

# Treatment responsiveness, intervention, and reintegration: A conceptual model

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**T**his article highlights the constructs relevant to treatment responsiveness<sup>2</sup> and incorporates them into a risk management strategy for offender reintegration. In this context, treatment responsiveness is a composite of treatment readiness and performance, and is defined as factors that affect intervention.<sup>3</sup> Effective intervention will reduce risk and increase the probability of successful reintegration.<sup>4</sup> In this article, “reintegration” covers transfers to reduced security as well as discretionary release to the community. Successful involvement in programs is one indicator that an offender is likely to reintegrate successfully.<sup>5</sup>

The proposed model emphasizes systematic risk/needs assessment<sup>6</sup> to determine an offender’s treatment requirements, including the appropriate intensity of treatment. This information anchors an offender’s overall risk management strategy by giving correctional staff specific targets to consider for interventions, and by indicating the best setting for program delivery. Generally, programs should be provided early in an offender’s sentence to ensure timely case preparation. The order of program delivery also probably influences the offender’s response to treatment.

Structured assessments of treatment readiness and performance can provide a composite index of successful intervention. Further, treatment performance provides an intermediate measure of success that is critical to the effective management of offenders through their sentence. How these intermediate measures relate to successful release remains to be demonstrated, however.

## Background

**A**lthough increasing evidence indicates that appropriate correctional intervention reduces recidivism,<sup>7</sup> a standardized method for incorporating treatment information into estimates of reintegration potential is currently unavailable. Without such a strategy, correctional staff are compelled to speculate about the efficacy of intervention for an individual offender, and his or her suitability for reintegration — a situation that could increase decision errors. The goal of corrections is to minimize decision errors, and effective intervention is considered an important method of increasing release potential.

The principles of effective correctional programming are well articulated<sup>8</sup> and will not be repeated here. Accreditation reviews will assess how well programs reflect these principles. The proposed model assumes that, if they are to produce effective interventions, programs must reflect these principles.<sup>9</sup>

Offenders vary with respect to their treatment needs and motivation; therefore, their responses to intervention vary, and it is not clear how their treatment performance might be integrated into release decisions. Development of a structured assessment method would be an important start, but staff would still need a comprehensive model to follow. Because the utility of treatment<sup>10</sup> and the validity of clinical decision making are increasingly debated,<sup>11</sup> the Research Branch has developed specific measures of treatment readiness and treatment performance.<sup>12</sup>

This article describes a strategy for integrating treatment information into risk management strategies. The effectiveness of such a model will influence the reintegration of offenders referred for correctional intervention. The model is being presented now to stimulate interest in its validation and/or the development of alternative strategies.

## Description

The essential components of the model are: pretreatment appraisals of risk and need, assessment of treatment readiness or motivation, and assessment of treatment participation and gain. The latter two components are combined to reflect treatment responsiveness.<sup>13</sup> Risk appraisals should indicate both the individual offender’s criminogenic factors and the group variables associated with risk recidivism. Although individual criminogenic needs tend to be dynamic, actuarial scales often concentrate on static factors,<sup>14</sup> and actuarial or statistical estimates of likelihood of reoffending are preferred as the basis of a risk appraisal. However, it is not

clearly understood that actuarial scales can provide cutoffs that help users identify the decision errors for different types of outcome for different scores.<sup>15</sup>

Prochaska and colleagues describe the construct of treatment readiness.<sup>16</sup> Miller<sup>17</sup> also discusses the importance of motivation on treatment effectiveness in his work on motivational interviewing.<sup>18</sup> Treatment readiness in offenders has been best studied with respect to substance abuse.<sup>19</sup> This work is promising, but has yet to produce reliable, valid self-report measures of treatment readiness that apply to offenders. Other research suggests that structured clinical ratings using behavioural referents might address difficulties of social desirability inherent in such assessments.<sup>20</sup> Motivation, then, is an important construct in considering how an offender will respond to treatment. Clinically, this has translated into efforts to enhance treatment engagement and therapeutic affiliation in a variety of resistant populations.<sup>21</sup>

Specific aspects of treatment gain have been demonstrated to be important in determining outcomes for sex offenders<sup>22</sup> and substance abusers.<sup>23</sup> Recent studies indicate that structured assessments of treatment participation and gain may add to what can be done in pretreatment risk appraisals to predict reoffence.<sup>24</sup> Given the need for this work to be readily testable and operationally relevant, a somewhat restricted definition of treatment responsivity has been proposed in this model.<sup>25</sup> The combination of treatment readiness (motivation and participation) and performance (behaviour measures of treatment participation and gains) are summed to reflect treatment responsivity.

This work by the Research Branch is intended to provide treatment staff with behaviourally based guidelines for evaluating the effectiveness of specific interventions. These measures are being piloted and are likely to be introduced to clinicians and program delivery staff for operational use.

### Decision rules

The next step is to provide explicit guidelines to integrate risk assessment and treatment measures so that reintegration potential can be

determined accurately. Without such guidelines, the potential for judgment error is great.

Research supports linking treatment intensity with pretreatment risk and need appraisals<sup>26</sup> — more intensive intervention should be reserved for higher-need, higher-risk offenders. This aspect of intervention is not reflected in the current model, partly because few hierarchical programs are available. The model was developed to be used with core programs (i.e., living skills and substance abuse) for which the particular intervention is reflected in the Correctional Treatment Plan and the identified criminogenic needs. To some extent, risk is currently addressed by the offender's security level where intervention is provided.

Once an offender is referred to a correctional treatment program, he or she is interviewed for admission. If admitted, treatment staff assess the offender's readiness for treatment (see Table 1 for the items represented in treatment readiness measures). The present model reflects overall ratings of low, moderate or high treatment readiness. Similarly, treatment performance (see Table 2) can be assessed as low, moderate or high.

Table 1

#### Indices for Treatment Readiness

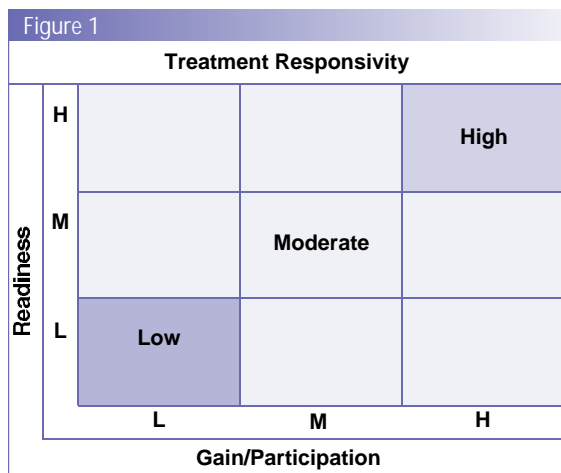
- |                            |                          |
|----------------------------|--------------------------|
| 1. Problem recognition     | 7. Views about treatment |
| 2. Goal setting            | 8. Self-efficacy         |
| 3. Motivation              | 9. Dissonance            |
| 4. Self-appraisal          | 10. External supports    |
| 5. Expectations            | 11. Affective component  |
| 6. Behavioural consistency |                          |

Table 2

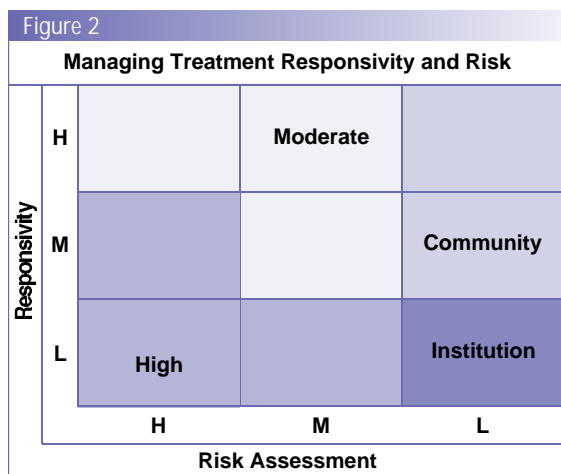
#### Indices for Treatment Performance

- |                                 |                                      |
|---------------------------------|--------------------------------------|
| 1. Knowledge of program content | 9. Insight                           |
| 2. Skills acquisition           | 10. Attendance                       |
| 3. Disclosure                   | 11. Disruptiveness                   |
| 4. Confidence                   | 12. Appropriateness                  |
| 5. Knowledge application        | 13. Depth of emotional understanding |
| 6. Skills application           | 14. Participation                    |
| 7. Understanding of criminality |                                      |
| 8. Motivation                   |                                      |

Figure 1 presents a conservative model of treatment responsiveness. For instance, low readings and low performance combine to indicate an overall rating of poor responsiveness. High readiness and high performance combine to indicate high responsiveness. Any other combinations yield an overall rating of moderate to ensure a judicious assessment of responsiveness.



Treatment responsiveness and risk appraisals are combined to arrive at the offender's reintegration potential or risk management strategy (see Figure 2). Ratings of low,



moderate or high responsiveness and risk are inverted to reflect that high responsiveness and low risk are the preferred situation, yielding the lowest risk management concerns and, therefore, the highest reintegration potential. To avoid an overestimate of intervention effectiveness, the cells have been differentially weighted, although this requires validation. That is, low or moderate responsiveness when combined with high risk yields an overall rating of high-risk management concerns as does low responsiveness and moderate risk. High responsiveness and high or moderate risk yields an overall rating of moderate-risk management concerns. Low responsiveness and low risk yields an overall rating of low-risk management concerns, but probably indicates that the offender should be placed in a minimum-security institution. Moderate and high responsiveness and low risk yield an overall rating of low-risk management concerns, indicating either community-based management or placement in a minimum-security institution. The difference between these last two categories could also reflect factors such as time served, availability of programs in the community and dynamic risk factors.

### Testing the model

Although speculative, this model provides a set of decision rules for incorporating treatment information into risk management strategies and, therefore, links intervention to reintegration potential. (This approach is preliminary and may benefit from further conceptual work.) It assumes that an offender has completed a treatment program for its application. This may not always be the case, and treatment readiness measures or prior response to intervention (e.g., in another jurisdiction) may be the only treatment information available. Employing such indices for a measure of treatment responsiveness may significantly limit the utility of the model. Obviously, the model requires validation, beginning with the initial pilot work with the treatment measures<sup>27</sup> and a consideration of cutoffs for these clinical ratings. Nonetheless,

it should at least stimulate interest in the development of strategies for systematically

incorporating intervention factors into correctional decision making. ■

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- <sup>14</sup> Serin, "Assessment and Prediction of Violent Behaviour in Offender Populations."
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