

ACCOUNTABILITY CAN BREAK THE CYCLE OF CRIME – AND MORE

Stephen Valle's accountability model yields dividends in clinical effectiveness and cost effectiveness. It can cut re-offending rates by an extra 10-40%, and has been applied to domestic violence programmes, courts, community and in-prison therapeutic communities. He gives us the inside story.

The most essential function of corrections, be they prison- or community-based interventions, is to ensure public safety. Yet despite enormous investment in building more prisons over the past 25 years in an earnest attempt to enhance public safety, this effort alone has not yielded a significant decline in re-offending. Costs for this undertaking have been staggering and are now burdensome.

It has become clear that the US – and similarly the UK – cannot build themselves out of the problem of chronic recidivism. Nor can we afford the economic burden imposed by policies which do not meaningfully decrease the cycle of re-offending.

Recently came the shocking fact that one in every 100 US adults is behind bars: 2.3million adults. If we also include offenders under some form of community correctional supervision, the ratio jumps to an astounding one in every 31 adults – more than 7.3million adults in the US are under some form of correctional control¹.

In the UK, the prison population is a lower 82,000. But that is higher than the capacity of the overcrowded prisons³ so, in 2009 alone, 30,000 prisoners were released early. 65% of those discharged from prison are reconvicted within two years of release⁴; if we include those who are not caught, the real re-offending rate is likely to be far higher, and in the case of young offenders it is likely to be over 90%. Because of overcrowding, 40% of violent offenders are merely given community orders.

In both the US and UK, most of these offenders have an alcohol and/or drug problem.

This costs americans over \$68billion a year, ripping families apart and eroding the very fabric of society. In addition, it is now threatening national security as the media report that “Taliban and other insurgents have been using proceeds from the drug trade to fund

their insurgency”². “Our prison system is at a crossroads,” states the Conservative paper *Prisons with a purpose: Our sentencing and rehabilitation revolution to break the cycle of crime*. “There is real risk we will move towards large scale penal containment, spending more to accomplish less, losing hard won gains and stifling innovation.”⁵

Alarming as these facts are, it is only a fraction of the story. Significant progress has been made over the past 25 years in understanding what works best for changing the behaviour of offenders who account for the rapid ascent in arrests,

probation caseloads, incarceration and re-offending – those with an addiction to alcohol and/or drugs. There is convincing evidence in the professional literature that science-based interventions and treatment for the drug and alcohol offender can reduce recidivism from 10-40% and create huge savings for taxpayers.

SPEED UP RETURNS ON INVESTMENT.

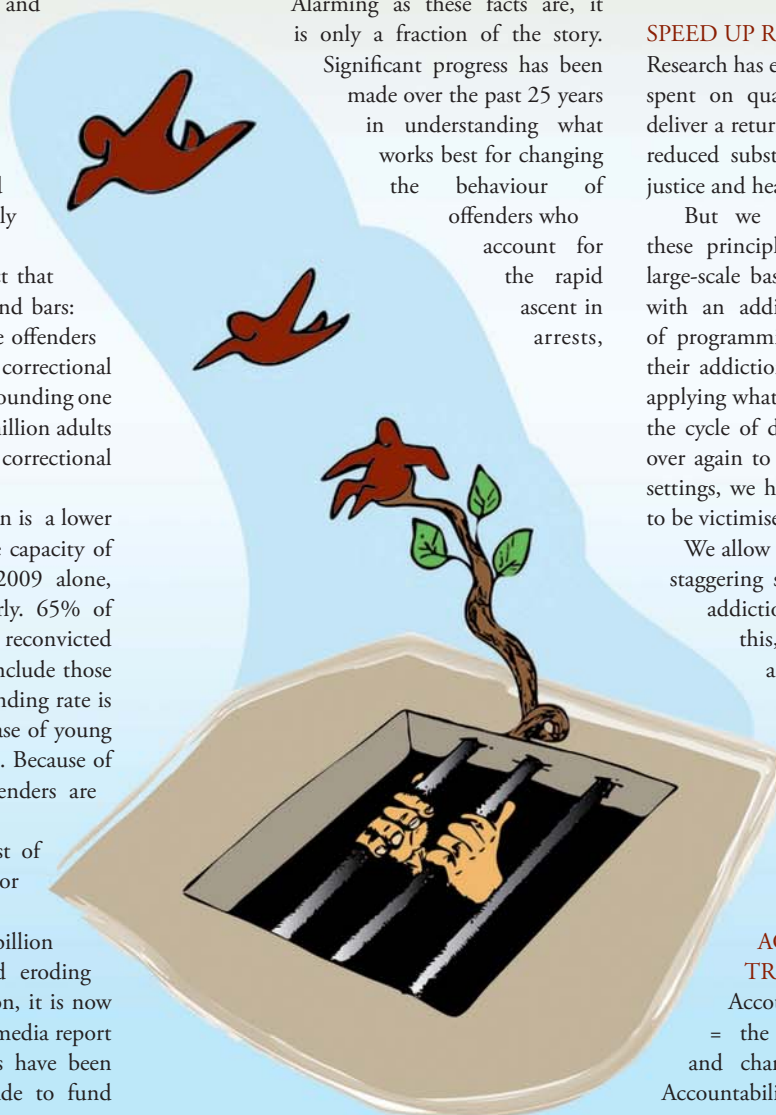
Research has established that every dollar/pound spent on quality treatment of addiction can deliver a return of 12 or more dollars/pounds in reduced substance-related crime and criminal-justice and healthcare costs⁶.

But we have been slow to implement these principles, policies, and practices on a large-scale basis. Fewer than 20% of offenders with an addiction problem receive the type of programming needed to effectively address their addiction and related criminality. By not applying what we know can significantly change the cycle of drug offenders returning over and over again to prison or community corrections settings, we have allowed ourselves to continue to be victimised by this cycle of re-offending.

We allow ourselves to remain hostage to the staggering social and economic burden that addiction-related problems cause. And, for this, we all are accountable. Offenders are accountable to address their addiction and change their criminal behaviour. We are accountable to implement what the evidence tells us will work in reducing recidivism and breaking the cycle of re-offending.

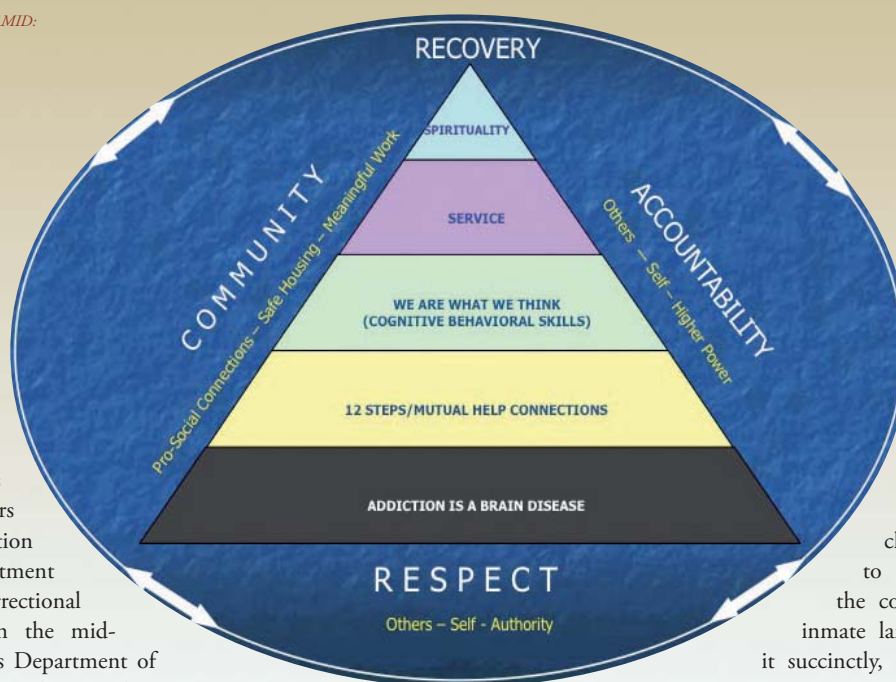
ACCOUNTABILITY TRAINING®.

Accountability + respect + community = the formula for offender recovery and change (see diagram on page 26). Accountability Training is a paradigm and



COVER STORY

THE RECIDIVISM REDUCTION PYRAMID:
Accountability Training Content
and Process Variables



model for changing the behaviour of offenders with addiction which has evolved over the past 25 years of implementing addiction intervention and treatment programmes in various correctional venues. Its origins are in the mid-1980s in the Massachusetts Department of Corrections where researchers discovered a new tool for reducing recidivism. Evaluation of this pioneering programme at the DOC Longwood treatment facility indicated a recidivism rate for multiple drunk-driving offenders and other offenders with chronic substance-abuse problems of less than 10%⁷.

This Accountability Training model was replicated over the years with offender populations in Texas, Florida and Maryland. Since the mid-1990s, under the auspices of AdCare Criminal Justice Services – part of AdCare Hospital in Massachusetts – Accountability Training has been applied in several institutional and community correctional settings. Over time, it evolved into a highly structured, integrated, curriculum-based, continuing-care intervention and treatment model for offenders with addiction.

It uses evidence-based modalities such as risk/needs assessments, motivational interviewing, stages of change, cognitive behavioural techniques, standardised curriculum and continuity of care principles for successful re-entry.

An evaluation of the Accountability Training programme at the Barnstable County (MA) Sheriff's Office, conducted by a National Institute of Justice-funded research firm, concluded that offenders who completed the residential substance abuse treatment programme have more than a 30% lower rate of recidivism three years after release.

The study also concluded that the programme was a significant cost saving⁸ (see graph on page 27).

The Accountability Training model is being replicated at the Essex County (MA) Sheriff's

Office Jail and House of Corrections, and in several community corrections centres throughout Massachusetts. How can it apply to the UK?

WIDESPREAD APPLICATIONS.

A unique feature of Accountability Training is that it is peer driven, though staff directed. It incorporates evidenced-based practices as core content variables, applied in the context of three core process variables which have been identified as essential ingredients for working effectively with offenders.

The three core process variables in what has been termed “the offender change formula” are: accountability, respect and community. Accountability Training is conceptualised as a series of process and content variables, visually portrayed for training and teaching purposes as the Recidivism Reduction Pyramid (see above). Accountability involves four components:

- awareness
- understanding the choice that one made
- owning one's role in the consequences that one's choices brought about, and
- taking meaningful, empathic action to change.

There are no excuses, no blaming others, no victim mentality permitted in Accountability Training programmes. While explanations and reasons for one's choices are given voice, there is limited processing of the reasons why or the feelings associated with the behaviour being addressed.

The focus of accountability is on identifying

what one's role was and what are the consequences of the choices he/she made. And then making the choice of what to do, or not to do about it, and accepting the consequences involved. Or, in inmate language, as one offender put it succinctly, accountability simply means, “manning up”.

In the programme, offenders learn that the best way to deal with the hard realities which the consequences their choices have had on them and others is with respect. Respect for themselves, and respect for others. And they learn this in community; first, in their community of peers under supervision and monitoring by staff (rational authorities), then in the larger community in which they live.

One of the enduring principles which have shaped the development of Accountability Training as a behaviour change model for offenders is the following realisation: offenders learn best how to stay clean and sober and to change their thinking and behaviour by learning to be accountable to one another. The power of the peer group is harnessed to effect change in one's attitude and in one's behaviour.

Staff function as recovery life coaches and teachers, more so than as traditional clinicians.

In this model, offenders learn that, by being accountable to one another, they learn a key variable of living in a pro-social environment: that everyone answers, in some fashion, to someone else. At some point, as part of the socialisation process, we all have to give an account of our behaviour to an authority greater than ourselves.

Offenders learn, in the process of the peer-to-peer community, how to respect authority and to experience structure as a positive resource for change. They learn that one's choices have an impact on others and that they are accountable for the choices they make, and often for the choices they don't make. As the offenders make progress

in the programme, they are challenged to take meaningful and empathic action to change their thinking and behaviour.

So, by addressing offenders' addiction problems directly with immersion in science-based programming, we know how to hold offenders accountable for taking charge of their recovery, and for changing their criminal behaviour.

We can definitively know how to reduce re-offending considerably – and, at the same time, to save taxpayer resources.

RAISING THE BAR FOR OURSELVES.

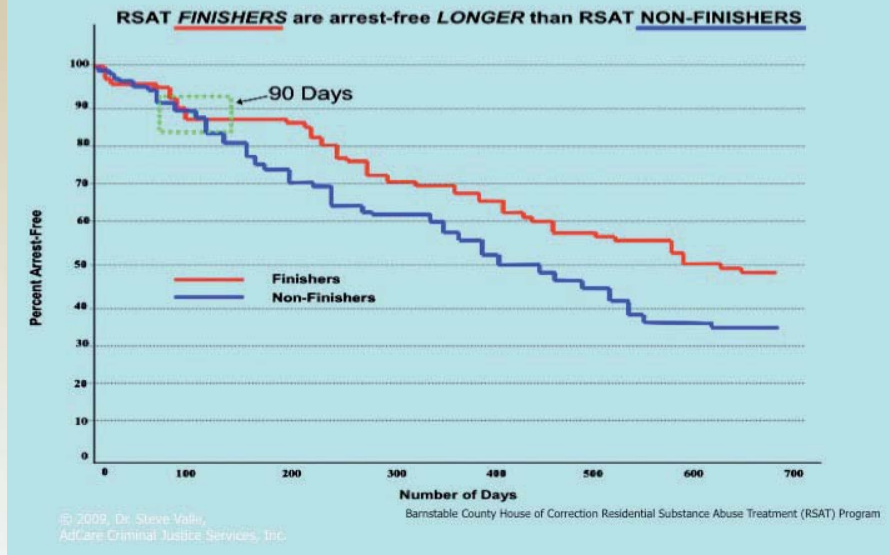
We now need to raise the accountability bar for ourselves – the families and significant others in the offenders' life, and the social, healthcare and criminal-justice systems charged with protecting public health and safety. As with the offender, creating appropriate incentives for change and accountability is vital. Since the evidence demonstrates clearly that we can reduce recidivism significantly and benefit economically, are we not accountable to do so?

By applying the formula for offender change – accountability + respect + community – to providers who deliver services, and the social and justice organisations and systems which support them, recidivism can be reduced significantly and taxpayers benefit.

Accountability involves awareness, choice, owning those choices, and taking meaningful, empathic, action to change. When offenders have the opportunity to learn better and the training to know better, many will – as the evidence indicates – do better.

Perhaps the time has come for all of us to be accountable also, to do our part to break the cycle of re-offending.

**Results of National Institute of Justice Funded Outcome Study
Accountability Training® Model**



Re-Offending Rates of Six Month Jail Based Treatment Programme: Comparison of Programme Completers and Non-Completers

The offender with addiction is accountable to change, to take right action – and so are we.

REFERENCES.

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- 8 *A Study on the Habilitation of Chronic Offenders in a Massachusetts House of Correction*, 2003. BOTEC Analysis Corporation. Waltham, MA



DR STEPHEN VALLE (photographed with lookalike!) is president and CEO of AdCare Criminal Justice Services, Worcester, Massachusetts. As a licensed psychologist, and certified addictions counsellor, he is recognised for his leadership in developing national standards for the alcohol and drug

abuse field. He has served as president of the National Commission for the Accreditation of Alcoholism and Drug Abuse Counselor Credentialing Bodies for six years. He provides technical assistance to treatment centres, hospitals, prisons, jails and other agencies in the criminal-justice system. Dr Valle is the author

of over a dozen journal articles, author of *Alcoholism Counseling: Issues for an Emerging Profession* and editor of *Drunk Driving in America: Strategies and Approaches to Treatment*. He was associate editor of *Alcoholism Treatment Quarterly*, and held several editorial review assignments for leading professional journals. Before joining AdCare, Dr Valle was chief of psychology and programme director for an 80-bed addiction treatment hospital for 10 years, provided consulting services to leading medical institutions throughout the country such as the Johns Hopkins Hospital, and operated several community-based and institutional treatment programs. As founder and president of Valle Associates and Right Turn, Dr Valle created Accountability Training®, a public safety treatment model for use with substance-abuse offenders in the criminal-justice system. His model has been applied in domestic violence programs, boot camps, in-prison therapeutic community programmes, and in various courts, community corrections and criminal-justice settings. The concepts introduced in this article are explained more fully in: *Accountability Training: How Offenders With Addiction Can Change and What We Need to Do To Make it Happen* (expected publication, Spring 2010).

MEET THE AUTHOR!

We are delighted that Dr Stephen Valle has agreed to fly to London in May to present a day-long workshop at UKESAD on the techniques in this article – see programme with this issue of *Addiction Today*.

Image page 25: Christophe Boisson.