



DEPARTMENT OF
CORRECTIONS
AHA POUTAMA AOTEAROA

BREAKING THE CYCLE OF CRIME

Special Treatment Unit Evaluation Report // 2012



Psychological Services
Department of Corrections

Special Treatment Unit Evaluation

Summary Report

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By

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Dedication:

This evaluation is dedicated first to the victims of crime who are the motivation for our efforts and second to the men who work sincerely to change their lifestyles and behaviour.

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Executive summary

This summary report outlines a multi-layered evaluation of the performance and effectiveness of the four High Risk Special Treatment Units (HRSTUs) run by the Department of Corrections, New Zealand. Projects covered the description of programme participants, completers' perceptions of the programme, programme integrity, pre- and post-programme results on psychometric measures, misconduct rates following treatment and recidivism outcomes.

The evaluation found that:

- The HRSTUs are generally targeting the offenders for which they were designed; Maori participants are represented in proportion to their presence within the high risk prisoner population.
- The programmes are well received by programme completers; the units are typically regarded as 'safe' places that effectively challenge antisocial thinking and behaviour.
- Programme integrity is generally satisfactory but changes in some areas could improve the 'therapeutic community' aspect of the environment and other indicators of integrity (e.g. supervision, staff selection, adherence to manuals).
- Initial indications show changes in the right direction on several measures of programme outcome including psychometric testing results, prison incidents, and recidivism.

The recommendations are divided into five sections: changes to programme eligibility criteria; HRSTU programme improvements; post-programme support and reintegration; general management of the units, and ongoing research and evaluation.

The recommendations include:

- reviewing the use of key programme assessment measures
- refining aspects of the selection and retention of programme participants
- ensuring regular and robust supervision of programme staff
- improving post-treatment support, release planning, and reintegration initiatives for programme attendees
- changing structural aspects of the programme and improving staff selection procedures and training to strengthen the therapeutic community
- maintaining an ongoing evaluative component of the programme following an internal review of appropriate psychometric measures and the model of data capture.

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1.0 Introduction

For some years Psychological Services has been responsible for the development and delivery of group-based psychological programmes for high-risk men in custodial High Risk Special Treatment Units (HRSTUs, also referred to as “Communities of Change”). These units aim to provide living environments which, within custodial requirements, reflect and enhance the goals of the specialised rehabilitation programmes provided. The units require a high level of collaboration between custodial and programme staff to create a pro-social non-offending environment (Lucy King, personal communication, Oct 2011). The first unit for men with serious violent offences, Te Whare Manaakitanga (TWM) opened in 1998. It was originally known as the Violence Prevention Unit. Further units opened in rapid succession at Waikeria Prison in 2008 (Karaka), Spring Hill Corrections Facility (SHCF) in 2008 (Puna Tatari), and Christchurch Men’s Prison in 2009 (Matapuna). These are in addition to the Kia Marama and Te Piriti units which cater for men with convictions for sexual offences against children.

The original Violence Prevention Unit was staffed with a principal psychologist, three psychologists and three rehabilitation workers; a cultural consultant was added later. This unit originally focused on high risk offenders with serious violent convictions, although in 2011 the criteria for programme referrals were aligned with the other three HRSTUs. The three newer HRSTUs are staffed by a principal psychologist, a mixture of psychologists and programme facilitators, and a dedicated reintegration worker. Recently, TWM’s cultural consultant position was realigned with the reintegration worker in the other three units, and discussions are under way to align the rehabilitation worker and programme facilitator roles across all units.

Group programmes are typically co-delivered by a psychologist and programme facilitator (or rehabilitation worker in the case of TWM).

Although they are designated as Special Treatment Units, Karaka and Puna Tatari are co-located with Drug Treatment Units run by external providers. This means that “moderate risk” offenders are co-located with HRSTU residents, which can make it difficult to manage offenders and align the unit philosophy because of different treatment approaches.

Two programmes are delivered to high risk men in HRSTUs. **The Special Treatment Unit Rehabilitation Programme (STURP)** is based on best practice principles in the correctional and psychological fields. It aims to address the complex offence-focused needs of male offenders with a high risk of general and violent re-offending. The key objectives of the STURP are to:

- motivate offenders to change or want to change
- help offenders to:
 - develop group participation skills
 - recognise the affective and cognitive-behavioural patterns underlying their offending
 - recognise and manage their offence-related thinking and emotions
 - identify high-risk situations related to their offending
 - develop appropriate coping skills to deal effectively with high risk situations
 - produce their own action plans or relapse prevention plans, and demonstrate an understanding of these plans by presenting them to others (Lucy King, personal communication, Oct 2011).

The STURP runs over 33 weeks, with a 4-week assessment phase, a 25-week treatment phase (approximately 100 2.5 hour sessions), and a post-treatment assessment phase, which includes attending a maintenance group.

The **Adult Sex Offender Treatment Programme (ASOTP)** is run in all HRSTUs except TWM. The programme was developed and trialled in Auckland Prison in 2006 because of the presence of a group of high-risk repeat rapists within a growing muster of sexual offenders with adult victims.

During the pilot, 10 participants received an average of 285 hours of group and individual therapy from three experienced Psychological Services' psychologists (two male and one female), with specialist support from an experienced Maori cultural consultant. The programme was delivered in three phases. *Phase One: Responsivity* looked at barriers to treatment and beliefs associated with rape. *Phase Two: Offence Dynamic Needs* examined individual participants' rape offence(s) in detail. *Phase Three: Development of a Valued Future-Risk Management Plan* focused on developing beliefs and skills associated with prosocial goals and values, and a comprehensive safety plan (Nick Wilson, personal communication, March 2012). After the success of the pilot, ASOTP was transferred to the three HRSTUs as they opened.

Given that there are fewer high risk rape offenders than serious general and violent offenders, the ASOTP is delivered once a year in the Matapuna, Puna Tatari and Karaka HRSTUs using a co-facilitation model. Initially these units ran three STURPs a year. One 'adapted programme' for men with lower cognitive ability was trialled at Matapuna in 2010. Due to limited bed numbers, the TWM unit has run three programmes a year in total. Efforts are under way to increase the capacity of the units so that more programmes can be delivered.

Between 2008 and July 2011, 326 men took part in completed programmes at the four HRSTUs; a further 107 were involved in active programmes. This was enough for a preliminary evaluation of programme integrity and effectiveness at the HRSTUs (excluding Kia Marama and Te Piriti and the new Tai Aroha community-based STU). The evaluation covers the trial of a revised integrity monitoring process in the units.

This report summarises three sections of the full HRSTU evaluation report:

- a process evaluation, which describes participants attending the programmes up to January 2012; a sample of their experiences in, and perceptions of, the programme; and an initial evaluation of programme integrity;
- an outcome evaluation, which examines pre- to post-programme changes in psychological testing results for programme completers; impacts on prison incidents; and recidivism rates for programme completers and non-completers compared with matched controls;
- recommendations arising out of the evaluation for the future design and implementation of HRSTUs.

For the process and outcome evaluations, the original research questions are followed by the summary of the studies taken from the full evaluation report. The full report also outlines the method and detailed evaluation results for each study.

2.0 Process evaluation

2.1 Research questions

- a) Programme participants** - Who are the men that we are working with and do they match with those targeted by the Department's principles of effective intervention and responsiveness to Maori?
- b) Exit interviews of programme completers** - How are the programmes perceived by the men who have participated? How responsive is the programme to the needs and experiences of these men?
- c) Audit, compliance and integrity monitoring** - What is the level of programme integrity as measured against programme design and the principles associated with the "Community of Change"?

2.2 Section summary

Gendreau, Thériault, Smith and Schweitzer's (2012) review of Departmental rehabilitative programmes generally supports the Department's efforts to maintain programme integrity, including in the HRSTUs. The reviewers note strengths in several areas covered in the HRSTU evaluation. These include: programme environment, availability of structured programme manuals, presence of quality assurance procedures for treatment delivery, and delivery of programmes consistent with core correctional practices. Gendreau et al recommend that manuals be revised to emphasise "structured skill building and additional opportunities for graduated rehearsal of new behaviours" (p 4), and that therapists make more use of behavioural contingencies in the group sessions. This is in accord with the current evaluation.

Overall the process review supports Gendreau et.al's (2012) endorsement of the Department's direction in rehabilitation and reintegration. Evaluation results found that the HRSTUs provide adequate to good quality, therapeutically-oriented rehabilitative programmes to high risk/high need offenders. Many participants are Maori men with significant offence-related needs and the HRSTUs include and support these men appropriately while in their care. Most programme graduates see the HRSTUs as relatively safe custodial environments that challenged their behaviour and contributed towards meaningful prosocial changes in their attitudes and goals. Disappointingly, they did not consider that the 'Community of Change' environment extended beyond the treatment room. This observation is consistent with the variable contribution of custodial staff to supporting the therapeutic community across units.

The evaluation identified several ways to improve programme delivery in the HRSTUs. Some are existing project areas (e.g. revising the manual) or involve supporting principal psychologists and other staff to meet existing procedures or policy (e.g. senior leadership, and supervision requirements and standards). Others reflect site-specific practice-based changes that should be achievable with consultation and good will (e.g. custodial staff selection and training). Other suggestions require coordinated support at National Office and have broader impact on the structure and function of STUs and reintegrative activities (e.g. co-location, post-treatment environments and reintegration planning). Recommendations related to these areas of practice are outlined more fully in Section 4.0 of this report.

3.0 Outcome evaluation

3.1 Research questions

a) Pre- and post-testing results on selected psychometrics - Has the programme influenced key indicators of change in the men who have participated? Are any observed changes in the anticipated direction?

b) Evaluation of pre- and post-programme prison incidents - Has the programme had any effect on the infraction-related behaviour of participants while they remain in custody? What do programme completers (with and without subsequent prison incidents) identify as factors relating to their subsequent behaviour?

c) Recidivism evaluation - What measures are suitable for evaluating post-release outcomes for STURP participants? What effect has the programme had on the reoffending of participants once released into the community? What changes observed during the programme were most closely related to recidivism outcomes?

3.2 Section summary

The outcome component of the evaluation examined changes on psychometric measures for programme participants, and changes in behaviour following treatment for completers and non-completers (both in custody and on release).

The examination of psychometric results showed consistent and robust changes in pre- to post-treatment psychometric scores for HRSTU programme graduates. These were generally in the direction expected and reflect reductions in offence-related needs (VRS/VRS-SO) and personality disturbance (MCMI-III), and more functional experiences, expression and control of anger (STAXI-II). Some differences were found between completers and non-completers prior to treatment, with non-completers tending to be angrier, with significantly higher dynamic needs and total risk scores on the VRS/VRS-SO. Further analysis may provide more detail about the predictive nature of these measures in relation to treatment success and outcome.

The prison incident study initially suggested no treatment effect on the behaviour of men who remain in custody following treatment. A closer look comparing men on determinate and indeterminate sentences suggests that the poor behaviour of the men on indeterminate sentences (life and preventive detention) may obscure a positive treatment effect on prison incidents for men on determinate sentences. If this is true, the relatively small number of men on indeterminate sentences may represent a distinct group of 'treatment resistant' individuals who need other treatment and management strategies. This needs further examination, including a longitudinal comparison of their recidivism compared to other treatment completers.

The post-treatment environment study compared two groups of men who remain in custody for long periods, typically on indeterminate sentences. One group had no or few prison incidents, while the other had three or more incidents following treatment. Although there were some differences between the two groups, all men had made prosocial changes that were confirmed by staff, and there were more similarities than differences across the groups in factors contributing to their change.

Recommendations to support the change process included better follow-up support, improved information about the STURP for custodial staff, and a greater focus on post-treatment environments that support change.

An examination of recidivism for a sample of 111 men indicated a positive, but non-statistically significant, treatment effect for treatment completers over matched controls and non-completer comparisons. Results were strongest at the 6-month period with 13% (32.5% reduction without breach offending) and 14% (26.4% reduction with breach offending) effect sizes for treatment completers compared to their matches. This trend continued, but less strongly, at 9 and 12 months, particularly with non-breach convictions.

The study considered the Release Proposal Feasibility Assessment (RPFA) as a predictor of recidivism outcome. The results showed that more feasible plans were associated with a reduction in reoffending, and regardless of plan feasibility, the presence of an RPFA predicted better survival outcomes than its absence. This finding lends strength to previous research suggesting that a focus on reintegration and offence-focused discussions in treatment and follow-up reduce recidivism.

4.0 Conclusions and recommendations

This evaluation found that the HRSTUs are generally performing at a satisfactory level. The programme is targeting men who are high-risk and have complex offence-related needs. Maori men are accessing the programme at rates close to their presence in high-risk groups. The programme met the needs of attendees (graduates at least), who found it appropriately challenging. Participants saw themselves as more pro-socially oriented following treatment.

Measures of programme integrity appear to be satisfactory with some areas for remediation and improvement.

Psychometric measures from pre- to post-treatment suggest changes in the right direction (e.g. decreased personality pathology, fewer identified needs). Preliminary results suggest a trend towards reductions in offending approaching the Department's goal of a 25% reduction. There are indications of reductions in prison-based incidents for prisoners on determinate sentences who remain in custody for significant periods. Impacts on those with indeterminate sentences are not as clear.

The evaluation also identified a number of areas where the operation of the HRSTUs, and the wider management of these prisoners could and should be improved.

The recommendations below are divided into five sections: changes to programme eligibility criteria; HRSTU programme improvements; post-programme support and reintegration; general management of the units; and ongoing research and evaluation.

4.1 Changes to pre-programme eligibility criteria

The evaluation confirmed that the HRSTUs are serving a relatively older population of programme participants, many of whom are likely to have passed the 'peak' of offending observed by Hughes (2010). Encouraging younger participants into the programme may help catch serious offenders earlier in their offending careers and contribute to an earlier decline in peak offending.

Recommendations

- 4.1.1 It is recommended that consideration be given to prioritising offenders in their early to mid-20s.
- 4.1.2. It is recommended that the current review of the STURP manual continues to include adjustments to cater for offenders aged 18 and 19.
- 4.1.3. It is recommended that the eligibility rules for attendance of STURP be extended to include 18 and 19 year-olds who otherwise meet entry criteria.
- 4.1.4. Because many men with indeterminate sentences are spending long periods in custody following treatment, it is recommended that the stage at which these men are entering treatment during their sentence should be reviewed.

4.2. HRSTU programme improvements

There are resource implications in the use of the VRS and VRS-SO during the assessment phase of HRSTU programmes, although some units struggle with this more than others. Many VRSs are not completed on time which means that the results cannot contribute as intended to treatment planning. The project team found significant problems in the accuracy and reliability of scoring on the VRS. It took considerable time to correct the most egregious and obvious problems. Use of the accepted Psychological Services' review process varied, suggesting that some HRSTU staff do not submit their VRS assessments for review. This may add to problems in the accuracy and reliability of scoring. Some VRSs indicate that there is room for more sophistication in measuring treatment-related behavioural changes.

VRSs are fundamental to the completion of offence-focused risk assessment, successful treatment planning, monitoring of treatment effects, and providing a focus for reintegration planning. At present the use of this measure falls short of these objectives.

Timely and effective supervision within the HRSTUs is critical but is not currently being achieved consistently across units. This presents a real and significant risk to staff safety and programme integrity.

Release planning (including but not limited to the RPFA) assists in the consolidation of treatment and may contribute independently to reductions in recidivism. However, release planning activities are not consistently applied across units with some tasks appearing to be person-dependent.

The evaluation suggests that treatment non-completers are at greater risk of recidivism and have higher levels of treatment need and poorer anger management than completers. More thought should be given to how to manage these men. For example, can pre-programme testing identify men who are more likely to struggle during treatment? Can additional support and structure be provided to increase the likelihood of completion? Can 'treatment readiness' be assessed and managed in a new way, or is treatment less effective for this population overall, so that increasing their completion rates would add nothing to their management? Keeping people in treatment who are likely to fail anyway may decrease the perceived value of the programme for participants who make real gains (and for staff and decision-makers such as the NZPB). The ability to reliably identify this group needs to be examined in more depth (see recommendation 4.5.6). Recommendations around this area are therefore tentative.

It is well recognised that aspects of the STURP manual need revision and a project to achieve this is underway. Integrity monitoring in particular, observed that aspects of the STURP manual are overly prescriptive and unwieldy, contributing to some facilitators making alterations or adaptations.

Recommendations

- 4.2.1 It is recommended that a Level 7 project is undertaken to look at how the VRS and VRS-SO can be better integrated into the planning and monitoring processes outlined above. A psychologist from one of the units struggling to

use the VRS effectively could undertake the project in order to improve their understanding of this measure. The project should also examine time management during the pre-programme assessment phase, including a realistic assessment of the time taken to complete processes.

- 4.2.2 It is strongly recommended that the STU Advisor Practice continues to develop strategies to ensure that principal psychologists are fully resourced and equipped to meet the supervision requirements of staff and themselves. This is a longstanding problem that needs a permanent solution. Some contingency funding may be needed in units with few senior staff (see also 4.4.5).
- 4.2.3 It is recommended that principal psychologists work together to review existing release planning activities and develop and implement consistent protocols across units (see also 4.3.1).
- 4.2.4 It is recommended that release planning activities are carried out with consenting programme non-completers on determinate sentences who are unlikely to have time to complete an alternative programme. HRSTUs are funded to provide this for all programme starts and release planning may help to offset programme failure.
- 4.2.5 If co-location issues (see recommendation 4.4.1) can be addressed and additional bed-spaces achieved within existing HRSTUs, it may be worthwhile making more use of the 'stand-down' approach for programme attendees with repeat but non-serious incidents during programmes or who are making insufficient progress, rather than exiting them altogether.
- 4.2.6 It may also be worthwhile developing a procedure to exit very high-risk/complex need cases who display serious anger disorder problems and high levels of personality disturbance early in the programme before they seriously disrupt group processes. Consideration could be given to an 'extended case management approach' (e.g. including a principal psychologist from a sister unit) to help make robust and impartial decisions about exiting such participants.
- 4.2.7 It is recommended that the STURP manual review addresses staff concerns about the prescriptive and inflexible nature of the manual, without compromising the integrity of treatment delivery.

4.3 Post-programme support and reintegration

The current evaluation highlights significant gaps and opportunities around the post-treatment management of offenders. Gaps include:

- Relatively low rates of retention in the units following treatment, participation in graduates group, release from the units, or release to self-care or ready to work programmes. This is disappointing given the need to generalise treatment gains to other environments and make the most of reintegration opportunities as the next step following intensive offence-focused treatment. Some gains are being made through localised initiatives – particularly at Spring Hill Corrections Facility with efforts to create a 'support unit' for Puna Tatari.

- HRSTU graduates (and probably non-completers as well) feel rather isolated continuing their 'desistance journey' while in custody. Few graduates felt supported in their efforts to apply and practice what they had learned from STURP in a post-treatment custodial environment. They expressed a sense of being alone on their journey, and at times misunderstood. They would like ongoing contact with STURP therapy staff.
- HRSTU men regularly transfer into other units on completing the programme. Some, particularly those on indeterminate sentences, are retained in custody long after they complete the treatment. They may be moved around quite often as muster demands, or the requirements of their pre-release plans dictate. These experiences can only reinforce their sense of being alone. No regular or formal avenues exist for passing on key information about the programme (and about individual attendees) to the custodial staff who manage these men in other units. For example, although custodial staff in the post-treatment environment study expressed a commitment to working to support offender change, most had no knowledge of STURP concepts or strategies and did not know which offenders had participated in what programmes. Such information would help custodial staff and case managers to support and generalise the change process for both graduates and non-completers. (This finding is similar to the preliminary results for Probation staff managing HRSTU graduates in the Parole Project.)
- The fact that recidivism results are strongest at the 6-month period suggests that treatment gains at this stage are still relatively unstable and that further gains are possible with better rehabilitative and reintegrative support following release. In their review of the Department's RRS, Gendreau et.al (2012) note that core-correctional practices also apply to the case management activities of probation officers, stating "they are a tremendous resource for directing offenders to a pro social lifestyle" (p.6). The Parole Project research aims to help pinpoint the types of support that have the most impact during this period. Preliminary results suggest that Probation staff feel much more equipped to carry on the process of change for HRSTU graduates when a post-release meeting or some other formal "hand-over" process has occurred with HRSTU staff, and/or where there is ongoing Departmental psychologist involvement on parole.

Recommendations

- 4.3.1 It is recommended that principal psychologists meet and consider ways to (a) increase the frequency and intensity of contact with ex-residents and (b) improve the transfer of information to individuals and services involved in their rehabilitative and reintegrative needs. Opportunities include:
- Development of a resource for case managers, prison officers, and probation officers on the nature of HRSTU programmes, what to expect from programme attendees, and how to support offenders in the desistance process.
 - Providing informal review and check-ins with prison staff who are managing the men.
 - Ensuring the completion of a release planning process running in parallel with treatment (including but not limited to the RPFA).
 - Developing systems to ensure the results of this process and reintegrative activities that occurred prior to exit or completion continue beyond the HRSTU. This might include ensuring that there is a handover between the reintegration coordinator and the probation officer for everyone released.
 - Increasing staff contacts with ex-residents post-programme to encourage ongoing motivation and orientation towards desistance, particularly when

men are likely to remain in custody for long periods and during the early stages of release.

- Allocating a senior psychologist in area offices to coordinate the referrals and management of STU graduates on release and provide programme information to other staff involved in their care (e.g. probation officers and other programme providers).

4.3.2 It is recommended that 'support' units similar to those being developed at SHCF, be developed to help HRSTU graduates transition to other reintegrative activities.

4.4 General management of the units

Co-location with DTUs appears to be an ongoing problem in HRSTUs. It contributes to differential management of offenders' behaviour, different philosophical and practical approaches to running the units, and difficulty with extending the 'Community of Change' beyond the treatment room. Although the therapeutic community integrity monitors made recommendations regarding the problems created by co-location, these solutions do not address the underlying problems created by including DTUs and STUs in the same unit. Although it is possible to have superficial fixes, solutions are often person-dependent and time-limited, and it would be better to house programmes separately to avoid ongoing problems.

The relationships between HRSTU therapy and custodial teams are critical and a broad 'Community of Change' environment is not likely to be fully realised unless all staff understand and work consistently and cooperatively towards a therapeutic community model. Currently this does not happen, with custodial staff still subject to rotational policies. This results in some staff rotating in and unintentionally or explicitly undermining the treatment environment. HRSTU staff need greater involvement in the selection and training of custodial staff in these units and, perhaps, in the ongoing provision of practice supervision.

HRSTUs need senior therapeutic staff. A principal psychologist alone cannot be expected to manage all the roles and responsibilities associated with senior leadership in a HRSTU. Regionalisation of the units may provide opportunities for more cooperation and sharing of resources between town offices and HRSTUs.

Recommendations

4.4.1 It is recommended that DTUs and HRSTUs are run as separate units. This recommendation will require negotiation and commitment from the highest levels of the Department.

4.4.2 It is recommended that the principal psychologist and principal custodial officer of each HRSTU are jointly responsible for selecting and inducting custodial staff into the unit and that staff who are not prepared to embrace the principles of the therapeutic community are not placed in these units.

4.4.3 It is recommended that HRSTUs are excluded from prison staff rotational policies.

4.4.4 It is recommended that principal psychologists consolidate existing training for custodial staff and ensure new staff receive training and ongoing support in

understanding the philosophy of therapeutic communities and their contribution to the therapeutic community environment.

- 4.4.5 It is recommended that consideration be given to secondments (as happened in Christchurch) for senior psychologists from town offices to units where there are temporary or long-standing issues in retaining senior staff. This would help address concerns identified during integrity monitoring around staff stability, leadership, supervision, and unsupervised and ad-hoc changes to the STURP manual.

4.5 Ongoing review and evaluation

This evaluation has contributed to the development of an understanding of the effectiveness and characteristics of HRSTUs. However, many results are preliminary and further investigation is warranted. Recommendations below outline strategies to support ongoing evaluation and identify specific areas worth further study.

Recommendations

- 4.5.1 It is recommended that the new position of Principal Advisor STU Development is responsible for broad oversight and maintenance of the data capture spreadsheet.
- 4.5.2 It is recommended that the data capture spreadsheet is rationalised to only include information that cannot be obtained reliably from the CARS database.
- 4.5.3 It is recommended that the routine pre-programme psychometrics included in the data capture spreadsheet are reviewed to provide an appropriate balance between the research and assessment functions of these measures. This review will need to include the principal psychologists, the newly established Principal Advisor STU Development, and Devon Polaschek of Victoria University. Further analysis of the predictive validity of the measures currently used in the units may also be needed.
- 4.5.4 Integrity monitoring (IM) procedures gathered valuable information on the functioning of individual units and HRSTUs as a whole. It is recommended that IM continues on a six-monthly schedule for audit/compliance and a yearly schedule for therapeutic community IM.
- 4.5.5 It is recommended that exit interviews continue with programme completers (two per programme) and that these interviews are extended to all consenting programme non-completers to see if they identify particular issues or needs that can be addressed. Exit interviews should be completed by staff who have not been directly involved with the participant/s completing interviews.
- 4.5.6 It is recommended that the Department consider funding or designing collaborative research with a university provider to further examine the characteristics and needs of programme non-completers in custody and following release with a view to developing additional or alternative management strategies for them. This could tie in with the Parole Project.
- 4.5.7 As a larger sample size is acquired, further analysis of post-treatment prison incidents is warranted to compare the behaviour in custody of programme attendees on determinate and indeterminate sentences.

- 4.5.8 Further evaluation of recidivism outcomes over a longer time and as the population of HRSTU grows will provide more detail about the outcomes of treatment and provide some indication of the effect of ongoing changes and improvements to the management of the units.

