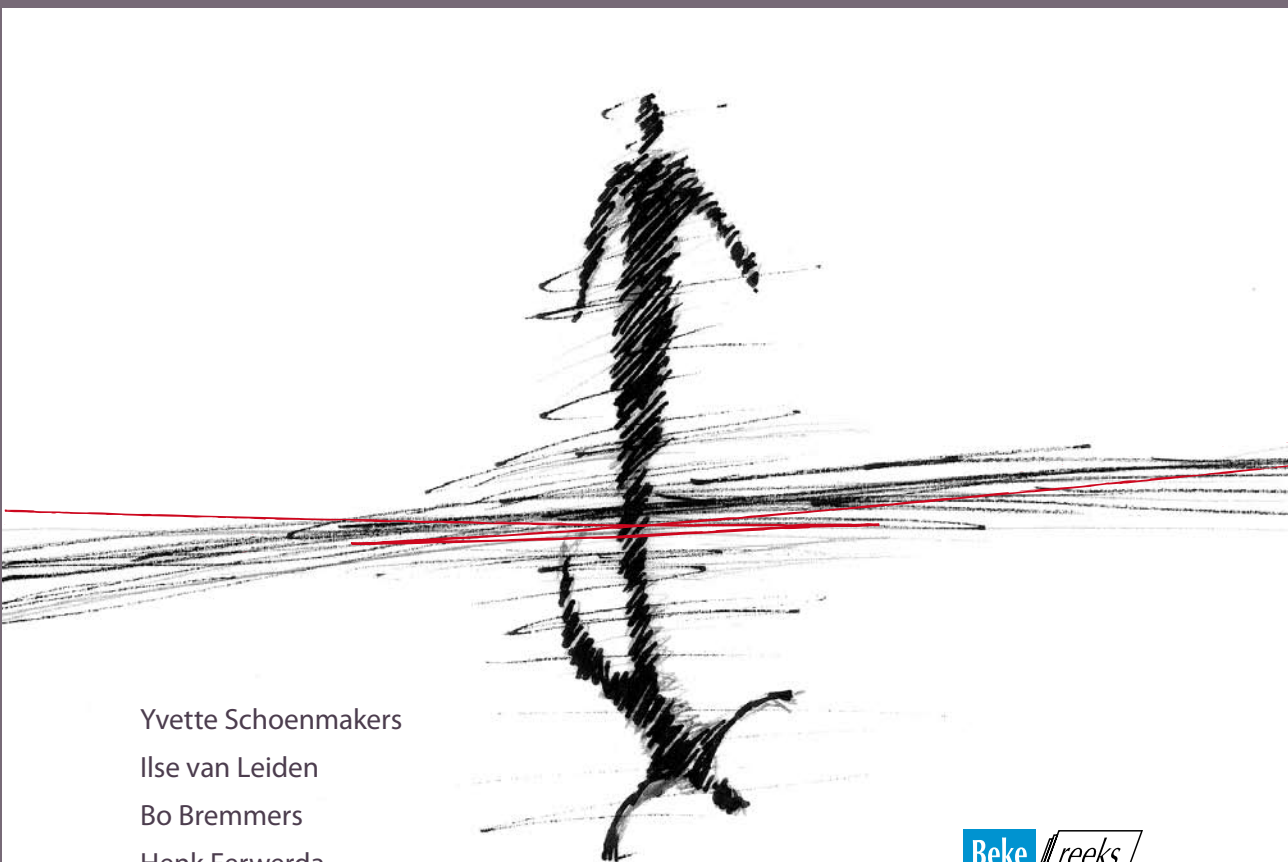


ONDER CONTROLE?

Een procesevaluatie van de gedragsinterventie
'Korte Leefstijltraining voor verslaafde justitiabelen'

Summary



Yvette Schoenmakers

Ilse van Leiden

Bo Bremmers

Henk Ferwerda

Beke // reeks

Summary

The Short Lifestyle Training for addicted offenders (“Korte Leefstijltraining voor verslaafde justitiabelen” in Dutch) aims to reduce criminal recidivism by changing problematic substance use and/or gambling habits. Various types of offenders – excluding sex offenders – with light to average substance abuse problems or gambling issues are eligible to participate. The public prosecutions office and the judiciary may assign Lifestyle Training by imposing probation supervision with training participation as a special condition, for example in a case of suspended pre-trial detention in combination with supervision. Intramural training can be followed in the context of the Recidivism Reduction Programme. Beside the Short Lifestyle Training, also regular Lifestyle Training may be prescribed. The Lifestyle Training is more intensive; more than in the Short Lifestyle Training, it centres on relapse prevention. The combination of the risk of recidivism and the severity of addiction determines which lifestyle training is most appropriate for the individual in question.

From the start of 2008 the Short Lifestyle Training was implemented in phases at the institutions of the Dutch addicts rehabilitation foundation (Stichting Verslavingsreclassering GGZ (SVG)); in 2009 it was acknowledged as an evidence-based behavioural intervention by the Dutch Accreditation Committee for Behavioural Interventions (Erkenningscommissie Gedragsinterventies Justitie). The objective of the process evaluation carried out by Bureau Beke is to determine whether the Short Lifestyle Training is carried out as defined in the programme manuals accredited by the Accreditation Committee. In addition, the feasibility of an effect evaluation may be ascertained based on the findings of this process evaluation. Besides checking whether the training is executed in programme-compliant fashion, the process evaluation also served to find possible causes for bottlenecks, if any, in that execution.

Research design

The Short Lifestyle Training programme manual constituted the starting point for this process evaluation. Through desk research, particularly of the various manuals of the Short Lifestyle Training, the framework was set inside which the training should be carried out. Subsequently, various research methods and –sources were used to ascertain to what extent the programme manual is followed and where bottlenecks arise. These methods entailed an analysis of the data on the 576 participants in the Client Tracking System (Cliënt Volg

Systeem (CVS)) and the RISC (Recidivism Assessment Scales) diagnoses that were available on those participants (n=567); an analysis of the training documentation on paper; video observations of 45 training sessions belonging to nine different trainings; an analysis of the trainer assessment forms as filled out by the intervention coaches; a questionnaire survey among 26 trainers; twenty interviews with training professionals and eleven interviews with participants. The sources had quite a few limitations, in particular where trainer and participant registrations, the video footage for the observations and the assessment forms were concerned: these were often found to be either incomplete or inconsistent. By combining the various sources and methods these shortcomings were compensated, in an attempt to answer all the research questions. The research period comprised early 2009 through mid 2011 and the study was carried out in six of the eleven addicts rehabilitation institutions. Below, a summary is given of the findings concerning the training in indicators, the participants, the trainers and the execution of the training and the execution preconditions, and of the conclusions and lessons drawn from the process evaluation.

Indicators

The lack of central, structured registration of training information made it hard to get a clear picture of indicators and details on trainings and participants. Based on a combination of sources, such as the CVS, the paper training documentation and additional data from the intervention coaches, a good indication was obtained. There is information about participants who have actually started the training. Exact numbers of indicated and registered participants and of non-registering or unwilling participants are not known. During the process evaluation period SVG started taking steps to improve training registration.

The years 2008 and 2009 turned out to be start-up years. In 2010, the six selection institutions carried out at least 32 Short Lifestyle Trainings. A strong decline in the number of trainings was seen in 2011 and was partly caused by the greater focus on indicating for the regular Lifestyle Training. According to the annual production framework the number of intramural participants projected for 2010 exceeded the number of extramural participants expected. Unlike for the intramural participants, the prognoses for the extramural participants were amply met that year. Expectations were adjusted in the new production framework and based on the current figures both varieties seem to be in line with the prognosis for 2011. In 2010, according to the CVS there were 371 participants across all the institutions; there have been 79 for the first quarter of 2011.

According to the programme framework a participant group should have at least four but no more than twelve participants. Both intramural and extramural trainings start with nine participants on average; groups range from between four to thirteen participants. At the end of the training the average participant group had seven members, in a range from between two to thirteen participants. This meets the group size criteria reasonably well. It turns out to be not always feasible to run trainings with at least four participants. Based on the data available we could not ascertain whether all groups contained at least two participants of the same gender; the CVS registrations show that almost all participants (98%) are males. Three quarters of the participants go through the entire training; a quarter drops out at some stage, particularly in the first half of the training period. For extramural trainings the drop-out rate is a little higher (29%). Dropouts may result from participant conduct, such as

absenteeism, a negative attitude or disruptive behaviour during sessions. A lack of (intrinsic) motivation is a shared trait of drop-out participants and may be linked to the training's 'bad timing', denial of their own issues or poor preparation for the training. Other reasons for dropouts include relocations to other penal institutions, substance use relapse or recidivism, or level of training difficulty.

The participants

Analyses of the CVS and RISc data and interviews with trainers and a number of participants provide an insight into the characteristics of participants in the Short Lifestyle Trainings and the extent to which the correct target group was selected. We also checked how participants view the Short Lifestyle Training.

Almost all participants in the Short Lifestyle Training are male, average age 32. Three quarters were born in the Netherlands, the others mainly in Surinam, the Netherlands Antilles and Morocco. The minority has finished secondary education with a diploma; half has no fixed day structure with some form of education or a job. Most participants first came into contact with the police when they were underage; three quarters were sentenced by a court at least thrice. The offence with which they have been charged on entry is most often theft, followed by possession of or trafficking hard drugs. Many have committed violent offences. Well over half the participant group has an average risk of recidivism, followed by a considerable high-risk group. A little less than half of all the participants has participated in other interventions, usually one form of intervention or another prior to, during or after the Short Lifestyle Training. The CoVa (Cognitive Skills) training and the regular Lifestyle Training are most prevalent.

In conformity with the required profile, most participants have a criminogenic factor for alcohol and/or drugs in their RISc diagnosis. A small number has no substance problems but was entered anyway, although the training is not intended for them. On the other side of the spectrum, the Short Lifestyle Training is not sufficient for people with serious or chronic addictions. Almost one fifth of the participants has a severe criminogenic factor for alcohol and/or drugs. In addition, sex offenders are sometimes admitted, whereas this is a criterion for exclusion. Based on the registration systems used we could not ascertain how often this happens. Also the IQ of participants is unknown, although an IQ of 80 or lower was indicated as an exclusion criterion. According to the trainers, however, limited understanding or insufficient Dutch language skills are problems often encountered: participants already entered may turn out to be unsuitable after all.

A bottleneck for the process evaluation but also for the practical selection of the right target group is that the exclusion criteria that were set are difficult to check. One problem, for example, is that a criminogenic score in the RISc may be based on substance abuse in the past; it is up to the probation officers in question to check this for the present. In addition, it cannot be ascertained to what extent participants are entered who should be excluded from participation on account of their conduct or attitude. The signs and registrations the researchers were able to use for the process evaluation illustrate that at any rate during the research period the selection of the correct target group was still problematic. The institutions are aware of this and seek to improve it.

At the start of the training, the participants themselves often do not know for what it is intended and what they can expect. They also indicate that they felt only moderate to little (intrinsic) motivation at the outset. In particular intramural participants feel forced to participate so as to speed up the completion of their sentence. The extramural participants experience practical problems, such as travel time and -expenses and the pressures of combining the training with their jobs or studies. Participant motivation often increases in the course of the training as participants gain insight into what it may mean for them. Those that finish the training indicate that they found it useful.

Trainers and training execution

Based on questionnaires filled in by the trainers, interviews with the intervention coaches, trainers and intervention manager and additional information from the intervention coaches, stock was taken of trainer characteristics in the six selection institutions to see to what extent trainers meet the requirements for training, supervision and (re)licensing. At the time of the process evaluation 28 trainers were working at the six selection institutions. Of these trainers, well over three quarters were women. Half the trainers were working for two out of the six institutions. All trainers have completed higher vocational training, in social sciences as far as we know. The greater majority of those interviewed also do regular Lifestyle Training beside the Short Lifestyle Training. The trainers meet the educational requirements in rough outline. The Motivational Interviewing (“Motiverende Gespreksvoering”) course, which is required to become Short Lifestyle Trainer, is an exception. Well over a quarter of trainers indicate not having followed this course. Trainer licence monitoring is something the SVG does not control yet; because of this, it is unclear to what extent the current trainers are sufficiently licensed. At least four trainers do not meet the requirement of having carried out at least two Short Lifestyle Trainings a year. Secondly, a quarter of the trainers has had fewer than the two prescribed coaching talks per training. Thirdly, not all trainers take part in the annual group intervision days (“verdiepingsdag”). Trainings are set up by a standard trainer pair and there are always two trainers present at sessions, as required. Whenever a trainer is ill, a substitute is used. This is in conformity with the manual; the participants interviewed did not experience this as a problem.

Based on the video observations, the assessment forms of the intervention coaches, the questionnaires filled out by the trainers and the interviews, we checked to what extent the Short Lifestyle Training is carried out in conformity with the programme manual and what reasons there might be for divergences. The training entails ten sessions of two and a half hours and five booster sessions of sixty minutes each. The sessions centre on three themes: enhancing motivation, improving self-control measures and preventing substance abuse and/or delinquent behaviour relapse. The booster sessions can be linked together if need be; effectively, practical considerations almost always dictate this.

Generally, it turns out that trainers follow the protocol for the various sessions. The chronology of the various parts is largely followed. A few striking differences were seen, however. Sessions are 24 minutes shorter than prescribed on average. Remarkably, trainers indicate that they actually have insufficient time for some parts. In addition, some parts of the programme manual are diverged from more often than others: the ‘introduction’ in the

first session; 'dealing with social pressure' in sessions 6, 7 and 8; the recurring homework assignments, and the standard 'a look at the week' feature. The introduction, which should take 40 minutes according to the protocol, is foreshortened by half an hour on average. The subjects for the introduction sessions are possibly dealt with already earlier, during the individual intakes the trainers do with the participants. Besides this, trainers do the exercises for 'dealing with social pressure' differently or they skip parts or sub-items (like role play) completely. Trainers that diverge from the programme believe that too much time and attention is set aside for the topics in question, whereas it is difficult to enthuse the participants for them. Thirdly, parts like 'homework assignments' and 'a look at the week' are adjusted, shortened or skipped completely, because the participants fail to do their homework. According to the trainers, it takes much time to explain the homework repeatedly and motivate the participants to do it. In addition, trainers fail to emphasise the importance of the homework, although this is something the manual prescribes. It turns out that the trainers tailor the sessions to the individual participants. Specific assignments are explained in more detail, for example; additional time outside the sessions is reserved for homework, or parts are skipped because the participants object to them or because other parts take longer. In particular where main parts are skipped, programme integrity cannot be safeguarded. It is unclear whether this affects training effectiveness. The trainers seek a balance between following the programme manual on the one hand and catering to the individual participants' needs and responsiveness and the need to meet training targets on the other. As long as the content of the intervention is not harmed by them, divergences from the manual are deemed acceptable both by trainers and by some of the intervention coaches.

Preconditions for good execution

Based on interviews and questionnaires we mapped how indicating-, selection- and registration processes take place and to what extent the preconditions for good programme execution, such as staff capacity, education, facilities and organisational support, are met. Based on the RISC diagnoses and their professional opinion, the probation advisers decide whether a client should get an indication for the Short Lifestyle Training. Internal probation service studies show that in less than one third of the cases, advisers take over the automatic RISC proposal for a lifestyle training. For clients with severe addiction issues, the advisers often consider a more intensive treatment process in forensic care to be more appropriate. In addition, a number of bottlenecks clearly affect the indication process. First of all, the probation officers turn out to lack knowledge about the indication and exclusion criteria for the Short Lifestyle Training and confuse the training with other (sometimes similarly named) lifestyle trainings. This is also a reason why participants may be entered for the wrong training. Secondly, it turns out that the exclusion criteria that were set are not always verifiable for the adviser. IO, 'chronic addiction' and how to assess a person's suitability for the group are examples of this. Thirdly, in some institutions advice is given based on policy choices that are not in line with the protocol. A number of institutions always choose the regular Lifestyle Training for intramural treatment and the Short Lifestyle Training for extramural clients. The probation advisers also consider the feasibility of their advice. In regard to extramural clients, the dropout risk factor for the regular (longer) Lifestyle Training is considered too high. Pragmatic considerations may play a role

in the advice given. Sometimes, registrations for the Short Lifestyle Training are combined with registrations for the regular Lifestyle Training, to fill a training group.

Although the indicating process is not yet optimal because of the reasons aforementioned, a number of institutions are getting on top of this through improved communication, agreements and quality controls. For the final selection of candidates, the regional coordinator checks whether the criteria for entry are met. In cases of doubt, matters are discussed with the probation advisers, the intervention coach and sometimes the trainer. Various institutions take the initiative for individual intakes, to assess whether the clients selected are suitable to participate, to better prepare them for the training and to increase their motivation. This has yielded positive results.

Particularly the trainers experience issues with capacity. The trainers do a double job: they also work as probation officers, which hampers their scheduling. Their familiarity with the target group through their other job is perceived as an advantage. In addition, also the regional coordinators hold different positions, like those of trainer, adviser or supervisor. Because of this, the time available to coordinate trainings is experienced as limited by some. Sometimes a shortage of trainers is compensated through good cooperation with another institution; as an emergency measure, however, sometimes also inexperienced, unlicensed trainers are used.

At all levels in the process, differences between the institutions can be observed, in all processes from indication to selection, to planning, to execution. On the one hand these differences seem to relate to the steering carried out by the (external) intervention coaches and on the other, to the willingness and direction of the institutional probation officers to work in accordance with the guidelines. The enthusiasm and dedication of the professionals involved in the Short Lifestyle Training should be mentioned as success factors.

As to the means and facilities available, bottlenecks are perceived in regard to the set-up and size of the intramural training rooms. In addition, technical and organisational problems with video taping were mentioned. Moreover, safety during trainings turns out to be an issue. The training and education for the Short Lifestyle Training is not always experienced as sufficient by the trainers. One in four trainers feels only moderately capable to carry out trainings properly after having taken the course. Half of them consider the course handbook to be incomplete and need more coaching talks, training- and group intervention days.

Working by protocol is not popular among the trainers but most do appreciate the manual. Many trainers are critical of the methodology, however. The trainers are not always pleased with the structure and completeness of the training. They also find the manual less than clear and insufficiently detailed in some places. On the other hand, they feel the protocol leaves too little space for their own initiative and contributions. However, according to the intervention coaches, the space is there, for trainers to learn to use. Finally, most trainers feel the training is only moderately suited to the target group in question, especially because of the (too) high level of the course materials.

Conclusions and lessons

At this time, particularly imperfect indications, poor registration and capacity problems impede the trainers' smooth execution of this behavioural intervention programme. Support inside the institutions, which is sometimes still somewhat limited, plays an important part in this, as well as a lack of internal knowledge about the training and the criteria that apply.

Because the target group and the criteria are not always clear for those who have to work with them, the correct target group is reached only in part. In addition, some criteria are hard to test in the current situation. This reflects on the target group for which an indication is ultimately given, as well as on how this is checked.

In the first years, the implementation of the Short Lifestyle Training suffered from the absence of an intervention manager. By now, a more stable situation has been achieved with a standard intervention manager and –coaches, in an attempt to direct the processes inside the institutions in uniform fashion. Unequivocal and complete registration is another objective.

The trainers in question largely meet the educational requirements set. Improvements can still be made in the field of re-licensing. The programme manual is mostly followed although clear divergences can be spotted in a number of main areas. It is important to check what parts really require execution in accordance with the programme, so that these may be focused on for improvement.

As to the bottlenecks that were found in the execution of the Short Lifestyle Training and the causes that underlie them, we conclude that this process evaluation may have been carried out too early. On the other hand, the process evaluation gave the implementation of the Short Lifestyle Training a positive boost. This development needs further direction so that the indicators for a sufficiently compliant execution of the Short Lifestyle Training can be met. In view of the above, an effect evaluation is not feasible at this point in time.

