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A Study to Assess Organizational Functioning in the Juvenile Justice System

by Gary Wolf and John Vivian

Introduction

The primary objective of this paper is to demonstrate the efficacy of using the Survey of Organizational Functioning—Criminal Justice (SOF-CJ) instrument in a juvenile setting. Although the SOF has been used with the adult population, this is the first study that has examined the adaptation of SOF-CJ to the juvenile environment.

The SOF-CJ is a comprehensive data collection instrument that can be used to assess agency functioning. Motivational factors include program needs, training, needs, and pressures for change; program resources are evaluated with regard to office facilities, staffing, training, equipment, and the Internet. Organizational dynamics include scales on staff attributes (growth, efficacy, influence, adaptability) and climate (mission, cohesion, autonomy, communication, stress,

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Enhancing Treatment Readiness: The Role of the Assessment Center in Prisoner Reentry

by Scott L. Cone

Introduction

There is increased recognition that an offender's movement from prison to the community is most effectively accomplished as a step-down process in a structured, supportive environment (Federal Bureau of Prisons, 2000; Simpson et al., 1999). The specific nature of this process varies depending on the level of the offender's risk and treatment needs. As an initial step in this process, assessment and treatment centers (ATC) serve to inform custody officials about an offender's level of risk and treatment needs so that he or she will be assigned to the appropriate community release program. These centers are also designed to introduce offenders to, and increase their readiness for, the treatment process. The purpose of the present study is to evaluate the effectiveness of Talbot Hall, an ATC in New Jersey owned by Community Education Centers (CEC), in accomplishing this initial treatment step of preparing residents to engage in the therapeutic reentry process.

Talbot Hall is a residential community release program that partners with the New Jersey Department of Corrections (NJDOC) to assist prisoners as they reen-

ter the community. The primary functions of Talbot are to conduct a comprehensive assessment and to introduce the offender to a treatment program within a therapeutic environment. In New Jersey, all offenders who transition into a community release program from the prison system must first move through an ATC.

The CEC Treatment Model

Outcome research on the treatment model used at CEC has demonstrated improved treatment effects in comparison with a control group (Fretz et al., 2004). Fretz and colleagues compared CEC residents who completed a 60- to 90-day stay at the ATC and then continued to receive intensive services at a CEC community work-release program with a control group from the NJDOC.

The CEC group was less likely to recidivate than was the control group. Whether the preparatory nature of the ATC contributed to the lower recidivism rates was not examined. To compliment CEC outcome research, the present therapeutic-process study focuses on expanding our knowledge about this crucial, initial point in the treatment continuum.

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The CEC treatment model functions along a continuum of care in which the treatment services are tailored to the resident's readiness to change (cf. De Leon, 1996; Prochaska et al., 1992; Simpson & Joe, 1993). For residents at the preliminary step in the change process, the treatment approach is focused on raising their awareness about the assistance they need to change their criminal attitudes and behaviors. If the treatment approach at the ATC is successful, residents who initially report no behavioral problems at intake should report an increased need for treatment.

Motivation and Treatment Success

High attrition rates in drug and alcohol treatment programs are well documented (Connors et al., 2002; Simpson et al., 1997). Treatment participants who report high levels of treatment motivation remain engaged in the therapeutic process longer (Miller, 1985), and duration of substance abuse treatment has been associated with positive treatment outcomes (De Leon, 1989). Similarly, residents who report a low desire for help are significantly more likely to drop out of treatment (Simpson & Joe, 1993). This research points to the importance of addressing the motivation issue early in the continuum of treatment services.

Residents' behavior change has been described as reflecting movement through three sequential cognitive stages (Simpson & Joe, 1993; Simpson et al., 2004):

- The most basic level reflects an acknowledgment that the individual's drug use or criminal behavior is creating significant problems in his or her life.
- The next stage reflects awareness that change from this behavior pattern is needed and desired.
- The final step focuses on a readiness for treatment and a commitment to take steps to change.

With this sequential cognitive model in mind, the need to establish rapport and promote resident engagement is especially relevant at the ATC. To this end, and in accordance with the CEC treatment model, counselors at the ATC adopt a motivational interviewing style with residents (Miller & Rollnick, 2002). Counselors who engage clients in a confrontational manner tend to be less effective than counselors who are more empathic (Miller & Wilbourne, 2002). Similarly, counselors in residential settings that are supportive have been associated with greater treatment participation, higher ratings of self-confidence, and a reduction in symptoms (Moos, 2003; Stein et al., 2006). The goal in the present study is to examine the impact of the ATC on the residents' desire for treatment services.

In applied settings, low client motivation continues to be identified as a key attribute of program failure despite efforts by researchers to put more of the onus of motivational enhancement on the treatment providers (Miller, 1985). The view of motivation as a client trait has been challenged by Miller as

analogous to the archaic morality models that assert the client is to blame for insufficient will power. Therapist characteristics—specifically, expressed hostility, expectancy of positive treatment outcomes, and empathy—are contributing factors to client motivation. According to Miller, motivation is better conceptualized as a dynamic variable that occurs in an interpersonal process and predicts recovery-oriented behaviors by the client. As such, measures of the client's evaluation of treatment have particular relevance as an indicator of treatment engagement and of whether the intervention may increase the probability of positive treatment outcomes.

The Program at Talbot Hall

For many of the residents coming to Talbot Hall, this is their initial experience in a therapeutic program designed to address their substance abuse or criminal thinking and behavior. Although all the residents have agreed to enter community release, this typically reflects a desire to enter a work program and not necessarily an interest in treatment.

Of interest in the present study is an examination of the potential effectiveness of Talbot Hall to enhance treatment motivation in those residents who enter the treatment continuum most resistant to the process of change. Residents who report minimal problems associated with their drug use and criminal behavior at intake will be identified as those who are most resistant to change. It is hypothesized that those residents identified as most resistant to change

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will report an increased desire for help with the problems associated with their criminal behavior following treatment at Talbot Hall.

Study Method

Study Participants. The residents at Talbot Hall are male inmates under the jurisdiction of the NJDOC who are within 18 months (12 months for violent offenders) of their parole eligibility date and who have been granted full minimum custody status. The racial/ethnic breakdown of the Talbot Hall residents is African American (72%), Hispanic (15%), and Caucasian (13%). Residents' ages range from 19 to 65 with a mean of 34. The Talbot Hall program is designed for a 60- to 90-day stay, with the average in the current sample of 67 days.

Measurement and Procedure. Within the first week of their arrival at Talbot Hall, residents complete the criminal justice version of the Client Evaluation of Self and Treatment at Intake (CJ CEST-Intake) as a component of the assessment protocol and as an aid to the counselor responsible for treatment planning. A second, post-treatment version of the instrument (CJ CEST) is administered approximately one week prior to the residents' departure. These instruments are available from the Institute of Behavioral Research at Texas Christian University (Knight, 2005). Both versions include normative data from a criminal justice population with established reliability and validity (Garner et al., 2007), and both include the domains of Treatment Readiness/Motivation, Psychological Functioning, and Social Functioning. The CJ CEST also includes the domain of Treatment Progress as an indicator of treatment engagement.

The CJ CEST scales are measured using a five-point Likert scale where 1 = disagree strongly, 2 = disagree, 3 = uncertain, 4 = agree, and 5 = agree strongly. An arithmetic mean for the scores that constitute each category is calculated and multiplied by 10 for a scale range from 10 to 50. Scores below 30 reflect a sense of disagreement with the construct being measured, and scores above 30 reflect an endorsement.

The CJ CEST instruments are focused specifically on the treatment issue of substance abuse. Given that the treatment focus at Talbot Hall is on the broader issues of criminal attitudes and behaviors, which often coincide with substance abuse issues, the term "drug use" was replaced with the term "criminality" in both instruments. This change did not adversely affect the scale's reliability.

A minimal, yet desirable, increase is noted in the coefficient alpha for the current sample for the Desire for Help scale (0.73 as compared to 0.67 in the normative sample).

Consistent with the research results of Simpson and Joe (1993), the focus in the present study is on the first two stages of change: Problem Recognition and Desire for Help. The Problem Recognition scale is on the intake version only of the CJ CEST and comprises nine items related to problems experienced by the resident as a result of his or her criminal behavior. Higher scores reflect a greater awareness of life difficulties created by one's criminal behavior. The Desire for Help scale addresses the resident's awareness of his intrinsic need for change and an interest in getting help.

Study Results

From January to April 2007, pre- and post-scores using the CJ CEST-Intake and CJ CEST, respectively, were gathered from 730 Talbot Hall residents. The sample was separated into three levels of treatment motivation at intake (low, medium, and high) based upon residents' responses to the Problem Recognition questions. Mean scores from the Desire for Help scale for residents at each level of treatment motivation are presented in Table 1. As would be expected, the increase in the Desire for Help at intake scores corresponds to the three levels of treatment motivation based on the Problem Recognition scores.

Of particular interest in this study is the change in Desire for Help scores for residents in the low treatment motivation group. A statistically significant increase was observed

Table 1: Desire for Help Pre- and Post-Scores

	CJ CEST-Intake	CJ CEST
Low (n = 224)	29.25	34.03
Medium (n = 255)	34.95	35.81
High (n = 251)	40.46	38.80

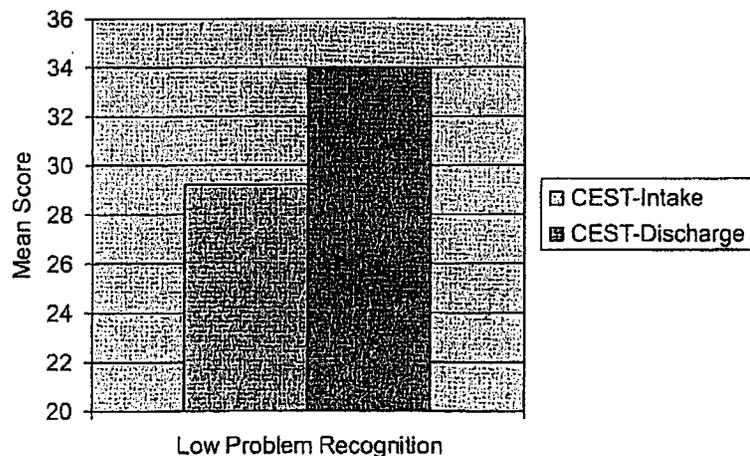
on the Desire for Help scale for residents who scored lowest on Problem Recognition at intake, $t(223) = 11.12, p < 0.001$. This increase is also clinically significant in that it was substantial in size and moved from a negative endorsement of the items (i.e., below 30) to a positive endorsement (i.e., above 30). Results are presented graphically in Figure 1.

Increasing the Desire for Help

As an initial step in the offender reentry process, an ATC is designed to conduct a comprehensive risk and needs assessment while also promoting treatment engagement in residents. The CEC treatment model tailors reentry programming to a resident's stage of change and concomitant level of motivation. Of particular importance in the ATC is the ability to increase treatment engagement in those residents who entered the process with a low level of motivation. As hypothesized, residents with the lowest level of motivation at the onset of treatment demonstrated statistically and clinically

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Figure 1: Desire for Help



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significant gains as measured by the Desire for Help scale of the CJ CEST.

Previous research using the CJ CEST has found the Desire for Help scale to be predictive of clients dropping out from treatment (Simpson & Joe, 1993). According to that research, an increase in the Desire for Help scale reflects a cognitive shift in the client's thinking about change.

Data from the present study suggest that residents who failed to acknowledge that their criminal behavior has created significant problems in their lives at the onset of treatment experienced a shift toward an increased awareness that change from their criminal behavior pattern is needed and desired. Residents who enter the ATC with

Looking Forward

One limitation in the present study involves the inclusion of only one ATC, thereby reducing the generalizability of the findings to other ATCs. If the observed treatment gains are attributable to the application of the CEC treatment model to offenders in an ATC, and not unique to Talbot Hall, the results should be reproducible at other locations. A replication of the present study with the inclusion of additional ATCs would address this issue.

The present study supports the hypothesis that the ATC has the therapeutic benefit of increasing treatment motivation in those residents who begin the reentry process with minimal recognition that a lifestyle change is needed. A component of the CEC treatment model includes motivational interviewing with the purpose of increasing

The CEC treatment model is effective in promoting a healthy desire to change in those offenders who enter the program with minimal recognition that their criminal lifestyle is problematic.

the lowest scores of treatment motivation are least likely to engage in the therapeutic process and thus most vulnerable to continuing a criminal and substance abusing lifestyle. Residents who fail to recognize the problems created by their criminal lifestyles are not likely to benefit from the therapeutic services that are being offered. The data presented in this study suggest that the CEC treatment model is effective in promoting a healthy desire to change in those offenders who enter the program with minimal recognition that their criminal lifestyle is problematic.

These results support the use of the ATC as an important first step in the offender reentry process. While the benefits of the assessment completed at the ATC have been previously argued (e.g., Andrews et al., 2006), the treatment benefits of this process have not been equally emphasized. The literature is replete with warnings related to poor outcomes for the unengaged client and the associated need to develop interventions designed to enhance treatment motivation (Connors et al., 2002; De Leon, 1989; Miller, 1985). The present study adds to the correctional reentry literature base regarding the effectiveness of an ATC as an important first step in improving residents' engagement in the treatment process.

residents' intrinsic motivation for change. The study results provide evidence that the treatment staff at this ATC are successfully adhering to the CEC treatment model as it relates to increasing intrinsic motivation and the associated evidence-based principle it embodies.

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