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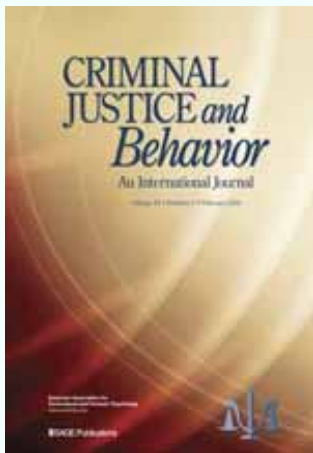
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## Assessing Offenders in Treatment

By Dwayne Simpson and Kevin Knight

The NIDA-funded cooperative agreement for "[Criminal Justice Drug Abuse Treatment Studies](#)" ([CJ-DATS](#)) supports much of our corrections-based treatment research as part of the [TCU CJ-DATS Project](#). There are nine national Research Centers, a Coordinating Center, NIDA scientists, and participating correctional systems involved from across the U.S. Major research themes focus on offender risks and needs assessments, treatment interventions and monitoring, community re-entry, special populations, and systems integration.

The initial wave of studies from the first CJ-DATS protocol completed has been in preparation for publication for several months. It is now published in a special volume of [Criminal Justice and Behavior](#) ([CJB](#)), entitled "[Offender Needs and Functioning Assessments](#)" (D. Simpson & K. Knight, guest editors), and is previewed in this newsletter.



### SPECIAL ISSUE:

Offender needs and functioning assessments.  
Simpson, D. D., & Knight, K. (Guest Editors).

The first protocol approved for implementation in CJ-DATS was the *Performance Indicators for Corrections (PIC)* study, led by the TCU Research Center. Its objectives included studying how treatment effectiveness is achieved with regard to the therapeutic, organizational, and managerial processes within correctional systems. In particular, emphasis was given to (1) developing measures for offender needs and functioning that could be used as indicators for monitoring treatment performance as well as evaluating intervention effectiveness, and (2) examining how motivation and related offender attributes affect treatment engagement, participation, and outcomes.

*"Study findings illustrate how offender functioning information from the CJ CEST is useful in providing guidance on parole decisions."*

## The assessments

Two instruments are evaluated in these studies – the [TCU Criminal Justice Client Evaluation of Self and Treatment \(CJ CEST\)](#), and [NDRI Client Assessment Inventory \(CAI\)](#) – for assessing client functioning and treatment engagement, client responses to treatment interventions, strategies for monitoring needs and performance over time, and program structure and organizational change. A diverse national sample was used, representing 26 correctional treatment settings.

The **CJ CEST** includes 15 scales that address *treatment motivation* (desire for help, treatment readiness, needs, and pressures), *psychological functioning* (self-esteem, depression, anxiety, decision-making), *social functioning* (hostility, risk-taking), *therapeutic engagement* (treatment satisfaction, counseling rapport, treatment

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The assessments from page 1

participation), and *social network support* (peer support, social support) that are related to treatment engagement and recovery. These measures also serve as interim outcome criteria for use in evaluating the during-treatment efficacy of specialized interventions, as conceptualized in the *TCU Treatment Process Model* (Simpson, 2004; Simpson, Knight, & Dansereau, 2004) shown below.

The [TCU Criminal Thinking Scales \(CTS\)](#) are included as a supplement to the CJ CEST for assessing “criminal thinking” (Knight, Garner, Simpson, Morey, & Flynn, 2006). Its six scales include entitlement, justification, personal irresponsibility, power orientation, cold heartedness, and criminal rationalization. These represent core constructs for many of the cognitive interventions used in correctional treatment programs.

The **CAI** is a self-report survey containing 14 scales, each representing specific treatment competency areas derived from the therapeutic community approach to treatment and recovery. 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, self esteem), and a *participation factor* assesses client

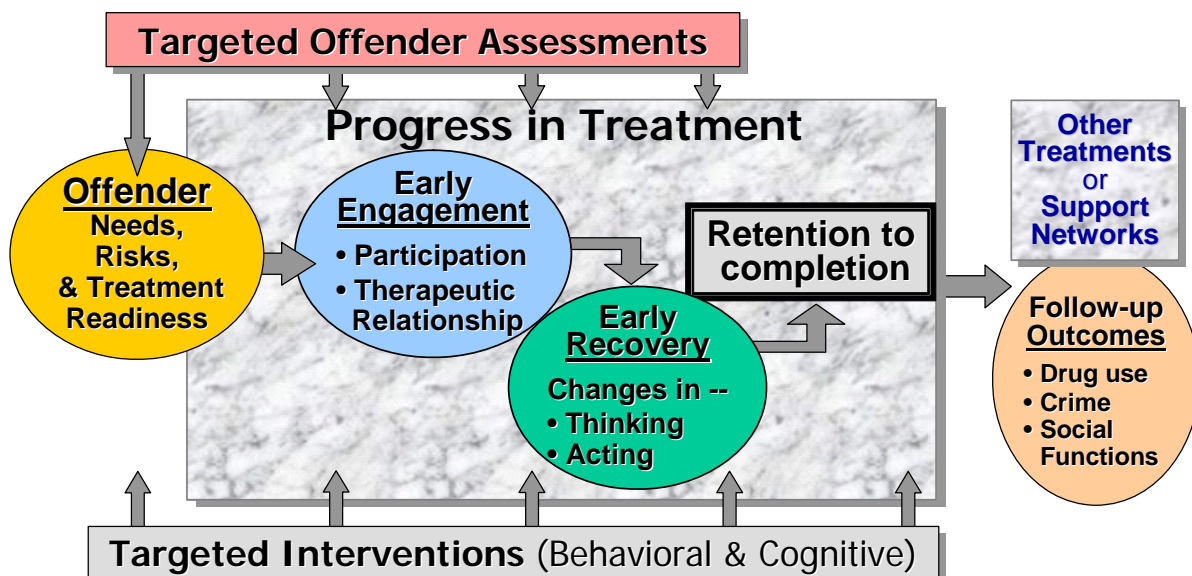
engagement and participation in treatment through four scales (accepting program philosophy, program engagement, attachment/investment, role model).

## Overview of findings

The first two studies reported in this special volume of *CJB*, by **Garner et al.** and by **J. Sacks et al.**, describe the favorable psychometric evidence for the CJ CEST and CAI assessments, respectively. There are several similarities between their measurement domains, but they also differ in some of their unique applications. The CAI taps client progress on prominent recovery constructs originally embedded in the therapeutic community model, while the CJ CEST is more generic with a focus on elements of client readiness and psychosocial functioning that apply to a variety of cognitive and behaviorally-based treatment settings.

**Staton-Tindall et al.** examine gender differences in correctional treatment programs and uses the CJ CEST as a diagnostic tool. The higher levels of psychosocial dysfunction found among women are examined in relation to therapeutic engagement and criminal thinking patterns. Suggestions are made about clinical applications and refinements for gender-specific treatments in correctional populations.

# TCU Treatment Process Model



**Dembo et al.** report on their use of a subset of criminal thinking scales (CTS) in a population of adolescents. They found promising applications for evaluating intervention strategies using the CTS and possibly for predicting long-range behaviors of young offenders. Adolescents scores were generally higher than for comparison samples of adult offenders, and the CTS was correlated with self-reported history of criminal behavior, drug use, family relations, and clinical diagnoses for adolescents.

Specialized field applications of the CJ CEST are reported by **Saum et al.** and **Roberts et al.**, showing how it can be used as a tool for individualized clinical purposes involving planning and delivering care. When re-administered over time and *aggregated* within

*The CJ CEST focuses on elements of client readiness and psychosocial functioning that apply to a variety of cognitive and behaviorally-based treatment settings.*

treatment service units, these client assessments serve as indicators of program-level functioning and effectiveness. They can be used for making comparisons with other programs, or monitoring changes in aggregated client functioning over time (such as in relation to discrete phases of treatment).

More specifically, Saum and colleagues used CJ CEST assessments as baseline indicators to study offender functioning during the course of contractual changes made in program service providers. By repeating the CJ CEST in selected treatment program locations, Time 1 and Time 2 data were examined in a “natural experiment” to study patterns of offender psychosocial functioning and clinical engagement related to treatment system disruptions. This article offers an informative example of the clinical impact

*“The CAI taps client progress on prominent recovery constructs originally embedded in the therapeutic community model.”*

that changing providers can have, and the value of planning and monitoring these changes.

Roberts et al. examine the CJ CEST as a tool for managing clinical care at the individual level in a large prison-based, intensive treatment program. They describe how the motivation and readiness scales are used in the development of treatment plans, and how the offender functioning and engagement assessments can contribute to on-going service delivery management.

In addition to these papers based on the PIC protocol, the *CJB* special issue includes three related papers from other CJ-DATS research protocols. **Farabee et al.** summarize findings from the Inmate Pre-Release Assessment (IPASS) study, focusing on the development and testing of an instrument that measures post-release risk and need for continued treatment. Their findings illustrate how offender functioning information from the CJ CEST (included as part of the IPASS instrument) is aligned with risk indicators (from drug use and criminal history) and treatment counselor evaluations for use in providing guidance on parole decisions. Next is a paper by **S. Sacks et al.** that reports on the latest findings from the CJ-DATS Co-occurring Disorders Screening Instrument (CODSI) study. The CODSI screener includes 6 items and has potential as a brief measure of co-occurring disorders when used with criminal justice populations. Finally, **Taxman et al.** use information collected as part of a national CJ-DATS survey of adult prisons, jails, community correctional systems to describe current practices and needs in relation to offender assessments and referrals.

## So what?

Encouraging evidence is presented in this special volume of *CJB* on applications using offender assessments. More work is in progress using them in longitudinal performance monitoring and outcome prediction studies. In response to field-based needs for greater flexibility and efficiency in conducting such assessments, however, the TCU Research Center has begun testing specialized segments (e.g., motivation, psychosocial functioning, treatment engagement, and criminal thinking scales) from the CJ CEST in single-page forms. Optical scanning procedures for efficient scoring and generating immediate clinical feedback reports also are being tested in collaboration with several large correctional systems.

Progressive adoption and implementation of user-friendly assessment innovations in CJ settings promise to be an important step towards improving treatment services, particularly through better planning and coordination of therapeutic interventions. The CJ-DATS team of scientists and field collaborators are developing and demonstrating their applications along with related substance abuse intervention strategies in the interest of helping improve the effectiveness of corrections-based treatment. Clearly,

these innovations must be affordable and responsive to practical needs in order to be sustainable – especially in an atmosphere of strained staffing and financial resources. Systems-level and organizational factors that can influence adoption decisions and the implementations process for innovations in correctional settings also deserve special attention (see Simpson & Flynn, in press). The CJ-DATS is making progress toward these goals.

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