires a reconstruction of offenders' narrative of identity, both in their eyes and in the eyes of others. If the therapist is not truly unconditional, further shaming ensues. With extensive humiliation, offenders come to lack shame. It is then that they truly become a menace to society, for it can no longer be said that they care what their community thinks of them and are therefore free to transgress. They are now no longer bound by the moral code of the community. Have they become sociopaths?

Therapists are not immune to their cultural milieu. In Malta, the presence of a strong "moral community" means that people are prepared to make judgments about one another. In 1990, a Maltese version of the European Values questionnaire was re-administered in Malta by Gallup in association with the European Value Systems Study Group (Abela, 1994). The results indicated that the Maltese seemed to have retained their traditional value system, promoting marriage and the family, the Church and religion. Most Maltese retained a very strict morality even though they may have become slightly more liberal on certain issues. On a 10-point scale where 1 signifies "never justified" and 10 signifies "always justified" they rated certain issues as follows: abortion - 1.6; prostitution - 1.3; homosexuality - 1.8; divorce - 2.2. Abela's research highlights that the Maltese, in general, are not very accepting of ex-convicts, addicts, unmarried mothers and others who do not live up to the traditional value system still cherished by most.

In Abela's 1994 survey, it emerged that Maltese people are intolerant and mistrustful. He writes that the number of those who do not want as their neighbors, people with a criminal record (78%), heavy drinkers (62%), people with AIDS (66%), drug addicts (66%), homosexuals (45%), the emotionally unstable (35%), members of minority religious sects or cults (17%), large families (17%) and unmarried mothers (15%), amongst others.

Abela (1994) claims that fewer Western Europeans are rejecting of such people. Many Maltese feel that people are poor due to laziness and lack of will

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rather than because of injustice in society.

The distinction Braithwaite (1989) makes between stigmatic shaming and reintegrative shaming is crucial. Braithwaite is firmly opposed to stigmatic shaming and sees it as likely to be counterproductive. An attitude questionnaire administered by Clark as part of her doctoral research (Clark, 1999), indicates a fair measure of punitive and hostile attitudes towards prison inmates and criminal offenders. While many claim that criminals are not bad people possessing negative qualities, they will still hesitate to have close relations with them, to have them as neighbors and friends, and to employ them. Still, less would they be like members of their family to get intimately involved with them. Once they are apprehended, it is felt that offenders are getting off too lightly and that stronger measures should be implemented.

Reintegrative shaming, on the other hand, is seen as likely to be effective in controlling crime. It means that the offense rather than the offender is condemned and the offender is reintegrated rather than rejected by society. An important concern in correctional counseling is that the offender is not subjected to interventions that further confirm his status as deviant and contribute to further shame and stigmatization.

Empathy requires counselors to attempt to see the world through the clients' eyes, to temporarily suspend their own perception, and, through active listening attempt, to understand what it means to be the client in that particular situation. In order to do this, they must be able to engage on the emotional level and they must be willing to recognize the client's feelings. In

counseling offenders, intense raw emotions may be encountered, which can make it difficult to maintain empathy and stay in touch on an emotional level. In addition, offenders have often had difficult and problematic interactions with people in authority. Correctional counseling is often mandatory and counselors may be viewed as members of the establishment. There is therefore the risk of losing empathy. This is the nature of the challenge presented when working with stigmatized offenders. Clients are also more likely to use a host of cognitive techniques and defense mechanisms that help them to maintain a viable self-concept in the face of negative reflected appraisals.

The particular characteristics of Maltese society, its structures and values, influence both the development of criminal careers of offenders as well as their reintegration in society. Malta's small size is an important consideration. This two-part report has highlighted the consequences of a high degree of social visibility on criminal careers. Behavior which otherwise might remain private becomes public knowledge through the exchange of gossip and information. Maltese people have also been found to be more intolerant and mistrustful of others when compared to other Europeans. They tend to be particularly intolerant of those who break the norms of the community (Abela, 1994).

Perhaps one of the most important contingencies influencing commitment to the criminal career is the experience of non-reintegrative shame and stigmatization that is afforded the publicly identified criminal. In Maltese society publicly identified criminals are likely to develop a bad reputation within their local communities and in the case of small states like Malta, even on a national level. They

are also treated with suspicion, which often gives rise to feelings of inferiority and differentness and helps in the assumption of a deviant identity. The assignment of criminality as a "master status" secures the continued stigmatization of the criminal and his subsequent alienation from conventional society. Within the context of Maltese society, the application of a "master status" holds special theoretical value. In a society characterized by interdependency, communitarianism and strong gossip networks, stigmatization makes unlikely the successful reintegration of the publicly identified criminal into the community of law abiding citizens.

Maltese society provides few opportunities to exit a criminal career. The development of a criminal reputation and the continued stigmatization that the ex-convict has to deal with often contributes to commitment to criminality. While the fear of loss of a good reputation may serve as an important deterrent for initial involvement in illegal activities, the development of a criminal reputation also serves to lessen the individual's social bond to society because one now reasons that one has nothing to lose. The failure to reintegrate oneself successfully in conventional society and continued stigmatization, especially by important people in the young person's life, means that commitment to the criminal career with concomitant solidification of the criminal identity, is more likely.

All references for Dr. Clark's two-part report are included here.

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Awards

ROBERT MORGAN, PH.D., RECEIVES 2006 OUTSTANDING CONTRIBUTIONS TO SCIENCE AWARD

Robert Morgan, Ph.D., received the 2006 Outstanding Contributions to Science Award from the Texas Psychological Association (TCP). As part of the TPA's Distinguished Professional Contribution Awards, the award recognized Dr. Morgan's research focusing on the evaluation of treatment and intervention programs for incarcerated offenders. Morgan and his colleagues conducted a national survey that indicated that group psychotherapy remains the prominent treatment modality for incarcerated offenders. He also conducted a group psychotherapy outcome study, integrating an interpersonal process-oriented approach to group psychotherapy with structured cognitive-behavioral strategies and homework exercises. The resulting program developed from the study was well received by inmates and others. Morgan also co-authored a meta-analytic review of 26 empirical studies and found positive treatment effects for the use of group psychotherapy with incarcerated offenders across institutional adjustment, anger, anxiety, depression, interpersonal relations, locus of control, and self-esteem. His review indicated that inmates who were referred or mandated to attend group treatment fared no better than inmates who self-referred for services. He also recently received an award from the National

Institute of Mental Health for a study investigating criminal-thinking patterns of mentally ill offenders. The data collected from the study is being used to develop the criminologi-

cal component of a multifaceted intervention within the prison system targeting offender mental illness and criminal behavior of mentally ill offenders.

LORRAINE R. REITZEL, PH.D., WINS CANCER PREVENTION FELLOWSHIP

The current President of AACFP, Lorraine R. Reitzel, Ph.D., was recently awarded a R25T Cancer Prevention Fellowship Award at the University of Texas, M. D. Anderson Cancer Center. The National Cancer Institute funds this fellowship, which will provide 2-year support for Dr. Reitzel's research. Her project, titled "The Influence of Neighborhood-Level Economic Deprivation on Smoking Cessation," will examine how neighborhood-level characteristics of economic deprivation affect smoking cessation during a specific quit attempt (N = 200) and will investigate several potential individual-level moderators and/or mediators of this relationship (e.g., negative affect, self-efficacy). This project will utilize questionnaires and state-of-the-science Ecological Momentary Assessment data, which allows for real-time reporting of temptations, cravings, lapses, affect, and situational variables during a quit attempt via a palmtop computer issued to participants. Indices of economic deprivation (e.g., median family income, percentage living

below poverty) will be gathered from U.S. Census Bureau data and overlaid onto a geographical map of the greater Houston area using geographical information systems software, which can then be linked to participants' home addresses to generate neighborhood proxies. Although, not among the specific aims of this project, Dr. Reitzel will also collect information about participants' history of incarceration and how this affects smoking rates and/or cessation. The *National Health Interview Survey* (available at <http://www.cdc.gov/nchs/nhis.htm>) indicated that over 9 million adults spent more than a day in jail/prison, shelters, or on the streets in the year 2004 alone, and that the prevalence of smoking among these individuals was more than double that seen among the general adult population (56.2% vs. 20.9%). Primary and secondary mentors for this project are Drs. David W. Wetter, Jennifer Irvin Vidrine, Yisheng Li, and Ellen Cromley.

Member Article

PROMOTING HUMAN GOODS AND REDUCING RISK: ARTICLE FROM A NEW ZEALAND MEMBER*

Tony Ward, Ph.D.**—Contact: tony.ward@vuw.ac.nz

This two-part article will explore the Good Lives Model (GLM), which maintains that offenders are essentially human beings with similar needs and aspirations as non-offending community members.

Rehabilitation should be concerned with equipping offenders with the capabilities and values to live prosocial and personally meaningful lives. This depends on the acquisition of accurate knowledge of the social and physical world, development of a robust understand-

ing of their own values and standards, the ability to pursue their own personal good in specific environments, and being able to utilize the resources they require to overcome routine obstacles in the pursuit of that good. These

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two sets of capacities are embedded in a narrative identity that reflects peoples' commitments, personal projects or goals, and subsequent activities. Narratives are stories of past experience and sets of expectations about future experiences and lives. They both guide the actions of individuals and shape their experiences and lives (Kekes, 1993; Ward & Stewart, 2003). A person's sense of who he is emerges from his personal projects and activities in the world.

In brief, human beings have the ability to shape or create themselves to a certain degree depending on their values, abilities, knowledge, opportunities, and resources. Thus, a viable narrative identity crucially depends on individuals' capabilities, resources, and opportunities. It spells out the kind of commitments a person has, what is of importance to him, and ultimately what kind of person he becomes. At the heart of narrative identities are values of various types: basic commitments and their associated strategies for living. In truth, rehabilitation is a deeply value-laden enterprise (Ward & Marshall, in press; Ward & Stewart, 2003).

The possibility of changing the way offenders behave is once again on policy and political agendas and signals the reemergence of a more constructive approach to crime control. In fact, the shift from a strictly punishment model to one that incorporates rehabilitation is arguably one of the most significant events in recent correctional policy (Gendreau, 1996).

Despite the change heralded above, the issue of offender rehabilitation is a controversial and contested one. The flashpoints include debate over the effectiveness of rehabilitation and claims that even if treatment does reduce re-offending, offenders do not deserve the opportunity to learn new skills and ultimately a chance at better lives. Instead,

the argument goes, they should be humanely contained and the focus of sentencing on retribution rather than treatment.

In my experience, such exchanges revolve around two fundamental attitudes toward crime and individuals who offend: (1) the view that offenders are outsiders, moral strangers who do not merit any empathy or concern and therefore whose interests are of peripheral concern when designing intervention programs, and (2) the view that offenders are essentially human beings and, as such, deserve the chance to redeem themselves and to live worthwhile and better lives. Both sets of attitudes are evident in the various arenas of the correctional system, penetrating to the core of containment and rehabilitation policies (Garland, 2001). In my experience, this level of analysis is often missed and therefore commentators frequently fail to get to the heart of the issue of rehabilitation and its discontents. Fundamentally, it is a matter of human interests, rights, and goods.

The first attitude toward offenders is associated with policies concerned with risk detection and management. The focus is squarely on estimating the degree to which individuals constitute a menace to the community and then setting out to reduce or minimize their risk factors in the most cost-effective manner. Individuals are viewed as bearers of risk, potential agents of harm or hazards. The rehabilitation approach most closely aligned to the risk management perspective is the Risk-Need-Responsivity Model (RNR) Andrews & Bonta (2003). Indeed, as stated above, empirical research supports the utility of the RNR of offender treatment, a perspective that focuses primarily on the management of risk (Andrews & Bonta, 1998).

The assumptions underlying the RNR model are well-established in criminal justice agencies and non-government agencies throughout the Western world to the point where

it can be regarded as the received or orthodox position concerning rehabilitation. In essence, the RNR proposes that correctional interventions should be structured according to three core rehabilitation principles: (1) risk, (2) need, and (3) responsivity (Andrews & Bonta, 1998; Hollin, 1999). Perhaps the most well-known rehabilitation assumption is that the most effective and ethical approach to the treatment of offenders is to target dynamic risk factors (i.e., criminogenic needs) that are causally related to criminal behavior (Andrews & Bonta, 1998; Gendreau & Andrews, 1990; Hanson, 2001). This is termed the need principle. A second important guiding assumption is the risk principle which specifies that the treatment of offenders ought to be organized according to the level of risk they pose to society. That is, the higher the level of the risk the greater the dosage or intensity of treatment should be. The third major assumption is the responsivity principle which is primarily concerned with the problem of matching the delivery of correctional interventions to certain characteristics of offenders, for example, motivation, learning style, and ethnic identity. The intent of the responsivity principle is to ensure that therapeutic and other types of correctional interventions are implemented in a way that is likely to make sense to offenders and thus enable them to absorb the program content and make the changes necessary in their lives to desist from further offending.

There is a growing acceptance that there are psychological and social variables reliably associated with offending and its reduction. Offenders have a number of skill deficits and life problems that can be successfully resolved through participation in structured therapeutic programs utilizing the principles of the RNR model. Despite some dissenting views (e.g.,

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Member Article

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Whitehead & Lab, 1990) most recent comprehensive reviews of what works in the correctional domain agree that some types of rehabilitation programs are particularly effective in reducing re-offending rates (e.g., Andrews & Bonta, 2003; Andrews & Dowden, 2005).

Despite the strengths of the RNR, clinicians, and researchers have recently challenged certain aspects of this approach and argued that concentrating on reducing dynamic risk factors (criminogenic needs) is a necessary but not sufficient condition for effective correctional interventions (Ellerby, Bedard, & Chartrand, 2000; Maruna, 2001; Ward & Stewart, 2003). One of the major concerns is the perceived narrowness of the RNR

model and its failure to adopt a more constructive or positive approach to treatment. It has been argued that it is necessary to broaden the scope of correctional interventions to take into account the promotion of human goods (i.e., approach goals). That is, experiences, activities, or states of affairs that are strongly associated with the well-being and higher levels of personal satisfaction and social functioning.

Researchers, clinicians, and correctional workers who are critical of the RNR model point to its rather impoverished nature and inability to provide those involved with rehabilitation with sufficient tools to engage and work with offenders in the process of behavior change. What they mean by this claim is that a set of principles that are essentially orient-

ed toward risk management and the allocation of scarce rehabilitation resources are unlikely to help deal with the complexities and demands of forensic practice.

*All references for Dr. Ward's article will appear in his second installment, scheduled to appear in the upcoming July issue of *The Correctional Psychologist*.

**Doctor Ward is Professor of Clinical Psychology at the School of Psychology, Victoria University of Wellington, New Zealand.

Conference

INTERNATIONAL COMMUNITY CORRECTIONS ASSOCIATION CALL FOR PAPERS

The 15th Annual Research Conference on What Works: "Collaborating for Community Justice: A Local Public Safety Imperative," October 28-31, 2007, Town and Country Resort, San Diego, California

PRE-CONFERENCE INTENSIVE WORKSHOPS

On Sunday, October 28, 2007, ICCA will offer from 3-5 intensive, day-long pre-conference workshops on a variety of topics. These workshops may involve a team of presenters, panel presentations, or be interactive with the audience.

PLENARY RESEARCH TOPICS

On Monday, October 29 through Wednesday noon, October 31, the ICCA Conference will feature commissioned plenary presentations of new research on cost effectiveness of implementing best practices (Steve Aos); new developments in risk assessment (Pat Van Voorhis); and restorative justice (Shadd Maruna).

RESEARCH CONFERENCE WORKSHOPS

The array of workshops for which we are inviting your participation will

demonstrate evidence-based best practices and promising practices at work in the field, especially in the areas highlighted by the plenary speakers. The conference focuses on building community partnerships to reduce crime and we especially encourage workshop proposals citing successful community-wide efforts.

Workshops are typically 90 minutes in length, with from 5-8 workshops running concurrently following each plenary session. The format may be lecture, panel presentation, or interactive.

AUDIENCE

The ICCA conference is the premiere international research conference on community corrections. Attendance for the San Diego conference is estimated at upwards of 700 community corrections agency leaders and program directors, probation and parole officers, jail reentry program directors, as well as researchers, government representatives, officers of the court, and vendors.

PRESENTERS

Presenters are responsible for their own transportation and accommoda-

tion costs but will be offered free conference registration for the day of their presentation.

SUBMIT PROPOSAL BY MAY 1, 2007, TO:

Conference Committee
International Community Corrections Association
1730 Rhode Island Ave., N.W., Suite 403
Washington, D.C. 20036-3101
FAX: (202) 828-5609
Contact: jbrowning@iccaweb.org



Correction

From page 15 of the January, 2007 issue of *The Correctional Psychologist*, the correction should read "Avraham Hoffman is the founder and former Director General of the Israeli Prisoner Rehabilitation Authority."

Conference

CORRECTIONAL HEALTH IN THE SPOTLIGHT AT UPDATES CONFERENCE

Over 1,000 professionals in the correctional health care field will gather to explore options for effective treatment, education, prevention and research at this year's Updates in Correctional Health Care Conference. Hosted by the National Commission on Correctional Health Care (NCCHC) and the Academy of Correctional Health Professionals (ACHP), the meeting will take place May 5-8, 2007, at the Coronado Springs Resort (conference headquarters), at Walt Disney World, Orlando, Florida.

The 4-day conference features more than 50 exceptional educational presentations, plenary sessions with nationally renowned correctional health experts and numerous networking opportuni-

ties. Preconference seminars on Saturday and Sunday provide in-depth education on essential topics in correctional health care—including a preview of the 2008 NCCHC Standards for Health Services—to improve service delivery and quality of care. Concurrent sessions address a broad spectrum of topics to meet the needs of professionals of different disciplines and settings, and encompass clinical care, mental health services, juvenile health, management practices, legal issues and much more. The lineup also includes multidisciplinary discussions on timely topics such as surviving organizational transition and delivering care to an aging inmate population.

The conference also features an extensive commercial exhibition

where attendees may visit dozens of suppliers to learn about the latest products and services available to assist them in their day-to-day responsibilities. In addition, the conference is a test site for the Certified Correctional Health Professional (CCHP) exam.

The NCCHC is a not-for-profit 501(c)(3) organization working to improve the quality of care in our nation's jails, prisons, and juvenile detention and confinement facilities. The ACHP is a national membership organization providing professional development and educational opportunities for individuals involved in correctional health care.

Contact: deborahross@ncchs.org, (773) 880-1460

Research of Interest

STATIC AND DYNAMIC FACTORS OF ESCAPE RISK: DOCTORAL DISSERTATION SUMMARY

Information From—Colette M. Cullen, Psy. D.*—*Contact: colette.cullen@wisconsin.gov*

Many would agree that inmate escapes or escape attempts are important issues for any department of corrections. At a minimum, escapes from an institution may cause infrastructure damage (e.g., broken fences, windows, locks, etc.). Escapes or attempts tend to also disrupt general institutional order and safety. Escapes and any escape behavior** generally interfere with fragile relationships between the correctional system and the community. Escaped inmates also often commit additional crime. The media coverage of escapes and perhaps, other crime, is typically negative and feeds into the decline of community and legislative support. For these reasons then, preven-

tion of inmate escapes needs to be a priority issue for any correctional system.

The focal point of escape research has been on escape risk with three factors being used to examine the issue: (1) static (demographic), (2) dynamic (situational), and (3) psychological. Static factors (e.g., age, history of escapes, type of offense, etc.), and dynamic factors (e.g., family problems, prior alcohol abuse or parole hearing outcome, etc.) are the most cited factors in the literature. Psychological factors (e.g., intelligence, mental stability, etc.), because of their intrusive nature are not as often cited. Psychological factors were not a part of this study nor were other factors like perimeter fencing or walls, alarms, cameras,

or observation towers, either.

A total of 194 Wisconsin Department of Corrections inmate files were reviewed. Of the 194, 91 (made up of Caucasian, African American, and Native American inmates) had at least one documented escape or some sort of other escape behavior noted and 103 (made up of Caucasian and Native American inmates only) had no documented escape or any other documented escape behavior noted. The 103 inmates were used as a comparison group.

The study examined age, race, Alcohol or Drug Assessment (AODA) need, number of adult and juvenile incarcerations prior

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Research of Interest

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to escape, and types of crimes committed as predictors of escape or attempted escape. The study also examined the relationship between these variables and the type of escape or escape behavior committed.

Highlights of the study showed that Caucasian inmates with an AODA need, with at least one previous juvenile or adult incarceration with primarily property crimes, were more likely to escape or attempt to escape. The data also indicated that the majority of inmates in this group (59.3%) who engaged in escape behaviors, did so between the ages of 18-25.

Inmates from this group under 18 were more likely to have a walk-away escape, and inmates over 35 from this group were more likely to have attempted an escape. Further, inmates from this group who had one or more prior juvenile or adult incarcerations, were significantly more likely to have made an escape attempt. Interestingly, African American inmates from this group who had no need for AODA services had no previous adult or juvenile incarcerations, before the current one, and had committed primarily assaultive or violent crimes, were the least likely to escape or attempt to escape.

More research in the field of escape risk is needed to more accurately predict escapes or escape attempts. Factors other than the ones examined in this study (e.g., current family problems, staff-to-inmate ratios, amount of sentence already served prior to escape, or an attempt, availability of programming or employment opportunities within the institution, or problems with parole) might also have relevance in predicting escapes or escape attempts. The inclusion of other dynamic factors (e.g., motives for escape, inmate's lack of cooperation, or inmate self-awareness) may also increase the accuracy of predicting escapes or escape attempts. Departments of corrections might want to consider collecting and archiving inmate static, dynamic, and psychological factors regularly (e.g., annually, every 2 years, every 5 years) as part of standard operating procedure.

Conference



International Corrections and Prisons Association

for the Advancement of Professional Corrections

Ninth Annual General Meeting and Conference "Sharing the World of Innovation"

October 21-26, 2007
Bangkok, Thailand

*Corrections leaders and professionals from over 40
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For more information or to register, visit our website at www.icpa.ca

CALL FOR PAPERS

The Program Committee of ICPA invites persons interested in presenting a paper at the Association's annual conference later this year to submit ideas for consideration by the Committee. The conference theme is "**Sharing the World of Innovation**" and all papers addressing this topic will be considered. The conference will give particular emphasis to papers in the areas of: *Offender Management; Treatment Programs; Healthcare Issues; and Technology*. Proposals on other topics which address the conference theme will also be considered. Consideration will also be given to grouped papers/symposia and to any persons wishing to present a poster session. Abstracts of no more than 500 words should be provided using the pro forma available on the ICPA website or please write to

contactus@icpa.ca to learn more. **DEADLINE MAY 31, 2007**

*Doctor Cullen received her doctorate in clinical psychology in December, 2005, from Argosy University, Eagan, Minnesota. She is employed with the Wisconsin Department of Corrections as a Psychological Associate B.

**Escape refers to actually leaving a secure institution without permission or from law enforcement custody. Escape behaviors are more general terms, referring to absconding from community supervision, walking away from a minimum security camp, or attempting to escape (i.e., captured or intention to escape detected before an actual escape) from a secure institution or from law enforcement custody.

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