Enhancing offender programs to address recidivism

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Abstract

Legislation and enforcement systems are recognised effective mechanisms to curb illegal driving behaviours, particularly amongst young offenders. Evidence suggests that when applied together with behavioural and educational programs, significant gains can be achieved toward reducing the prevalence and recidivism of these behaviours. A review of best practice evidence and comparison with two examples of educational programs currently implemented in Victoria was undertaken, in order to better understand the potential benefits of such programs. These programs are built on restorative justice principles, employ a cognitive behavioural approach designed to support behaviour change through a process of education, reflection and prevention, and are offered as part of either a sentencing option (for older and recidivist offenders) or early intervention (targeted at youths). The comparisons focused on key aspects of delivery, content, style, structure, and therapeutic approaches. The findings suggest that overall these programs meet best practice standards and principles and therefore have the potential to make a significant contribution to the reduction of driving offence recidivism. Implications of the findings are discussed in terms of effectiveness of components, feasibility, practical implications and potential further enhancements to offender programs.

Introduction

Our overall road safety system is undermined when individual road users commit traffic offences, engaging in illegal driving behaviours that have been deemed unsafe and associated with increased crash risk. Legislation and enforcement systems are recognized as an effective means to curb illegal driving behaviours. Sanctions for offenders consisting of varying punishments, including accumulation of demerit points and fines, driver's licence suspensions or disqualification, confiscation or immobilisation of automobiles, and jail time. These interventions are aimed at reducing driver recidivism rates through punishing offending drivers (Mann, Leigh, Vingilis, de Genova et al., 1983). Punishment-based interventions have traditionally been the primary mode of deterrence, indeed, such legislation, allowing for the testing and penalizing of drivers who are apprehended for engaging in illegal behaviours, has been in operation across Australia for many years.

While current enforcement systems continue to play a key role in deterring illegal driving behaviour, research identifies the importance of addressing driver attitudes in order to achieve positive driver behaviour change (Iverson, 2002; Ulleberg & Rundmo, 2003). Indeed, there is increased recognition that a collaborative approach incorporating rehabilitation and educative programs into existing enforcement sanction regimes, can achieve greater gains in reducing the prevalence and recidivism of traffic offender behaviours. However, there is also very little evidence attesting to the effectiveness of such programs, particularly an examination of best practice elements of these programs.

This study was undertaken to explore current international best-practice principles in the field of driver education and offender programs and compared these findings with two well-known

43 and established offender programs conducted in Melbourne, Victoria. The overall aim of the
44 project was to provide recommendations regarding program enhancement based on the best
45 practice principle findings particularly with regard to key messages, program content and
46 delivery. This paper outlines some of the key findings and implications of the research.

47 **Methodology**

48 This project involved two phases including i) a review of the literature pertaining to the best
49 practice application of offender programs as an education and rehabilitation countermeasure,
50 particularly in relation to traffic offending behaviour and recidivism, and ii) a comparison of
51 best practice principles with two well-established comparable traffic offender programs run
52 in Melbourne, Victoria.

53 Relevant published and grey literature were sourced to identify existing offender programs,
54 evaluations of programs (if available), and the general literature on road safety education,
55 rehabilitation and offender programs, mandatory treatment, intervention, etc. An extensive
56 range of search engines and databases was utilised to source literature and included: Embase,
57 SafetyLit, ScienceDirect, Ingentaconnect, Tandfonline, CRCNetbase, and other relevant
58 databases including PsychInfo, Medline, Cochrane Library and Scopus. Key words included:
59 driver education, novice/young driver, road safety education programs, traffic offender
60 courses, mandatory treatment, recidivism, juvenile offenders, habitual offenders,
61 rehabilitation, intervention, evaluation. There were no exclusion criteria.

62 The comparison was undertaken by reviewing key principles and components of existing
63 Victorian programs with the findings from the literature search.

64 **Results and Discussion**

65 *The role of traffic offender programs*

66 Rehabilitation approaches initially evolved as alternatives to punishment–based interventions,
67 and are based on the rationale that offenders require supportive treatment environments to
68 assist them in changing their undesired behaviours (Mann et al., 1983). Within road safety,
69 the focus of these rehabilitation type programs is typically on providing drivers with the
70 knowledge, skills and strategies to avoid further high risk driving behaviours.

71 Road safety rehabilitation programs, such as Driver Improvement Programs (DIPs), are
72 widely applied in the United States as a countermeasure to address traffic violations,
73 convictions and crashes experienced by drivers through helping them correct their potentially
74 dangerous driving behaviours (Zhang, Gkritza, Keren, Nambisan et al., 2011). Analyses of
75 DIPs with regard to crashes and violations have concluded that generally the programs result
76 in reductions in violations (Lund & Williams, 1985; Masten & Peck, 2004), with a less
77 pronounced reduction in crashes (Ker et al. 2005). However, in their analysis of the Iowa DIP
78 program, Zhang et al. (2011) found only two percent participant crash involvement in the 13
79 to 18 month post-program period but that most drivers were reconvicted of a new offence
80 within 90 days of completing the course. Additionally, the study found that DIPs lowered the
81 probability of both male and female drivers incurring future convictions compared to drivers
82 who had not completed the course. Masten and Peck (2004) found that the offender
83 intervention programs included in their study resulted in traffic offence reduction for between

84 6 months and 2 years, with the longer and more comprehensive programs having the longest
85 effect.

86 Generally it is noted that there is a lack of strong evidence associated with the effectiveness
87 of sanctions, education, and intervention programs when evaluated independently, with very
88 few studies reporting strong positive effects. One of the key issues with evaluations of driver
89 offender programs is that the effectiveness of the program has been evaluated against a
90 reduction in participants' future crash rates (Wåhlberg, 2011). This poses difficulties due to
91 the low crash rate frequencies and hence associated analytical statistical power, very large
92 sample sizes are required to support meaningful analysis. While deterrent effects generally
93 increase with the severity of the punishment (Yu, 1994), in DeYoung's (1997) evaluation of
94 the effectiveness of treatments in reducing drink driving recidivism rates it was shown that
95 jail terms were ineffective, even amongst first time offenders. In contrast, the combination of
96 license restrictions and first offender programs was associated with the lowest recidivism
97 rates compared with other sanctions evaluated. These findings were also consistent for
98 second time offender drivers. The study found that treatment programs were more effective
99 than licence suspension alone (DeYoung, 1997).

100 Evaluations of studies based on behavioural change and program content recall have been
101 shown to have more positive effects however, there are drawbacks with behaviour change
102 and recall being more weakly associated with crashes. In addition, content recall is not
103 necessarily a precursor for actual behaviour change, simply because there is not always
104 automatic transfer from knowledge to behaviour. While achieving long-term behaviour
105 change would be a desired outcome for most traffic offender countermeasures, it is not
106 necessarily possible; therefore the intention of many programs is to educate and inform
107 participants of the possible risks and consequences associated with adoption of risky driving
108 behaviours and to take responsibility for their choices and actions.

109 Previous research conducted in Victoria found that education type programs do play a role in
110 shifting participant's motivation to change (Sheehan, 2005). Short education programs, have
111 been found to be a cost effect means of intervention. These programs are particularly cost
112 effective when implemented as a user pays program and can provide a positive complement
113 to other forms of sanctions, such as fines and licence suspensions (Wundersitz & Hutchinson,
114 2006). Some successful programs have utilised a combination of both education and
115 punishment techniques and evaluations have shown that these programs are associated with a
116 reduction in driving offences; however no programs have been associated with reductions in
117 crash rates (Wåhlberg, 2011).

118 The Driver Intervention Program (DIP), operating in South Australia is mandated for any
119 young learner or probationary driver (under the age of 25) who has had their licence
120 disqualified for any offence, including first offences. Since its introduction the program has
121 undergone two evaluations, the first in 1996 (Drummond, 1996) and the second in 2006
122 (Wundersitz & Hutchinson, 2006), with the most recent evaluation estimating conservatively
123 that DIP programs may result in a 5% crash reduction. Further, given the low costs associated
124 with delivering these programs, the benefit-cost ratios would be substantial, therefore
125 justifying the costs of delivering these programs

126 ***Best Practice Traffic Offender Programs***

127 While it is acknowledged that there are challenges in measuring the effectiveness of
128 behavioural programs, all literature providing evaluative research on program effectiveness

129   including evaluations of program components and outcome measures was examined to
130   determine what is 'best-practice'. Overall, the findings of the review suggested that there are
131   six key considerations that are present in offender programs that are considered 'best-
132   practice'. These are discussed below.

133   *Theoretically based*

134   Much of the literature assessing the effectiveness of community-based programs focuses on
135   interventions based on Cognitive Behavioural Therapy (CBT). The overwhelming evidence
136   shows that these treatment approaches are the best approaches for antisocial youth and result
137   in positive outcomes to prevent or reduce antisocial behaviour (Izzo & Ross, 1990; Lipsey et
138   al., 2001; Armelius & Andreassen, 2007).

139   Izzo and Ross (1990) found that interventions based on a theoretical principle or models were,
140   on average, 5 times more effective in reducing recidivism than those that were not. In
141   addition, interventions that included a cognitive component (problem solving, negotiation and
142   interpersonal skills training, rational emotive therapy, role playing and modelling, and
143   cognitive behaviour modification) were more than twice as effective as those that did not.
144   Wilson and colleagues (Wilson, Bouffard, & Mackenzie, 2005) examined 20 studies of
145   group-oriented CBT programs for juvenile offenders, including Moral Reconation Therapy
146   and Reasoning and Rehabilitation. They concluded that representative CBT programmes
147   reduced re-offending by 20-30 percent compared to control groups. In addition, Pearson,
148   Lipton, Cleland et al. (2002) reviewed 69 research studies of behavioural (e.g. contingency
149   contracting, token economy) and CBT programmes. CBT programmes were more effective
150   than the behavioural ones in reducing re-offending, with a mean reduction in recidivism of
151   about 30 percent for treated groups.

152   One of the major contributions of Restorative Justice to the criminal justice system is its
153   incorporation of emotional dimensions into the understanding of offender behaviour.
154   Evolving research from within this field by Harris, Walgrave and Braithwaite (2004)
155   questions the common reliance on, and effectiveness of, promoting disapproval and inducing
156   the emotion of shame for offenders in attempts to encourage positive behavioural changes. To
157   the contrary they highlight the importance of programs that treat offenders in a respectful
158   manner to promote their development of empathy. The development of empathy is
159   recognised for its role in promoting remorse and reconciliation which they view as the key to
160   achieving successful, positive, law-abiding behaviour change (Harris et al., 2004).

161   *Target group characteristics*

162   The findings of the review also revealed that more specialised programs that are linked to the
163   characteristics and risk factors of offenders being targeted by the intervention, are more
164   effective than traditional programs that incorporated a 'one-size-fits-all' approach across all
165   traffic offender groups. Some examples of targeted programs include:

166   • General safer driving practices: Crash and injury prevention programs generally
167   focus on addressing road rules, safe driving, substance abuse, law obeisance,
168   defensive driving, and emotions and attitudes towards dangerous driving
169   practices.

170   • Drugs and Alcohol: Programs that deal with potentially addictive behaviours
171   such as drugs and alcohol should note that the complexities of these behaviours

172 play a key role in program design and development, with participants requiring
173 targeted treatment due to underlying substance abuse issues, in conjunction with
174 addressing high risk driving behaviours (Marques et al., 2000).

175 • Recidivist prevention: These programs generally follow a structure of problem
176   recognition, definition, correction and resolution. In their review of driver
177   offender programs, (McKnight & Tippetts, 1997) found that programs aimed at
178   recidivism prevention resulted in significantly fewer accidents and violations
179   during the following year. Recidivist programs are ideally structured when they
180   can target key demographic variables (Sheehan et al., 2005). Shorter programs
181   are suited to address the issues associated with first time offenders who have
182   engaged in low range driving offences, while longer, more complex, treatment
183   based programs are better suited to treating habitual recidivist drivers.

184 • Age group: Programs targeted at specific age groups are more effective in
185   addressing relevant behavioural and motivational issues. Education programs
186   can be targeted at various age groups including pre-driving populations, novice
187   drivers and young drivers. Programs targeted towards traffic offenders typically
188   do not have any age limits; however participants are often in the 15-25 years age
189   group. Over representation of younger drivers in these programs is partially
190   attributed to their increased likelihood of engaging in risky driving, and the
191   relatively high rate of driving offences amongst younger drivers. There is also
192   some suggestion that there is an increased rate of referral to these programs for
193   young drivers by magistrates. This is in recognition that there is a greater
194   chance of successful intervention for young drivers as their behaviour may be
195   more a reflection of immaturity and lack of insight and knowledge rather than
196   entrenched or habitual.

197 Offender programs are typically targeted towards repeat offenders, who exhibit higher risk
198 characteristics. In recent times there is a growing recognition of the advantages of adopting
199 preventative strategies such as driver education programs that target young drivers and first
200 time offenders.

201 *Key messages*

202 Key message play an important role in delivering the desired information within a group
203 setting and need to be of high quality and credible. Young people are constantly exposed to
204 messages from various media and have become effective critiques of poorly presented
205 messages. Messages should be tailored to support the facilitator/participant connection to
206 maximise persuasiveness for promoting the desired participant behaviour change (Wolf,
207 2001). In group facilitation key messages are commonly confused with the re-stating of
208 goals, goals which are not necessarily shared by the target audience to the same degree as the
209 organisation promoting them. The role of key messages are to support the attainment of the
210 goals (Wolf, 2001) and an important aspect of facilitating successful behaviour change is to
211 actively listen to the participants and hear firsthand what obstacles to change they are faced
212 with.

213 Another primary role of a key message is to build rapport with, and engage the support of, the
214 audience. It is important that messages are designed to align with a person's current belief
215 system as attempts to force a change in beliefs will typically meet with resistance and
216 therefore failure (Wolf, 2001).

217 Goals need to be well defined and obtainable; participants may need guidance to break goals
218 down into smaller achievable steps that will lead them toward their overall goal. There is
219 evidence that successful conveyance of one crucial key message may have a greater impact
220 than partial conveyance of several messages for some difficult or resistant client groups.

221 *Participant engagement*

222 The evidence shows that there has been a shift from the traditional lecture type education
223 model to a more client interactive model and that interactive models are more effective than
224 traditional models. This focus on increased engagement has been facilitated through the
225 incorporation of a range of learning mediums and choice of media needs to consider the
226 target audience (Sheehan et al., 2005). For example, interactive, dynamic and highly
227 simulating interfaces are appropriate to engage younger audiences, given their high use of
228 advanced technology. Widely used interfaces such as Google, Facebook and Twitter offer a
229 relatively low cost ability to target a wide audience (national and international) within a short
230 time-frame.

231 Wells-Parker and Bangert-Drowns (1995) found that programs which focused on lifestyle
232 change strategies resulted in an overall positive effect on knowledge and attitudes towards
233 drink driving behaviours. The findings of the current study found that most effective
234 rehabilitation programs incorporate a combination of intervention methods including
235 education, lifestyle change, and probationary contact and supervision.

236 *Optimal program content*

237 The appropriate degree of structure within a program is somewhat difficult to define and
238 measure. The main argument presented for permitting program flexibility is that it allows a
239 facilitator to tailor sessions to suit individual client groups; however care must be taken that
240 the overall aims and objectives of the program are not undermined. Advantages of developing
241 structured program content include: maintaining inter-facilitator consistency; ensuring the
242 theoretical based objectives of the course content are maintained; and, presenting a sterner
243 atmosphere for participants who have committed offences (Sheehan et al., 2005). In addition,
244 the more flexibility permitted within course content the more challenging it is to conduct
245 robust empirical evaluations.

246 *Program facilitators and presenters*

247 It is important that the programs are conducted by professional facilitators, trained in
248 counselling, who are well versed in identifying and accommodating valuable adult learning
249 factors (Sheehan et al., 2005). The following qualifications have been recommended for
250 facilitators of driver education programs for recidivist speeding: 21years or older, adult
251 education/social science qualification, hold a current drivers licence (3 yrs +), no licence
252 suspensions/disqualifications, pass a police check (Styles et al., 2009).

253 *National based programs*

254 The implementation of state or nationally based programs across Australia would promote the
255 delivery of a consistent approach to traffic offender education programs. Comparable
256 program delivery would further support the conduct of empirical evaluations and the
257 development of specialised programs to target the various traffic offender profiles.

258

Comparison of best practice findings with existing offender programs

In this research phase two short, education based traffic offender programs, designed and facilitated by the Road Trauma Support Services Victoria (RTSSV) were reviewed for comparison with the results of the best practice review findings.

The RTSSV have developed traffic offender education programs such as the Road Trauma Awareness Seminar (RTAS) and the more recently developed Drive To Learn program (DTL). The RTAS, in operation since 2004, is conducted in conjunction with referrals from the Victorian Magistrates' Court and targets first time or recidivist traffic offenders across all age groups. The more recently developed DTL program (2013) is conducted in conjunction with the Dandenong Magistrates' Court and targets young offenders aged up to 17 years, in their pre-licensing phase, who have been charged with (or are facing) charges relating to traffic offences.

These programs are short, non-treatment based offender programs designed to reduce road trauma through traffic offender education that promotes the adoption of safer driving attitudes and behaviours and reduces recidivism. More specifically the programs are designed to: confront and evaluate participants' current road user belief systems; assist participants in identifying and managing precursors to offending; provide peer discussion and problem solving; provide reality based learning using volunteer/emergency service worker presentations; develop a commitment from driving offenders to engage in the official licensing process and traffic legislation; reduce the risk of further traffic offending and further involvement in the criminal justice process; and, reduce the likelihood of participants causing or being involved in road trauma through developing an understanding about the impact of their behaviour on themselves and the wider community.

Theoretical basis

The RTAS and DTL programs are based on restorative justice principles and three psychological models: Narrative Discourse (White & Epston, 1990), Experiential Learning (Kolb et al., 1971), and Cognitive Behavioural Intervention (Goldfried & Davison, 1994). The programs are designed to encourage participants to change their illegal high risk driving behaviour through a process of education, reflection and prevention (RTSSV, 2010b).

Narrative Discourse: The RTAS and DTL uses accounts of events and employs the concept of volunteer speakers re-tell their own personal accounts of road trauma. This component plays a key role in i) providing a real world understanding of the consequences of road trauma, and ii) provides a forum for volunteers to re-direct their personal experiences of road trauma towards a constructive objective.

Experiential Learning: The RTAS and DTL promote active involvement of participants in an event, critically reflecting on their involvement, identifying the important and productive elements of their involvement, and then utilising this information to perform the same or similar activities in the future. During the programs participants are guided through a process of examining their own actions that led to their infringement, to recall the event in a frank manner (no excuses or legitimisation) and to explore how they could deal with this situation in a more productive/safe and legal manner in the future.

300 Cognitive-Behavioural Intervention: The programs use this powerful technique to assist
301 participants with learning to express what they believe, need and feel. During the programs,
302 participants are encouraged to move from a role of passive victim to that of active and
303 capable agents of change with the ability to make the decisions necessary to change their
304 attitudes and behaviours. Goldfried and Davidson suggest that cognitive-behavioural
305 interventions are more suitable in prevention programs with persons at risk compared to other
306 therapies and have been found to have enduring effects.

307 *Program delivery*

308 The RTAS targets first time or recidivist traffic offenders of any age, however the
309 participants are typically young males (<26 years), convicted of a 'hoon' type offence, and
310 referred via the Magistrates' Court, solicitors, or through self-referral. The seminars are
311 conducted on a regular basis across the Melbourne metropolitan area as well as several
312 regional and rural centres across Victoria. Currently approximately 1,200 participants attend
313 the program per year with around 10 participants per program. The target group for the DTL
314 program is youth (predominantly male) aged up to 17 years (pre-licensing) who have been
315 charged with (or are facing) a traffic offence. Their offences commonly include theft of
316 motor car, driving in a dangerous manner, reckless conduct endangering life/causing injury,
317 unlicensed and learner driver offences. The program is currently conducted in the Dandenong
318 Region where it was developed, however the RTSSV plan to extend this coverage to other
319 metropolitan and regional areas. Referral to attend the DTL can be self-initiated, through a
320 representing lawyer or directly from a magistrate. With Magistrate referrals sentencing can be
321 deferred allowing time for attendance at the DTL program and completion of the program can
322 then be taken into consideration for final sentencing.

323 The RTAS and DTL are user-pay programs, the RTAS is a 2.5 hour program and the DTL is
324 3 hours in duration. A similar format is employed for both programs with flexibility for
325 facilitators to tailor the program to suit the target audience and offender profiles, while still
326 adhering to the overall format and philosophy of the programs. The programs are designed to
327 be interactive with a requirement of active participation in order to obtain a certificate of
328 attendance to present at court.

329 The facilitators (Educators) are employed by the RTSSV and are typically from a social
330 science/counselling background. Key prerequisites for all facilitators are: relevant experience
331 working in road trauma-related fields; qualifications in relevant fields such as adult education
332 or health; and, experience working with offender/group facilitation. The Educators undergo
333 extensive and ongoing training processes and attend regular team meetings and have regular
334 communication regarding program modifications (RTSSV, 2004).

335 A volunteer presenter attends each program session, the volunteer can be an Emergency
336 Services representative or a community volunteer who has personally experienced road
337 trauma (themselves or family members). The community presenters have typically been
338 clients of trauma counselling at the RTSSV however, it is recommended that they wait at
339 least 2 years post trauma before taking on this role. Presenters are required to attend a
340 training program facilitated by the RTSSV. The volunteer presenters' role in the programs is
341 to give a 15-20 minute presentation based on their personal experience of road trauma; they
342 do not play a role in facilitating the seminars.

343 *Summary of comparison of RTAS and DTL with best practice findings*

344 The characteristics and features of the RTAS and DTL programs were compared with best
345 practice findings of comparable programs. These findings are detailed in Clark & Edquist
346 (20120)0 and Oxley, O'Hern & Clark (2014) and summarised here. The results suggested
347 that, overall, the RTAS and DTL programs align well with overall youth justice system
348 principles and therapeutic approaches. The programs are based on restorative justice and
349 diversion from entering the system. The programs are also community-based and include
350 CBT. Further, the program implementation, content, structure and staffing was compatible
351 with best practice approaches. They target specified age groups, particularly young drivers,
352 and recognise heterogeneity of groups.

353 **Recommendations and Conclusions**

354 This study explored the available literature pertaining to best practice principles relating to
355 short, non-treatment based offender programs which aim to bring about attitude and
356 behavioural change, and reduce recidivism and hence road trauma. The findings showed that
357 existing programs generally meet good practice requirements. However, there were some
358 aspects of the programs that could be enhanced, and a suite of recommendations for
359 consideration are provided. These include recommendations for additions to therapeutic
360 approaches, target group considerations, additions to program content and key messages, as
361 well as recommendations to ensure that appropriate and measureable variables are collected
362 and available for robust evaluation of the program in the immediate and long-term future.

363 Driver offender programs are designed to complement existing enforcement practices. When
364 viewed as an educative program aimed at providing participants with insight into the risks
365 associated with these high risk driving behaviours, such as facing further sanctions or being
366 involved in a serious injury or fatal crash, these programs have been found to be cost
367 effective. They provide a low cost user pays option to support participant exploration of the
368 risks associated with illegal driving behaviour, the potential consequences for themselves,
369 families and other road users and to explore alternative positive driving practices.

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