

Summary

Supervision programmes for offenders and forensic psychiatric patients

Effectiveness and mechanisms that are assumed to be effective

Background and study questions

Since the 1990s, there has been a particular focus on improving the turnaround of offenders under a hospital order following intramural treatment in a Custodial Clinic. Part of this involves the more intense supervision of offenders under a hospital order who return to society. The parliamentary inquiry into hospital orders completed in the spring of 2006 led to the extension of the statutory period for conditional termination of compulsory treatment from a maximum of three to a maximum of nine years. The maximum term of the present conditional hospital order, three or four years, is also to be extended. The updated legislative proposal for the extension of the total conditional termination period has now been debated in Parliament (Parliamentary Papers I, 28 238 2006-2007, A, B, C). The aim of the legislative proposal for the extension of the conditional termination period for compulsory treatment in the context of hospital orders is twofold. On the one hand, there is a focus on reducing recidivism, whereas on the other hand the aim is to increase the turnaround of offenders under a hospital order, as it is presumed that these individuals will become eligible for release on licence at an earlier stage. An important issue with regard to policy is the question as to how supervision, which in the case of offenders under a hospital order will soon be subject to a maximum term of nine years, can be realised to optimum effect. The Research and Documentation Centre [*Wetenschappelijk Onderzoek- en Documentatiecentrum*, WODC] was therefore asked to investigate current knowledge regarding the effectiveness of supervision programmes. The present report presents an account of this investigation. The research involved a literature study into extramural supervision programmes for offenders and forensic psychiatric patients and in particular for a number of subgroups within these categories, namely: offenders with a severe psychiatric disorder, sex offenders and offenders with substance abuse problems. In consultation with the policy managers, the present study focuses on the aim of reducing the chance of recidivism. The reason for this is that, due to the limited time available, it was necessary to define the research questions used in the study and the way in which the outcomes would be measured.

The aim of the present study is to provide an overview of knowledge gained from academic research into the effectiveness of supervision programmes and mechanisms that are assumed to be effective. The outcome of the study may contribute towards the practical realisation of supervision in the event of conditional termination of compulsory treatment in the context of hospital orders. Furthermore, the results may also be of use in the case of release on licence following a prison sentence, conditional hospital orders and in the context of the release on licence of individuals who are subject to a penal or civil measure providing for admission to a psychiatric hospital (Psychiatric Hospital Act [*wet Bijzondere Opnemingen in Psychiatrische Ziekenhuizen, wet BOPZ*]).

The study questions are as follows:

- 1) What effective supervision programmes, in terms of reducing recidivism, exist for (forensic) psychiatric patients and offenders and amongst these groups, specifically for sex offenders, offenders with a severe psychiatric disorder and offenders with substance abuse problems?
- 2) What assumed mechanisms form the basis for effective or promising programmes and under what circumstances are the potentially positive results of effective or promising programmes achieved?

Definitions

In the present study, *supervision* is understood to refer to the monitoring of (aspects of) the behaviour of the individuals in question, in combination with counselling, treatment and/or care or otherwise, with the aim of preventing these individuals from committing further offences.

The term '*supervision programme*' is considered to refer to a coherent whole, consisting of activities focussed on the extramural supervision of the behaviour of the individuals in question, incorporating an element of monitoring, in combination with counselling, care and/or treatment or otherwise.

Supervision as described above can take place on a voluntary basis, however in practice supervision usually takes place on the basis of a legal judgment (sentence or measure), namely:

1. release on licence within the context of a prison sentence;
2. release on licence within the context of a measure providing for admission to a (forensic) psychiatric hospital ('*parole*');
3. a suspended sentence (for instance a probation and after-care supervision order ('*probation*');
4. a suspended measure (e.g. placement under a conditional hospital order).

Supervision programmes vary significantly with regard to the combination of various substantive components, for example with regard to the

extent to which the emphasis is on care and support or on *monitoring and control*. Programmes for intensive probation and after-care supervision (*Intensive supervision probation/parole programmes, ISPs*) are characterised, among other things, by the fact that they involve more frequent contact between professionals from the supervisory institution and the offender compared to standard probation and after-care supervision. Other features include (electronic) monitoring (the monitoring of the behaviour and movements of the individual in question), placement under house arrest or a curfew, and tests for drug and alcohol use. Some supervision programmes also include rehabilitation components, for example the treatment of mental illnesses, training courses in recidivism prevention and job preparation.

As a means of measuring the outcome of a supervision programme, the present study presents, in principle, the measures of recidivism as stated in the effect studies found.

Various studies often use different measures of recidivism. A number of common measures are as follows:

- *arrest*: for example the number of arrests, the number of recorded encounters with the police, the number of times the individual has been brought before a public prosecutor or judge;
- *new conviction*: for example a prison sentence, the severity of the offence, the judgment handed down;
- *(re)admission to prison or another institution*: for example the type of institution and regime, the term of imprisonment;
- *violation of conditions imposed in the event of release on licence*: for example the number and nature of the violations, the severity of the violation, the number of reports of violations;
- *suspension of release on licence*: whether release on licence has been suspended and the number of times that suspension has taken place;
- *termination of release on licence*: for example the number of successful parole days;
- *offence committed*: the nature and severity of the offence and the number of new offences;
- *evasion of supervision*: report of evasion of supervision.

It is possible to be more specific when talking about the reduction of recidivism as a basic principle for a supervision programme. For instance, recidivism during the supervision programme can be an important outcome measure if the aim of the supervision programme is to reduce recidivism in the short term. In addition, it may be necessary to examine recidivism over a (longer) period following completion of the supervision programme as a way in which to evaluate the outcome of the programme, if the aim of the supervision programme is long-term rehabilitation. A distinction is also made between the more timely and more

frequent detection of (imminent) recidivism as the objective of supervision programmes. In this case, the identification of (imminent) further recidivism during a supervision programme can be a positive effect of the supervisory programme. It is therefore assumed that the supervision programme will lead to the detection of violations and new offences at an earlier stage than is the case with offenders who are subject to a more limited form of supervision, which in turn means that measures can be taken earlier. It is also conceivable that the aim of a supervision programme can in the short term be to (temporarily) readmit forensic psychiatric patients to a psychiatric institution in good time in the event of imminent recidivism. It is possible, therefore, that the supervision programme may score higher than for instance standard probation and after-care supervision in terms of the percentage of individuals who are readmitted to an institution. Readmitting these individuals to institutions in a timely manner may ensure that care and support for the patients is more effectively guaranteed. This may mean that the programme could lead patients to integrate more effectively in the longer term.

A complicating factor is that the initial situations that apply to intensive and standard supervision respectively can vary. This applies to the conditions imposed, amongst other things. For example the so-called *Intensive Supervision Probation/Parole* programmes (ISPs) are subject to more stringent conditions than those that apply in the case of standard supervision. This means that it is presumably more difficult to comply with these, which may lead to more violations of the conditions. A distinction is therefore often made in the literature between recidivism and so-called 'technical violations'. Technical violations are violations of the conditions imposed, which, in themselves, do not constitute an offence. The foregoing illustrates the fact that the effects of supervision programmes on recidivism are not always easy to interpret. It is therefore important when developing a supervision programme to define and qualify as far as possible the precise aim of the programme, the anticipated effect and the manner in which these factors can be measured (in intermediary stages).

Methods

In order to answer the study questions, a literature study was carried out. The studies used in this research were obtained by means of targeted searches in some seven databases, including Psychinfo and Web of Knowledge, by consulting the websites of ten relevant organisations and by examining volumes of relevant journals and the bibliographies of the publications called up.

Using the titles and abstracts of a total of approximately 1000 articles, a selection was made of the studies to be requested. All studies that

appeared to relate to a supervision programme for forensic psychiatric patients or offenders were requested. The studies requested were then screened using the inclusion and exclusion criteria. On the basis of this, 45 studies were selected for the chapter on intensive supervision programmes, 51 studies for the chapter on supervision programmes for offenders and forensic psychiatric patients with a severe psychiatric disorder, 106 studies for the chapter on supervision programmes for sex offenders and 54 studies for the chapter on supervision programmes for addicts. At the beginning of each chapter, a number of representative supervision programmes for the relevant group of offenders is described in greater detail. This section looks at such aspects as the aims of the programme and its target group, content and duration, the organisations involved and their responsibilities and the exchange of information between these organisations, and the mechanisms of the supervision programme that are assumed to be effective. For each target group, the studies were analysed in two stages. Firstly, the results of the meta-analyses and overview studies were then assessed. Secondly, the effect studies found that were not included in the meta-analyses or the overview studies were examined. The effect studies were also categorised in broad terms according to methodological quality, as per the *Maryland Scientific Methods Scale* (SMS). On the basis of the meta-analyses, overview studies and separate effect studies included, an assessment was carried out into current knowledge regarding the effectiveness of the supervision programmes in question. This involved classifying the programmes into four categories: *what works, what doesn't work, what is promising and what is unknown.*

Results: effective mechanisms of supervision programmes

In the literature, a distinction is made between four approaches or basic principles of intensive supervision programmes. These may be regarded as four views on the aims of supervision programmes and the ways in which supervision programmes achieve their goals. However the various approaches do not necessarily rule one another out.

The first is a *punitive approach*. This approach assumes that the offender will be deterred by the increased risk of discovery as a result of more stringent monitoring and the consequences of discovery and will therefore refrain from committing offences.

Another important perspective is the *rehabilitation approach*. This approach focuses on changing the characteristics of the offender and aspects of or in the environment of the offender that are assumed to have a cause-and-effect relationship with his or her criminal behaviour, such as mental health, attitude, cognitive skills, social relationships, education, employment and skills. The aim of supervision is to reduce the risk that the individual in question will go on to commit an offence in the future.

The objective of the rehabilitation approach is to achieve a longer-term change in the risk of committing an offence.

A third angle is a *risk management approach*. This approach distinguishes itself from the rehabilitation approach in its more limited, pragmatic, '*managerial*' aims: the identification and classification of groups based on level of risk, followed by management by means of supervision, prevention and rendering these groups harmless.

The fourth approach identified is a *normative approach*. When imposing an intensive supervision order, in addition to approaches that focus on preventing recidivism in the future, principles such as retribution and proportionality of the sentence should also be taken into account. In this respect, the so-called *intermediate sentences*, including intensive supervision, should fill the 'gap' between prison sentences and standard *community sentences* (such as standard probation and after-care supervision). This should also include the normative view that the government must provide for proper reintegration, whereby the individual involved is provided with useful opportunities for resocialisation.

We have however only succeeded in providing a partial answer to the question as to which mechanisms that are assumed to be effective form the basis for effective or promising supervision programmes, as the meta-analyses, overview studies and effect studies found do not, in general, contain any further details with regard to social, behavioural or other mechanisms, or if so only to a limited extent. A number of mechanisms that are assumed to be effective that occur (in various combinations) in several of the supervision programmes found are presented below.

It is believed that a number of mechanisms lead to the more effective management of criminal behaviour in the shorter term, during the supervision programme. These include *deterrence* for example. The assumption is that the increased risk of being caught as a result of more intensive supervision (with greater frequency and at unexpected times) and the consequences of this (such as the further restriction of freedoms and ultimately placement back in prison or another institution), discourages the offender from violating the conditions imposed and committing offences. Another assumed mechanism is *restriction*. The expectation is that the more intensive supervision and any other activities will restrict the possibilities and opportunities to commit an offence.

Finally, supervision may lead to a *greater chance of detection*. Increased supervision leads to a greater chance of the violation of conditions, the risk of reversion and recidivism being discovered. This should mean that it is possible to prevent reoffending, or to intervene at an earlier stage.

Several supervision programmes feature mechanisms that are expected to be able to contribute towards reintegration and the reduction of recidivism in the longer term.

The assumption is that intensive supervision and the coercion and pressure that this imposes will increase participation in treatment and employment preparation programmes and other schemes. The results of the treatment and employment preparation programmes are assumed to reduce the risk factors in relation to recidivism, which leads to the reduction of recidivism in the longer term. *Social monitoring and ties* have been named as important mechanisms in this respect. Social monitoring and ties may mean that the offender is less inclined to commit offences as he or she does not wish to lose the contacts that he or she has built up. From this point of view, it is important that supervision programmes also focus on promoting social ties, for instance via employment-related support. *A good relationship between the offender and his or her probation and after-care officer* or treating physician was also named as a potential mechanism. The assumption is that this relationship is able to develop as a result of the more frequent contact in the context of the supervision. This type of relationship should encourage the offender to cooperate in treatment programmes.

A number of programmes emphasise the importance of *social support*. In some cases, the supervision programme leads to the development of social networks around an offender. The expectation is that this will mean that offenders will not become socially isolated and will also develop a more positive lifestyle. It is assumed that these two aspects will help the offender to integrate into society more effectively, which should result in a lesser tendency to revert to criminal behaviour.

In the case of sex and violent offenders, *learning recidivism prevention strategies* constitutes an important part of the reintegration process. Many treatment programmes for (sex) offenders make use of cognitive behavioural therapy, in which the offender is taught different ways of thinking and different behaviour. This includes empathy training, correcting cognitive distortions and aggression management. In the supervision of sex offenders (however also in the case of violent offenders), there is a particular focus on the prevention of recidivism. In this context, the individual in question is taught to identify imminent recidivism and to prevent this at an early stage. He or she is also taught behavioural alternatives to this end.

Treatment is also used for the purpose of *influencing specific components of the sequence of events that lead to an offence being committed*. By influencing or controlling a specific component of the criminal behaviour, for instance sexual needs/impulses by means of libido inhibiting medication, it is believed that the risk of committing an offence can be brought under control or reduced at an earlier stage and remotely.

With a view to the reintegration of sex offenders and in order to overcome obstacles in this respect, it is considered important to include '*stakeholders*' who deal with sex offenders on the basis of (partly) conflicting interests in the process of supervision. The act of including these people should help to achieve a more concerted approach, which should in turn lead to more successful reintegration. *Stakeholders* can include the Public Prosecutions Department, the Bench, the police, housing organisations, organisations that protect the interests of victims, local residents, schools and the like.

Many of the supervision programmes found attached importance to a specialised approach towards the offenders. For instance, an *active and assertive approach* is required on the part of probation and after-care officers or care providers in order to retain forensic psychiatric patients with a severe psychiatric disorder in the supervision and care programme. The impediments resulting from their disorder (for instance a limited insight into their illness) may mean that the patients themselves are insufficiently able to keep appointments with care providers. Loss of contact with the care providers could lead to a deterioration in the patient's psychological state, for instance because he or she is no longer taking his or her medication, and may subsequently lead to an increased risk of recidivism. In the case of offenders with specific problems, such as a severe psychological disorder and in the case of sex offenders, *specialised case management* does in fact take place. Professionals are brought in who specialise in providing support to these types of offenders and who are aware of the risk factors associated with the relevant problems. In order to facilitate this, they are also given a smaller caseload. The theory is that the specialist officers will be better equipped to identify and prevent individuals within this group from committing an offence. *The compilation, exchange and sharing of information, which leads to the availability of a greater amount of information of a higher quality to all supervisory and care support organisations and officers*, is considered to be an important mechanism in many supervision programmes. One assumption is that the compilation of information on the part of various officers (police, probation and after-care) and also the public will lead to a clearer insight into the risk factors that affect a specific offender. This in turn facilitates more effective risk management: (imminent) recidivism should be detected at an earlier stage. Some programmes for sex offenders are based on the idea that it is not sufficient simply to combine case management with the teaching of recidivism prevention strategies (*self management*), which the individual in question must apply him or herself. The recidivism prevention model does not take sufficient account of the fact that sex offenders are not usually open with regard to their criminal behaviour. The active compilation and exchange of information regarding offence-related behaviour therefore also forms a central component. The

availability of a central database is also important in this regard. Special techniques are used in order to obtain information and ensure that this is open to discussion, such as the polygraph and the use of informants in the social network surrounding the offender.

A central component of several supervision programmes is *multi-disciplinary cooperation* and cooperation between professionals from different organisations. It is considered important in this respect to coordinate the compilation of information by various professionals and the centralisation of this information in order to obtain as full a picture as possible of the behaviour and of the potential risk factors with regard to the offender. The assumption in this respect is that the better and more complete the information, the higher the quality of the risk management.

Results: effectiveness of the supervision programmes

With a few exceptions, too little academic research of good methodological quality has been carried out for one to be able to make unambiguous statements regarding the effectiveness of supervision programmes for the various programmes and groups of offenders examined in this study. A number of programmes can however be considered to be promising on the basis of the literature included in this study.

There is a degree of academic support for the effectiveness of intensive supervision programmes, which, as well as monitoring an individual's behaviour, movements and other elements of supervision, consist of rehabilitation components such as treatment, skills training and practical support. This is reflected, amongst other things, in the secondary analyses of the results of *Intensive Supervision Probation/Parole programmes* (ISPs), which contain elements of both supervision and rehabilitation, however there is also a degree of direct support in effect studies on ISP. There is also support for this in meta-analyses, overview studies and effect studies on supervision programmes for the three distinct groups of offenders examined in this study. The effective programmes for offenders with substance abuse problems: therapeutic community with aftercare in society, drugs courts and the *Breaking The Cycle* (BTC) programme include elements of both supervision and treatment. The same applies to the programmes identified as promising for offenders with a severe psychiatric disorder or for sex offenders. There is no or limited academic support for the effectiveness of supervision programmes that entirely or mainly consist of monitoring behaviour and movements and other supervisory elements. This is particularly evident from the meta-analyses and overview studies regarding effect studies on *Intensive Supervision Probation/Parole* programmes for offenders where there is a relatively high risk that the individual in question will commit an offence. This is also reflect-

ed in effect studies relating to intensive parole and after-care supervision of sex offenders and offenders with substance abuse problems. There follows a summary of the extent of academic support for the effectiveness of supervision programmes for offenders with a severe psychiatric disorder, sex offenders and offenders with substance abuse problems.

Supervision programmes for offenders with a severe psychiatric disorder
(Forensic) Assertive Community Treatment (FACT and ACT) appears to be a promising supervision programme for offenders with a severe psychiatric disorder. Compared with standard care in the community, the treatment retention rate is higher, individuals are admitted to a psychiatric hospital less frequently and for shorter periods and there is a greater degree of satisfaction among patients. No differences in psychological state, social performance or crime rate were however identified. It should be noted that little is currently known about the effect of (F)ACT on recidivism, although a number of effect studies carried out in the United States and Germany have produced positive results in this regard. There is also a degree of positive support in studies into the effects of measures providing for compulsory outpatient treatment (*Involuntary Outpatient Treatment Order*, IOT) and another outpatient programme for dangerous psychologically disturbed offenders (*Washington's Dangerous Mentally Ill Offender Programme*). IOT also involves ACT or *case management*, and only had a positive effect on violent behaviour and the number of arrests when followed on a long-term basis and in combination with intensive mental healthcare.

Supervision programmes for sex offenders

With regard to sex offenders it is possible to conclude that supervision programmes consisting of (outpatient) treatment in combination with (intensive) supervision are *potentially* effective in the sense that there is a decrease in the percentage of reoffenders and/or (imminent) recidivism can be identified and prevented at an earlier stage. In the case of a number of programmes, one evaluation study at SMS level 3-5 found that the supervision programmes achieved a reduction of recidivism: the *Vermont Treatment Program for Sexual Abusers* (VPTSA) according to the so-called *containment* approach towards intensive probation and after-care supervision, some cognitive behavioural therapy treatment programmes that take place on an outpatient or intramural basis, followed by aftercare under supervision: the Phoenix Program, CSOGP, a treatment programme offered by the Cordova Counselling Centre in Florida. A promising combination appears to be probation and after-care supervision in combination with libido inhibiting medication (Depo-Provera programme), such as COSA, a programme that offers sex offenders social support and social monitoring upon their release. A methodologically sound study did not detect an effect on recidivism in the case of the *Sex Offender Treatment*

Evaluation Program (SOTEP) with the Sex Offender Aftercare Program (SOAP). The same applies to the group of programmes under the heading CSOP, the effectiveness of which has been the subject of research in Canada.

Supervision programmes for offenders with substance abuse problems

Academic research provides sufficient evidence for the theory that therapeutic community with aftercare in society has a positive effect on recidivism (e.g. the number of arrests and prison sentences) and drug abuse amongst offenders with substance abuse problems. The effect in terms of recidivism of *drugs courts*, whereby individuals are offered support such as treatment for substance abuse problems in addition to supervision, is largely positive. A promising solution appears to exist in the form of *Breaking the Cycle (BTC)*, a programme that combines a *drugs court*, *case management* and *Treatment Alternatives for Street Crime (TASC)* with drug use tests and medication to counteract drug cravings. There is also some indication that social support has a positive effect on recidivism.

Conclusions and recommendations

The most important conclusions regarding the effectiveness of supervision programmes reached in this study are:

1. There is a degree of academic support for the effectiveness of supervision programmes, which, as well as monitoring an individual's behaviour, movements and other elements of supervision, consist of rehabilitation components such as treatment, care, skills training and practical support.
2. There is no or limited academic support for the effectiveness of supervision programmes that entirely or mainly consist of monitoring behaviour and movements and other supervisory elements.
3. There is as yet not enough methodologically robust research to make firm conclusions about the effectiveness of supervision programmes for specific groups of offenders. However there are several promising programmes.

On the basis of this research we are able to make the following recommendations:

Rehabilitation components. If the aim is to reduce recidivism in the long term, supervision programmes to be introduced should contain elements that focus on both supervision and rehabilitation. Of the supervision programmes examined here, those that offer a combination of supervision and rehabilitation components appear to be the most likely to succeed in terms of reducing recidivism in the long term. It is therefore

also recommended that these types of combinations are selected when introducing intensive supervision programmes in the Netherlands.

Promising supervision programmes. The study has identified a number of programmes that, on the basis of sometimes several, but more often one or two, studies, appear likely to succeed in reducing recidivism in the short or long term. This is true for instance of FACT and the *Washington's Dangerous Mentally Ill program* for offenders with a severe psychiatric disorder, therapeutic community with aftercare and the drugs court with treatment and supervision of offenders with a drug addiction. In the case of sex offenders this usually concerns intramural treatment programmes with aftercare and supervision in society, for example the *Vermont Treatment Program for Sexual Aggressors (VTPSA)*, the *Phoenix Program with Step-Out* aftercare programme, or the *Oregon Depo-Provera programme*. Further research into the effectiveness of the supervision and rehabilitation aspects of these types of programmes is required. An investigation could be carried out into which programmes or components are suitable for further development and research in the Netherlands. In this respect it is recommended that additional literature and other information on the relevant supervision programme, such as protocols where available, is compiled and research into cost-effectiveness is perhaps also carried out.

Implementation and evaluation. The approach upon which a supervision programme is based is of key importance in terms of the theory regarding the manner in which the programme achieves effect. When selecting or developing a supervision programme, it is therefore also important to establish in advance exactly what the programme aims to achieve and then to specify how and via which social, behavioural or other mechanisms it may be possible to achieve this.

This may include both short and long term objectives, such as the prevention of recidivism in the long term, the early identification of reversion to criminal conduct, or increasing the chance of detecting (imminent) recidivism. In the context of the point(s) of view from which the supervision programme is regarded, we must also look at how the violation of conditions is dealt with. Potential active mechanisms can, in addition to social and psychological mechanisms, also include biological mechanisms.

The period during which supervision takes place is also important. For instance, to what extent does reintegration and working towards a life without supervision constitute an objective? Or is permanent supervision required in principle? Many of the supervision programmes found were studied during a relatively short implementation period, usually no more than a couple of years. Little is therefore currently known with regard to the effects of long-term supervision (for a period of five or more years).

When implementing a programme, use should be made of existing knowledge regarding general effective principles such as the criteria imposed by

the Accreditation Panel for Behavioural Programmes for Offenders in the Netherlands [*Erkenningscommissie Gedragsinterventies Justitie*].

There is a major lack of effect studies and high quality process assessments, whilst insight into the question of whether supervision programmes work and how they work is of crucial importance to the successful use of these types of programmes. It is therefore also advisable to couple the development and implementation of a supervision programme with a programme evaluation, a process assessment and an effect evaluation of the highest possible methodological quality.

This study presents an inventory of existing supervision programmes and knowledge regarding the effectiveness of these programmes and the mechanisms that are assumed to be effective. The conclusions reached in this respect are inevitably limited by the extent to which studies have been carried out and by the quality of these studies.

The effectiveness of future supervision programmes will, to a large extent, depend on developments in the field of treatment interventions. Viewed from a wider perspective, transmural supervision forms one of the possible options within the sanctions system. This report examines the implementation of supervision for various punitive aims, including deterrence, risk management in the short term and resocialisation and the reduction of recidivism in the long term. In the long run, the extent to which investment is made in supervision and other extramural sanctions and in intramural sanctions, and the matter of which punitive aims supervision will be implemented for are decisions that rest with society.