# Formulating a Correctional Treatment Plan In Keeping with the Purposes of Sentencing<sup>1</sup>

Over the past ten years, federal sentencing has shifted dramatically, providing greater opportunities for lawyers, judges, and probation officers to help justice-involved individuals reduce their risk of recidivism by formulating a correctional treatment plan and giving judges more options to consider shorter prison terms and community corrections rather than lengthy periods of incarceration. Since the Supreme Court's decision in *United States v. Booker*, 543 U.S. 220 (2005), federal judges must impose a sentence that complies with 18 U.S.C § 3553(a). Section 3553(a)(2) sets forth four purposes of sentencing: "(A) to reflect the seriousness of the offense, to promote respect for the law, and to provide just punishment for the offense; (B) to afford adequate deterrence to criminal conduct; (C) to protect the public from further crimes of the defendant; and (D) to provide the defendant with needed educational or vocational training, medical care, or other correctional treatment in the most effective matter." This article is relevant to the latter two purposes of sentencing by discussing how to work with justice-involved individuals to identify their strengths and weaknesses and to formulate a plan that improves their likelihood of success in community living.<sup>2</sup>

A person's success in community living depends upon a strong foundation across several domains: cognitive ability, education, employment, housing, family, health and sobriety, criminal justice compliance, and pro-social connections.<sup>3</sup> It also depends on the relationship established between the justice-involved person and those trying to help – be they lawyers, judges, probation officers, prison officials, treatment providers, family, or community members. Empathy, genuine concern, and a willingness to collaborate with

The use of the term "treatment" and the focus of this article on individual factors does not mean to imply that the causes of crime are not rooted in other societal, geographical, ecological, and biological factors, which are worthy of intervention, but not within control of the individual. Lifelong poverty is "the one overarching factor" that creates risks for an individual to be involved in the criminal justice system. National Ass'n of Social Workers, *A Social Work Perceptive on Drug Policy Reform: Public Health Approach* 4-5 (2013) (discussing links between poverty and other challenges confronting justice-involved individuals, including "educational failure," "poor employment prospects," and "inadequate family and social supports").

<sup>2</sup> This article borrows from criminological and social work literature, which contains a wide variety of theoretical perspectives on how to promote change in individuals involved in crime. The theories include the risk-needs-responsivity model, desistance, the Good Lives Model, therapeutic jurisprudence, the biopsychosocial model of intervention, and restorative justice.

<sup>&</sup>lt;sup>1</sup> Denise C. Barrett, J.D., M.S.W., National Federal Defender Sentencing Resource Counsel. Special thanks to Laura Mate, Vickie Pointowski, and the numerous lawyers, social workers, and mitigation investigators with whom I have worked for providing resources and ideas that helped with writing this article.

<sup>&</sup>lt;sup>3</sup> See Women's Prison Association, Success in the Community: A Matrix for Thinking about the Needs of Criminal Justice Involved Women,

http://www.wpaonline.org/wpaassets/WPA\_Success\_in\_the\_Community\_Matrix\_6.11.pdf. While this matrix is designed for those working with women, the essential needs outlined apply to both men and women.

the justice-involved person are critical to successful outcomes.<sup>4</sup> Interventions that treat the justice-involved individual as an "object" to be "fixed," are not effective. Also ineffective is incarceration, which typically damages the individual's social bonds and has negative consequences for employment.<sup>5</sup> The most effective interventions seek to overcome obstacles to success and to maintain or strengthen the prosocial aspects of the individual's life that serve to buffer him or her from crime.<sup>6</sup>

# Assessing the Strengths and Weaknesses of Justice-Involved Individuals

The research literature identifies a variety of social and behavioral health factors that may place a person at risk of engaging in criminal activity or that may help him or her desist from crime. The central factors include attitudes and beliefs supportive of crime; anti-social behavioral factors; anti-social peers; family/marital relationships; substance abuse; lack of stable employment or housing; financial or school problems; and poor use of leisure time and recreation.<sup>7</sup> Desistance factors include full-time employment in a satisfactory job, a high-quality marriage bond, pro-social peers, a sense of control over one's future, a purpose in life, an ability to contemplate change, and community connections.<sup>8</sup> Exploring these factors will help provide a framework for correctional intervention that focuses on meeting needs and promoting strengths. Social workers are ideally the best professionals to carry out a holistic biopsychosocial assessment<sup>9</sup> and to refer individuals to programs that meet their needs.<sup>10</sup> Because such resources are not

<sup>5</sup> Lindsey Deavers, *Desistance and Development Life Course Theories: Research Summary* 12 (2011), https://www.bja.gov/Publications/DesistanceResearchSummary.pdf. Many states have been able to reduce recidivism through a variety of non-incarcerative options. *See* National Reentry Resource Center, *Reducing Recidivism: States Deliver Results* (2014), http://csgjusticecenter.org/wpcontent/uploads/2014/06/ReducingRecidivism StatesDeliverResults.pdf.

<sup>6</sup> Natalie J. Jones, et al., *Incorporating Strengths into Quantitative Assessments of Criminal Risk for Adult Offenders: The Service Planning Instrument*, 20 Crim. Just. & Behav.1 (2014).

<sup>7</sup> See generally D.A. Andrews & James Bonta, *The Psychology of Criminal Conduct* 58-60 (5th ed. 2010).

<sup>8</sup> Deavers, *supra* note 5, at 8-10.

<sup>&</sup>lt;sup>4</sup> Fergus McNeill, A *Desistance Paradigm for Offender Management*, 6 Criminology & Crim. Just. 39, 52 (2006). *See* National Ass'n of Social Workers, *Criminal Justice Social Work in the United States: Adapting to New Challenges* 11 (2010) ("being open and honest, empathic, able to challenge and not minimize rationalizations, non-blaming, optimistic, able to articulate the client's and family members' feelings and problems, using appropriate selfdisclosure and humor" are skills that will help to "facilitate[] positive social change" in justice-involved individuals), http://workforce.socialworkers.org/studies/Criminal%20Justice%20in%20the%20United%20States.pdf. Motivational interviewing is one technique that can help decrease a person's resistance to change. *See* Stephanie Wahab, *Motivational Interviewing and Social Work Practice*, 5 J. Soc. Work 45, 46, (2005), http://www.courtinnovation.org/sites/default/files/documents/Motivational\_Interviewing.pdf.

<sup>&</sup>lt;sup>9</sup> The biopsychosocial model recognizes that biological, psychological, and social factors all play a role in human functioning.

always available, particularly in indigent defense systems, then lawyers and others will have to carry out these tasks. Included here are some of the areas worthy of exploration as part of an initial assessment. If the assessment reveals particular problem areas, a more comprehensive assessment by a skilled professional may be necessary, particularly since it cannot be assumed that the presence of a particular factor actually contributed to a person's criminal behavior.<sup>11</sup>

#### 1. Cognitive Skills

Research has shown that certain socio-cognitive deficits are linked to criminal behavior.<sup>12</sup> Cognitive distortions or "thinking errors" occur when the brain does not process information fully and misleads the person with inaccurate and illogical reasoning and conclusions. Common cognitive distortions include a focus on one's own opinions and needs to the exclusion of others; blaming others for one's behavior; minimizing the significance of criminal behavior; dehumanizing others; and assuming the worst in others and one's self.<sup>13</sup> Some signs that an individual may need help developing cognitive skills include:

- growing up in an unstable, abusive, or neglectful family<sup>14</sup>
- unstable employment
- prior arrests
- substance abuse history
- history of truancy, FTA, supervision violations

<sup>10</sup> See LFA Group, Reentry Unit Social Work Services Program Evaluation (2009) (report on how social worker services offered prior to sentencing help justice-involved individuals obtain necessary services, reduce sentence length, and save money for the criminal justice system), http://sfpublicdefender.org/wp-content/uploads/2009/05/reentry-unit-program-evaluation.pdf.

<sup>11</sup> See Winnie Ore and Chris Baird, National Council on Crime & Delinquency, *Beyond Risk and Needs Assessments* 2 (2014) ("the simple fact that a particular need exhibits a general relationship to recidivism does not mean it contributed to an individual's offending behavior"); Jennifer Skeeem & John Monahan, *Current Directions in Violence Risk Assessment* 4 (2011) (a risk factor is nothing more than a "correlate that precedes the outcome in time, with no implication that the risk factor and outcome are causally related."), http://papers.ssrn.com/sol3/papers.cfm?abstract\_id=1793193.

<sup>12</sup> Cognitive Centre of Canada, *Treatment of Antisocial Behavior* http://www/cognitive centre.ca; http://www.csc-scc.gc.ca/text/prgrm/lsp-eng.shtml. *See* Alese Wooditch, *Which Criminogenic Need Changes are Most Important in Promoting Desistance from Crime and Substance Abuse*, 41 Criminal Just. & Behav. 276, 278-79 (2014).

<sup>13</sup> Marta Wallinius, et al., Self-Serving Cognitive Distortions and Antisocial Behavior Among Adults and Adolescents,
38 Criminal Just. & Behav. 286, 287 (2011).

<sup>14</sup> Child abuse and neglect have long lasting impacts on psychological health, brain development, relational skills, and behavior. *See* Institute of Medicine of the National Academies, *Infographic: Understanding Child Abuse & Neglect*, http://www.iom.edu/Reports/2013/New-Directions-in-Child-Abuse-and-Neglect-Research/Child-Abuse-Infographic.aspx.

- poor social skills
- poor problem-solving skills
- difficulty coping with stress<sup>15</sup> and resolving interpersonal problems
- unaware of behavioral consequences
- unrealistic goal setting
- poor regard for others
- narrow and rigid thinking that keeps the person from seeing shades of gray
- anger and hostility
- a lack of purpose and meaning in life
- holding negative views of one's self

Cognitive skills training may help correct cognitive distortions. Consider finding a skilled therapist trained in cognitive behavioral techniques who can explore the "relationship between thoughts, feelings, and behaviors,"<sup>16</sup> and help the individual "think before acting, recognize the consequences of his [or her] behavior, respond to interpersonal problems in alternative pro-social ways, and determine how his [or her] behavior and actions impact others."<sup>17</sup>

#### 2. Health and Sobriety

A sizable number of justice-involved individuals suffer from mental disorders, including depression, schizophrenia, anxiety disorder, bipolar disorder, traumatic brain injury, fetal alcohol syndrome, autism spectrum disorders, attention deficit hyperactivity disorder, and substance abuse disorders.<sup>18</sup> For some

<sup>15</sup> The COPE questionnaire can be used to learn how people respond to stressful events in their lives. See *COPE Inventory*, http://www.midss.org/sites/default/files/cope.pdf.

<sup>16</sup> National Alliance on Mental Illness, *Cognitive Behavioral Therapy Fact Sheet* 1 (2012), http://www.nami.org/factsheets/CBT\_factsheet.pdf.

<sup>17</sup> Chris Hansen, *Cognitive-Behavioral Interventions: Where They Come From and What They Do*, 72 Fed. Probation (2008), http://www.uscourts.gov/uscourts/FederalCourts/PPS/Fedprob/2008-09/07\_cognitive\_behavior.html. A variety of group curriculums have been developed to teach cognitive skills within correctional settings. *See* U.S. Dep't of Justice, National Institute of Corrections, *Annotated Bibliography: Thinking for a Change and Cognitive-Behavioral Programs* (2014), http://static.nicic.gov/Library/025533.pdf. Cognitive behavioral therapy is most effective, however, when the individual and a skilled therapist work together to understand the specific issues the individual faces and "develop a strategy for attacking them." Ben Martin, *In Depth: Cognitive Behavioral Therapy*, PsychCentral, http://psychcentral.com/lib/in-depth-cognitive-behavioral-therapy/000907. Because many individuals with cognitive distortions also suffer from mental illnesses such as mood disorders, anxiety disorders, and substance abuse disorders, the best treatment plans will target all of the individual's mental health issues. National Alliance on Mental Illness, *supra* note 16.

<sup>18</sup> See U.S. Dep't of Justice, *Reentry Toolkit for United States Attorneys' Offices* 4 (2014) (reporting that "[t]wenty-four percent of individuals in state prisons have a recent history of mental illness" and "approximately two-thirds of people in prison meet criteria for substance abuse or dependence"),

http://csgjusticecenter.org/documents/0000/1163/Reentry\_Council\_Reentry\_Toolkit.pdf; Bureau of Justice Statistics Special Report, *Mental Health Problems of Prison and Jail Inmates* (2006) (45% of federal prisoners have had a mental health problem), http://www.bjs.gov/content/pub/pdf/mhppji.pdf. individuals, these disorders, particularly substance abuse,<sup>19</sup> may be linked directly to their criminal behavior.<sup>20</sup> For others, the disorders may exacerbate existing problems often associated with criminal behavior – e.g., attitudes, housing, employment, and social networks. Even if mental illness is not a direct contributing factor to criminal behavior, intervention plans "must be implemented in a manner to which individuals with mental illness can be maximally responsive."<sup>21</sup>

Many tools are available to help lawyers and others identify symptoms that may suggest a mental impairment or co-occurring substance abuse and mental health disorder.<sup>22</sup> Tools for depression, drug and alcohol use, bipolar disorder, suicide risk, anxiety disorder, and trauma are available online.<sup>23</sup> Other tools can be helpful in assessing the extent of an individual's substance abuse problems.<sup>24</sup> In all cases, the individual should be screened for adverse childhood experiences (child abuse, neglect, and exposure to traumatic stressors), which can lead to a multitude of health problems.<sup>25</sup> All veterans and individuals who grew up or

<sup>19</sup> National Institute on Drug Abuse, *Drug Use, Crime, and Incarceration*, http://www.drugabuse.gov/related-topics/criminal-justice/drug-addiction-treatment-in-criminal-justice-system.

<sup>20</sup> Jillian Peterson, et al., *How Often and How Consistently do Symptoms Directly Precede Criminal Behavior Among Offenders with Mental Illness*, 38 Law & Human Behav. 439 (2014).

<sup>21</sup> Merrill Rotter & W. Amory Carr, SAMHSA's GAINS Center for Behavioral Health and Justice Transformation, *Reducing Criminal Recidivism for Justice-Involved Persons with Mental Illness: Risk/Needs/Responsivity and Cognitive-Behavioral Interventions* 4 (2013),

http://www.nationalafc.com/images/file/ReduceCrimRecidMIRiskNeedsResponCogBehavInter.pdf.

<sup>22</sup> See Deana Logan, Learning to Observe Signs of Mental Impairment,

http://www.dpa.state.ky.us/library/manuals/mental/Ch17.html.; Roger Peters, et al., *Screening and Assessment of Co-Occurring Disorders in the Justice System* (2008),

http://gainscenter.samhsa.gov/pdfs/disorders/ScreeningAndAssessment.pdf (reviews screening and assessment instruments to help identify justice-involved individuals who may suffer from a co-occurring disorder).

<sup>23</sup> SAMHSA-HRSA Center for Integrated Health Solutions, http://www.integration.samhsa.gov/clinicalpractice/screening-tools. *See also* Susan Young, et al., *The Identification and Management of ADHD Offenders within the Criminal Justice System: A Consensus Statement from the UK Adult ADHD Network and Criminal Justice Agencies*, 11 BMC Psychiatry32 (2011), available at http://www.biomedcentral.com/1471-244X/11/32.

<sup>24</sup> See, e.g., Texas Christian University Drug Screen (TCUDS-II), http://ibr.tcu.edu/wp-

content/uploads/2014/08/TCU-TCUDSIIFORM-Rev.pdf. U.S. Probation recommends this instrument to officers preparing presentence investigation reports. *See* Office of Probation and Pretrial Services, *The Presentence Investigation Report, Publication 107,* at 21 (March 2006), http://www.fd.org/docs/select-topics---sentencing/the-presentence-investigation-report.pdf?sfvrsn=4www.fd.org.

<sup>25</sup> See Centers for Disease Control and Prevention, ACE Study,

http://www.cdc.gov/violenceprevention/acestudy/index.html. Types of abuse include being pushed, hit, threatened, verbally putdown, placed in fear, and forced into sexual activity. Neglect can take many forms – emotional, nutritional, medical, educational, and security.

live in communities plagued by violence also should be screened for symptoms of post-traumatic stress disorder, including intrusive thoughts and feelings, hypervigilance, nightmare flashbacks, and irritability.<sup>26</sup> Obtaining information on the individual's current and past medical history, including medications, hospitalizations, and treatment is also important to developing a meaningful plan that may meet needs better than past interventions.

Once a person has been identified as having a mental disorder, finding the right treatment program can be a challenge. Typically, the person will do better with a community provider who can give them individualized attention and assessment. Research also shows that peer support (a.k.a. mentoring by a person with mental illness who has gone through a recovery process) can be an important add-on to traditional mental health services for justice-involved persons.<sup>27</sup>

#### 3. Employment

Individuals with stable full-time employment stand a better chance of success living in the community.<sup>28</sup> Minimally, the individual needs to find a job that pays enough for self-support. Ideally, the individual will find a job that provides enough money to support his or her family and pay off other bills. Employment that provides personal satisfaction also serves as a factor that protects against criminal involvement. Because unemployment is statistically correlated with a higher risk of involvement in criminal activity, it is an important factor to address.<sup>29</sup>

It may be helpful to assess the individual's vocational skills and focus him or her on building those skills useful in finding employment.<sup>30</sup> Find out what kind of job placement resources are available in your

<sup>26</sup> See Sachiko Donley, et al., *Civilian PTSD Symptoms and Risk for Involvement in the Criminal Justice System*, 40 J. Am Acad. Psychiatry & Law 522 (2012) (noting high rates of post-traumatic stress disorder in low-income urban populations). Additional information on PTSD is available at the U.S. Dep't of Veterans Affairs, National Center for PTSD, http://www.ptsd.va.gov/index.asp.

<sup>27</sup> Center for Public Policy Priorities, *From Recidivism to Recovery: The Case for Peer Support in Texas Correctional Facilities* (2014), http://forabettertexas.org/images/HC\_2014\_07\_RE\_PeerSupport.pdf.

<sup>28</sup> Wooditch, *supra* note 12, at 280.

<sup>29</sup> Thomas Cohen & Scott VanBenschoten, *Does the Risk of Recidivism for Supervised Offenders Improve Over time? Examining Changes in the Dynamic Risk Characteristics for Offenders under Supervision*, 78 Fed. Probation (2014), http://www.uscourts.gov/viewer.aspx?doc=/uscourts/FederalCourts/PPS/Fedprob/2014-09/index.html.

<sup>30</sup> While many vocational assessment tools must be administered by qualified personnel, some tests are suitable for self-administration or by a person lacking credentials in test administration. Two tests suitable for adults are IDEAS<sup>™</sup> (IDEAS: Interest, Determination, Exploration, and Assessment Systems®), available through Pearsons Assessments, and The SDS (Self-Directed Search), available at http://www.self-directed-search.com. The tests may be helpful in working with individuals who have little employment experience. Test results may help motivate individuals and help them see that they have untapped potential worth exploring. community. Check with your probation office to see if they have a workforce development specialist. Work with the justice-involved individual to identify and overcome roadblocks that will hinder his or her ability to find and maintain suitable employment. Such roadblocks may include lack of skills, lack of transportation, poor social skills, and poor organizational skills. Encourage the individual to assemble all documents necessary for employment (driver's license, other forms of identification, resumes) and to attend local job fairs.

#### 4. Education/Literacy

Having less than a high school education may elevate a person's risk of getting involved in the criminal justice system.<sup>31</sup> Where possible, help the individual learn to read, obtain a GED, or enroll in college/vocational classes. Bear in mind that educational attainment (as measured by last grade completed) may not correlate with literacy. Assessing literacy in an individual can be difficult. Even individuals who can read may not comprehend very well or be able to communicate in writing. Most individuals with limited reading and comprehension skills will not freely admit their limitations and are often adept at masking their problems. Some possible signs of a reading problem:

- Becomes defensive or makes excuses for not reading over a form or other document (will do it later, needs glasses)
- Doesn't write down court dates or appointments, says s/he'll remember
- Doesn't respond to requests in writing
- Seems to review documents too quickly or very slowly
- Claims to be reading, but gives vague answers about what (e.g., "just a magazine," "not that good")
- Spells phonetically and/or mixes LoWer/UppEr case

# 5. Housing

Explore the individual's housing history. If an individual is homeless or moves frequently, the risk of being violated on community supervision increases. Unstable housing history may often be a sign of deficits with cognitive skills (see above). These individuals may need specific help finding suitable housing – a transitional residence, an apartment, rental unit, or other stable and safe living arrangement.

# 6. Financial Affairs

An individual's ability to have fundamental needs for food, clothing, and shelter met is a key to successful community living. Explore the individual's source of income and money management practices. Does he or she have enough to get through each week – is there outstanding debt, impulsive spending, or other financial difficulties? Does the person qualify for social services such as food stamps, SSI, Medicaid, Medicare, Temporary Assistance for Needy Families (TANF), housing assistance, or a general assistance program – bearing in mind that some states now have programs that will help childless adults? Are there bank/credit accounts? How well does the individual manage money – does he or she bounce checks, over-extend credit, overspend, or need help prioritizing spending? If the individual needs help with learning how to manage money, consider a referral to a financial literacy program conducted by a public library or

<sup>&</sup>lt;sup>31</sup> Cohen & VanBenschoten, *supra* note 29.

community organization. Local banks may sponsor such workshops at various places throughout the community.

#### 7. Familial/Social Relationships

The more prosocial support an individual has from family, friends, and the community, the more likely he or she will be to avoid future encounters with the justice system.<sup>32</sup> Explore the individual's relationship with immediate family, extended family, friends, and school/work/religious/community contacts. Determine with whom the person speaks most often and can talk to about things that might be bothersome.<sup>33</sup> Explore options for the person to avoid contact with peers who may encourage criminal activity and to maintain or strengthen familial and social relationships – e.g., parenting classes, maintain ties with his or her family, pay child support, visit children, reconcile with estranged family members, reduce domestic stress, get involved in community activities (e.g., a church group, community center), commit to a long-term marital relationship.<sup>34</sup> Community connections are also important in helping individuals lead steady and stable lives.

# 8. Barriers to Treatment Accessibility and Employment

Barriers to treatment accessibility and employment include cost, transportation, medication, child care, and proper identification. Qualified individuals in some states may be able to obtain Medicaid assistance through the Affordable Care Act.<sup>35</sup> Some states have included behavioral health services and substance abuse treatment within these benefits.<sup>36</sup>

Help the individual figure out how he or she is going to get to work on time, attend treatment sessions, and visit with family. This may involve helping the individual decide which bus routes to take, how to buy less expensive weekly/monthly passes, or how to get a driver's license or buy an affordable car. Some

<sup>32</sup> Id.

<sup>33</sup> No single tool is valid across all populations, but the Social Support Questionnaire can be used to assess an individual's social support network. *See* Irwin Sarason, et al., *Assessing Social Support: The Social Support Questionnaire*, http://web.psych.washington.edu/research/sarason/files/SocialSupportQuestionnaire.pdf.

<sup>34</sup> Wooditch, *supra* note 12, at 279-80.

<sup>35</sup> See The Henry J. Kaiser Family Foundation, Status of State Action on the Medicaid Expansion Decision, http://kff.org/medicaid/state-indicator/state-activity-around-expanding-medicaid-under-the-affordable-care-act/; National Conference of State Legislatures, State Laws Mandating or Regulating Mental Health Benefits (2014), http://www.ncsl.org/research/health/mental-health-benefits-state-mandates.aspx.

<sup>36</sup> See Center for Medicaid and CHIP Services, *Coverage and Service Design Opportunity for Individuals with Mental Illness and Substance Use Disorders* (2012), http://medicaid.gov/Federal-Policy-Guidance/Downloads/CIB-12-03-12.pdf; SAMSHA, *Criminal Justice – Getting Ready for the Health Insurance Marketplace Tooklkit,* https://event.on24.com/eventRegistration/EventLobbyServlet?target=registration.jsp&eventid=678687&sessionid =1&key=80148427067DCCAB749AB062ABA6456D&sourcepage=register (this is an online narrated presentation). individuals may need help in resolving fines and driving-related offenses like speeding tickets and revoked licenses.

#### 9. Use of Leisure Time

Involvement in pro-social leisure and recreational activities can help a person desist from crime. Find out how the person spends free time with family and friends. Does he or she participate in sports, exercise, spend time at bars/clubs, gamble, engage in a hobby, watch TV, play video games, attend classes, volunteer in the community, etc? What limits the individual's ability to participate in productive activities and how may those limitations be overcome?

# 10. Making Amends, Building Empathy, and Pro-social Attitudes

Consider pursuing restorative justice options that may help the justice-involved individual apologize for his or her conduct, make restitution to victims, engage in community reconciliation, or otherwise repair the damage he or she caused.<sup>37</sup> In addition to repairing relationships within the community – a factor important to desistance<sup>38</sup>– participation in restorative justice activities may help the individual learn constructive ways of conflict resolution and motivate him or her toward rehabilitation.<sup>39</sup>

# **Finding Resources and Making Referrals**

After undertaking a comprehensive assessment of the justice-involved individual's strengths and weaknesses, the next step is to find community resources<sup>40</sup> and treatment providers that will help meet the

<sup>&</sup>lt;sup>37</sup> See James Bonta et al., Restorative Justice: An Evaluation of the Restorative Resolutions Project, Report No. 1998-05, Solicitor General of Canada (Oct. 1998) (collecting studies regarding restorative justice and reporting that individuals participating in victim and community reconciliation programs rather than being incarcerated were more likely to make restitution to victims and generally had significantly lower recidivism rates), http://ww2.pssp.gc.ca/publications/corrections/pdf/199810b\_e.pdf. See also McNeill, supra note 4, at 57 (interventions should be aimed at restorative processes and community service).

<sup>&</sup>lt;sup>38</sup> Fergus McNeill, et al., *How and Why People Stop Offending: Discovering Desistance* (2012), http://www.iriss.org.uk/sites/default/files/iriss-insight-15.pdf.

<sup>&</sup>lt;sup>39</sup> See generally Lawrence Sherman et al., Are Restorative Justice Conferences Effective in Reducing Repeat Offending? Findings from a Campbell Systematic Review, J. Quant. Criminology (2014) (published on online), http://link.springer.com/article/10.1007%2Fs10940-014-9222-9; Rebecca Mullane et al., Victim-Offender Mediation: A Meta-Analysis, in Interpersonal Conflict: Advances Through Meta-Analysis, Ch. 9 (Nancy Burrell, et al., eds., 2014).

<sup>&</sup>lt;sup>40</sup> It should be noted that a term of imprisonment may not be imposed or lengthened to further the rehabilitative goal of sentencing. *Tapia v. United States*, 131 S. Ct. 2382 (2011). *Tapia*, however, does not preclude a court from recommending rehabilitative programs when imposing a term of imprisonment or deciding to impose a term of probation or conditions of supervision.

individual's needs and maintain strengths. Oftentimes it can be helpful to turn to public defender offices,<sup>41</sup> government departments, non-profits, and disability rights organizations. University, community leaders, places of workshop, and peer support groups can also help. National associations specializing in the specific treatment need can help locate providers in your area and provide other information.<sup>42</sup>

Listed below are some resources to help identify effective correctional treatment programs:

• SAMHSA, *Behavioral Health Treatment Services Locator*, https://findtreatment.samhsa.gov.

This website is an online directory for finding treatment for substance abuse, addiction, and/or mental health problems.

 Wayne Scott, U.S. Dep't of Justice, *Effective Clinical Practices in Treating Clients in the Criminal Justice System* (June 2008), http://www.asca.net/system/assets/attachments/1055/Effective\_Clinical\_Practices\_in\_CJ\_Settings.pdf?1284737119.

A monograph that discusses how evidence-based practices can inform correctional treatment. Among other things, it catalogs specific interventions that have proven effective in reducing recidivism.

• Patrick Clark, National Institute of Justice, *Preventing Future Crime with Cognitive Behavioral Therapy* (2010), http://www.nij.gov/journals/265/therapy.htm.

<sup>42</sup> Substance abuse treatment professional associations include the National Association of Addiction Treatment Providers, National Association of Children of Alcoholics, National Association of Lesbian and Gay Addiction Professionals, National Council on Alcoholism and Drug Dependence, and the American Society of Addiction Medicine.

Mental Health Treatment providers can be found through the Depression and Bipolar Support Alliance, International Society for Traumatic Stress Studies, Schizophrenia and Related Disorders Alliance of America, Anxiety and Depression Association of America, U.S. Autism & Asperger Association, National Autism Association, and the Sidran Institute.

For treatment of individuals who have committed a sex offense, the major organizations include the Association for the Treatment of Sexual Abusers, American Association of Sexuality Educators Counselors and Therapists, American Board of Sexology, and the Society for Sex Therapy and Research.

Veterans Treatment groups include the Wounded Warrior Project, Veterans of Foreign Wars of the United States, Veterans Justice Outreach, The Soldiers Project, and Veterans Crisis Line.

<sup>&</sup>lt;sup>41</sup> For example, the Public Defender Service for the District of Columbia has compiled an excellent list of community resources and services available to justice-involved individuals. *See* Public Defender Service, *Adult Resource Directory: 2011 Community & Confinement Access Guide,* 

http://www.pdsdc.org/resources/ORD/DirectoryJuly2011.PDF. Other defender offices compile similar directories. It is always good to check with those offices to see what local sources might be available for justice-involved individuals.

This article gives a brief overview of cognitive behavioral therapy and how it works to change distorted thinking and perception, which in turn changes a person's behavioral pattern. A sidebar to the article provides a good explanation of cognitive behavioral therapy (CBT).

• Office of Justice Programs, *CrimeSOLUTIONS.gov*, http://www.crimesolutions.gov.

CrimeSOLUTIONS.gov rates the effectiveness of certain correctional programs. It is useful for identifying an appropriate treatment for a justice-involved individual. It will also help explain why other interventions may have failed to meet the individual's needs.

• NREPP, SAMHSA's National Registry of Evidence-based Programs and Practices, http://nrepp.samhsa.gov.

SAMHSA provides a searchable online registry of more than 240 treatment interventions for substance abuse and mental health treatment.

 Michael Prendergast, Interventions to Promote Successful Re-Entry Among Drug-Abusing Parolees, 5 Addiction Science & Clinical Practice 4 (2009), http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2797118.

Michael Prendergast provides an overview of the various types of interventions proven effective for substance abuse treatment. It is helpful in selecting interventions and showing why past treatment may not have been appropriate.

 U.S. Dep't of Justice, Reentry Toolkit for United States Attorneys' Offices (2014), http://csgjusticecenter.org/documents/0000/1163/Reentry\_Council\_Reentry\_Toolkit.pdf.

This document outlines federal reentry initiatives in various districts throughout the country and includes a list of other resources to facilitate reentry, such as the National Association of Drug Court Professionals, Second Chance Act Funding, the National Reentry Resource website, and the What Works in Reentry Clearinghouse.

• Alliance of Information and Referral Systems, 2-1-1, www.211search.org.

2-1-1 provides links to community information and referral services that can help with such services as food, housing, employment, health care, and counseling.

• U.S. Sentencing Commission, *Proceedings from the Symposium on Alternatives to Incarceration* (2008),

http://www.ussc.gov/Research/Research\_Projects/Alternatives/20080714\_Alternatives/Alternatives \_\_index.cfm.

This website contains a transcript of the symposium along with materials. Many of the speakers discussed effective correctional interventions. *See, e.g.,* Faye Taxman, *What Works in Corrections: Strategies to Reduce Recidivism;* Steve Aos, *Evidence-Based Policy Options to Reduce Crime, Criminal Justice Costs, & Prison Construction: Results from Washington State,* Georgia Lerner, *Promoting Success in the Community for Criminal Justice Involved Women.* For an example of restorative justice

and mediation as an intervention, see Denise Barrett, *Beyond Retribution: Restorative Practices in Federal Criminal Cases*.