

# **CURRENT EVIDENCE-BASED PRACTICES IN THE SINGAPORE PRISON SERVICE**

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## **I. INTRODUCTION**

This paper seeks to share the development of evidence-based practices and the current state of evidence-based practices within the systems and frameworks in the Singapore Prison Service (SPS). The paper is divided into five sections: the assessment framework, research and evaluation, programme development, professional staffing, and correctional staff support. Each section will describe the current practices prevalent within the respective system or framework.

## **II. CURRENT EVIDENCE-BASED PRACTICES**

### **A. Assessment Framework**

The classification of adult prisoners for rehabilitation began in October 2000 in the Prison Service. The prison's assessment framework is conceptualised and designed to guide the prison in the assessment processes for inmates throughout their incarceration. The continuous review of the assessment framework is necessary to maintain a robust and relevant classification system. This ensures that information gathered during assessment is useful and relevant for inmate management and rehabilitation planning. The current framework ensures that the inmates are appropriately matched to suitable rehabilitation programmes, thus maintaining the integrity of the evidence-based interventions practiced in the Service.

Given the extensive reach of the rehabilitation classification process and its implications on the prison's rehabilitation efforts, measures were put in place to ensure that the assessment process is operating at appropriate service quality standards. The Intake Rehabilitation Classification process was first certified as meeting ISO 9001:2000 standards on 20 February 2003 and obtained ISO 9001:2008 certification in 2009 and maintained it to date. The formation of a unit to look at the management and development of the rehabilitation classification process has also ensured quality and that monitoring of the classification process is carried out appropriately.

A robust classification capability is essential to enable the accurate and systematic selection of inmates for rehabilitation. From 2011, the Service moved from the Level of Service Inventory–Revised (LSI-R) and began utilising the Level of Service/Case Management Inventory (LS/CMI; Andrews, Bonta, & Wormith, 2004) for assessment of the adult offenders. The reason for the change was to include a portion for case management and the need to shift to using a fourth generation risk assessment instrument in keeping with best practices. Extensive validation conducted has shown LS/CMI's reliability and validity. Internal consistency as measured by Cronbach's alpha is high and has been very stable across multiple samples and populations. In addition, research has shown that the validity of the LS/CMI is strong and consistent. The Singapore data from the original LSI-R validation study was also used to determine norms for the LS/CMI and are reflected in the LS/CMI user manual (Andrews, Bonta, & Wormith, 2004, pp. 140 and pp. 195-197).

The prison's current rehabilitation classification process plays a significant role in supporting evidence-based practices in the Service. The LS/CMI is a fully functioning case management tool that informs the user on an individual's general risk of reoffending. This single application provides the essential framework needed to aid in the treatment planning and management of offenders. This assessment framework ensures

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that intervention plans made by prison officers are guided through risk classification and targeting relevant treatment needs.

The key areas of assessments in the Service are the (1) general risk of reoffending, (2) criminogenic needs and specific risk of reoffending, (3) non-criminogenic needs, and (4) responsivity issues. As mentioned in the earlier paragraph in this section, the general risk of reoffending is measured by the LS/CMI. The assessment framework also includes the use of other risk assessment tools to identify specific risk of reoffending. A brief description of the current assessment tools utilised in the prison's assessment framework are stated in the section below.

1. Level of Service Inventory–Revised (LSI-R)

The Level of Service Inventory–Revised (LSI-R) is a quantitative survey of offenders' attributes and their situations relevant to level of supervision and treatment decisions. The 54 items are based on legal requirements and include relevant factors needed for making decisions about risk and treatment. Prior to the utilisation of LS/CMI in 2011, the LSI-R was used to assess the general risks and needs of the offenders in the Prison Service. Currently, the tool is used to inform pre-release decisions. In addition, it is used to provide information to the Courts in their pre-sentencing decisions.

2. Level of Service/Case Management Inventory (LS/CMI)

The Level of Service/Case Management Inventory (LS/CMI) is an assessment and management tool that incorporates risk, need and responsivity factors. It measures the risk and need factors of late adolescent and adult offenders (18 years and older). The LS/CMI is also a fully functioning case management tool. The LS/CMI provides the empirical foundation to aid professionals in treatment planning and management of offenders in justice, forensic, correctional, prevention and related agencies. The key areas measured in this tool are criminal history, education/employment, family/marital, leisure/recreation, companions, alcohol/drug problem, attitudes/orientation, criminogenic/non-criminogenic needs, responsivity and case management. Developed to reflect the increasing knowledge base on offender risk assessment since the LSI-R, LS/CMI has refined and combined the 54 LSI-R items into 43 items in Section 1. In addition ten comprehensive sections have been incorporated to further assist public safety professionals in their analysis of offender management. Currently, in the Prison Service, it is used for inmates who are sentenced for more than a year.

3. Youth Level of Service/ Case Management Inventory (YLS/CMI)

The Youth Level of Service/Case Management Inventory (YLS/CMI) was developed by Don Andrews, Robert Hoge and Alan Leschied of Carleton University, together with the Children's Services Branch of the Ontario Ministry of Community and Social Services, and the London (Ontario) Family Court Clinic (Hoge, Andrews & Leschied, 2002). The YLS/CMI is currently used for young offenders below 21-years old in prison.

4. Singapore Prison Short Risk Scale (SPSRS)

The Singapore Prison Short Risk Scale (SPSRS) was developed with the objective of creating a more efficient alternative risk assessment tool. While the LSI-R boasted relatively good predictive validity in the local correctional sample, the instrument is intensive and time consuming. SPSRS was developed from the LSI-R as a short-form version and uses only nine items from the original 54. The nine-item scale comprises both static and dynamic items tapping the four domains of Criminal History, Education/Employment, Family, and Drug. A validation study of the SPSRS was conducted on 452 male offenders in 2006. The participants were tracked for one year from their release. Results showed that the scale has a significant predictive validity in predicting recidivism rates. SPSRS is now used as an initial assessment tool to help inform if a more extensive assessment, using the LS-CMI, needs to be conducted for the offenders who are sentenced for less than three years.

5. Institutional Violence Risk Prediction Scale (IVRPS)

The Institutional Violence Risk Prediction Scale (IVRPS) is a nine-item short scale that was developed for correctional officers to administer to inmates who are at risk of committing institutional violence. The items that were identified are those that had the best predictive validity from the LSI-R at identifying potential violent institutional offenders (Chng, Neo, & Misir, 2002). The IVRPS is currently used as a tool to enhance operational security and inform security resource-allocation for offenders who are at risk of committing institutional violent offences.

6. VORAS and HCR-20/ SARA for Violent Offenders

The Violent Offender Risk Assessment Scale (VORAS; Howells, Watt, Hall, & Baldwin, 1997) is a validated actuarial instrument that is comprised of seven static items. The items are divided into two parts: level of harm and probability of reoffending. The VORAS is currently used as a first level screening tool for violent offenders who are being considered for criminogenic interventions and conditional release. Depending on the score on the VORAS, further risk assessments may be necessary to inform these decisions. If it is determined that a further risk assessment is necessary, a trained psychologist will conduct a risk assessment using either the Historical-Clinical-Risk Management-20 (HCR-20; Webster, Douglas, Eaves, & Hart, 1997; Webster, Eaves, Douglas & Wintrup, 1995) or the Spousal Assault Risk Assessment (SARA; Kroop, Hart, Webster, & Eaves, 1999). The HCR-20 is a structured-professional-judgement tool consisting of 20 items that assesses an individual's risk of general violent reoffending. The SARA is a 20-item-structured-professional-judgement tool that is administered for offenders who present with domestic violent offences. The level of risk as determined by these tools will then inform the decisions regarding pre-release and selection for treatment programmes.

7. STATIC-99 and SVR-20 for Sex Offenders

The STATIC-99 (Hanson & Thornton, 2000) is a validated actuarial instrument consisting of 10 items that tap on static factors. It is a first-level-screening tool administered on offenders with current or past sexual violent offences to inform decisions for conditional release and possible criminogenic intervention. Similarly, the score on STATIC-99 determines if a further risk assessment is necessary to inform these decisions. Should a further risk assessment be necessary, a trained psychologist will conduct a risk assessment using the Sexual Violence Risk-20 (SVR-20; Boer, Hart, Kropp, & Webster, 1997). The SVR-20 is a 20-item-structured-professional-judgement tool administered for offenders who present with sexual violent offences.

8. Structured Decision Making

The introduction of the risk assessment tools (such as the HCR-20, SARA and SVR-20) served as the impetus for a shift towards the evidence-based practices of structured decision making. Structured decision making refers to a formal and standardised procedure for guiding decision makers with defined criteria to their deliberations and decisions. The key principles that guide this practice are objectivity, consistency, transparency, and defensibility. Objectivity is maintained by adhering to evidence-informed practices driven by the principles of effective rehabilitation. An evidence-informed approach also ensures consistency of decisions across time and decision makers. The structured approach further ensures fairness to all offenders. It is transparent and accountable to various stakeholders (e.g. courts, offenders, decision makers). The objectivity and evidence-informed approach ensures that this practice is defensible if such a need arises.

**B. Research and Evaluation**

1. Research

Another process in place to ensure continuous development and quality improvement in the Service is research. The prison's research agenda focused on four broad areas: (1) advance rehabilitation and reintegration efforts to prevent offending and reoffending, (2) enhance inmate management and operational capabilities, (3) enhance management and rehabilitation of special populations, and (4) develop staff capabilities in the correctional environment. Some examples of the research which have been conducted by the prison's research branch which has guided our evidence-based practices are elaborated in the following paragraphs.

The first focal area is advancing rehabilitation and reintegration efforts to prevent offending and reoffending. This includes validation studies of assessment instruments and questionnaires used in prison, such as the LSI-R and Corrections Victoria Treatment Readiness Questionnaire (CVTRQ). CVTRQ is used to assess offenders' motivation to change and offenders' suitability for specific intervention programmes in prison. It is also used in programme evaluation studies. These validation studies ensure that the tools used to inform evidence-based practices are valid and relevant for the local population.

The second focal area is the enhancement of inmate management and operational capabilities. The prison's research branch conducts evaluation of inmate management regimes. Evaluations are conducted to ensure that they are effective in maintaining order and reducing infractions within the institutions. Outcomes of these evaluations will serve to inform management about policies dealing with the general

inmate population. Maintaining order and reducing infractions helps support the effectiveness of our treatment programmes as it ensures smooth running of the evidence-based practices in prison.

Another focal area of research in prison looks at enhancing management and rehabilitation of special populations such as youth and female offenders. This involves studies on special populations to identify the specific criminogenic needs of these populations. Findings from these studies provide the empirical evidence to tailor interventions to better meet the criminogenic needs of these special populations, thus allowing interventions to be delivered in a way which maximise responsiveness. One of the studies that the prison has embarked on is the drug profiling study. The Prison Service collaborated with the Central Narcotics Bureau (a law enforcement agency focused on drug-related crime) and the Home Team Behavioural Sciences Center (a research centre supporting the work of the Ministry of Home Affairs and supporting departments) to study the profile of first-time drug abusers in Singapore. The findings of the study contributed to national strategies to combat drug-related crimes and to provide evidence-based interventions for drug offenders. Another research project was the evaluation of the effects of nutritional supplements on antisocial behaviours in young offenders. Any significant findings from this study may add to the management and rehabilitation strategies for young offenders. Such research helps ensure that practices in prison are evidence based and are carried out in an effective and targeted manner.

The fourth focal area of research looks at developing staff capabilities in the correctional environment. For instance, research studies were carried out to look at the interaction between job and personal resources amongst correctional staff and its subsequent impact on levels of work engagement. This study provided support for the ongoing development of staff interventions targeted at strengthening personal resources and suggested the presence of other factors that buffered against increased job demands and lower job autonomy among officers in maximum security institutions (Menon, Chua, & Ho, 2011). The Prison Service research branch also conducted a revalidation of an array of psychological assessment tools used in the recruitment process to update scoring norms for more effective assessment and recruitment of prison officers. Overall, these studies will help inform the steps needed to develop staff capabilities to further ensure that evidence-based practices are carried out in an effective and efficient way.

## 2. Programme Evaluation System

The concept of programme evaluation within prison was first proposed in 2005. Since then, the prison has embarked on several programme evaluation efforts. The programme evaluation unit in the Prison Service tracks the performance of all criminogenic programmes through a monitoring and evaluation framework that details the necessary structures such as programme development, implementation, and maintenance. Two types of evaluations, process and outcome, are carried out under this framework. In process evaluations, implementation and quality of programmes are examined to determine whether they are carried out as planned, running smoothly, and are in line with industry standards. Outcome evaluations, on the other hand, investigate whether programmes are effective in achieving their intended aims.

The process evaluation of treatment programmes within the Prison Service involves the continuous monitoring of key processes and activities through data collection and analysis, site checks, and stakeholder meetings. This ensures that the programmes are implemented according to design. In addition to monitoring programme processes and activities, offender treatment programmes are also reviewed on a yearly basis against industry standards. For this purpose, the evaluation standards are benchmarked to internationally recognized standards and practices for correctional interventions (Latessa, 1999; Latessa & Holsinger, 1998). Items in the review checklist correspond to the characteristics and features of effective correctional programmes identified in the “what works” literature, and hence facilitate evidence-based practice in the treatment programmes delivered within the Service.

Evaluating existing programmes and ensuring the new programmes are evaluated is an essential process to ensure integrity of evidence-based practices in the Prison Service. The findings from programme reviews are documented in annual reports that serve to inform stakeholders on the “health” of the programmes. This allows stakeholders to identify and close gaps in their treatment programme, and, hence, allows for continuous improvement.

Process evaluations also help to ensure programme integrity and set the stage for an outcome evaluation,

as it allows findings about the effectiveness of the treatment programmes to be attributed to the execution of programme activities. In the context of treatment programmes run by the prison, effectiveness is measured in terms of the programme's ability to reduce the attitudes of offenders that support criminal behaviours, as well as recidivism.

In 2006, a consultancy team from the University of South Australia (UniSA) was brought in to review and evaluate selected treatment programmes. Of the five treatment programmes in operation at present, three were formally evaluated by the external consultants between 2006 and 2008 and showed positive findings with regard to effectiveness in achieving programme goals. Since 2010, programme reviews of the five treatment programmes in operation have shown that they possess the main components of effective correctional intervention, and generally conform to industry best practices. Having determined their stability and integrity, these treatment programmes are ready for a formal outcome evaluation study which will commence in July 2012 and represent a collaborative effort with Deakin University, Australia. The aim of the collaboration with Deakin University is to improve the capacity and capability of the Service to provide high-quality and evidence-based services that are in line with current internationally accepted best practice.

In addition to formal evaluation studies, the prison also evaluates the pilot runs for newly developed treatment programmes. Findings from pilot evaluation studies aid management in making decisions on whether programmes should be continued and how the programmes should be deployed. For example, "MANALIVE," a violence intervention programme, was piloted separately on youth and adult populations. Findings of the pilot evaluation study for "MANALIVE" showed that the programme was more effective in treating the local adult population, and a management decision was made accordingly to continue running the programme for adult offenders only.

Needs analysis, an evaluation activity, is also conducted on a regular basis to investigate the treatment needs of offenders and to identify gaps in the interventions provided to the various inmate populations. One such profiling study conducted in 2010 identified a gap in the programming given to high-risk offenders. The study found that high-risk offenders had multiple criminogenic needs. As the existing criminogenic programme, "STAR-CT," used in the treatment of high-risk offenders only addressed a single risk factor (antisocial cognitions), the programme was found to be inadequate in meeting the treatment needs of that population. A decision was then made to develop a new programme from scratch to replace STAR-CT. The new STP, known as the Integrated Criminogenic Programme (ICP), would incorporate the latest in correctional treatment research, as well as address gaps identified in previous programme reviews.

The monitoring and evaluation system in prisons allows for the learning of what has or has not worked in the types of evidence-based treatment delivered to the local offender population, and facilitates continuous improvement to the quality of treatment of evidence-based practices.

## **C. Programme Development**

### **1. Programme Development Advances**

The employment of evidence-based practices and principles had resulted in many advances in programme development and delivery. The Prison Service has reviewed much literature to ensure that the programmes in the organisation adhered to the principles of effective rehabilitation. Fundamentally, the current treatment programmes in prisons are based on Cognitive-Behavioural Treatment (CBT) practices and Motivational Interviewing (MI) principles. There is plenty of literature to suggest the effectiveness of these two methodologies in the field of offender rehabilitation. Notably, the responsivity principle of the risk-need-responsivity (RNR) model mooted that treatment programmes and interventions should be founded on CBT and MI principles due to the large effect sizes found for rehabilitation programmes that utilise these two methodologies.

### **2. Current Treatment Programmes**

Within prisons, there are a number of treatment programmes that were developed following such treatment theories. The first generation of programmes based on these treatment theories were MOVE (Managing and Overcoming Violence) and 3R (Respect, Responsibility, Restraint), developed to address general violence and sexual violence respectively. Following these, the DATP (Drug Abuse Treatment

Programme) and the STAR-CT (Stop, Think, Alter, Respond – Correctional Trainees) programmes were developed based on these same treatment theories. DATP was developed for drug offenders while STAR-CT was developed for high-risk offenders with general criminal behaviours. Key innovations during this phase of programme development included incorporating a motivational phase in the treatment programmes as well as a process known as cognitive restructuring. Currently, MOVE has been revised for youth offenders with violent offences. STAR-CT has been replaced by a new programme that similarly addresses general criminal behaviours. Both 3R and DATP are still running in the Prison Service.

In 2008, programme development took on a new direction. A new rehabilitation theory, the Good Lives Model (GLM), was gaining ground in the correctional literature. Prisons decided to develop new treatment programmes that will attempt to include elements from GLM in its programme model. The identification of “primary goods,” or the intrinsic desires of human, and approach-goal solutions were key introductions to this generation of treatment programmes. The two new treatment programmes developed from this move were TAC-TIC (Thinking About Change – Thinking Influencing Change) and KICKSTART. TAC-TIC addresses general criminal thinking whereas KICKSTART addresses substance abuse problems. KICKSTART is currently not running due to resource constraints, while TAC-TIC is being run at the Reformatory Training Centre (RTC) for youth offenders with general criminal behaviours.

In the same year these developments were taking place, the Prison Service piloted a programme that was adopted from the United States (US) called “MANALIVE.” “MANALIVE” is an open-group CBT-based violence treatment programme. Apart from adopting CBT practices, “MANALIVE” incorporated elements similar to narrative therapy within the programme. The treatment programme includes a process that generates separate narrative identities for the participants which in turn facilitates the externalisation of their violent behaviours and increases their hope for change. Preliminary analyses revealed a good effect size for the treatment programme, and “MANALIVE” is currently provided for adult violent offenders.

“MANALIVE” sparked an important step in programme development. Apart from the GLM, there was also a growing interest in the literature of desistance. Desistance is the process in which offenders cease their offending behaviours and refrain from offending over an extended period of time. The treatment methods of “MANALIVE” were aligned to the factors that the literature of desistance purported would increase an individual’s chances of desisting from crime. Specifically, this involved the importance of hope and the “knifing off” of a criminal identity (Maruna & Roy, 2007). “MANALIVE” was crucial in providing the Prison Service with insights into how these factors can be operationalized in a treatment programme. The “MANALIVE” experience initiated an attempt to integrate RNR, GLM and desistance as a coherent programme model. The integration of these rehabilitation theories has an important influence in the current landscape which has led to new developments in programming in prisons.

#### **D. Professional Staffing and Evidence-Based Practices**

The drive for the Prison Service to be evidence based in its practice has culminated in the formation of two Divisions, the Rehabilitation and Reintegration Division (RRD) and the Psychological and Correctional Rehabilitation Division (PCRD). The divisions oversee the rehabilitative and reintegrative efforts of the organisation. The tasks of the two divisions include developing policies and frameworks to facilitate the rehabilitative and reintegrative efforts, engaging and collaborating with external agencies for rehabilitation or reintegration purposes, serving as the gate-keeper for rehabilitation programmes in prisons, and providing guidance in the contracting and purchasing of services. The Psychological and Correctional Rehabilitation Division comprises professional staff such as psychologists, rehabilitation specialists, research officers, as well as administrative support staff. They function as the scientific think-tank for rehabilitation programmes, assess and deliver criminogenic interventions to offenders, and provide specialised training to prison staff and community partners, critical incident stress support and mental resilience services. Correctional research and programme evaluation also come under the purview of the division.

Professional staff are inducted into the Prison Service through in-house training. Efforts are made to align new staff to the culture, Mission, and Vision of the organisation. In addition, new staff are also provided with specialised training to equip them with the necessary assessment and therapeutic knowledge and skills to perform their roles within an evidence-driven department. Some of the specialised training they go through include introduction to topics such as the rehabilitation models the Prison Service subscribes to,

the current rehabilitation programmes in prisons, treatment theories like CBT, MI and the transtheoretical model. They are also familiarised with assessment tools such as the LS/CMI, VORAS and STATIC-99, and informed about the different types of research and evaluation conducted by the department.

One of the key in-house trainings provided for the professional staff is to introduce them to the RNR model developed by D. Andrews and J. Bonta (2001). The RNR model is a well-researched rehabilitation model that has been found to be empirically robust in the field of rehabilitation. As the work processes in the Prison Service are grounded mainly in the RNR model, it is necessary that the professional staff are familiar with the model.

Apart from in-house trainings, professional staff are further upgraded through trainings and workshops conducted by external parties. Overseas subject-matter experts (SMEs) have been invited to conduct risk assessment trainings, therapeutic method trainings, as well as programme evaluation trainings. Examples include the training of HCR-20, SARA and PCL-R by Stephen Hart and Randall Kroop, Sex Offender assessment and treatment by William and Liam Marshall, and the LS/CMI by Stephen Wormith. The Prison Service has also engaged the expertise of Andrew Day and Sharon Casey to train the rehabilitation specialists in programme evaluation. Jeffrey Mitchell and George Everly were also engaged to conduct training in critical incident stress management.

To ensure that the quality of programme delivery and risk assessments is maintained, clinical supervision is provided for all staff. A system of clinical supervision is set-up within the department for the group of professional staff involved in delivering intervention programmes, individual sessions, and conducting risk assessments. Additionally, this practice of having clinical supervision serves to uphold the mental well-being of professional staff involved in working with clients. Staff are allowed to share their experiences and difficulties at work, and this avenue aims to reduce the likelihood of burnout for staff.

## **E. Staff Training and Support**

In conjunction with the shift in the role of a correctional officer as defined by the Captain of Lives (COL), there was a need to equip correctional officers with the necessary skills and knowledge to fulfill that role. A training framework was designed to ensure that new correctional officers are sufficiently trained in basic knowledge regarding offender rehabilitation, mental health issues relevant to offender population as well as basic counselling skills.

### **1. Mental Resilience**

It is established in literature that correctional staff are exposed to unique and powerful stressors including the physical danger of the working environment and stress associated to dealing with problematic inmate behaviours. This can potentially lead to high burnout rates among correctional staff, affecting their personal well-being and the quality of work. The Prison Service duly recognizes the importance of mental resilience of staff and the possibility of staff burnout. A Mental Resilience (MR) team consisting of psychologists was set up in 2003 to develop mental resilience capacity of staff and provide critical incident crisis support for staff and inmates.

Since the set-up of the Mental Resilience team, prison staff received training in stress management skills. The trainings are pegged at various levels depending on the seniority and appointments of the trainees involved, as well as the types of inmates they are working with (e.g. youths, violent inmates, and defiant inmates). The MR team has taken an important step recently to engage Professor George Everly, a leading psychologist in the area of mental resilience, to train ground leaders to display leadership behaviours that will foster a resilience culture within their teams. The training, called Resilient Leadership training, is based on validated theories and empirical evidence and was developed by the Resiliency Sciences Institutes and John Hopkins University.

### **2. Critical Incident Response System**

In addition to resiliency training, the Prison Service is well-positioned to respond to critical incidents experienced by prison staff. Critical incidents are defined as unusually challenging events that have the potential to create significant distress and can overwhelm one's usual coping mechanisms. The Prison Service adopts the Critical Incident Stress Management (CISM) approach to deliver crisis intervention.

CISM is an integrated multi-component continuum of crisis and intervention services developed by George Everly and Jeffrey Mitchell (1999). It has also been found to be effective in reducing distress related to assaults upon healthcare staff (Flannery, 1999). Numerous studies support the efficacy of CISM in promoting post-crisis recovery and reducing the development of acute stress symptoms or PTSD.

### III. CONCLUSION

The ambition of the Service in ensuring top quality services both in operations and rehabilitation has resulted in a strong thirst for knowledge of evidence-based practices. Since the development of a new Mission and Vision, the Prison Service has vigorously sought learning opportunities from overseas counterparts to achieve rapid knowledge transfer and to assist in fine-tuning organisational systems and work processes. The current evidence-based practices within the systems of prisons have been carefully selected and developed through research, leadership dialogues and gathering of feedback from both correctional and professional staff. The development of research and programme evaluation capabilities will ensure that the evidence-based practices continue to influence and guide rehabilitation efforts currently and into the future.

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