



Research Review

Treatment Readiness: The Multifactor Offender Readiness Model

KEY WORDS: *offender treatment readiness, motivation, engagement.*

What we looked at

In the correctional system, treatment non-completion is a constant concern. Attrition not only compromises the cost-effectiveness of correctional programming, it also negatively impacts treatment outcome and the ability to adhere to the risk-need-responsivity principles. Additionally, research suggests that non-completers are at an increased risk to reoffend upon release (McMurran & Theodosi, 2007).

Given that treatment readiness and motivation can play a major role in program engagement and completion, it is important to gain a better understanding of these issues within the offender population. The purpose of the current analysis is to provide a brief overview of core concepts and a synopsis of one of the main theoretical models.

What we found

Key concepts in the field of treatment readiness include: responsivity (program format), motivation (the *desire* to change), readiness (internal/external factors that facilitate change), and engagement (behavioural aspects of offender change). Although some argue that these factors are distinct, there is a lack of conceptual clarity; with definitions often overlapping and terms being used interchangeably.

Although other theories have been developed, such as the Transtheoretical Model of Behaviour Change (TTM; Prochaska & DiClemente, 1982) and the Conceptual Model of Treatment Responsivity (Serin & Kennedy, 1997), the Multifactor Offender Readiness Model (MORM; Ward, Day, Howells, & Birgden, 2004) is considered one of the most comprehensive and dynamic theories in the field of offender treatment readiness. It incorporates motivation and responsivity, while taking into account individual (e.g. cognitive ability, competencies and skills) as well as contextual factors (e.g. availability of programs, resources and support). Unlike other theoretical models, the MORM also includes aspects that *enable* change rather than prevent it (i.e. protective factors). The model suggests that all of these dynamic aspects interact together to influence the likelihood of an offender engaging in, and benefitting from, treatment.

Provided that programs address criminogenic factors and abide by the principles of risk and need, the MORM purports that individuals who are ready for treatment will likely have higher rates of participation, increased attendance, improved engagement with program material,

and subsequently display decreased levels of risk and criminogenic need.

This theory therefore highlights the significance of ensuring that the facets of treatment readiness are present, from both an individual and operational perspective, in order to maximize intervention efforts and better facilitate offender rehabilitation.

What it means

In terms of operational implications, although research in this area is still evolving, a common theme throughout the literature is the potential influence the setting, program, and offender characteristics have in the overall treatment readiness of an offender. In order to engage offenders in programming, the responsivity principle should be adhered to by ensuring that interventions are being adapted to an individual's level of motivation, learning style, and cognitive abilities. Additionally, as Nunes and Cortoni (2006) point out, there is preliminary evidence to suggest that preparatory programs or priming sessions *prior* to program implementation as well as the practice of Motivational Interviewing (see McMurran, 2009) can increase offender motivation, improve treatment engagement, and subsequently reduce recidivism.

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