

Violence Reduction Programme

Questions and Answers

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1. What is the Violence Reduction Programme or VRP?

The VRP is a treatment programme designed to reduce the risk of violence and antisocial behaviours of offenders and forensic mental health service users who have had a history of offending and/or violence. The programme is designed based on the Risk-Need-Responsivity Principles (Andrew & Bonta, 2003-2017) and treatment is delivered using cognitive-behavioural therapy (CBT) principles. An overview of the VRP is provided in the article by Wong & Gordon (2013; sent separately) so will not be repeated here. The VRP is anchored by way of 3 programme manuals: The VRP Facilitator's Manual, the VRP Supplementary Manual, and the VRP Participant's Workbook. The VRS has its own VRS manual; all of which are available on Amazon.com or Amazon.com.au. Some additional information of the VRP is provided below.

2. How is the VRP different from other programmes that purport to reduce reoffending?

a) One size doesn't fit all.

Most programmes designed to reduce reoffending are predicated on a session-based approach. Offenders complete the program by completing a fixed pre-determined number of treatment sessions, essentially assuming that offenders progress in treatment at about the same rate. The VRP uses an objective-based treatment approach; offenders complete the program or parts of the program when certain treatment objectives are met. This approach recognizes the importance of individual differences in offenders' criminogenic needs and progress in treatment and that one size doesn't fit all. This is particularly important when treating offenders with higher risk and more complex needs compared to the average offender; examples of the former are those with personality disorders, e.g. psychopathy, and/or those with long histories of criminality and violence. These offenders have many significant individual differences and cannot be expected to progress in treatment in locked steps with one another.

- b) **The VRP integrates risk assessment and treatment.** Risk assessment should inform treatment providers what to treat (identify the offender's risk level and treatment targets), and treatment outcome should indicate if risk has been reduced. The VRP uses the Violence Risk Scale (VRS), a validated dynamic risk assessment tool, to assess risk and treatment targets as well as to measure risk change as a function of treatment. As such, risk assessment and treatment within the VRP are closely integrated.
- c) **Does the VRP treatment reduce recidivism?** The VRP has been evaluated quite extensively on its efficacy to reduce violent and general recidivism on a variety of offender populations, in particular, offenders who are deemed to be recalcitrant and difficult to manage such as personality disordered offenders (e.g. offenders with psychopathy), high risk offenders with long histories of violence, offenders housed in super-maximum prisons, and gang members to name a few. That the VRP is effective in reducing reoffending even in these challenging offender populations are evidence that the programme is robust in its design and model of treatment delivery. These outcome studies have been published in international refereed journals¹.
- d) **VRP recognizes the importance of the milieu in the change process.** To increase the likelihood of programme success, the milieu within which the VRP is situated has to be supportive of the VRP in order to facilitate the offender's journey of change. As such, in addition to VRP facilitators, VRP training includes training of staff who interact with the offenders in their day-to-day activities such as work supervisors and custodial officers. These staff can assist with monitoring the extent to which offenders are able to practice and implement VRP lessons in their day-to-day living as well as communicating such information to VRP Facilitators. Prison staff with an understanding of how the VRP works can provide encouragement and support to offenders in their journey of change and work closely as a team with VRP facilitators.
- e) **The VRP is flexible.** The VRP's 3-Phase treatment delivery approach can accommodate some existing programmes such as substance abuse, anger/emotional management etc in its structure. Some existing programmes can complement the VRP and thus reduce the need to reinvent the wheel should VRP be implemented.
- f) **VRP embraces both the theoretical and the practical.** The VRP developers Stephen Wong and Audrey Gordon have spent a total of over 40 years either directly working with offenders, supervise staff that work with offenders or consultations with various international criminal justice jurisdictions on offender treatment and management. The various lessons learnt are integrated into the VRP.

¹ The ABC program referenced in some publications is a forerunner of the VRP. The VRP can be considered as an advanced version of the ABC.

3. Where has the VRP been used?

The VRP has been implemented or still ongoing in the following locations: one or more prisons in Lincoln, Nebraska, USA; in the UK, Whitemoor Prison near Peterborough, Woodhill Prison in Milton Keynes, Rampton Special Hospital (high secure forensic mental health service) near Rampton, Lambeth Hospital and Bethlem Royal Hospital (Personality Disorder service) in South London and Maudsley NHS Foundation Trust, and an earlier version of the VRP (i.e., the ABC Program) at the Regional Psychiatric Centre (a part of the Correctional Services of Canada) in Saskatoon, Canada.

4. What is the lowest age limit for VRP treatment?

Generally, the VRP is recommended for adults, that is, those who have reached the age of majority, usually around age 18. The 18 cutoff is not hard and fast. The VRP is a problem-focused treatment programme based on CBT principles. Many of the problems identified by the VRS dynamic factors as well as CBT approaches used by the VRP are equally applicable to those say aged 17. However, school age service users should consider using a different treatment approach.

5. Given the inevitable staff attrition and turn-over, how can the VRP be sustained in a cost effective manner?

Once staff become familiar with the VRS and the VRP, the agency may wish to train some of their staff as VRS and VRP trainers to train new staff to sustain the implementation of the VRS and the VRP. This is a much more cost-effective way to sustain the use of the tool and the program. There are already VRS trainers in Queensland Corrective Services. Once VRP trained staff have spent some time delivering the VRP, the agency can then identify appropriate staff to be trained as VRP trainers. It is not advisable to train trainers immediately after the initial VRP training because staff have to be familiar with the VRP before they can take the next step to act as trainers. Much of training others is to be able to appreciate challenges in practice and to problem-solve based on hands-on experiences in addition to being able to competently instruct others about the program. We have done face-to-face trainer training but we are moving towards an online training model.

6. Is there an annual licensing fee for the use of the VRP?

There is no annual licensing fee for the use of the VRP once the training is done.

7. What is involved in the VRP training and how long does it take? How many staff can be accommodated in the VRP training?

Training for the VRP facilitators generally takes 3 onsite days; the time depends somewhat on the size of the participant group and other local factors. VRP training is delivered by two trainers: Stephen Wong based in Australia and Audrey Gordon, based in Canada. We have trained up to 25 staff for VRP. One onsite day is set aside for the meeting with managers and leads and also training

of prison and allied staff; this part of the training is optional but recommended especially the training of prison and allied staff which many jurisdictions have found highly useful. Pre- and post training consultation can be done via email, phone and/or video conferencing/webinar; again this is optional but recommended. See the Appendix for more details on the training.

8. There is a VRP Implementation Checklist, a self-assessment tool used to assist organisations prepare for VRP implementation and delivery. See further below.

The checklist was developed to help organizations gear up and prepare for the VRP. The checklist is a reminder and a self assessment tool. For the sake of completeness we presented quite a long list of tasks to be done in preparation for the program. All organizations are different in terms of structure and resources and not all boxes have to be ticked before the program can start.

9. VRP - VRsoft[®]

The VRsoft[®] is a piece of software developed for use with the VRP to facilitate the capture of program relevant data such as admission/discharge/transfer dates/locations, participant ID/demographic information, tracking of program participation/performance, VRS pre- and post-treatment ratings etc. The VRsoft[®] is intended to take the place of multiple paper copies of offender documentations that can quickly become difficult and labour intensive to coordinate. The software, which can be used to centralize data collection and facilitates subsequent data roll up and analyses, is written using Microsoft Access[®], a part of Microsoft Office[®], so is easily available. We can have the VRsoft[®] re-programmed to suit the needs of the agency. All data can be exported to Excel[®] spreadsheets for subsequent data analyses. We strongly suggest including programme process and outcome evaluation as a part of VRP implementation. This software is also a labour saving tool for VRP programme evaluation.