

Circles of Support and Accountability: Dimensions of Practice, Research, and Interagency Collaboration in Prisoner Reentry

by Andrew J. McWhinnie, Robin J. Wilson, and Robert E. Brown*

The Origins of CoSA

The idea of placing volunteers around sexual offenders as they leave prison was introduced in 1994 as an ad hoc response to the release of a high-risk, repeat sexual offender who had served every single day of his fourth sentence behind bars for sexual offenses against children. Referred to as a “core member,” this individual had no one in the community to turn to, apart from police officers, who technically are off duty at 5:00 PM, for help in solving problems such as where to find food, shelter, clothing, basic safety, or anyone he could call a friend or confidante. And, for sure, the citizens of a Hamilton did not want Charlie—his real name—to be anywhere near their children or, for that matter, anywhere within the city precincts. To say the citizens of Hamilton were displeased would be a vast understatement. In fact, they were openly hostile. Everyone, including the local police service, was 100% certain there was going to be another victim—and the victims of choice for Charlie were young, preadolescent boys.

A local pastor of an urban Mennonite church, Rev. Harry Nigh, had heard of Charlie but only in passing. Several members of his congregation were also members of a prison visitation program called M2/W2—Man-to-Man/Woman-to-Woman (see Yantzi, 1998). These congregants and others were also aware that Charlie was being released, and they, too, were worried—for Charlie’s welfare, the welfare of potential child victims, and for their community.

Together with assistance in the form of guidance and some facts about sexual

offenders provided by correctional psychologist Dr. Robin Wilson, local pastor Rev. Harry Nigh, prison psychologist Bill Palmer, and community chaplain Rev. Hugh Kirkegaard, this small band of volunteers decided to form a “circle” around Charlie as he was released. This first circle was going to try to mediate the community response to Charlie’s release, provide advocacy for him, and help him find resources to meet his very basic human needs. They would also act as Charlie’s friends by “accompanying” him on his journey back to community and health and would try and help him stay away from acting out with another victim.

The volunteer response was not then known as “Circles of Support and Accountability” (CoSA) and had no reference to any theories of crime in mind when first initiated. Indeed, the first volunteers were

odds-makers: he died offense free. In remembering Charlie, Rev. Harry Nigh (2011) noted: “The tragic irony is that no one ever served a day for all the times he was sexually assaulted when he was a child in care.” By the time of Charlie’s passing, the grass-roots response of the first volunteers had been adapted across Canada (and internationally) to other released sexual offenders whose history and fate were similar to Charlie’s. What was at first dubbed “Charlie’s Angels” developed into “Circles,” and soon thereafter, with greater understanding borne out of experience with Charlie and others after him, into “Circles of Support and Accountability.”

Charlie’s story is now often told within the CoSA community, but it is not recited to necessarily lionize this remarkable pioneer. Charlie’s story—the story of the origins of CoSA—contains the fundamental elements,

This first circle was going to try to mediate the community response to Charlie’s release, provide advocacy for him, and help him find resources to meet his very basic human needs.

just ordinary community members whose motivations were simply to do the right thing by Charlie and those who might come within his sphere.

These volunteers recognized that Charlie had no one to turn to and that no other criminal justice or social justice agency was willing to offer him any form of support. From that first day, Charlie went on to live in Hamilton for more than 12 years. Ultimately, he died having suffered limb amputations, bone density loss, gross physical deformation, and Type II Diabetes—many of these ailments the result of the anti-androgen medication he was prescribed and faithfully took to help control his sexual arousal. Charlie’s death marked the end of the longest period in his entire life that he had been free of institutionalization, relatively independent, and surrounded for the first time by strangers who became his friends. But, most importantly, Charlie had defied the

principles, values, and working “practicalities” of what we know today in Canada and internationally as CoSA.

Today—looking back briefly to 1994 through an international lens—the “ordinary community members” of Hamilton became involved with their local criminal justice community in a way that was consistent with the United Nations Standard Minimum Rules for the Treatment of Prisoners adopted in Geneva in 1955. Rule 64 reads:

The duty of society does not end with a prisoner’s release. There should therefore be governmental or private agencies capable of lending the released prisoner efficient after-care directed towards the lessening of prejudice against him and towards his social rehabilitation.

See *CIRCLES OF SUPPORT*, next page

*Andrew J. McWhinnie, M.A., is special advisor to the Associate Director General of Chaplaincy, Correctional Service of Canada. Robin J. Wilson, Ph.D., ABPP, is a psychologist with Wilson Psychological Services LLC, Sarasota, Florida. Robert E. Brown, B.A., is an independent criminal justice consultant at REB Independent Criminal Justice Consulting. Mr. McWhinnie can be reached by email at andrew_mcvhinnie@telus.net.

This article is based on a paper presented at the International Community Corrections Association’s 20th Annual Research Conference on “Doing What Works,” September 9–12, 2012, Orlando, Florida.

The “Worst of the Worst”

The Hamilton volunteers were motivated “simply to do the right thing by Charlie and those who might come within his sphere.” Although not knowing it, they breathed life into Rule 64.

Charlie was a high-risk, high-need, low-responsivity, repeat sexual offender. Many considered him to be the “worst of the worst,” among the most unlikely to succeed, and certain to reoffend. Many are surprised and even alarmed upon discovering that as such, Charlie represented the ideal candidate for CoSA. Some would ask if there are not more deserving candidates—those who have not yet descended into the wretchedness of a Charlie and are more easily salvageable. However, it is those who are at highest risk and most likely to fail—with enhanced criminogenic needs and few of the resources non-criminals take for granted (e.g., education;

are supportive and know you well enough that they can even help you be responsible and accountable, even in times when you do not want to be. Clearly, these needs also have to do with intimacy needs and, equally clearly, it is in the realm of intimacy that many sexual offenders experience greatest difficulty. Charlie was described by many who knew him as a hard person to get to know and like and who, when he felt life closing in on him, would search for a boy in the same way others with more skills would search for an adult friend.

Both emotional and sexual self-regulation can be problematic for sexual offenders who believe some children want to have sex with them. Such offenders are often impulsive, angry, and hostile toward women and other members of society for any number of reasons and have real difficulty solving everyday problems (job-related stress, financial problems, peer problems, and so forth). They also face additional challenges such as addictions, relationships,

It is also a reality noted by the United Nations. In 2007, the United Nations Asia and Far East Institute for the Prevention of Crime and the Treatment of Offenders (UNAFEI, a UN regional institute located in Tokyo and a member of the UN’s Programme Network of Institutes) held its 135th International Senior Seminar in Tokyo entitled “Promoting Public Safety and Controlling Recidivism Using Effective Interventions with Offenders: An Examination of Best Practices.” A delegate from Thailand shared the following during his presentation at the seminar:

Placing offenders in custody alone is not sufficient to solve the problem of crime. Imprisonment only temporarily removes criminals from the community. Most prisoners are freed and many of them relapse into the cycle of crime afterwards. The ultimate goal of corrections is offenders’ successful reintegration into the community (Rujjanavet, 2007).

Charlie was described as a hard person to get to know and like and who, when he felt life closing in on him, would search for a boy in the same way others with more skills would search for an adult friend.

public health, mental health, and addictions treatment)—who need services most. People with needs like Charlie’s, who do not meet those needs in a safe and prosocial manner, often go on to reoffend. In situations where this involves a person with a sexual offense history, reoffending usually means another victim, often a child. Therefore, we should place our efforts with those who need them the most; if not for their benefit, then at least for the benefit of those innocents most likely to come to harm. This approach—giving the most attention to those at highest risk—is known as the “risk principle” in a principles-based model known as the risk-need-responsivity (RNR) model (Andrews & Bonta, 2010). We outline this model in more detail below.

Individuals assessed as being at high risk to reoffend are also often people who have high needs as well. Here we speak of “criminogenic needs,” some of which are unique to sexual offending and which can be broadly defined as shortcomings in lifestyle management skills. These include having a healthy network of significant, prosocial (as opposed to antisocial) influences—friends to talk to, solve problems with, and share successes and failures with, friends who

restrictions on movement and living arrangements, and legal difficulties. These are very often people who also experience social rejection and profound loneliness and hopelessness—sometimes leading to depression as a result, often confounded by substance abuse. The “Charlies” of the world need a lot of support if they are to remain offense free. Some may wonder, if these individuals are in such dire need and pose such a high risk, why are they not kept in jail? Charlie was incarcerated almost his entire life—while he was a child, a youth, and as an adult. Many CoSA core members share a similar background, and many, particularly in the United States, are finishing very lengthy sentences and have lost many of the skills most of us take for granted in conducting our lives in the community, if they ever had such skills in the first place. The fact is, most people who receive a jail sentence eventually come back into the community. Very few will remain locked up. It is quite likely that there are some who should not be released, but the law says that the majority must be returned to the community at some point, and it was that reality that CoSA was confronted with in Charlie’s case.

The Criminal Justice System and the Community

In Charlie’s case, the criminal justice system had reached the end of its ability to have an influence in his life, and it was the community that responded to a pressing and potentially dangerous situation. Although the correctional and criminal justice response to the release of offenders like Charlie has changed in many jurisdictions, including through more comprehensive post-release approaches such as the containment model and the U.S. Sex Offender Registration and Notification Act (SORNA), the community still has a role to play with respect to its own health and safety. Offenders still need an accountability network and the support of friends. What CoSA provides is a vehicle for communities to respond in healthy ways to the release and presence of convicted sexual offenders in their midst. The community-based response is an important feature of CoSA and is integral to its historical roots. Although some jurisdictions have instituted system-based or directed CoSA projects with apparent success (see Duwe, 2012), the ability of communities to further develop as communities is impaired when the criminal justice and correctional response to the release of sexual offenders—as important and necessary as it is—ignores the important contribution the community can offer. An important element of CoSA is its goal of increasing a community’s capacity to

See *CIRCLES OF SUPPORT*, page 16

deal with the release of a high-risk sexual offender in its midst (Brown & Dandurand, 2007; Cayley, 1998; Christie, 1977; Wilson & McWhinnie, 2010; Wilson, McWhinnie, et al., 2007; Wilson, Picheca, & Prinzo, 2007a, 2007b; Wilson et al., 2008).

The community-based response to the release of Charlie to Hamilton, Ontario, in 1994, as intuitive and ad hoc as it was, nevertheless defined a rudimentary yet classic CoSA model. In this model, the volunteers are best conceptualized as forming an “inner circle” of citizens supported in their goal by an “outer circle” of locally based professionals (e.g., in the form of community and institutional psychologists, religious leaders, and criminal justice and health professionals) who provide, as required, a safety net for the core member, the inner circle, and their community. Note that a system-based model reverses these circles wherein the work of the professional

if only in a small way. This is part of what it means to be a community. CoSA is an opportunity for citizens to meet and work collaboratively with their local professionals (e.g., police, correctional officers, treatment providers, mental health and addictions workers, and educators) toward a common goal of *no more victims* and increased community health. Within these goals is the natural progression to a safe community that is inclusive of offenders, victims, and everyone else. The community-based model of CoSA, we contend, sets its sights on goals beyond recidivism, as important as victim reduction is.

Community Volunteers

Screening and Training. Engaging communities and volunteers is not without risks. We have certainly heard the comment that volunteers might not be willing to provide information about core members that might adversely affect members’ status in the community, including information that might lead to further charges and a return

their interaction with their prospective core member. Establishing protocols to ensure timely and accurate information sharing is a challenge and is addressed further below.

Access to Information. It would be appropriate at this point to put the CoSA need for timely access to accurate “core member” related information into context. How important is accurate and timely information to other community sectors and individuals seized with the responsibility of making significant decisions that affect the health, safety, and security of the community? For instance, is it important for air traffic controllers to have accurate information concerning the weather, wind speed, and the mechanical status of the airplane that is to land? For the doctor who accepts a new patient who is complaining of chest pains, would it be beneficial to have the patient’s medical history and access to current medical tests and examinations? If upon a full review of the history, the completion of the required tests, and a full discussion with the patient, would it not be appropriate to share with the patient the pending risks and provide a strategy to address them? These significant questions are similar to the CoSA reality (Brown, 2007). The sharing of relevant “core member” information that was collected primarily by the CoSA “outer circle” with the volunteers that make up the “inner circle” is critical.

Suitability. The notion of “suitable” volunteers is worth discussing. The objective of volunteers with CoSA is to enter into a relationship with a returning offender and to work with that person toward developing increasing trust—eventually to the extent that the person is open to a nonprofessional relationship based on the premise of friendship. A relationship based on friendship and caring is clearly different from a professional relationship between the returning offender and a professional such as a psychologist, counselor, or probation officer. The boundaries between core member and volunteer are different, but they are also well defined. As the relationship grows in terms of increasing trust and caring, and as the core member demonstrates responsibility and accountability, these boundaries can shift and be relaxed.

This is a practice that is also consistent with United Nations Standard Minimum Rules for Non-Custodial Measures, known as the “Tokyo Rules.” Adopted in 1990 (four years before CoSA was founded in Canada), Rule 19.2 reads:

Volunteers should encourage offenders and their families to develop

See *CIRCLES OF SUPPORT*, next page

Today, that tradition has been embellished, and volunteers must submit an application to join a CoSA, allow criminal history checks by police, undergo further screening by local CoSA personnel, and receive specific training.

is supported by the efforts of the volunteer. If the focus is community safety, then perhaps this difference is quibbling; however, if the focus is community health, which naturally includes safety, then the difference is significant.

CoSA is not simply about doing what can be done to circumvent an offender’s criminal behavior; it is also about restoring a community’s ability to confront sexually abusive behavior within its midst. Sexual assault robs victims of their sense of well-being, their health, and their sense of safety and power to care for themselves. Without diminishing efforts to assist victims on their road to recovery, health, and stability, we would argue that communities suffer similar losses. How often have we heard neighbors say: “This is a good neighborhood; these terrible things don’t happen here and we are shocked.” CoSA is an opportunity for citizens to positively confront the person who has harmed them and to begin a process that includes an opportunity to work with that person to build a greater sense of community health, safety, and well-being,

to prison. Charlie’s volunteers were part of a prison visitation program, and they were at least somewhat familiar with him and presumably his offense history. His volunteers had some knowledge of their prospective core member, his criminal history, and current state, and were certainly screened as suitable individuals capable of visiting offenders in a custodial setting. Today, that tradition has been embellished, and volunteers must submit an application to join a CoSA, allow criminal history checks by police, undergo further screening by local CoSA personnel, and receive specific training. Based on offender information obtained through information-sharing protocols that CoSA in Canada has with the Correctional Service of Canada (circles in the United Kingdom and in the Netherlands have similar arrangements with their respective local authorities), volunteers are briefed on their prospective core member’s criminal history, current offense(s), criminal patterns, and whatever other information (mental health concerns, substance abuse history if any) is considered relevant that would influence

meaningful ties with the community and a broader sphere of contact by providing counseling and other appropriate forms of assistance according to their capacity and the offenders' needs.

Unaware that these "rules" had been declared, CoSA had made it common practice to establish "meaningful ties" with its core members by introducing them to safe and healthy leisure activities available in the community, by helping them expand friendship circles, and by having some core members in volunteers' homes when safety issues were thoroughly discussed and accounted for.

The goal of both the core member and his or her circle is to have the core member assume greater responsibility for himself and to integrate in healthy ways with his surrounding community—to become a contributing member of the community commensurate with his skills and capabilities. Therefore, the CoSA seeks to behave like a community for its core member, building community with him and increasingly restoring a relationship based on trust, responsibility, accountability, and, of course, friendship.

Faith-Based and Other. Charlie's volunteers were members of a Mennonite church, a faith community committed to the pastoral and practical care of people who have fewer opportunities and advantages of the sort that many of us might take for granted. In many ways, they were predisposed by their faith background and perceived mission to care for people like Charlie. They were, for instance, following their gospel mission by visiting him in prison. This has come to be, more or less, a tradition within CoSA in many locations.

We use the phrase "more or less" to capture the fact that although the faith community continues to play a significant role in CoSA, it is no longer the case that all CoSA projects everywhere are reliant upon members of the faith community for their operations or their volunteer base. The experience to date has been positive in both cases (faith-community-based and not), although the same experience has taught us some important lessons. First, we have not observed success when for-profit organizations undertake CoSA. Their business ethic and goals are considerably different from those of a not-for-profit social agency interested in community and individual well-being more than in the business plan.

Conversely, we have also observed difficulties when fervently evangelical Christian

groups interested more in salvation than community health have expressed interest. Although many of our faith-based volunteers come from such a background, their CoSA-based training and preparation teaches that their personal faith journey should remain private as they accompany their core member on his journey through reentry. Later, as other more practical and urgent needs are satisfied and if their core member expresses *voluntary* (i.e., not solicited in any way) interest, a volunteer or circle may assist their core member in exploring his faith interests. For instance, Charlie explored his faith background but, by all reports, he was not all that interested in pursuing religious development, even though he was frequently around the church of his volunteers and their pastor.

Cooperation and Collaboration

Charlie had a plethora of professionals focused on his life while he was under sentence, and many of these professional people were also instrumental in establishing a circle for him. What has grown

then contacted a local police officer who, with the permission of his police chief, had agreed to sit on the CoSA steering committee as a police liaison officer. The core member had not been directly observed breaking any rules or laws, but the police made contact with him nevertheless. The core member admitted he was struggling and had missed CoSA meetings, among other things. The police were able to convince him that a court-imposed undertaking with conditions similar to parole conditions would provide him with the accountability he needed and would potentially give him access to services in the community. Within a week, the core member was observed by a police officer purchasing cocaine from a sex trade worker and going with her to use it. This amounted to a violation of the conditions listed in the undertaking and the core member was arrested. Upon arrest, he disclosed the extent of his troubles and asked to be returned to prison for a period long enough to regain control of his behavior. In court, a judge complied with his request.

The goal of CoSA, as noted, is to have no more victims. The core member described in

Their business ethic and goals are considerably different from those of a not-for-profit social agency interested in community and individual well-being more than in the business plan.

from that experience has been a tradition of cooperation and collaboration between local CoSA organizers, their volunteers, and local professionals with expertise in law, law enforcement, corrections, sexual offender risk assessment and treatment, mental health and addictions, housing, and healthcare. We define "best practice" as that in which local professionals assist the circle in terms of volunteer and staff training, sitting on advisory and/or steering committees and governance boards, making referrals, and exchanging information as needed. Members of the professional community also act where their expertise allows them to be a "safety net" for the local CoSA organization when issues arise.

To illustrate this last point, we recall a Canadian case of a core member who was no longer under any formal restrictions and who had surreptitiously returned to cocaine use and was frequenting sex trade workers—both part of his offending pattern in previous offenses. After discussing the situation at a circle meeting, the circle members reported their concerns to the project manager who

the preceding paragraph was on the verge of committing another sex crime. His previous victims were all teenage girls and young sex trade workers. Although the preferred successful outcome for core members is longevity in the community as law-abiding, productive citizens, the circle's collaboration with the professional community sometimes serves to achieve the goal of no more victims in ways some are tempted to view as a failure. The core member in this case did not view it that way. He was grateful his circle intervened, he was grateful he was taken off the street and, most of all, he was grateful he was not responsible for another victim. In CoSA, we call that a success, and his CoSA will be there waiting for him when he is again released.

Local Autonomy and Enhanced Interdependency

In Canada, local autonomy is a very important value in CoSA work and development. It ensures CoSA remains located in

See *CIRCLES OF SUPPORT*, next page

the community and is “owned and operated” by members of that community. This follows the tradition inaugurated by the circle for Charlie. Members of the community—not members of the professional and correctional community—responded to a situation of distress and danger arriving in their midst. They could have driven Charlie out, as some community members wanted to see happen. Instead, they invited him to stay and to agree to their support in return for clean behavior. This focus on local autonomy has produced some interesting and, at times, challenging outcomes.

Although local autonomy and independence are important, CoSA has also energetically embraced the reality that enhanced interdependency with the agencies and groups that are consistent with the “outer circle” is critical to the collective goal of

community agencies to enhance the safe resettlement of prisoners to their respective communities (Home Office, 2006). To this day, MAPPA and CoSA UK work collaboratively toward their common goal of no more victims.

The Canadian Experience and Beyond

Much of what we know today about how CoSA functions has come from the experience of the 16 Canadian Circles of Support and Accountability. The Canadian experience has been diversified with regard to:

- Location (rural, large or small urban center, mixed);
- Establishment within a well-developed nongovernmental organization or as a stand-alone organization;
- Governance structure (e.g., “governed” by an advisory panel, steering group, or by a formal board of directors); and

He was grateful his circle intervened, he was grateful he was taken off the street and, most of all, he was grateful he was not responsible for another victim.

community safety and no more victims. An example of this interdependency or, “linkage” role was played by the criminal justice community in the province of British Columbia, Canada, under the leadership and coordination of the National Joint Committee of Senior Criminal Justice Officials (NJC). NJC’s mandate is to act as a catalyst for dialogue and creative problem solving on issues crossing organizational and jurisdictional boundaries and to enhance community safety through strategic partnerships and interagency collaboration (Brown & Dandurand, 2007). NJC, with CoSA at the table, played a key role in the development of the initial, client-specific, information-sharing protocols, not only in relation to released “core members,” but also with regard to other released high-risk offenders.

Another example and variation on the linkage theme is evident in the United Kingdom and Wales, where a “duty to cooperate” was legislated and imposed on all relevant agencies. The Criminal Justice and Court Services Act (2000) established the Multi-Agency Public Protection Arrangement (MAPPA), and the Criminal Justice Act (2003) reenacted and strengthened the “duty to cooperate” provisions. The legislation requires the police, prison, and probation services, acting jointly as the “Responsible Authority” in each of the 42 areas of England and Wales, to cooperate with other key

- Faith-based organization involvement (e.g., operated by a church or other faith group such as the Salvation Army).

Other variables include:

- Proximity to a releasing institution or correctional facility (e.g., parole supervision office);
- Availability and willingness of local professionals such as law enforcement to become involved;
- Availability of other service agencies; and
- Local enforcement practices around supervision, registration, and notification.

Finally, the personality, educational background, and the knowledge and experience of the local coordinator and other CoSA members or staff also influence how the local organization functions.

In other locations—in the U.S. state of Minnesota, for example, or in the United Kingdom or the Netherlands—CoSA was patterned after the original Canadian model, although it was established with a closer interrelationship with the criminal justice sector. In some cases (e.g., Minnesota), the CoSA project is actually operated by correctional officials. In the United Kingdom, a single not-for-profit charitable agency (Circles UK) was established to manage CoSA with a centralized governance structure,

so that local CoSA projects operate very much like branch plants or franchise operations. These ways of mounting CoSA have resulted in a greater degree of organizational structure and standardization of practices than in the Canadian models. Moreover, these more centralized, standardized versions of CoSA serve to “flip” the inner and outer circles. This is important only insofar as achieving one of the goals of CoSA, which is to increase communities’ capacity to deal with the specter of sexual offenders living in their midst. This is one of the reasons the Canadian model has prided itself on its roots within restorative justice. Charlie’s release in Canada was to a community where—at least at the time—there were no services for people like him and no agency, governmental or otherwise, able or willing to step up. That event shaped the development of CoSA in Canada. The goals of the originating models of CoSA were not simply containment of offenders in the service of public safety; their broader goal was and is to restore and enhance community health, including that of the core member.

There are also variations noted among the 16 CoSA sites in Canada—all independent and autonomous—which make evaluation a challenge. In 2008, the Canadian National Crime Prevention Centre (NCPC) undertook a “national demonstration” of CoSA in Canada in order to evaluate CoSA in the Canadian context. As a first step, the NCPC performed a “snap shot” survey of CoSA across the country. What it found was great diversity and variability, so much so that performing an evaluation would not be possible if all 16 locations were involved unless some effort was made to standardize CoSA practice. Over the next two years, CoSA providers in Canada worked together to form a series of practice and organizational “commonalities,” things that an outsider looking in would find in common at any CoSA site in Canada. These commonalities were described as the “skeletal structure” of CoSA in Canada, the “bones” upon which local sites can build in ways that are unique to their part of the country. CoSA needs to retain its variations and remain adaptable to serve a nation the size of Canada with all of its regional, territorial, and cultural variations.

Empirical Research: Canada and Minnesota

Charlie lived out the remainder of his life for the first time a free man and without creating further victims. Now, some 18 years later, we have some empirical research to suggest that surrounding someone like

See *CIRCLES OF SUPPORT*, next page

Charlie with friends who care, are knowledgeable, and are willing to hold a person to account actually works. Peer-reviewed evaluative research from Canada has shown that involvement in a CoSA can result in statistically significant reductions in sexual recidivism of 70% or more over statistical projections or matched comparison subjects (Static-99; Hanson & Thornton, 1999; see also Wilson et al., 2005, 2009).

Two Canadian studies have focused on the relative rates of reoffending between CoSA core members and matched comparison subjects who were not afforded participation in a CoSA (Wilson et al., 2005, 2009). In the first study, a group of 60 high-risk sexual offenders involved in CoSA (core members from the original pilot project in South-Central Ontario) were matched to 60 high-risk sexual offenders who did not become involved in CoSA (matched comparison subjects). Offenders were matched on risk, length of time in the community, and prior involvement in sexual offender specific treatment. The average follow-up time was approximately four and a half years. Results showed that the CoSA core members had significantly lower rates of any type of reoffending than did the matched comparison subjects. Specifically, the core members had a 70% reduction in *sexual* recidivism in contrast to the matched comparison group, a 57% reduction in all types of *violent* recidivism (including sexual), and an overall reduction of 35% in *all* types of recidivism (including violent and sexual).

The second study consisted of a Canadian national replication of the study from the pilot project (Wilson et al., 2009). The same basic methodology was used—comparing CoSA core members to matched comparison subjects. Participants for this study were drawn from CoSA projects across Canada but did not include members of the pilot project. In total, the reoffending of 44 core members was evaluated against 44 matched comparison subjects, with an average follow-up time of approximately three years. Similar to the first study, dramatic reductions in rates of reoffending were observed in the group of CoSA core members. Specifically, there was an 83% reduction in *sexual* recidivism, a 73% reduction in all types of *violent* recidivism (including sexual), and an overall reduction of 71% in *all* types of recidivism (including sexual and violent) in comparison to the matched offenders.

Until recently, the Canadian data were the only peer-reviewed and controlled data available with respect to CoSA. Grant Duwe

(2012) of the Minnesota Department of Corrections recently published data from a randomized clinical trial (RCT) employed by the Minnesota Department of Corrections (DOC) and its version of CoSA. The design allowed the Minnesota DOC to compare an experimental (CoSA) group ($n = 31$) with a control (no CoSA) group ($n = 31$). It found that:

- 39% of offenders in the CoSA group had been rearrested, compared with 65% in the control group.
- The reconviction rate for CoSA group members was 25%, less than half that of the control group (45%).
- 10% of the CoSA group were resentenced to prison, compared to 26% for the controls.
- Of the 27 CoSA offenders released to intensive supervision, 48% were returned to prison, compared to 68% for the controls (Duwe, 2012).

The same year, the Australian Institute of Criminology (2003) highlighted that the “primary focus of tertiary crime prevention was on the lives of known offenders in an attempt to prevent them re-offending.” It seems apparent that CoSA applications—whether they are variants in the Canadian, British, or Minnesota models—are, in fact, producing results in terms of reduced sexual reoffending and savings in terms of cost, and when taken together with international statements about effective crime prevention, they affirm that the goals of offender reintegration and crime prevention—safer communities and no more victims—are compatible (Andersen, 2006).

When we want to know why CoSA seems to work well, it is worth seeing where it links to theory. The people who initially decided to walk with Charlie had no knowledge of theories of criminal conduct. However, their almost intuitive response to human needs—those of both the offender and

CoSA applications affirm that the goals of offender reintegration and crime prevention—safer communities and no more victims—are compatible.

- Of the 62 offenders in both groups, no offender in the CoSA group was reconvicted for a new sexual offense, compared to one in the control group.

The Minnesota group also performed a cost-benefit analysis for its CoSA and concluded that for every dollar spent on CoSA in the state of Minnesota, the program has generated an estimated benefit of US\$1.82, or an 82% return on investment.

Reintegration and the Psychology of Criminal Conduct

Several nations, and also the United Nations, as previously noted, have adopted working definitions and “rules” that define their notions of best practice with respect to the reintegration of offenders. Ireland, for instance, published a report in May 2003 entitled *A Crime Prevention Strategy for Ireland: Tracking the Concerns of Local Communities*. The following key point was included in the working definition of crime prevention:

[Crime prevention succeeds by] providing appropriate interventions through an interagency/partnership approach where knowledge, expertise, and best practices are shared to the maximum (National Crime Council, 2003).

potential victims—was closely aligned with the psychology of criminal conduct (PCC) developed by Andrews and Bonta (2010). In accompanying a released person, CoSA models healthy, prosocial behavior. It does so by assisting with sound problem solving, providing a network of “friends” whose lifestyles do not include antisocial and pro-criminal associates, promoting productive use of time in work, school, and leisure time, and encouraging the seeking of appropriate professional assistance with larger emotional and psychological difficulties. These “interventions” closely mirror—if unintentionally at first—PCC. In their *Psychology of Criminal Conduct*, Andrews and Bonta (2010) draw on several other theoretical traditions, including:

- Psychodynamic theory (Gottfredson & Hirschi, 1990; Hirschi, 1969; and the work of Sheldon and Eleanor Glueck, 1950);
- Social isolation theory (Agnew, 1992);
- Differential association theory (Akers, 1973; Burgess & Akers, 1966; Sutherland, 1939; Sutherland & Cressy, 1970);
- Social learning theory (Bandura, 1989); and

See *CIRCLES OF SUPPORT*, next page

- A general social psychology of criminal conduct (Agnew, 1992).

Adding the realm of personality theory, Andrews and Bonta (2010) formulate what is likely the most powerful and influential theory of criminal conduct today, which they would describe as a general personality and social psychology of criminal conduct. Their *Psychology of Criminal Conduct* (Andrews & Bonta, 2010) defines four primary “domains” (known as the “Big Four”) influencing criminal conduct:

1. Procriminal (antisocial) attitudes;
2. Procriminal (antisocial) associates;
3. Procriminal (antisocial) behavior; and
4. Procriminal (antisocial) personality.

These may be influenced or moderated by conditions in the major domains of family, school, work, leisure, and neighborhood

that may help resolve situational issues (see Mann et al., 2010).

The CoSA model is that several volunteers accompany a single core member in his (or her) task of reentry and integration with society. This model of CoSA fits well with Andrews and Bonta’s PCC, which addresses individual differences in criminal behavior by focusing on factors at the personal, interpersonal, and community level of analysis that not only can vary over time (e.g., are dynamic), but are also highly individualistic (Andrews & Bonta, 2003, p. 164). A PCC is further elaborated along the dimensions of risk, need, and responsivity (specific and general). Collectively, these are known as the RNR principles. Risk is individually expressed and recognized as being linked to personal factors within the individual, factors between individuals (interpersonal), and factors within immediate situations in multiple settings such as family, school, work, and leisure activities. Adding these

likely to respond that they are “just friends.” Many overlook this statement and insist, “Yes, but why is CoSA so successful?” They tend to discount the most significant and fundamental change-agent role present in the “work” of CoSA. A high-quality relationship and the development of close prosocial bonds form the setting, the backdrop, and the context for effective modeling and reinforcement of anticriminal behavior and for effective disapproval of procriminal behavior, attitudes, values, and beliefs. The factors that identify “high-quality relationships” include:

- Modeling;
- Reinforcement;
- Problem solving;
- Structured learning (e.g., attendance at well-run circle meetings); and
- Caring (Andrews & Bonta, 2003, p. 309).

Resonating with Andrews and Bonta’s PCC, a “friend” in the form of a CoSA volunteer is a source of supportive encouragement and positive outlook (reinforcement). As a friend, the CoSA volunteer emphasizes and encourages the core member’s strengths, for instance by celebrating even small achievements, milestones, and anniversaries. Achievements are “rewarded” concretely with a dinner, a shared leisure activity, or a party (e.g., on birthdays; Andrews & Bonta, 2003, p. 315). Volunteers attempt to be sources of reward and positive regard more than agents of disapproval, although the call to responsibility and accountability is constant and unhesitating. Reinforcement is also constant, strong, and articulate (e.g., “We are so proud you have managed to cope with the past week without losing your temper!” “You did the right thing in saying you could not babysit, and that took courage.” “Wow! You really are a changed person!”). Yet, when disapproval is necessary, it is done within a context of one friend to another and is equally as firmly and strongly stated (e.g., “Talking about women’s breasts in that way is wrong and is part of the person who was sent to jail. We expect better of you!”).

Good volunteers and staff are those who are “firm but fair” or, in other words, “interpersonally warm, tolerant, and flexible, yet sensitive to conventional rules and procedures” (Andrews & Keisling, 1980, pp. 462–463). Warm, supportive, family, and friendly support has also been shown to increase rehabilitative success in the community (Wilson, 2007; Wilson, Cortoni, & Vermani, 2007; Wilson et al., 2005). To

A high-quality relationship and the development of close prosocial bonds form the setting, the backdrop, and the context for effective modeling and reinforcement of anticriminal behavior.

(Andrews & Bonta, 2003, pp.10–11). These areas of influence are precisely the areas where CoSA has traditionally been involved, providing prosocial (as opposed to procriminal, antisocial) support and instilling a sense of accountability by calling the core member to greater and greater responsibility in terms of his or her thinking and behavior (Jenkins, 1998). Stories abound throughout CoSA in which core members describe their circle as “being like a family to me,” or “these are my best friends.” Volunteers and staff within CoSA act by accompanying (coming alongside, being present, being with as witness) the core member and, by their presence and their interactions, help to model prosocial ways of “how” and “what” of thinking and interpreting and coping with day-to-day and life-term situations (Andrews & Bonta, 2003, p. 163; Ross & Fabiano, 1985). In this way, they help the core member with both emotional self-regulation and cognitive problem solving, domains strongly linked to general criminal and sexual offending (Mann et al., 2010). For example, CoSA volunteers and staff assist core members by helping them to identify or recognize problems, to assess consequences for different courses of action or inaction, and to develop options for behavior or a range of options

dimensions to the “Big Four” expands the list to one described as the “Big Eight” risk factors, which stand in the literature as the best-validated, most predictive factors of criminal offending and reoffending. These include, in addition to the “Big Four”:

5. Problematic circumstances at home (family/marital);
6. Problematic circumstances at school or work;
7. Problematic leisure; and
8. Substance abuse.

Although Andrews and Bonta’s work is focused primarily on general offending, Hanson (2006) recently demonstrated that these principles apply also to sexual offenders. In his study, Hanson found that adherence to the RNR principles was associated with reduced sexual recidivism, with the most significant effect being found among treatment programs that adhered to all three principles. This important meta-analysis provides evidence for the use of the RNR model in reducing reoffending among sexual offenders.

Just Friends

When asked, “What is it that you do in Circles,” CoSA volunteers and staff are most

See *CIRCLES OF SUPPORT*, next page

summarize, volunteers and staff who work most effectively with core members in CoSA are those who work to:

- Establish high-quality relationships (e.g., a relationship based on increasing trust and transparency, mutuality, reciprocity, and respect);
- Demonstrate anticriminal expressions (modeling);
- Approve of the core member's anticriminal expressions (reinforcement); and
- Disapprove of the client's procriminal expressions (punishment—the disapproval itself is punishment in a psychological and emotional context; Andrews & Bonta, 2003, pp. 314–315).

Volunteers and staff in CoSA are carefully screened, trained, and supervised in their interactions with core members, one another, and other volunteers or staff members. During training, attention is paid to expressions of attitudes and values that may fit into antisocial, procriminal attitudes, values, and beliefs. For instance, in conducting training sessions, we are careful to listen for statements from participants (staff or volunteers) that betray hostility toward women in the guise of jokes, and sometimes just outright expression. We are careful to listen for statements that reflect a cynical, suspicious, or oppositional attitude toward the law, law enforcement, and/or corrections. These attitudes (e.g., toward women, law enforcement, and corrections) can foster procriminal attitudes that are the antecedents of criminal thought, rumination, and ultimately criminal behavior (Andrews & Bonta, 2003, p. 314).

Not a Treatment

CoSA is not a treatment and is not considered to be a “program” per se. Still, even as a “process,” it adheres to the “clinically relevant and appropriate principles” articulated within a psychology of criminal conduct (PCC). In various reports and from multiple jurisdictions, it has demonstrated substantial reductions in general, violent (including sexual), and sexual reoffending (e.g., Duwe, 2012; Wilson et al., 2009).

Among other things, an evaluation of CoSA would examine its fidelity with the basic principles of a PCC. Because CoSA has evolved in an informal way, it may be unfair to ask volunteers and staff about the principles of a PCC, or even the principles of RNR. Their practice has evolved much more organically and without reference to psychological theories or theories of change.

Nevertheless, assuming evaluators know what effective “treatment” looks like, evaluation questions for the lay person can be constructed to determine the following:

1. Are staff (volunteers, etc.) selected to enhance effective treatment—i.e., are they warm, tolerant, flexible, aware of laws and procedures, aware of procriminal and anticriminal attitudes and behaviors, able to espouse noncriminal attitudes, model appropriate behavior, disapprove of procriminal behavior, reinforce, and punish, etc.?
2. Is there written documentation that lays down what is to be done in various circumstances?
3. Are staff and volunteers trained to follow the CoSA model?
4. Are staff and volunteers supervised and monitored during delivery?
5. Is CoSA delivered with appropriate intensity and in the manner in which it was intended, e.g., to sex offenders; to high-risk cases; to addressing

Maruna, 2007; Ward et al., 2006; Yates, in press; Yates et al., 2010).

Proponents of the GLM argue that the RNR model (or PPC) focuses primarily on risk and risk reduction, with little attention paid to criminogenic needs and responsivity (Ward et al., 2012). The GLM reconceptualizes criminogenic needs (dynamic risk factors) as either internal or external blocks to the achievement of a good life; humans act in goal-directed fashion to achieve what the GLM describes as primary goods. The GLM also describes secondary goods, or the means through which primary goods are achieved (Wilson & Yates, 2009). Primary goods have been described by Ward and colleagues (e.g., Ward & Gannon, 2006) as:

1. Life (including healthy living and functioning);
2. Knowledge;
3. Excellence in play;
4. Excellence in work (including mastery experiences);

CoSA adheres to the RNR principles, identifies criminogenic and other needs requiring attention, and attempts to form quality relationships with its core members.

criminogenic needs and using practices according to principles of responsivity (modeling, effective reinforcement; effective disapproval); and to skill development, effective problem solving, advocacy, and brokerage?

Within PCC, we have observed those practices that have been shown to work in other justice settings and have found, in turn, that they fit well with practices that have come to be traditional within the practice of CoSA. As a theory of change that is relevant for CoSA, the selection of PCC seems appropriate.

The Good Lives Model

A related literature thread, called the Good Lives model (GLM).

[The Good Lives model is] a strengths-based rehabilitation theory that aims to equip clients with internal and external resources to live a *good or better life*—a life that is socially acceptable and personally meaningful (Ward et al., 2012; see also Laws & Ward, 2011; Ward, 2002; Ward & Gannon, 2006; Ward &

5. Excellence in agency (i.e., autonomy and self-directedness);
6. Inner peace (i.e., freedom from emotional turmoil and stress);
7. Friendship (including intimate, romantic, and family relationships);
8. Community;
9. Spirituality (in the broad sense of finding meaning and purpose in life);
10. Happiness; and
11. Creativity.

Proponents of the GLM say that the RNR model tends to categorize offenders into risk categories without attending to human needs, losing sight of offender responsivity issues or, at best, addressing responsivity through offender motivation (Ward et al., 2007; Wilson & Yates, 2009). The GLM holds that:

Programs should not just focus on risk, need, and responsivity, but that they should also promote the development of lifestyle balance and

See *CIRCLES OF SUPPORT*, next page

self-determinism—all in the quest for a “good life” (Ward, 2002; Ward & Stewart, 2003; Wilson & Yates, 2009).

If the issue is responsivity, then, in practice, some of the best responsivity-sensitive interventions are those offered by noncorrectional enterprises—for example, CoSA (Wilson, 2007; Wilson, McWhinnie, et al., 2007; Wilson, Picheca & Prinzo, 2007a, 2007b; Wilson et al., 2005). As demonstrated in the discussion on PCC, by creating relationships based on friendship, CoSA is able to focus quickly and extensively on a variety of criminogenic needs (modeling attitudes supporting desistance from crime, disapproving antisocial thoughts and behaviors, providing reliable positive prosocial influences from people who care and are warm, responsive, flexible, and knowledgeable). Such an approach has been effective in reducing

in CoSA, then providers of CoSA must not reject outright the style and approach to change articulated within the GLM.

References

- Agnew, R. (1992). Foundation for a general strain theory of crime and delinquency. *Criminology*, 30, 47–87.
- Akers, R.L. (1973). *Deviant Behavior: A Social Learning Approach*. Belmont, CA: Woodsworth.
- Andersen, B. (2006). Crime prevention and offender reintegration—Are they compatible? In *An Overview of Community Corrections in China and Canada* (chap. 4). Vancouver, BC: International Centre for Criminal Law Reform and Criminal Justice Policy.
- Andrews, D.A., & Bonta, J. (2003). *The Psychology of Criminal Conduct* (3rd ed.). Cincinnati, OH: Anderson.
- Andrews, D.A., & Bonta, J. (2010). *The Psychology of Criminal Conduct* (5th Ed.). Cincinnati, OH: Anderson.
- Andrews, D.A., & Keisling, J.J. (1980). Program structure and effective correctional practices: A summary of the Canadian research. In R.R. Ross &

Gottfredson, M.R., & Hirschi, T. (1990). *A General Theory of Crime*. Stanford, CA: Stanford University Press.

Hanson, R.K. (2006). What works: The principles of effective interventions with offenders. Paper presented at the 25th annual convention of the Association for the Treatment of Sexual Abusers, September 2006, Chicago, IL.

Hanson, R.K., & Thornton, D. (1999). *Static-99: Improving Actuarial Risk Assessments for Sex Offenders*. User Report 99-02. Ottawa, ON: Department of the Solicitor General of Canada.

Hirschi, T. (1969). *Causes of Delinquency*. Berkeley, CA: University of California Press.

Home Office (2006). *Keeping Communities Safe: Multi-Agency Public Protection Arrangements*. London, UK: National Probation Service.

Jenkins, A. (1998). Invitations to responsibility: Engaging adolescents and young men who have sexually abused. In W.L. Marshall, Y. Fernandez, S. Hudson & T. Ward (Eds.). *Sourcebook of Treatment Programs for Sexual Offenders*. New York: Plenum.

Laws, D.R., & Ward, T. (2011). *Desistance and Sexual Offending: Alternatives to Throwing Away the Keys*. New York: Guilford.

Mann, R.E., Hanson, R.K., & Thornton, D. (2010). Assessing risk for sexual recidivism: Some proposals on the nature of psychologically meaningful risk factors. *Sexual Abuse: A Journal of Research and Treatment*, 22, 191–217.

National Crime Council (2003). *A Crime Prevention Strategy for Ireland: Tracking the Concerns of Local Communities*. Dublin: The Stationery Office.

Ross, R.R., & Fabiano, E.A. (1985). *Time to Think: A Cognitive Model of Delinquency Prevention and Offender Rehabilitation*. Johnson City, TN: Institute of Social Science and Arts.

Ruijanavet, S. (2007). Improving the reintegration of offenders into the community: The current situation of Thai corrections. Paper presented at the 135th International Senior Seminar on Promoting Public Safety and Controlling Recidivism Using Effective Interventions with Offenders: An Examination of Best Practices. Tokyo: United Nations Asia and Far East Institute for the Prevention of Crime and the Treatment of Offenders (UNAFEI). Available at http://www.unafei.or.jp/english/pdf/RS_No74/No74_15PA_Ruijanavet.pdf.

Sutherland, E.H. (1939). *Principles of Criminology* (3rd ed.). Philadelphia, PA: Lippincott.

Sutherland, E.H., & Cressey, D.R. (1970). *Principles of Criminology* (6th ed.). New York: Lippincott.

Ward, T. (2002). Good lives and the rehabilitation of offenders: Promises and problems. *Aggression and Violent Behavior*, 7, 513–528.

Ward, T., & Gannon, T.A. (2006). Rehabilitation, etiology, and self-regulation: The comprehensive good lives model of treatment for sexual offenders. *Aggression and Violent Behavior*, 11, 77–94.

Ward, T., & Maruna, S. (2007). *Rehabilitation: Beyond the Risk Assessment Paradigm*. London, UK: Routledge.

Ward, T., Melsner, J., & Yates, P. M. (2007). Reconstructing the risk need responsivity model: A theoretical elaboration and evaluation. *Aggression and Violent Behavior*, 12, 208–228.

Programs “should also promote the development of lifestyle balance and self-determinism—all in the quest for a ‘good life.’”

sexual, violent, and other recidivism—significantly so in comparison to matched control studies (Wilson et al., 2005). Interestingly, in his meta-analysis of the applicability of the RNR model to various sexual offender interventions, Hanson (2006) noted that the community-based, volunteer-driven CoSA project exceeded the threshold needed to be considered an “effective” intervention.

Although the GLM has intuitive appeal, its weakness to date is its lack of a comprehensive history of empirical demonstration, especially in terms of how achieving the GLM’s description of primary goods contributes to offenders’ reductions in criminal behavior and antisocial functioning measured, perhaps, in terms of recidivism.

The volunteer who spends a great deal of time with a core member, building trust and deepening a sense of mutuality, reciprocity, and respect found in friendships, will have the most influence in helping core members find the right road to integration with society. The principles of RNR, especially the principle of responsivity, agree; the principles and assumptions set forth in the GLM do the same. The ground of commonality shared by CoSA, RNR, and the GLM is found in these actions, and if we are referring to RNR as the theory of change

P. Gendreau (Eds.). *Effective Correctional Treatment* (pp. 439–463). Toronto, ON: Butterworth.

Australian Institute of Criminology (May 20, 2003). *AICrime Reduction Matters*, No. 01. Canberra: Australian Institute of Criminology.

Bandura, A. (1989). Human agency in social cognitive theory. *American Psychologist*, 44, 1175–1184.

Brown, R.E. (2007). Information collection, utilization & inter-agency cooperation. In *Risk Assessment & Risk Management: A Canadian Criminal Justice Perspective* (pp. 66–75). Vancouver, BC: International Centre for Criminal Law Reform and Criminal Justice Policy and the Canadian International Development Agency.

Brown, R.E., & Dandurand, Y. (2007). International Centre for Criminal Law Reform and Criminal Justice Policy: Successful strategies that contribute to safer communities. Paper presented at the 16th United Nations Commission on Crime Prevention and Criminal Justice, April 23–27, Vienna, Austria.

Burgess, R.L., & Akers, R.L. (1966). A differential association-reinforcement theory of criminal behavior. *Social Problems*, 14, 128–147.

Cayley, D. (1998). *The Expanding Prison: The Crisis in Crime and Punishment and the Search for Alternatives*. Toronto, ON: Anansi.

Duwe, G. (2012). Can Circles of Support and Accountability work in the United States? Preliminary results from a randomized experiment in Minnesota. *Sexual Abuse: A Journal of Research and Treatment*, 24, 1–23.

Glueck, S., & Glueck, E.T. (1950). *Unravelling Juvenile Delinquency*. Cambridge, MA: Cambridge University Press.

See CIRCLES OF SUPPORT, next page

Ward, T., & Stewart, C.A. (2003). The relationship between human needs and criminogenic needs. *Psychology, Crime & Law*, 9, 219–224.

Ward, T., Yates, P.M., & Long, C.A. (2006). *The Self-Regulation Model of the Offence and Relapse Process, Vol. 2: Treatment*. Victoria, BC: Pacific Psychological Assessment Corporation. Available at www.pacific-psych.com.

Ward, T., Yates, P., & Willis, G. (2012) The good lives model and the risk need responsivity model: A critical response to Andrews, Bonta, and Wormith (2011). *Criminal Justice and Behavior*, 39(1), 94–110.

Wilson, R.J. (2007). Circles of Support & Accountability: Empowering communities. In D. Prescott (Ed.). *Knowledge and Practice: Practical Applications in the Treatment and Supervision of Sexual Abusers*. Oklahoma City, OK: Wood'n'Barnes.

Wilson, R.J., Cortoni, F., & McWhinnie, A.J. (2009). Circles of Support & Accountability: A Canadian national replication of outcome findings. *Sexual Abuse: A Journal of Research & Treatment*, 21, 412–430.

Wilson, R.J., Cortoni, F., & Vermani, M. (2007). *Circles of Support & Accountability: A National Replication*

of Outcome Findings. Research Report R-185. Ottawa, ON: Correctional Service of Canada.

Wilson, R.J., & McWhinnie, A.J. (2010). Circles of Support & Accountability: An innovative approach to community-based risk management for high-risk sexual offenders. In M. Herzog-Evans (Ed.). *Transnational Criminology Manual*. Oisterwijk, Netherlands: Wolf Legal Publishers.

Wilson, R.J., McWhinnie, A.J., Picheca, J.E., Prinzo, M., & Cortoni, F. (2007). Circles of Support & Accountability: Engaging community volunteers in the management of high-risk sexual offenders. *Howard Journal of Criminal Justice*, 46, 1–15.

Wilson, R.J., McWhinnie, A.J., & Wilson, C. (2008). Circles of Support & Accountability: An international partnership in reducing sexual offender recidivism. *Prison Service Journal*, 138, 26–36.

Wilson, R.J., Picheca, J.E., & Prinzo, M. (2005). *Circles of Support & Accountability: An Evaluation of the Pilot Project in South-Central Ontario*. Research Report No. R-168. Ottawa, ON: Canada: Correctional Service of Canada.

Wilson, R.J., Picheca, J.E., & Prinzo, M. (2007a). Evaluating the effectiveness of professionally-facilitated volunteerism in the community-based

management of high-risk sexual offenders: Part One—Effects on participants and stakeholders. *Howard Journal of Criminal Justice*, 46, 289–302.

Wilson, R.J., Picheca, J.E., & Prinzo, M. (2007b). Evaluating the effectiveness of professionally-facilitated volunteerism in the community-based management of high-risk sexual offenders: Part Two—A comparison of recidivism rates. *Howard Journal of Criminal Justice*, 46, 327–337.

Wilson, R.J., & Yates, P.M. (2009). Effective interventions and the good lives model: Maximizing treatment gains for sexual offenders. *Aggression & Violent Behavior*, 14, 157–161.

Yantzi, Mark (1998). *Sexual Offending and Restoration*. Waterloo, ON: Herald Press.

Yates, P.M. (in press). Models of sexual offender treatment. In A. Phenix & H. Hoberman (Eds.). *Sexual Offenders: Classification, Assessment, and Management*. Chichester, UK: Wiley.

Yates, P.M., Prescott, D.S., & Ward, T. (2010). *Applying the Good Lives and Self-Regulation Models to Sex Offender Treatment: A Practical Guide for Clinicians*. Brandon, VT: Safer Society Press. ■

What everyone who treats substance abuse must know about co-occurring psychiatric disorders

Substance Dependence and Co-Occurring Psychiatric Disorders

Best Practices for Diagnosis and Clinical Treatment

Editors: Edward V. Nunes, M.D., Jeffrey Selzer, M.D., Petros Levounis, M.D., M.A., and Carrie A. Davies, B.S.

Prepared by nationally recognized authorities, this comprehensive handbook uniquely provides professionals treating alcohol and drug dependence with the knowledge, skills, and step-by-step procedures needed to identify, diagnose, and care for patients who present with psychiatric comorbidity.

Here is specific, expert guidance to help you:

- Recognize the psychiatric disorders that commonly co-occur with addictive disorders
- Master the essential skills for conducting basic diagnostic interviews
- Understand available treatment options and tailor a treatment plan for dually diagnosed patients
- Identify patients who should be referred for specialty care

Develop essential skills in 10 critical areas:

- (1) epidemiology; (2) assessment; (3) psychiatric symptoms; (4) substance abuse symptoms; (5) medical symptoms; (6) DSM-IV terminology; (7) differential diagnosis; (8) pharmacotherapy; (9) psychotherapy; (10) 12-step programs.

PLUS! Earn continuing education credits through The Addiction Institute of New York.

Substance Dependence and Co-Occurring Psychiatric Disorders includes a 60-question Continuing Education and Clinical Skills Examination administered by The Addiction Institute of New York. Successful completion earns 20 NYS CASAC (New York State Credentialed Alcoholism and Substance Abuse Counselor) credits. (Professionals in other states should check with their own state credentialing boards to see if credits will apply.)

Format: Paperbound ISBN 978-1-887554091-6 • Price: US \$89.50 Product Code: SDC PB

Also available in original hardcover ISBN: 1-887554-66-1 • Price: US \$149.50 Product Code: SDC

© 2010 • 632 pp. Prices include shipping to U.S. customers. Additional shipping added to Canadian and foreign orders.

 **Civic Research Institute**

To order: Call Customer Service at 609-683-4450, fax order to: 609-683-7291; or order online at www.civresearchinstitute.com/sdc.html

