



Criminal Justice | Drug Abuse Treatment Studies

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Brief Report Series

Performance Indicators for Corrections (PIC)

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Rationale and Objectives. The limited availability of treatment for offenders with substance abuse problems (BJS, 1999) requires correctional systems to optimize the benefits from their treatment programs and determine which components are having the greatest impact on psychosocial, cognitive, and behavioral change. Reliable and efficient instruments therefore are needed to help criminal justice (CJ) systems monitor and document client progress during treatment, providing the foundations for evaluating and managing services (Simpson, Knight, & Dansereau, 2004). The objective for this study is to evaluate three assessment tools – the TCU Criminal Justice Client Evaluation of Self and Treatment (CJ-CEST), TCU Criminal Thinking Scales (CTS), and NDRI Client Assessment Inventory (CAI) – for use in diverse correctional settings. Specific aims are to establish methodological evidence for assessments that focus on –

- client psychosocial and cognitive functioning,
- client engagement during treatment,
- client responses to treatment interventions,
- strategies for monitoring needs and performance over time, and
- program functioning.

Assessments. The CJ-CEST assessment of needs and performance in treatment was adapted from a similar instrument used to study “treatment process” in community-based treatment settings (Joe et al., 2002). It includes 15 scales for treatment needs/motivation (desire for help, treatment readiness, treatment needs, and pressures for treatment), psychological functioning (self-esteem, depression, anxiety, and decision-making), social functioning (hostility and risk-taking), treatment progress (treatment participation, treatment satisfaction, counseling rapport, peer support, and social support). These measures are used for monitoring client performance and psychosocial changes during treatment (as well as program-level functioning). They also represent appropriate criteria for evaluating the effectiveness of treatment interventions as conceptualized in the *TCU Treatment Model* (Simpson, 2004).

The TCU CTS are included as a supplement to the CJ-CEST for assessing “criminal thinking.” They were adapted from original work by Glenn Walters (1998) and from the Bureau of Prisons (BOP) “Survey of Program Participants” (available from the BOP Office of Research and Evaluation), with refinements made in studies by TCU in collaboration with the BOP. Its 6 scales include Entitlement, Justification, Personal Irresponsibility, Power Orientation, Cold Heartedness, and Criminal Rationalization.

The CAI is a self-report survey containing 14 scales, each representing specific treatment competency areas derived from a theoretical framework of the therapeutic community approach to treatment and recovery (De Leon, 2000; Kressel & De Leon, 1998). It is designed to measure progress in treatment and to serve as a clinical tool, particularly for enhancing client problem recognition. A performance factor serves as a general measure of client progress in 10 competency areas (maturity, responsibility, values, drug/criminal lifestyle, maintaining images, work attitude, social skills, cognitive skills, emotional skills, and self esteem). A participation factor assesses client engagement and participation in treatment through 4 scales (accepting program philosophy, program engagement, attachment/investment, and role model).

Procedures. A national sample of 3,266 clients from 26 prison and community-based correctional treatment programs voluntarily self-administered the CJ-CEST assessments, and a subsample of 1,207 completed the CAI. Respondents included 92% of the eligible program participants. Completion of the full set of forms required about 60 minutes in group settings (i.e., 25 minutes for the CJ-CEST items, 15 minutes for the CTS items, and 20 minutes for the CAI items) following procedures approved by a series of human research subjects review panels. Subsamples of these clients were retested a week later (including 322 for the CJ-CEST and 165 for the CAI). Confirmatory factor analysis was used to verify the factor structure of the scales, **coefficient alpha (CA)** reliabilities were computed as measures of internal consistency, and **test-retest (TR)** reliabilities were calculated.

CJ Client Eval of Self & Treatment	CA	TR
<i>Treatment Motivation</i>		
Desire for Help	.74	.71
Treatment Readiness	.84	.89
Treatment Needs	.64	.74
<i>Psychological Functioning</i>		
Self-Esteem	.72	.76
Depression	.72	.78
Anxiety	.77	.81
Decision Making	.74	.80
<i>Social Functioning</i>		
Hostility	.81	.82
Risk Taking	.72	.77
<i>Therapeutic Engagement</i>		
Treatment Satisfaction	.84	.87
Counseling Rapport	.94	.84
Treatment Participation	.88	.73
<i>Social Network Support</i>		
Peer Support	.81	.76
Social (outside) Support	.75	.80

Criminal Thinking	CA	TR
Entitlement	.78	.69
Justification	.75	.70
Personal Irresponsibility	.68	.81
Power Orientation	.80	.75
Cold Heartedness	.68	.66
Criminal Rationalization	.71	.84

Client Assessment Inventory	CA	TR
<i>Developmental:</i> Maturity	.81	.80
Responsibility	.76	.63
Values	.80	.68
<i>Socialization:</i> Drug/Criminal Lifestyle	.71	.77
Maintaining Images	.52	.66
Work Attitude	.67	.70
Social Skills	.65	.57
<i>Psychological:</i> Cognitive Skills	.68	.67
Emotional Skills	.62	.69
Self Esteem/Self Efficacy	.78	.73
<i>Program Participation:</i> Philosophy	.76	.74
Engagement	.83	.76
Attachment/Investment	.90	.82
Role Model	.80	.59
Total CAI Scale	.96	.85

Results. The *client-level coefficient alpha (CA)* and *test-retest reliability (TR)* for each scale are reported above, summarizing general psychometric evidence for the credibility of the assessments. These findings for correctional populations are highly consistent with previous studies of clients in community-based treatment programs (see Joe et. al, 2002, and Kressel, De Leon, Palij, & Rubin, 2000).

Score profiles for the CJ-CEST and CTS are presented graphically below, including mean scores and 25-75 percentile norms. The items and scoring guide found at the IBR website (www.ibr.tcu.edu) explain detailed scoring procedures for these scales, which range in value from 10-50 (midpoint of 30). Results were stable across gender and race-ethnic subgroups, and preliminary findings show females had higher treatment needs and motivation, higher levels of psychological problems (depression and anxiety), higher treatment engagement scores, and lower criminal thinking scores. Overall race-ethnic differences between (whites and non-whites) were non-significant.

Applications. This study indicates the CJ-CEST, CTS, and CAI assessments are appropriate for correctional treatment populations based on their measurement properties as well as consistency with previous applications in community-based treatments. They address a variety of client functioning and engagement parameters that have theoretical and empirical significance for treatment effectiveness.

By plotting the graphic profile of averaged scores from a program into charts, such as those exemplified below, direct comparisons can be made with clients from other programs tested previously. Scale scores that fall above or below the 25-75 percentile norms for clients can be easily identified within this sample. Furthermore, by re-administering these assessments over time, they can be used to measure changes in client-level (based

on individual records) and program-level (based on aggregate client records) performance related to treatment planning and clinical management.

Clients included in this study were highly diverse in their socio-demographic characteristics, problem severity, treatment settings, and therapeutic progress in order to examine generalizability of the CJ-CEST and CAI assessments across correctional treatment populations. By enlarging the assessment pool, especially for specific subgroups, comparison norms can be calculated for use in clinical applications. For instance, more information on client functioning profiles for males versus females (and for age subgroups) will be needed for greater precision for gender-specific applications. Work is in progress to make these refinements.

Publications. Publications based on the PIC study include the following:

Knight, K., Garner, B. R., Simpson, D. D., Morey, J. T., & Flynn, P. M. (2006). An assessment for criminal thinking. *Crime and Delinquency*, 52(1), 159-177.

Simpson, D. D., & Knight, K. (Guest Eds.). (2007). Offender needs and functioning assessments (Special Issue). *Criminal Justice and Behavior*, 34(9).

- (1) Simpson, D. D., & Knight, K. (2007). Offender needs and functioning assessments from a national program. *Criminal Justice and Behavior*, 34(9), 1105-1112.
- (2) Garner, B. R., Knight, K., Flynn, P. M., Morey, J. T., & Simpson, D. D. (2007). Measuring offender attributes and engagement in treatment using the Client Evaluation of Self and Treatment. *Criminal Justice and Behavior*, 34(9), 1113-1130.
- (3) Sacks, J., McKendrick, M., & Kressel, D. (2007). Measuring offender progress in treatment using the Client Assessment Inventory. *Criminal Justice and Behavior*, 34(9), 1131-1142.
- (4) Staton-Tindall, M., Garner, B. R., Morey, J. T., Leukefeld, C., Krietemeyer, J., Saum, C. A., & Oser, C. B. (2007). Gender differences in treatment engagement among a sample of incarcerated substance abusers. *Criminal Justice and Behavior*, 34(9), 1143-1156.
- (5) Dembo, R., Turner, C. W., & Jainchill, N. (2007). An assessment of criminal thinking among incarcerated youths in three States. *Criminal Justice and Behavior*, 34(9), 1157-1167.
- (6) Saum, C. A., O'Connell, D. J., Martin, S. S., Hiller, M. L., Bacon, G. A., & Simpson, D. D. (2007). Tempest in a TC: Changing treatment providers for in-prison therapeutic communities. *Criminal Justice and Behavior*, 34(9), 1168-1178.
- (7) Roberts, E. A., Contois, M. W., Willis, J. C., Sr., Worthington, M. R., & Knight, K. (2007). Assessing offender needs and performance for planning and monitoring criminal justice drug treatment. *Criminal Justice and Behavior*, 34(9), 1179-1187.

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Joe, G. W., Broome, K. M., Rowan-Szal, G. A., & Simpson, D. D. (2002). Measuring patient attributes and engagement in treatment. *Journal of Substance Abuse Treatment*, 22(4), 183-196.

Kressel, D., & De Leon, G. (1998). The Client Assessment Inventory (CAI); The Client Assessment Summary (CAS); The Staff Assessment Summary (SAS). (Developed with funding from NIDA Grant #5K21 DA00239, Rockville, MD). New York: Center for Therapeutic Community Research at National Development and Research Institutes, Inc. – North Carolina.

Kressel, D., De Leon, G., Palij, M., & Rubin, G. (2000). Measuring client clinical progress in therapeutic community treatment: The therapeutic community Client Assessment Inventory, Client Assessment Summary, and Staff Assessment Summary. *Journal of Substance Abuse Treatment*, 19(3), 267-272.

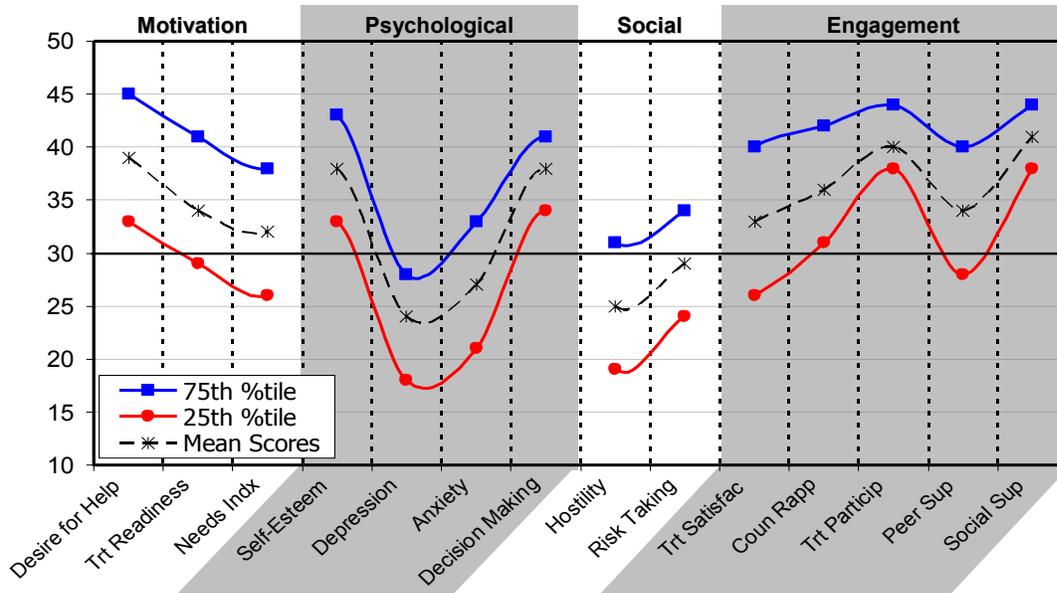
Simpson, D. D. (2004). A conceptual framework for drug treatment process and outcomes. *Journal of Substance Abuse Treatment*, 27, 99-121.

Simpson, D. D., Knight, K., & Dansereau, D. F. (2004). Addiction treatment strategies for offenders. *Journal of Community Corrections*, Summer, 7-32.

Walters, G. D. (1998). *Changing lives of crime and drugs: Intervening with substance-abusing offenders*. New York: John Wiley & Sons.

Score Profiles for CJ CEST Scales

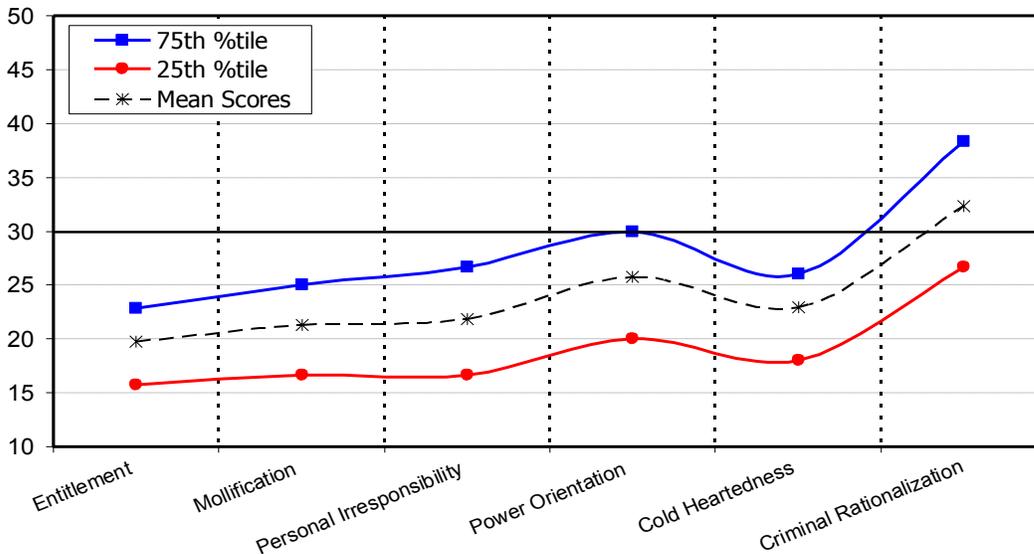
Means & 25th-75th Percentile Norms (N=3,266)



TCU CJ Client Evaluation of Self & Treatment (CJ CEST) Scales

Score Profiles for Criminal Thinking Scales

Means & 25th-75th Percentile Norms (N=3,266)



TCU CJ CEST Criminal Thinking Scales (CTS)