

CORRECTIONS VICTORIA

Reducing re-offending framework:

Setting the scene

PAPER NO. 1

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Written: January 2002
Revised: January 2004

January 2004

To the reader,

The 2001-02 Victorian State Budget announced a substantial amount of funding over the next four years. As a consequence, the largest offender rehabilitation and prison diversion programs ever undertaken in Victoria are being introduced.

Attached is the first of an expected series of papers regarding a service system approach to reducing re-offending in the Victorian correctional system.

The paper- *Reducing re-offending framework: Setting the scene: Paper No. 1* has been prepared by Strategic Services, Corrections Victoria. The paper provides an overview of the framework. Further detail will be forthcoming regarding service delivery models and implementation plans in the specific areas of: assessment, intervention, offender management, staff training and evaluation. These models and plans will be disseminated as they develop in consultation with the field.

Paper No. 1 had been endorsed in January 2002 by the Rehabilitation Steering Committee representing service deliverers in the correctional system. Attached is a revised version that incorporates new developments in offender rehabilitation.

Please feel free to contact Ms Astrid Birgden, Manager, Clinical Services Development on Astrid.Birgden@justice.vic.gov.au for further information or to discuss your comments.

Reducing re-offending framework: Setting the scene: Paper No. 1 can also be found on the Department of Justice web page at <http://www.justice.vic.gov.au/>

I recommend the paper to you and encourage anyone involved in the provision of services designed to reduce re-offending in offenders to read the report.

Yours sincerely

KELVIN ANDERSON
Commissioner

PURPOSE

The purpose of this paper is to provide an overview of the framework to reduce re-offending in the Victorian correctional system. More detailed plans regarding service delivery models and implementation plans for specific areas concerning assessment, intervention, offender management, staff training, and evaluation will be forthcoming.

The mission for Corrections Victoria is to *deliver a safe and secure corrections system in which we actively engage offenders and the community to promote positive behaviour change*. While in Australia we have "...arguably become the experts in the language of rehabilitation, we quite clearly remain amateurs in the practice of rehabilitation" (Ogilvie, 2001, p 9). The aim is to commence a service system approach to reducing re-offending with interim measures until new developments have been completed.

The concept of reducing offending is considered outside the scope of this paper, as this requires a whole-of-system approach across departments. The Corrections Long Term Management Strategy aims to manage the demand for prison beds by 2005. It aims to do so by (1) improving prison infrastructure to meet the current demand, and (2) reducing the predicted demand by 600 beds through strengthening Community Correctional Services (CCS) as an alternative to imprisonment and providing rehabilitation programs in prison and the community to reduce reoffending.

BACKGROUND

In October 2001 the Expenditure Review Committee (ERC) provided substantial state government funding for the Corrections Long Term Management Strategy, including the delivery of a framework to reduce re-offending. Over the past two decades, research has shown that re-offending rates can be reduced through rehabilitation of offenders rather than punishment alone. The increased funding indicates a shift in accordance with contemporary correctional policy. However, there is no single, definitive approach to reducing re-offending and therefore a multi-disciplinary and multi-agency systemic approach is required.

PRINCIPLES UNDERLYING REDUCING RE-OFFENDING

Service System Approach

Rehabilitation within the correctional system necessitates an interaction between law and psychology. The law provides the opportunity to harness the "therapeutic moment" or window of opportunity when the offender is in crisis before the criminal justice system (Birgden, in press). The way in which the correctional system responds may increase offender resistance to change offending behaviour *or* increase offender determination to change offending behaviour. Reducing re-offending requires a systemic approach that maximises the therapeutic effects of the law and minimises the anti-therapeutic consequences of the law (see Wexler, 2001, Wexler & Winick, 1996). This approach needs to be an interdisciplinary endeavour that involves members of the judiciary, clinicians and correctional officers. Rather than using the law as a stick-and-carrot approach to coerce offenders into programs, legal and correctional staff should harness the law to provide respectful external motivation for offenders to participate. This approach should occur from conviction at court to completion of sentence. The result will increase the likelihood that offenders are making informed decisions about participating in offending behaviour programs and so increase the

likelihood that they will attempt behaviour change. Underpinning this is the concept of offender treatment readiness (Ward, Day, Howells & Birgden, in press). Treatment readiness is influenced by internal or individual factors such as beliefs about treatment, and external or contextual factors such as program timing. The stage of change model is useful in determining how offenders can move from precontemplation or contemplation of change, to preparation to change and then into the action and maintenance stages of change (see Birgden, 2002).

A reducing re-offending framework should have the dual goals of offender risk management and increased offender capabilities (Ward & Stewart, 2003). Offence-specific and offence-related programs have a rehabilitative goal of *risk management* (i.e., rehabilitating offenders to avoid harm to the community). Thus, offence-specific programs that address criminogenic needs include sexual, violence, and drug and alcohol-related offending. Corrections Victoria will develop a service delivery model to address these areas. Corrections Victoria will address these areas by supporting pre- and post-release for prisoners and community-based support for offenders. At the same time, interventions that meet non-criminogenic needs such as anxiety, low self-esteem and psychological distress may be required to assist offenders to change offending behaviour. Offence-related programs include family support, harm-related drug use, and accommodation, education and employment. Such interventions have a rehabilitative goal of *enhancing capabilities* (i.e., improving quality of life and so reducing the likelihood of offenders harming themselves and others). This need will be partially met through the offender management system outlined below. In addition, a consistent system of sentence management is required to underpin the framework. Again, a multidisciplinary and multi-agency approach is required.

Service Delivery

Recidivism in offenders can be reduced by 10% and up to 50% through offence-specific programs that meet particular criteria. Influencing current models of rehabilitation is the work of correctional researchers regarding "what works" (e.g., Andrews & Bonta, 1998; Gendreau, 1996; McGuire, 2002, McGuire & Priestley, 1995). From the literature regarding the risk-need approach (e.g., Andrews & Bonta, 1998; Gendreau, 1996), the good lives model (e.g., Ward & Stewart) and therapeutic jurisprudence (e.g., Wexler & Winick, 1996), 12 principles will underpin the reducing re-offending framework:

1. Classify risk: The risk principle indicates that more intensive services should be applied to higher risk offenders (i.e., who should receive services). Minimal interventions target lower risk offenders. The level of risk is determined by a validated assessment tool.
2. Meet criminogenic needs: The need principle indicates that criminogenic needs or dynamic risk factors directly related to offending should be targeted (i.e., what should be treated). Targeting changeable risk factors provides risk management. Where appropriate, non-criminogenic needs will also be addressed to enhance capabilities.
3. Be responsive: The responsivity principle indicates that treatment approaches should use structured cognitive-behavioural interventions and match the individual learning styles of offenders (i.e., how treatment should be delivered). Internal responsivity considers treatment motivation, age, learning style, culture, and various barriers to participation. External responsivity considers an active, engaging, and participatory style of service

delivery and is influenced by the setting (community versus prison) and staff characteristics.

4. Increase motivation: Lack of motivation can be a criminogenic need and should be the target of intervention rather than used to exclude offenders from programs. Strategies can be developed to address external and internal motivation.
5. Deliver "smart" punishment: Punishment alone is ineffective in reducing reoffending. Programs need to focus on developing pro-social skills to replace anti-social behaviour.
6. Emphasise community: Programs based in the community are more effective because new skills learned can be immediately applied. However, prison-based programs can also be effective if adequate reintegration occurs.
7. Use effective treatment methods: The most effective programs address a variety of problem areas (multimodal methods), are skills-oriented (teach coping skills), and use cognitive-behavioural methods (address thoughts, feelings and behaviour).
8. Encourage responsibility-taking: Offenders should demonstrate accountability for behaviour and increased victim awareness.
9. Maintain treatment integrity: A scientific, rational and empirical approach to research, development and service delivery is used. That is, programs are to be theory and evidence based.
10. Maintain program integrity: The stated aims are linked to the methods being used and adequate resources and trained staff are available. Program monitoring and evaluation will systematically occur.
11. Apply professional discretion: In addition to standardised methods, clinicians must also be aware of balancing moral, ethical, economic and legal considerations i.e., judgements are normative rather than value-free.
12. Adequate program development and implementation: Effective consultation and organisational cultural change is crucial.

SERVICE DELIVERY MODEL

As previously outlined, the service delivery model should focus on the risk, need and responsivity principles. Most importantly, a correctional environment conducive to program delivery is required in order to increase offender motivation to change offending behaviour.

Target Group

The target group are those offenders with moderate to high risk/needs in the area of sexual, violent, and drug and alcohol related offending. Male offenders receiving sentences of 6+ months and female offenders receiving sentences of 4+ months will be assessed for participation in offence-specific programs. Repeat offenders on short sentences who have previously been assessed are more likely to receive a program upon re-conviction if the

subsequent sentence allows the length of time required. Delivery of rehabilitation programs will need to be adjusted to meet the specific needs of female offenders.

The target group will also need to include offenders with special learning needs such as intellectual disability, mental illness, acquired brain injury, severe personality disorder, sensory impairment, young offenders and so on. Programs will also need to be designed or adapted for Koori offenders and those from culturally and linguistically diverse backgrounds. In addition, it will need to be determined how specialist services will be delivered to CCS offenders in remote locations. On occasion, service delivery will need to be provided on an individual basis to offenders with special needs or cultural requirements and those in remote locations. Standards for individual intervention will need to be developed.

Assessment

Assessment is a dynamic process that evaluates the offender throughout sentence and determines the timing, focus, format and content of intervention. Actuarial (or statistical) assessment tools together with structured clinical judgement are considered most accurate in determining risk.

Tier 1: Risk and need assessment screen

The development of a Victorian correctional risk and need assessment tool has commenced. The tool will be administered to prisoners by Sentence Management Unit staff and to offenders by Community Corrections Officers (CCOs). A brief screening version of an established tool developed in Canada (the Level of Service Inventory-Revised: SV) is being administered by these correctional staff as an interim measure.

The tool under development will assess for risk level and indicators of need. The assessing CCO will provide information regarding risk and need prior to sentencing. The resulting Offender Management Plan will include (1) an assessment of risk level, (2) offence-specific and offence-related needs, (3) readiness-to-change in terms of motivation to engage in programs, (4) risk of self-harm, (5) any special needs or cultural requirements, and (6) for prisoners, an initial Exit Plan focussed on needs upon release. Security classification for prisoners will be included and impact on community safety in relation to sentence compliance for offenders determined. The offender should be provided with the opportunity to make informed choices about his or her Plan.

Tier 2: Detailed risk and need assessment

Those offenders who are deemed moderate or high risk/need will be assessed for suitability for a cognitive skills program. Deficits in problem solving skills is a key dynamic risk factor in offenders. Clinicians will then administer a more detailed risk and need assessment prior to entry into offence-specific programs. This Clinical Assessment will be tailored to the type of offence (sex, violent or drug and alcohol related offending) and provide an individualised case formulation i.e., hypothesis about why the offence may have occurred and what problem areas need to be addressed. These problem areas are those criminogenic needs that are most likely to reduce offending. Specific detailed assessments are required to be tailored according to offence category.

The Clinical Assessment will be re-administered by the clinician after completion of offence-specific programs in order to determine whether there has been an impact on dynamic risk factors. This information will also inform the ongoing evaluation of offence-specific programs. The Completion Report will include an individualised relapse prevention plan or Self Management Plan for correctional staff to manage together with the offender. The format of the Plan should be consistent for all offence-specific programs across prisons and CCS to ensure that CCOs can adequately manage offenders in the community. For prisoners, the initial Exit Plan should be reviewed 6-12 weeks prior to release to prevent problems from compounding upon release.

In summary, the process for assessment throughout sentence will be as follows:

1. Initial assessment by correctional staff, including an Exit Plan for prisoners → Offender Management Plan.
2. Pre-intervention assessment by clinician → Clinical Assessment Report.
3. Post-intervention assessment by clinician → Completion Report including a Self Management Plan.
4. For prisoners, a report by the CCO to the Adult Parole Board taking the Completion Report into consideration and providing an updated Exit Plan for release → Parole Officer Assessment Report.

Currently, Sex Offender Programs and Caraniche Drug and Alcohol Services have both developed a risk and need assessment process. These assessments should continue in the interim. A clinical assessment process will need to be developed for violent offenders. A Tier 2 assessment process will then be developed to consistently address all offence categories.

Intervention

Intervention will primarily be based on a group therapy model using cognitive-behavioural techniques and activity-based learning. Generally, group intervention is considered more effective and efficient than individual intervention. Corrections Victoria, in consultation with service deliverers, will determine the most effective offence-specific programs and then monitor their delivery to ensure program and treatment integrity (see below). In this way, a coordinated service system approach can be developed within a seamless continuum of care model.

The ERC partially funded the requirements for offence-specific programs. The ERC argued that as there was little evidence of effectiveness for current offending behaviour programs in Victoria, funding from existing programs should be reallocated. That is, offence-specific programs currently being developed will replace existing programs.

Based upon the Tier 1 initial risk and need assessment, an Offender Management Plan will recommend offence-specific programs for those offenders identified as moderate to high risk/need. However, those offenders identified as low risk but high need may require offence-related programs that enhance offender capabilities such as appropriate family and personal relationships, education, vocation, leisure and other everyday living skills. The exception to this will be sexual offenders and some violent offenders who, even if considered low risk will still require offender management with a Environmental Management Plan as each re-offence potentially will impact victims and the community.

The following offence-specific programs will be made created or redeveloped in the Victorian correctional system. Offence-specific programs will be modularised once an appropriate offender management framework has been developed to support program pathways.

1. Psychoeducational program

As an interim measure, Corrections Victoria has endorsed the Problem Solving Training and Offence Behaviour (PST&OB) program by McGuire as a suitable cognitive skills program. The program is based upon rehabilitation principles, targets criminogenic need, has a standardised manual, has been evaluated as effective in the UK, and is cost effective. It is expected to replace a suite of current programs that address anger management, conflict resolution, problem solving, stress management, victim awareness or empathy and so on. This will provide the opportunity for consistent preparation of offenders for offence-specific programs and allow ongoing monitoring and evaluation. The program is multimodal and focuses on problem-solving, self-control, moral reasoning and social skills (i.e., dynamic risk factors in offending).

As foundational program, it is a necessary pre-requisite to moderate and high intensity programs. Therefore, this program should be completed early in sentence. The program will also assist in offenders on longer sentences resolving potential conflict situations in prison. Cognitive skills programs need to be available in some CCS locations, and maximum and medium security prisons at the beginning of sentence. The program needs to be co-facilitated by at least one internally-employed practitioner competent in cognitive-behavioural intervention and a co-facilitator who may be a programs staff member, correctional officer or external provider. In prisons, prison officers should be present in group sessions so that skills learned can be reinforced in the unit.

2. Therapeutic programs

Moderate and high intensity therapeutic programs are required in the areas funded by government (i.e., sexual, violent, and drug and alcohol related offending). The international standard for dose (or number of sessions) for varying intensity of programs will be determined for each offence category. In the interim, programs are delivered based on offence categories. In the future, a modularised approach will allow offenders to complete core modules and then additional modules according to their needs.

In prisons, offence-specific programs need to be delivered towards the end of sentence so that the offender can prepare a Self Management Plan for release. This model means that long sentenced prisoners (10 years+) require a continuous low dose Preparation Program to maintain motivation to change.

Offence-specific programs require staff skilled in clinical assessment, case formulation, groupwork, cognitive-behavioural method and activity-based learning. As outlined above, adaptations will need to be made for female offenders, and offenders with special learning needs and cultural requirements. Groups may be co-facilitated by internally-employed clinicians or by external providers with particular expertise.

Until the prison system re-configuration is determined, it is recommended that moderate and high intensity sexual, violence and drug and alcohol related offender programs continue to be provided in public prisons as well as drug treatment in Fulham Prison. In

CCS, sex offender programs already exist but locations where other moderate and high intensity programs can be delivered should be nominated and these programs made available to offenders from other locations.

3. Maintaining change programs

Because of the importance of generalising new skills from a prison setting, maintaining change after intervention while in prison awaiting release, and when released into the community, is of paramount importance. Currently, Maintaining Change Programs are provided to treated parolees who are sex offenders in the community. However, such programs have not been previously available to violent offenders, or drug and alcohol related offenders either within prison or the community.

Maintaining Change Programs should be co-facilitated by clinicians and correctional staff and should aim to ensure that the Self Management Plan has successfully adapted to the “real world”. At least one of the co-facilitators should be known to prisoners to improve the generalisation of skills upon release. The most crucial time regarding re-offending is upon release from prison and so parolees should be allocated to Maintaining Change Programs as soon as possible after release.

Interagency cooperation is vital for maintaining change in offenders and so coordinated service delivery approaches and protocols need to be developed between CCS and both government and non-government agencies. Prisoners should be referred to pre- and post-release transitional programs where a moderate or high risk/need is identified and eligibility criteria are met. Victorian Adult Parole Board support for the reducing re-offending framework for all offenders is required.

Offender Management

An environment conducive to rehabilitation is required to maximise the therapeutic effects of the law. That is, effective correctional programming is supported by staff who relate to offenders in clear, open and enthusiastic ways; have a firm but fair stance; demonstrate and reinforce pro-social behaviours; and assist in concrete problem-solving. The goal of differentiated case management as outlined by Dunne (2000) is the timely, just and effective management of offenders consistent with risk and need. In essence, it is a logical extension of the concept of unit management within prisons. The reducing re-offending framework relies upon effective management of all offenders by correctional staff to maximise opportunities to change behaviour. There are methods all correctional staff can use to increase and maintain motivation to engage in rehabilitation. Additional assistance in harnessing the law can be obtained through clear direction regarding expectations to participate by the courts and, for prisoners, by the Victorian Adult Parole Board.

Moderate and high risk/need offenders require more intensive case management. This goes beyond managing the file administratively and includes careful psychological management of the offender. Correctional staff working with the offender on a daily basis require skills in motivational interviewing techniques with these clients. The motivational techniques are targeted according to the readiness-of-change stage the offender is assessed to be experiencing. The initial stages where the offender may move towards contemplating change require supportive and persuasive techniques by staff. Once the offender is ready to engage in change, clinicians provide cognitive-behavioural and activity-based intervention. An

Offender Management Framework will be developed further in conjunction with service deliverers.

The mission of Corrections Victoria includes actively engaging offenders. Effective offender management is based on values, attitudes and principles held by staff that are conducive to encouraging behaviour change. Without addressing underlying principles regarding the goals of reducing re-offending, any offender management system will flounder. To engage offenders, correctional staff themselves need to embrace a culture shift towards rehabilitation. Corrections Victoria has developed a three phase strategy based on the stages of change model as previously outlined for offenders (see Birgden, in press). First, in order to "set the scene" an activity-based learning experience will be provided to address ethical decision-making, educate staff about "what works" and increase the pros of embracing a rehabilitative culture (Bergman, 2002). In this way, the organisation can move from the precontemplation/contemplation stage to the preparation stage of change. Second, skills-based training in brief "motivational microbursts" techniques provide strategies for effective offender management in daily interactions (Farrall, 2003). In this way the organisation can move into the action stage of change. Third, ongoing coaching and mentoring by appointed offender management supervisors will be provided. In this way, the culture change in the organisation will be maintained.

In the ERC bid, the differentiated case management system was not funded as individual case management was seen as a current requirement for all offenders. Since then, funding has been designated to commence the implementation of the risk and needs assessment process with an emphasis on staff training for effective offender management.

STAFF TRAINING

Staff training and support is required for the effective assessment, treatment and management of offenders.

1. Offender assessment

Training of CCOs assessing offenders at court, and Assessment Officers assessing prisoners upon sentencing is required. These staff are to be competent in assessing risk and need, determining readiness-to-change, applying motivational techniques and developing clear Offender Management Plans. In addition the judiciary- judges, magistrates and the Victorian Adult Parole Board- require information sessions regarding the rationale for differentiated case management and the role of motivation. Training of clinicians in case formulation and determining dynamic risk factors is required in the Tier 2 assessment process. Clinician skill in assessing special learning needs and determining cultural requirements is also required.

2. Offender treatment

Training of clinicians and correctional staff who will become group co-facilitators is required in cognitive-behavioural content and group process work. Facilitators are to become confident in using activity-based learning approaches to meet offender learning styles. In turn, correctional staff as Program Support Officers should either observe offence-specific groups or at least be regularly updated by group facilitators to reinforce skills learned with offenders in prison units and in the community.

3. Offender management

The training strategy for Corrections Victoria includes Setting the Scene (a three day experiential approach for senior management and correctional staff delivered by a change agent) followed by Motivational Interactions (11 skills-based modules delivered by train-the-trainers to staff who will manage offenders). "Nuts and bolts" training for the effective application of Offender Management Plan is also required.

MONITORING AND EVALUATION

To effect continuous improvement, offence-specific programs require monitoring and evaluation. Corrections Victoria, in consultation with stakeholders, service deliverers and an expert Specialist Advisory Committee, will determine which programs best meet the rehabilitation principles and international best practice guidelines. Strategic Services will provide standards and specification regarding assessment, intervention and management of offenders to ensure a consistent service system approach. These standards will then be used to guide the development of service delivery models and implementation plans. A network for program improvement through an accreditation panel representing the correctional system in each state in Australia would be ideal. The delivery of the identified programs will then be monitored for program integrity by Strategic Services against objective, observable and measurable performance indicators.

According to McGuire (2001) monitoring the integrity of program implementation should address program integrity and treatment integrity:

1. Program integrity

Program integrity considers the external organisational features of the program essential for its delivery as planned. Monitoring of program integrity determines whether the program is delivered by suitably trained staff with adequate resources to offenders who have been suitably selected. The program should have clear objectives to enhance this.

2. Treatment integrity

Treatment integrity considers the internal features of the program in terms of offender and staff interactions. Monitoring of treatment integrity determines whether the theoretical model is appropriately addressed (i.e., the quality of delivery). Treatment integrity can be further divided into adherence to the program model (e.g., whether objectives of the program, session or exercise are met and delivered in the way they were designed) and style of delivery (e.g., an appropriate learning ethos is established and activity-based interaction provided).

According to Dunne (2000) evaluation should address process and outcome:

1. Process evaluation

Process evaluation determines whether the strategy or offence-specific program is running in accordance with the aims, method, procedures and design. Process

evaluation will also examine any management issues in implementing the programs that might have effected program outcomes.

2. Outcome evaluation

Outcome or impact evaluation demonstrates the effectiveness of offence-specific programs in reducing offending behaviour. The quality and quantity performance measures include data about: (1) how much was done, (2) how well it was done, (3) how much effort was required, and (4) what the results were. This form of evaluation can be assisted by external research and evaluation organisations.

CONCLUSION

Paper No. 1 has broadly outlined the method to set the scene for reducing re-offending, particularly in relation to offence-specific programs and Corrections Victoria has endorsed the framework for dissemination. The framework is depicted in the attached diagram. Proposed interim and future strategies for offender assessment, intervention and management have been outlined. Birgden (2002) outlines in more detail a rehabilitation framework for correctional systems.

Service delivery models and implementation plans are currently being developed together with service delivery staff in relation to risk/need assessment, offence-specific program delivery, staff training and support, and research and evaluation.

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Reducing Re-offending Framework

