

# Research in Review

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## **Special Focus on *Inmate Motivation for Treatment***

The second issue of Volume 5 of *Research in Review* features a special briefing paper on inmate motivation for treatment, as well as reviews of two treatment-related articles. The briefing paper was prepared by Meredith A. Mannal, a Pennsylvania Management Associate (PMA) who had recently done a rotation in the DOC Division of Planning, Research, Statistics and Grants. The article reviews were prepared by Kristofer “Bret” Bucklen, also a PMA who has done several rotations in this office and who is a previous contributor to RIR. We at RIR thank Meredith and Bret for their important contributions to this issue.

The briefing paper, *Motivation and Treatment Outcomes*, was completed in response to requests for a piece that would explore the role that motivation plays in the inmate treatment process. Motivation is a large, complex topic about which volumes have been written in the psychological, human services and management literature. Treatment programs have traditionally seen internal motivation as an important prerequisite to changing dysfunctional behavior. More recently, other research studies have begun to document that even when treatment is imposed upon resistant criminal offenders, positive outcomes can be found. This briefing paper discusses the role that motivation plays in the treatment process and reviews some of the more recent research on coerced versus self-directed treatment.

The two article reviews that follow this briefing paper focus on inmate work programs and on the broader context of institutional programming. Carefully targeted inmate work programs are found to have some impact on reducing recidivism, and institutional programming is discussed as a means of maintaining a degree of civil order within the prison setting.

Upcoming issues of RIR will include briefing papers on juvenile transfers to adult corrections, prison work programs and victims issues. We at RIR hope that you find these papers to be informative, practical and relevant to your work in corrections.

## MOTIVATION AND TREATMENT OUTCOMES

By

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In recent years, treatment providers and researchers have more closely explored the relationship between motivation and treatment outcomes. In other words, must one (especially a criminal offender) be internally motivated to make lasting changes to one's behavior? Can "deep change" be brought about even in a recalcitrant subject? Can change be compelled? While there is growing evidence that positive change can result from coerced treatment (see for example Farabee, et al., 1998; Hiller, et al., 1998), there is far from a firm consensus on these questions. Much of the research literature available deals with motivation in substance abuse treatment and the different factors that influence motivation and change in such settings.

Current research suggests that motivation is a key element in treatment and recovery and influences a client's progression through stages of change, from considering change, to making the decision to change, to following the planned action into sustainable recovery. Both internal and external factors and incentives must be considered. Research and treatment initiatives reflect an increased focus on the role of motivation in alcoholism treatment (DiClemente et al., 1999).

Motivation to enter drug treatment is found to be an important predictor of treatment-seeking behavior as well as treatment retention and success (DeLeon, et al., 1997; Joe, et al., 1998; Riehm, et al., 2000; Simpson & Joe, 1993). Both intrinsic pressures, such as a desire to live a drug-free life and external pressures, including involvement in the criminal justice system or employment problems, can influence an individual's motivation for treatment.

Motivation should be considered an important first step toward any action or change in behavior. Until recently, many alcohol treatment professionals used this approach when treating alcoholic patients on the premise that treatment was useless if the patient was not self-motivated. However, during the past several years researchers and clinicians have shown increased interest in the concept of motivation and the role that motivation plays in recovery from alcohol and other drug problems.

The evolution of drug courts has provided a new avenue of inquiry into the issue of motivation in treatment, while simultaneously muddying the waters a bit. There is a substantial body of evidence that indicates that time-in-treatment is a positively related to successful treatment outcome (Simpson & Knight, 2001). Further, there is also evidence that individuals who voluntarily enter treatment (and who presumably are internally motivated) actually spend less time in treatment and have higher drop out rates than individuals who have been compelled to accept treatment, as in the case with drug courts. Ongoing evaluations of drug courts have begun to find that the coercive treatment model employed in these courts can produce positive outcomes in terms of time in treatment, retention, relapse and recidivism (Satel, 2001). While the relationship between coercion

and internal motivation remains to be more fully explored (presumably, an individual who is compelled into treatment can at the same time be internally motivated to change), it seems that successful outcomes can be produced both from self-directed and compelled treatment experiences.

To the extent that internal motivation is a desired thing in treatment programs, assessment of same presents a significant challenge. External influences and pressures, as well as internal thoughts and feelings, contribute to a person's motivation both to consider and implement a change in behavior (Cunningham, et al. 1994). The desirability of internal motivators presents a challenge to treatment providers in shifting an individual's motivation from external to internal incentives.

Stewart and Milison (1995) report that a recently developed instrument allows case workers to assess the level and type of offender motivation and to recommend appropriate intervention (Townson, 1994). Motivation for treatment is an important and significant responsivity factor in correctional facilities in Canada. Responsivity refers to variables that influence how an individual receives treatment. These include intelligence, mental health status and educational level, among many others. Simple motivation ratings were significantly related to conditional release outcome for all seven-need domains in the Community Offender Management Strategy developed by the Correctional Service of Canada. High-need offenders with poor motivation had the poorest conditional release outcomes (Stewart & Milison, 1995). Despite empirical support for motivation as a responsivity factor, the relationship between motivation for treatment and conditional release outcome is not as strong as the relationship between risk and need ratings and outcome. As such, motivation in treatment should be considered as just one component of a thorough assessment of offenders.

While there are no specific guidelines for what motivates people to seek and continue with treatment, there are some common key indicators. Recent research suggests that there are three primary reasons why individuals might enter into treatment (Karageorge, 2001): **personal, legal, and employer mandated**. In a study of 236 adolescents (ages 13-17), 59 percent sought treatment for legal reasons, 38 percent for personal reasons and 3 percent because of an employer mandate. A sample of 651 young adults (ages 18 through 24) reported their motivation in treatment is as follows: legal reasons (48 percent), personal reasons (38 percent) and employer mandate (3 percent). Of the 3,524 adults (ages 25 and older) sampled, 31 percent stated legal reasons as motivation, 3 percent personal reasons, and 2 percent employer mandated.

This analysis shows that motivation is in part a function of age, and changes over time. Legal reasons seem to be the primary motivators for treatment in all age brackets. Also, the substances for which treatment is sought changes as the age increases. For example, while marijuana and illegal drugs had higher percentages among adolescents and young adults, alcohol had the highest treatment percentage for the adults sampled.

**Interpersonal relationships** also factor into the relation to motivation for treatment. Researchers have begun to identify the importance of social support and interpersonal factors as motivators for and/or barriers against treatment. Some studies have found that these factors may

differ from men to women. Men are more likely to report family pressure and spousal opposition to drug use as reasons for entering treatment whereas women tend to receive less support from their partners for entering treatment (Beckman & Amaro, 1986). Women are often introduced to drugs by male companions and may encounter a substance-abusing partner's direct or indirect opposition to recovery efforts (Higgins, et al., 1994; McCollum & Trepper, 1995). In some cases, opposition to a women seeking drug treatment may include intimidation and threats (Amaro & Hardy-Fanta, 1995).

Studies of addiction and career patterns of women and men have found that while men tend to enter treatment after a period of isolation from significant social networks, women who enter treatment tend to be in contact more with family (John, 1987). Also, women more often than men cite marital instability and family problems as reasons for drinking and treatment acceptance.

While women who enter drug treatment are more likely to be involved in relationships, often with drug abusers, and are more likely to cite problems in those areas as reasons for treatment entry, they are less likely to receive encouragement and support from their partners and family to seek treatment. Since many women have drug-abusing partners (many of whom may not wish to go to treatment), economic dependence may be a particularly important treatment barrier for this group. In addition, economically dependent women may lack necessary resources to attend treatment, such as transportation, health care benefits, or childcare (resources may also be considered a responsivity factor). For men, several demographic variables – age, education, and ethnicity – are important predictors of high motivation, while the partner variables are much less important. As mentioned previously, for women, partner variables are associated with motivation for treatment. However, in both cases, partner economic support is an important factor for both men and women (Riehm et al., 2000).

Overall, Riehm et al. (2000) reported that partner-related variables are much more strongly and significantly associated with motivation among women than with men. This is indicative of greater partner influence from male partners on women than influence of women on men. For many women, an intimate partner is a barrier against successful drug treatment if the partner uses drugs and does not support treatment participation.

From the work of Riehm et al. (2000), it is clear that intimate partner relationships can have a significant impact on motivation in treatment. Whereas economic support is an important consideration for both men and women, there is greater negative influence of drug-using male counterparts in motivation for women than there is for influence of women on men.

Treatment of **sex offenders** tends to be much more challenging than treatment of substance abusers. Sex offenders tend to be extremely anxious, scared, shameful, distrustful of others, and have utilized negative manipulation for a number of years (Rosenberg & Associates, 2000). Therapists must be strong, knowledgeable, trusting and reliable in dealing with sex offenders.

Another important aspect to be looked at when considering motivation in the treatment of a sex offender is denial. Denial is usually regarded as the main impediment to successful therapy, and

as a consequence, many treatment programs exclude offenders who perpetually deny their offenses. The offender often concludes that there is no reason for him to enter treatment. Even if an offender admits to an offense, he/she is most likely to pervert the truth by minimizing the frequency, severity and variety of his/her criminal sexual behavior (Barbaree, 1999).

There is considerable debate over the treatability of sex offenders who deny their offenses (Hanson & Bussiere, 1998). Many programs will not accept persons who deny their offense. However, many eventually admit to their offenses, and even those who do not admit to their offenses – if treated correctly – can learn techniques and gain insights which can prevent re-offense.

Denial is an important issue to be addressed in any therapy (e.g. sex offender, alcohol and other drug, etc.) and worked on repeatedly throughout the course of therapy. Considerable controversy exists within the sex offender clinician community as to whether or not total deniers are treatable. A vast majority of programs treat offenders who admit at least a portion of their offenses, yet may deny other parts or deny in other ways. This is contrasted with those who deny on a lesser level. While total denial of any offense creates serious problems within therapy, many do eventually admit. Some offenders have gone two or more years in treatment before taking responsibility for their actions.

It is pertinent to look at two factors: why do they deny and why should we treat them? Sex offenders may deny because their self-esteem is particularly weak and the offense is very disturbing to their self-concept. Denial may of course also be linked to a desire to avoid detection and punishment. Some researchers believe that all offenders should be treated, regardless of level of motivation or presence of denial. The rationale is: 1) Anyone can benefit from treatment, applying it to other situations in their lives; 2) If they are guilty, they can still benefit from all of the treatment modalities presented; 3) They may admit to their crime later; and, 4) Offenders who work at treatment become healthier people, and may be less likely to reoffend.

In reviewing the literature, there is a clear distinction between motivation in treatment related to substance abuse and motivation in treatment for sex offenders. The key difference is the degree to which sex offenders deny their offense, whether it be total denial or partial denial. Some sex offenders may deny their actions for years. This is problematic because, in the United States, those sex offenders who deny their offenses are most times discontinued from treatment which, in effect, increases the chance of re-offense.

Overall, external factors such as legal pressure to accept treatment, interpersonal factors such as spousal relations and internal factors such as self-esteem, self-worth, and self-concept seem to be prevalent explanation for motivation in treatment, whether substance abuse or sexual offense. The debate over motivation in the literature would seem to suggest that motivation is just one factor in treatment and is not necessarily the overriding concern when discussing the treatment of addicted offenders. As mentioned throughout this summary, it has been found that those who are not motivated for treatment or deny their offenses may in time take responsibility for their actions and become rehabilitated.

In summary, while motivation is an important part of treatment, other factors should also be examined. A closer look at motivation, treatment methods and treatment providers is warranted to see if there may be a connection to more successful rehabilitation. Additional research is necessary into the outcomes for those offenders who do not demonstrate a motivation for treatment, but receive treatment despite this reluctance. Success rates of such treatment should be observed and compared to those who display motivation in treatment. The results would shed much light on the role that motivation plays in the success of the treatment process.

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Christopher Uggen and Jeremy Staff. 2001. "Work as a Turning Point for Criminal Offenders."

Several trends in criminal justice have renewed interest in the role of employment programs in offender reintegration and rehabilitation. First, the U.S. prison populations and annual numbers of releases remain high, despite a recent leveling off in growth rates. Second, according to a recent report by the Bureau of Justice Statistics, recidivism rates appear to have risen in recent years, especially for parole violations. Finally, the robust economy of the 1990's led to new prison job fairs and corporate recruitment of offenders. This article examines the extent to which employment and job training initiatives, both within prison and outside of prison, have an effect on reducing recidivism and criminal activity.

Almost all classical criminological theories include the notion that employment plays a role in reducing crime and recidivism and in sustaining pro-social behavior. Previous research suggests that work does indeed serve as a turning point towards a more conventional lifestyle, especially for older ex-offenders. The authors of this article discover, however, that the effects of work are often modest and limited to certain sub-groups of offenders. For example, older ex-offenders are more responsive to short-term post-release employment programs such as subsidized job placement. Younger offenders, on the other hand, are more responsive to long-term residential programs such as Job Corps that emphasize vocational training and education.

The authors also find some evidence to suggest that the quality of work may have some effect on reducing recidivism. In several studies, ex-offenders who obtained high-quality jobs (eg. skilled craft work) were less likely to be rearrested than those who obtained poor-quality jobs (eg. food service). This may be related to the role that jobs play not only in providing economic resources, but in defining one's social status. Surprisingly however, preliminary evidence suggests that higher-quality jobs for younger ex-offenders may actually lead to an increase in criminal activity and substance abuse. The authors suggest that this may be a result of a young ex-offender's lack of maturity to handle the relative freedom and responsibility associated with a higher-quality job. Previous research in this area is scattered and should be taken with some degree of caution, though.

This article specifically examines the effect of employment on re-integrating offenders with alcohol and other drug (AOD) problems. An evaluation of the National Supported Work Demonstration Project reveals that ex-offenders with AOD problems who received subsidized job placement upon release were more likely to reduce general criminal activity but were not more likely to reduce drug and alcohol use. Other research suggests that prison-based drug treatment programs such as Therapeutic Communities (TCs) are more successful than employment programs in reducing post-release drug and alcohol use. The authors suggest that a combination of intensive drug treatment followed by work release programs may be a promising approach. The Key-Crest program in the Delaware correctional system is an example of such an approach.

The authors conclude by posing four key questions that remain unanswered and must be addressed by any future research attempting to investigate the relationship between employment and

reduction in recidivism. First, what are the long-term results of employment or employability programs 10, 20, or 30 years after release? In other words, is employment a true turning point or a short-term fix? Second, are ex-offenders better off working among other ex-offenders or with non-offenders? Working with other ex-offenders may provide peer support that would strengthen the effects of employment on reduced criminal activity. Conversely, failure by one offender may drag others down. Third, how do family support programs and other informal social controls interact with employment programs? Preliminary research suggests that employment programs are more effective among inmates who maintain positive family connections. Finally, what features of employment and training programs are most attractive to offenders? Future process evaluations of employment programs need to identify the components that will maximize participation rates and program effectiveness, in order to control for interaction effects between various types of programming (how do multiple programs or components combine to produce effects?). While extensive research has been conducted on the isolated effects of various types of programs, insufficient attention has been given to the interaction effects of these programs.

This article provides a well-written summary of recent research on the relationship between employment and crime. The authors clearly demonstrate that moderate-to-high-quality post-release employment is promising for reducing recidivism among older offenders. Unfortunately, existing initiatives have been less successful in reducing recidivism among younger offenders. Further study of young offenders in the correctional population is needed.

Peter M. Carlson. 2001. "Something to Lose: A Balanced and Reality-Based Rationale for Institutional Programming." *Corrections Management Quarterly*, 5(4), 25-31.

Peter Carlson argues that America's current philosophical approach to corrections is a conservative, "get-tough" attitude that is leading to an abolishment of worthwhile institutional work and self-improvement programs. According to Carlson, institutional programs allow inmates to build up "social capital" as a result of positive outcomes in their lives and that this diminishes the likelihood of further law violations. The article goes on to propose that it does not necessarily matter whether "rehabilitation" truly takes place within an inmate's life but only that an inmate does not misbehave, regardless of the reason. Administrators and policy-makers must seek a practical and balanced approach to corrections that will allow an inmate the opportunity to "gain something to lose" by not complying. Offenders, often driven by a more immediate self-gratification adaptation of the pleasure pursuit principle that motivates virtually all human beings, will demonstrate compliant behavior when enough "social capital" is accrued. Carlson suggests that institutional programming is not the antithesis of a punitive approach to corrections but instead will ultimately lead to a "win-win" situation for all constituents (staff, inmates, and society).

Empirical evidence implies that four types of institutional programming reduce recidivism and institutional disciplinary problems: education, vocational/apprenticeship training, substance

abuse treatment, and work assignments. Three studies provide evidence for the success of educational programs. In one study conducted by the Federal Bureau of Prisons, the recidivism rate for those who completed no educational courses during their prison term was 44.5 percent. The recidivism rate for those who completed at least half of a course during every six months of their prison term dropped to 30.1 percent. In another study by the Correctional Service of Canada involving 1,736 offenders, the recidivism rate dropped from 41.6 percent of those who dropped out of Adult Basic Education (ABE) before reaching the eighth grade level to 30.1 percent of those who completed the ABE program. A Texas study also found that the recidivism rate was 20 percent lower for those who completed both a GED certificate and vocational trade training than for those who did not attain either. Furthermore, a two-year follow-up revealed that the return-to-custody rate for those who received an associate degree was 13.7 percent compared to 5.6 percent of those who received a baccalaureate and 0 percent of those who received a masters. Some would discount this finding, however, by claiming that offenders who participate in higher education are already part of an “elite” group of offenders who would succeed apart from education.

Similar support exists for vocational and apprenticeship training programs. A longitudinal study conducted by the Federal Bureau of Prisons of more than 7,000 ex-prisoners released between 1983 and 1987, compared a control group of offenders who received no vocational or apprenticeship training to a group of offenders who received some sort of vocational or apprenticeship training. In each of the 12 months after release, ex-prisoners who had received some sort of training were more likely to be employed than ex-prisoners who had received no training. Furthermore, those who had received vocational/apprenticeship training were less likely to be recommitted to prison as much as 8 to 12 years after their release.

Substance abuse treatment programs within prisons have also been found to be effective in reducing post-release recidivism rates. The National Institute on Drug Abuse conducted research on the outcomes of federal prison therapeutic communities (TCs) and found that male inmates who completed a TC program were 16 percent less likely than male inmates who received no such treatment to be rearrested or have their post-release supervision revoked. In addition, the study revealed a 15 percent reduction in drug use for those male inmates who completed a TC program.

Finally, this article argues that institutional work assignments bring order and stability to a prison environment by reducing an inmate’s idle time and providing the inmate with a sense of accomplishment and self-worth. Furthermore, revenue from prison industries can save taxpayers money and can be applied to court-ordered victim restitution or child support. A study by the Federal Bureau of Prisons found that 6.6 percent of inmates who had been employed by Federal Prison Industries returned to custody within a year whereas 10.1 percent of inmates who were not employed returned within a year. A study by the Ohio Department of Rehabilitation and Corrections found similar results.

This article concludes with a plea for a more balanced approach to corrections that strays away from increasingly punitive measures and emphasizes institutional programming. While few

would argue with the conclusion that institutional programming is worthwhile, many of Carlson's other assumptions in this article are driven by rhetoric and personal opinion. Many would disagree that corrections is becoming increasingly conservative. Those who would disagree would point out that "reentry" initiatives are at the forefront of current criminal justice trends and that correctional administrators are not abolishing institutional programming but increasingly creating and implementing institutional programming geared towards reentry.