

Smarter Solutions for Crime Reduction: The Illinois Criminal Justice Information Authority Strategic Planning Initiative

RECIDIVISM REDUCTION

Recidivism is most often defined as re-arrest, re-conviction, or re-incarceration after serving a criminal sentence that included prison, jail, probation, or parole. Recidivism is the most frequently used measure of the success or failure of a criminal justice-related program.

Characteristics of evidence-based recidivism reduction strategies

Two major areas of recidivism reduction programming include interventions that are implemented in the community, such as probation or parole programs, and institutional interventions occurring in prisons.

Community corrections programs provide a unique opportunity to avoid both the fiscal and human costs of recidivism. In the community, offenders have access to services and programs not available to prisoners, while maintaining ties with their families and their communities. These are both important components of reducing re-offending, and many programs take advantage of both in providing the tools to aid in re-integration.

Institutional programs allow inmates to make productive use of their time during incarceration, while providing them with skills and mindsets that can ease their transition from prison to the community and reduce the risk for re-offending. While program settings and components vary, one set of main principles must be part of every evidence-based recidivism reduction strategy (adapted from Gaes, Flanagan, Motiuk, & Stewart, 1999). The following principles are a crucial starting point for any group interested in effectively reducing recidivism:

- **Addressing criminogenic needs.** To tailor effective programs to the right individuals, a risk

assessment based on a validated instrument must be utilized. Recidivism reduction programs must address criminogenic needs—characteristics directly related to an individual’s susceptibility to criminal behavior. Examples of criminogenic needs include pro-criminal attitudes, impulsivity, and educational deficits. Programs and models designed to address an individual’s multiple issues may have stronger and more lasting effects.

- **Responsivity.** Programs must be responsive to the needs of the participants. Individual needs and learning styles must be taken into account when implementing programming, as there is no one-size-fits-all program.
- **Risk differentiation.** Programming must be specific to the recidivism risk level presented by participants. A program designed for offenders with a low risk of re-offending will not be effective on high-risk offenders. Low-risk individuals are often negatively affected when receiving high-risk programming. Evidence shows that high-risk individuals are more likely to benefit from programming than low-risk individuals.
- **Skills-oriented and cognitive-behavioral approaches.** Programs that teach skills to help offenders avoid criminal thinking and anti-social behavior have been shown to model and shape pro-social behavior. These approaches give offenders the tools to evaluate their thought and behavior patterns so they can avoid triggers that lead to criminal behavior.
- **Proper implementation and continuity of care.** Programs must be implemented with fidelity to the original design. Commitment and cooperation among stakeholders, consistent funding streams, and support from all involved are crucial. Programs that are not properly implemented and lack continuity can actually increase re-offending.
- **Proper dosage.** Most programs have a specified effective dosage, much like a course of medication. If treatment is not of a sufficient

duration, it will not have the desired effects. This principle must be considered closely with the risk principle. Determining the proper dosage is important during implementation and should be a goal of any evaluation.

While these principles must be present for an individual program to be effective, other characteristics of unique programs also can enhance effectiveness.

Community Corrections Interventions

Probation and parole provide a unique opportunity for recidivism reduction programming, as individuals are able to maintain ties with family and community and have greater access to treatment resources tailored to their criminogenic risks and needs. Examples of community-based interventions include cognitive-behavioral therapy programs (CBT), such as Reasoning and Rehabilitation (R&R) and Moral Reconciliation Therapy (MRT), intensive probation supervision (IPS) with treatment, drug treatment, including the Breaking the Cycle (BTC) model, and a promising alternative probation practice called Hawaii Opportunity Probation with Enforcement (HOPE).

Characteristics of cognitive-behavioral therapy programs

Cognitive-behavioral programs are one of the most studied and effective recidivism reduction interventions. Some private companies have created name-brand CBT programs, such as Reasoning and Rehabilitation and Moral Reconciliation Therapy. These popular and trademarked programs focus on changing attitudes and thinking patterns. The programs are designed to affect an offender's distorted thinking. For example, criminality is very often marked by impulsivity, misperception of benign behavior as threatening, or a constant feeling of victimization. CBT programs address these distortions by emphasizing individual accountability and teaching offenders how to recognize these patterns in thinking and correct them. Key components of CBT include:

- **Therapeutic techniques.** These include structured learning sequences designed to affect cognitive processes. Often, these techniques include group activities and role-playing, so offenders can see the effects of their thinking in lifelike situations, and practice new thinking techniques in a positive environment. These activities allow offenders to work on interpreting social cues, monitoring thought processes, and generating alternate solutions.
- **Changing distorted/dysfunctional ways of thinking and/or teaching new cognitive skills.** Because the CBT model assumes that criminality stems in part from dysfunctional thinking, an effective program must employ a curriculum that helps offenders recognize and modify these patterns and teaches offenders how to think more constructively.
- **Focus on high-risk offenders.** According to the risk principle, programming should be optimized for the risk level of the participants. Numerous studies have found that CBT is most effective on high-risk individuals, as identified using validated risk assessment tools.

Characteristics of intensive probation supervision with treatment

Many probation departments in Illinois and across the county incorporate intensive supervision programs for problematic probationers, but often they are merely traditional probation with increased drug testing, appointments, or reporting requirements. IPS with treatment takes these concepts and adds a supportive treatment component that has been found to be more effective at recidivism reduction than traditional probation. Effective IPS programs have additional features, which include:

- **Expanded treatment referral and provision.** In studies that have determined the effectiveness of these types of programs, IPS probationers participate in significantly more treatment than they would on traditional probation.
- **Proportional and graduated sanctions.** Sanctions that are fair and gradual have been shown to increase their legitimacy in the eyes of

the probationer. Many probation departments manage limited resources by consolidating multiple violations into a single hearing and petitioning for revocation, which seems arbitrary to probationers. In these cases, it can appear that the probationer is being punished for a minor violation, while there was no formal action for the same violation previously. Increasing legitimacy can lead to greater cooperation and compliance.

- **Balance between punishment- and casework-oriented probation officer styles.** Traditional probation and punishment-oriented IPS tend to focus more on punishment than on working with offenders to help them achieve successful outcomes. Probation officers must be invested in helping their probationers succeed.

Characteristics of drug treatment: Breaking the Cycle

Drug treatment is one of the most recognizable and widely available forms of programming for community corrections, largely because of the high proportion of substance use, abuse, and dependence in justice-involved individuals. A wide variety of programs have been implemented and evaluated, but most are standalone programs to which an individual is referred by a probation or parole officer. Breaking the Cycle is a system-wide approach to drug treatment, involving the courts, probation officers, and community treatment providers all working toward successful termination of probation. The key components of this model (adapted from Harrell, Mitchell, & Marlowe, 2004) include:

- **Early intervention.** The BTC model treats arrest as an opportunity to reach individuals during a time of crisis. Early intervention in the BTC model means drug screening at arrest, and preparing an individualized treatment plan immediately following arrest.
- **Judicial oversight.** BTC is a system-wide program and includes active oversight by judges. This follows the drug court model, which has shown that close judicial involvement can help reduce drug use and re-offending. Oversight

includes review of compliance and treatment performance.

- **Graduated sanctions and incentives.** Another adaptation from drug courts, fair and consistent application of sanctions is crucial for establishing legitimacy of sanctions for probationers. BTC calls for immediate and certain application of sanctions, as well as incentives for progress. This includes clear rules and infractions, clear sanctions for violating rules, and giving staff the authority to administer sanctions.
- **System-wide collaboration.** The BTC model requires close collaboration and communication between service providers, courts, and probation officers. In BTC sites, this means regular meetings between stakeholders and clear channels of communication regarding caseloads.

Characteristics of Hawaii Opportunity Probation with Enforcement

While a large proportion of justice-involved individuals are in need of substance abuse treatment, many drug users may benefit more from close supervision and the threat of swift and certain sanctions. The HOPE model is a hybrid of the BTC model and drug courts. It is not as much of a system-wide approach to supervision, but it does involve close judicial oversight and buy-in from probation officers and court staff. While HOPE has shown positive results in Hawaii, the model must be implemented successfully in other jurisdictions before it can be considered evidence-based. The key components of the HOPE model include:

- **Judicious use of treatment.** HOPE acknowledges that not every substance user needs treatment. To save on treatment costs and keep treatment slots open for those who truly need them, HOPE does not refer treatment unless a probationer clearly needs or requests it.
- **High-risk probationers.** This component comes from the risk differentiation principle of evidence-based programming. High-risk offenders have been consistently shown to respond better to some program models, including HOPE.

- **Certain, swift, consistent, and parsimonious sanctions.** Certainty enhances the deterrent effect of sanctions. Swiftens increases the perception of fairness. Consistency improves compliance with probation conditions. Parsimony enhances the legitimacy of the sanction.
- **Proper training for probation officers.** HOPE probation officers are trained in cognitive-behavioral therapy and motivational interviewing, and in managing the requirements of a HOPE caseload. Proper training ensured that the officers were well prepared for the additional demands of HOPE.
- **Focusing on affecting thoughts, values, and behaviors.** Studies have found that educational and vocational programming can positively affect maturity, conscientiousness, and goal-setting.
- **Fostering relationships with civilian personnel.** One of the benefits of education and vocation programs is the prospect of building positive, non-authoritarian, and goal-directed relationships with non-correctional staff. Pro-social relationships are often absent within correctional populations, and developing them can assist with community re-entry preparation.

Institutional interventions

Prison-based programming occupies offenders and enhances the security of the institution. Programming also provides opportunities for offenders to address deficiencies in education, vocational skills and training, and thinking processes. Examples of evidence-based institutional programming include educational and vocational programming, and therapeutic communities (TC) for substance abuse treatment. Cognitive behavioral programming has also been shown to be effective with incarcerated populations.

Characteristics of educational and vocational training

Many prisoners have pronounced educational and vocational deficits. A large number do not have a strong educational background or a history of stable employment. Deficits like these, if left unaddressed, severely limit an individual's legitimate prospects upon release. Providing these services during incarceration can help ease the transition from prison to community for offenders, and can help reduce the risk of re-incarceration. Key components of educational and vocational training include:

- **Ensuring basic literacy skills.** Some individuals that end up incarcerated are functionally illiterate. For more advanced educational programming to be effective, these individuals must be identified and brought up to speed before engaging in GED or post-secondary educational programs.

Characteristics of therapeutic communities

In-prison TCs have become a trusted model for addressing substance abuse and dependency among inmates. These programs have grown across the country in state facilities and federal penitentiaries. Illinois operates prison-based TCs at Sheridan Correctional Center and Southwestern Illinois Correctional Center. The Sheridan program serves as a national model. If structured properly, TCs also may be effectively established in community setting. Key components of effective therapeutic communities include:

- **Group setting.** TCs focus on the group as the primary agent of change, using peer influences to change perceptions, behaviors, and attitudes associated with substance use and abuse. The group setting also acts as a strong pro-social influence.
- **Hierarchical structure.** Effective TCs use different treatment stages, which include increasing levels of responsibility within the group. Participants are assigned specific tasks, which increase the functionality of the group and enhance self-efficacy.
- **Strong aftercare component.** Continuing care is the key to maintaining the gains of a prison-based TC. Many studies have found community aftercare to be the most important component of a TC program in keeping individuals drug-free in the community and lowering risk of re-offending. Without a strong aftercare component, individual gains from TCs can diminish quickly.

The evidence for community-based recidivism reduction programs

Cognitive-behavioral therapy programs

Programs that address the deficient cognitive processes and thinking patterns of offenders were one of the first evidence-based practices in criminal justice programming. Hundreds of studies have been published evaluating the effectiveness of standalone programs, name-brand programs requiring a license for use, and variants of CBT. These studies have consistently shown a positive program effect for CBT interventions, frequently with benefits that long outlast supervision. A useful way to look at the literature on CBT is through meta-analysis, which is a synthesis of the effects found across many studies. For example, an analysis of 20 different evaluations of various CBT programs found that the positive effects on individuals receiving CBT programming were higher than on those who did not receive CBT (Wilson, Bouffard, & MacKenzie, 2005). Many of these studies showed a relatively small effect size, but when translated into recidivism reduction, a substantial and appreciable reduction was shown for CBT participants.

Another meta-analysis of 58 studies found similarly substantial recidivism reductions for CBT participants when compared to non-participants. On average, participants were found to be 1.5 times more likely to avoid recidivism than comparison groups (Lipsey, Landenberger, & Wilson, 2007). Further, this study determined programs targeted for high-risk individuals receiving two weekly sessions over 16 weeks, with high quality implementation, and anger management and interpersonal problem-solving components could expect odds of success almost three times those of non-participants. The analysis also found that the Reasoning and Rehabilitation and Moral Reconciliation Therapy programs were generally better implemented, mostly due to their clearly delineated curricula and included training materials.

While the effects of CBT on recidivism are enough to consider them a prudent investment, cost-benefit

analyses have shown that they are one of the most cost-effective programming options available. A thorough analysis conducted by the Washington State Institute for Public Policy concluded that CBT programming in either the community or institutions has a potential benefit of more than \$15,000 per participant (Drake, Aos, & Miller, 2009). This includes recidivism reductions, benefits to potential crime victims, benefits to taxpayers, and marginal costs of program participation. Much of the cost savings result from reduced incarceration costs.

Intensive probation supervision with treatment

Intensive probation programs have proliferated across the country in the last few decades as a result of the “tough on crime” era of the 1980s and 1990s. These programs were mostly focused on the law enforcement model of probation, with little or no attention paid to providing referrals to treatment programs that could address the underlying causes of a probationer’s criminal behavior. Fairly recent developments in probation have taken IPS and tweaked the model to make more treatment referrals and provide greater assurance that probationers are actually attending treatment.

In Minnesota, an IPS program was implemented with the goal of increasing treatment provision for its high-risk populations (Deschenes, Turner, & Petersilia, 1995). The program was created as a way to divert offenders from prison, and applied a graduated sanction model to ensure compliance.

Overall, the IPS group was found to have spent less than half as many days in jail for violations than the comparison group. The IPS group was found to have more technical violations than the comparison group, as expected with much higher levels of scrutiny and supervision. This program also showed comparable levels of revocations and recidivism after supervision, which is positive considering the high-risk nature of the IPS group.

An IPS program focusing on high-risk probationers in New Jersey was found to have favorable outcomes compared to a group that received

traditional probation. This program was also designed as an alternative to prison for higher-risk offenders. The evaluation found that regular probationers received more referrals to services, but that IPS probationers actually attended more treatment sessions (Paparozzi & Gendreau, 2005). Additionally, IPS probationers experienced fewer new convictions and revocations than regular probationers. These gains were facilitated by probation officers who favored a balanced approach between strict law enforcement and social work orientations. Some officers were willing to refer services, but were also willing to pursue violation and revocation when probationers did not comply.

Intensive probation programs also have substantial cost-benefits for probation departments. The Washington State Institute for Public Policy found that these treatment-oriented programs could have benefits of around \$19,000 per participant, including savings to victims, taxpayers, marginal costs of participation, and a reduction in incarceration (Drake, Aos, & Miller, 2009).

Drug interventions: Breaking the Cycle and Hawaii Opportunity Probation with Enforcement

System-wide treatment programs have increased in popularity recently, as evidenced by the proliferation of programs like Breaking the Cycle and HOPE. Breaking the Cycle is an integrated program designed to screen arrestees for substance use and provide court and service provider support in implementing an individualized treatment program.

At sites in Birmingham, Ala., Jacksonville, Fla., and Tacoma, Wash., drug use was found to be lower compared to non-participants in Birmingham and Jacksonville (Harrell, Mitchell, Merrill, & Marlowe, 2004). Tacoma's program experienced some implementation problems, especially treatment availability and high levels of methamphetamine use in participants, which is notoriously hard to treat. And Jacksonville results did show higher levels of official offending than of self-reported offending. But researchers found that the BTC model reduced re-offending after

participation, measured as both self-reported offending and official arrest records. After a limited cost analysis, all three sites were found to have high cost-benefit ratios, meaning that the programs saved more money than they cost to implement.

First implemented informally in 2004, the HOPE program is a fairly new innovation in supervision of drug offenders. One of the main concepts behind HOPE is that not every drug offender is in need of drug treatment. Instead, HOPE operates under the principle of deterrence, holding offenders accountable through judicial involvement, frequent drug testing, and the use of swift and certain sanctions to reduce drug use and re-offending. In fact, treatment is only referred if a probationer displays a clear need or asks for a referral. The HOPE program was evaluated as a randomized controlled trial, the gold standard for program evaluations (Hawken & Kleiman, 2009). Overall, HOPE participants were found to have better outcomes than traditional probationers, even including missed probation appointments (down from 14 percent of participants to 4 percent after 3 months).

Although the frequency of jail stays for non-compliance increased for the HOPE group, the actual number of days in jail remained the same as for regular probationers. Perhaps most importantly, HOPE probationers were sentenced to many fewer *prison* days than the comparison group, which creates substantial cost-savings.

While these programs both show positive results, it must be noted that they are promising programs, not evidence-based programs. Both must be further replicated and evaluated before they can be considered evidence-based, and both require large shifts in court and probation cultures to be effectively implemented.

The evidence for prison-based recidivism reduction programs

Educational and vocational training programs and therapeutic communities

Education and vocation programs are two of the oldest prison-based rehabilitation models, with origins going back to the inception of prisons. The goal of these programs has always been to both occupy the individual's time while in prison, and simultaneously provide the individual with the proper skills to become a productive citizen upon release. Education programs have been found to be effective at reducing future offending in numerous studies (Wilson, Gallagher, & MacKenzie, 2000; Batiuk, Lahm, McKeever, Wilcox, & Wilcox, 2005; Gaes, Flanagan, Motiuk, & Stewart, 1999). Programs that employ college-level curricula have consistently produced reductions in recidivism, although basic education and GED programs also are effective at reducing re-offending. It is suggested in research that the high return for college-level education comes from curricula that focus on enhancing critical thinking, values, and promoting constructive inmate behaviors. Participants in educational programming have shown modest gains in employment following release, as well as an increased rate of pursuing more education. Further, vocational programming has shown reductions in recidivism and gains in employment after release (Wilson, Gallagher, & MacKenzie, 2000).

Prison educational and vocational programming is cost-effective. The Washington State Institute for Public Policy (2009) found that vocational education in prison could create cost benefits of around \$20,000 per participant, including savings to victims, taxpayers, and program costs. Similarly, educational programming was found to have a cost-benefit of around \$15,000 per participant.

Therapeutic communities also have proliferated state prison systems with consistently positive findings. Studies have found evidence to support TCs as an effective strategy to reduce drug relapse and subsequent re-offending after release, although some evaluations have shown a bias toward the programs (Gaes, Flanagan, Motiuk, & Stewart, 1999). Other studies have found that TCs are more effective than boot camps, group-therapy-only programs, and other types of correctional treatment

(Pearson & Lipton, 1999). Therapeutic communities have been shown to be effective at reducing recidivism after release, especially if community aftercare treatment is involved (Hiller, Knight, & Simpson, 1999; Olson, Rapp, Powers, & Karr, 2006).

Therapeutic communities in prison also are cost-effective compared to alternatives. The Washington State Institute for Public Policy found that prison-based TCs provided benefits of around \$12,000 per participant, including savings to victims, taxpayers, and marginal program costs.

Resources for recidivism reduction program implementation

General resources

[Washington State Institute for Public Policy Evidence-Based Practices](#)

This document provides information on evidence-based practices as determined from meta-analyses of many different program types. Programs were evaluated based on recidivism reduction and cost-benefits, with all findings placed in tables explaining the average benefits and cost-savings. An updated, but less detailed, version is also [available](#).

[What Works: Effective Recidivism Reduction and Risk-Focused Prevention Programs](#)

A compendium of evidence-based recidivism reduction programs for persistent offenders, as well as prevention programs. This document provides a useful introduction to the concept of evidence-based practices and to what makes a program evidence-based.

[Implementing Evidence-Based Practices in Community Corrections](#)

This document discusses the eight principles of effective evidence-based programming, as well as some definitions for those not familiar with these types of programs. This document is useful for

gaining a quick understanding of evidence-based practices.

[Implementing Evidence-Based Practices in Virginia](#)

A brief outline of principles used by Virginia in implementing evidence-based practices in its community corrections programs. The document provides a cursory discussion of why implementing these practices is important, as well as brief descriptions of implementation in four different sites.

Cognitive behavioral therapy resources

[Moral Reconciliation Therapy](#)

Official website for the CBT program. Provides useful information on different programming options, news and program updates, evaluations, and information on training and program materials.

[Thinking for a Change](#)

Website of the National Institute of Correction's Thinking for a Change (T4C) program, which supports CBT programs nationwide. Some Illinois jurisdictions use the T4C model, including [Lake County](#). The site contains downloadable information, evaluation results, and lesson plans.

[Resource Guide for Existing CBT Services](#)

Describes currently available CBT program types, including MRT, R&R, and T4C. Programs are broken down for age, gender, and couples. Guide also covers programs for primary needs areas, including addressing criminal thinking.

Hawaii Opportunity Probation with Enforcement

[HOPE Program Evaluation](#)

A brief outline of the randomized controlled trial findings from the initial evaluation. The document includes a brief explanation of the HOPE program, as well as the impact on drug use and crime. The more [in-depth evaluation](#) also includes a process

evaluation, which describes the process by which the program was implemented, including challenges that had to be overcome, and successes in effective program implementation.

Prison-based Interventions

[Transitioning from Prison to Community](#)

National Institute of Corrections program designed to reduce recidivism and successfully re-integrate released offenders into their communities. The model has been implemented in eight states, with six more states undergoing training on the model.

[Residential Substance Abuse Treatment for State Prisoners \(RSAT\) Program](#)

Provides a description of the RSAT funding program administered by the Bureau of Justice Assistance.

[The Therapeutic Community Treatment Model](#)

Provides an overview and analysis of the key themes and issues of therapeutic communities.

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