

Motivating offenders to attend (and benefit from) rehabilitative programmes: The development of a Short Motivational Programme within New Zealand's Department of Corrections

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Abstract

This paper details the development of a Short Motivational Programme (SMP) for use with criminal offenders within New Zealand's Department of Corrections. SMP was developed using Motivational Interviewing (MI) principles and was designed to move offenders towards the "action" stage of change in an attempt to encourage attendance and enhance outcomes through participation in both prison and community based rehabilitation programmes. In a SMP motivation to address offending is measured by calculating a "change score" utilising a modified version of the URICA. A description of the SMP programme is provided and future challenges identified.

Introduction

At any one time the New Zealand Department of Corrections is responsible for over 8000 sentenced prison inmates. Additionally, the Department manages over 80,000 community based sentences each year. The Department's primary objective is to improve public safety by ensuring sentence compliance and by reducing re-offending (Statement of Intent, 2009). The Department endeavours to reduce re-offending by providing offenders with rehabilitation programmes, education, employment training, and reintegrative programmes and services. There is no doubt that trying to get offenders to change criminal behaviour is challenging and complex. Research has clearly shown that imprisonment alone simply does not work as a deterrent to offenders (Gendreau, Goggin, & Cullen, 1999; Smith, Goggin, & Gendreau, 2002).

For its rehabilitative programmes, the Department of Corrections has adopted the

risk-needs-responsivity model of offender assessment and treatment (Andrews & Bonta, 2003). Simply put, this model contends that: for maximum effect, treatment should (1) be directed at high risk offenders; (2) focus on needs that directly relate to criminal behaviour; and (3) be responsive to offenders' characteristics, abilities, and current circumstances.

The Department has used its own research and international studies to develop offender programmes and services that are designed to reduce re-offending. To this end, a number of specific rehabilitative programmes and prison based special focus/treatment units have been established. Currently operating within New Zealand's Prison Services are five Maori focus units, one Pacific focus unit, six drug treatment units, three youth units, one faith based unit, one violence prevention unit, two child sexual offender units, and three special treatment units for high risk offenders (including high risk adult sexual offenders). Additional rehabilitative programmes (targeted at moderate risk offenders) are provided by programme delivery staff in both prisons and community settings.

However, simply identifying high risk and moderate risk groups of offenders and providing them with access to well developed and professionally run rehabilitative programmes designed to address their primary offence related needs does not ensure positive behaviour change and a reduction in re-offending. This is due to the third part of the risk-need-responsivity model ("the responsivity principle"). With regards to this principle, Andrews and Bonta (2003) stated that interventions must be matched to the ability, learning style, and needs of the offender, and

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that offenders will not engage and participate fully in interventions if they are not at least somewhat motivated to change.

Motivation to attend (and benefit from) rehabilitative programmes is a significant potential barrier to behaviour change. The first and most obvious factor is the fact that offenders have to agree to attend the programme in the first instance. This is often not as simple as it would first appear. For example, Prison Services currently run 20 prisons throughout New Zealand, which are geographically spread between Northland and Southland. In a large number of cases, when offenders attend the rehabilitative programme that has been identified as being most suitable for them, there is a high likelihood that attending this programme will require transferring to another prison in another region. This means that the offenders may have to be prepared to leave their home regions and sacrifice possibly weekly visits from family, partners, and children for a significant period of time (e.g., in excess of nine months for some programmes).

The second factor that clearly impacts on whether offenders benefit from attending a rehabilitative programme is their level of intrinsic motivation to attend and benefit from the programme. Within the NZ correctional system (and especially within the longer serving prison population, whose early release from prison relies upon the New Zealand Parole Board), there are a large number of external factors that directly impact upon an offender's decision to attend programmes. What we do know from internal Departmental research is that approximately 75% of offenders are, at best, ambivalent about changing the factors that contributed to their offending. Thus, it is likely that the majority of offenders who do agree to attend Corrections' rehabilitative programmes do so primarily due to external motivations (e.g., the chance of an early release or the desire to avoid being breached) rather than due to internal motivations (e.g., the desire to make serious personal and lifestyle changes).

Motivation

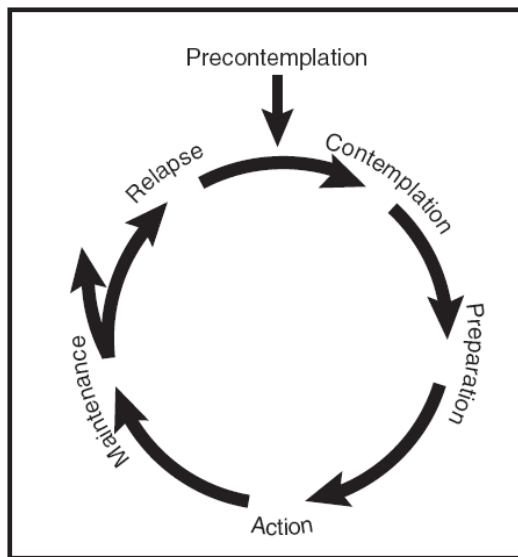
Motivation can be defined as a dynamic state reflecting the "probability that someone will enter into, continue with and adhere to a specific strategy of change" (Miller & Rollnick, 2002). Motivation is one of the strongest predictor variables for treatment engagement, participation, and gain (De Leon, Melnick, & Hawke, 2000). Poor motivation is also one of the most consistent predictors of treatment dropout (Stark, 1992). Not surprisingly, treatment dropouts have consistently poorer outcomes than treatment completers, and in some cases even worse outcomes than treatment decliners (McMurran & Theodosi, 2007; Stark, 1992). Motivation is a good predictor of outcome, and its role in criminal justice is becoming increasingly emphasized in research and practice (Clark, Walters, Gingerich, & Meltzer, 2006). There is good evidence to suggest that the more an offender owns the reasons for change, the more likely he or she is to succeed (Mann, Ginsburg, & Weekes, 2002).

Models of Change

The most common theoretical model of motivation is the Stages of Change (SoC) model (Prochaska & DiClemente, 1983; Prochaska, DiClemente, & Norcross, 1992; see Figure 1). The SoC model outlines a series of cyclical stages that an individual passes through in the change process. By discriminating different stages of readiness for change, the SoC model implies that you should take different approaches with clients depending upon where they are in the process of change. What is apparent in NZ's correctional system is that the majority of offenders are not well matched to "action" stage interventions. Thus, it is likely that even when offenders agree to attend rehabilitative programmes, the probability of them fully benefiting from the programme is likely to be restricted if they remain in the pre-contemplation or contemplation stages of change.

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Figure 1: Stages of Change Model (sourced from Waters et al., 2007).



Source: Velasquez et al., 2001; adapted from Miller and Rollnick, 1991, 2002.

Subsequently, there is reason to believe it would be beneficial for offenders to receive a pre-treatment intervention more appropriate to their readiness to change. The goal of such intervention would be to raise an offender's level of intrinsic motivation and subsequently move them along the stages of change so that they are better matched to the "action" stage.

Motivational Interviewing

Motivational interviewing (MI) is the most common therapeutic modality used to increase motivation to change problem behaviours. Essentially MI is a particular interpersonal interviewing style. It is directive and client-centered and aims to encourage behaviour change by helping clients to explore and resolve their ambivalence about doing something about their problems. It is very useful with those who are reluctant to change and/or ambivalent about changing (Miller & Rollnick, 2002).

Two recent reviews of more than 70 MI outcome studies in different areas (e.g., smoking, alcohol, drugs, and eating disorders) strongly support the effectiveness of the MI approach (Hettema, Steele, & Miller, 2005; Rubak, Sandboek, Lauritzen, & Christensen, 2005). McMurrin (2009)

conducted a systematic review of 19 MI studies with offenders and concluded that the use of MI with offenders can lead to improved retention in treatment, enhanced motivation to change, and reduced offending.

The development of a "Short Motivational Programme" for offenders.

With the idea of progressing offenders to more responsive levels of change, MI principles and ideals were incorporated into a Short Motivational Programme that was initially developed and piloted by Brendon Anstiss (a psychologist with the Department of Corrections) between 2001 and 2003. Analysis of pilot data demonstrated tangible positive movement across defined motivation levels (developed in accordance with the SoC model).

However, it was not until 2006 that the programme was formally re-designed and turned into a mainstream Corrections programme. SMP was initially re-developed as a programme for moderate risk, short-serving (12 months or less "real-time" imprisonment) male offenders, and it was designed to be delivered by programme delivery staff under supervision of departmental psychologists. Over time the use of SMP has expanded to incorporate both short-serving and long-serving moderate risk prisoners (both male and female) and offenders serving community sentences. In 2009 the decision was made to further extend the use of SMP to high risk prison offenders and 30 departmental psychologists have recently been trained to deliver the programme to this population.

SMP: Session Descriptions

A description of each SMP session is contained below:

Pre-SMP session

This session comprises a general introduction and explanation of the SMP programme. Written consent to partake in the programme is obtained and the offender is asked to complete a questionnaire designed to provide a pre-programme score representative of their current level of motivation to address his or her offending

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issues. This questionnaire (named "SMP Modified URICA") is essentially a modified version of the University of Rhode Island Change Assessment (URICA) Scale (McConaughy, DiClemente, Prochaska, & Velicer, 1989). The original URICA is a 32-item scale that yields four summary scores corresponding to Pre-contemplation, Contemplation, Action, and Maintenance. A full review of the URICA is presented in Carey, Purnine, Maisto, and Carey (1999). This review concluded that the URICA's most useful application is as a single, continuous measure of readiness to change.

In creating the SMP Modified URICA, the sole modifications to the original URICA questions were alterations to target each question specifically towards offending behaviour. For example, the original question, "As far as I'm concerned, I don't have any problems that need changing", was altered to read, "As far as I'm concerned, I don't have any offending related problems that need changing". Thus an attempt was made to try and retain as much consistency with the original scale as possible.

A "readiness to change" *change score matrix* (calculation sheet) was developed allowing for an analysis of an individual's SMP Modified URICA pre-programme scores versus his or her post-programme scores. Positive scores on this "readiness to change" calculation matrix are considered to be indicative of an increase in motivation to address offending behaviour following completion of the programme. Post-programme scores are obtained during the final SMP session (Session 5).

Session 1: Problem Identification and Education

Session 1 is designed to collaboratively identify core rehabilitative needs relevant to the individual offender. Two distinct types of rehabilitative needs were identified for use with the SMP programme. The first group of needs were labeled "specific targeted" rehabilitative needs, due to the fact that they could be identified from an analysis of an individual's offending behaviour and that they largely aligned to mainstream programmes/ community resources. The specific targeted rehabilitative needs are:

- violence propensity
- alcohol and drugs
- illicit substance using associates
- gambling
- relationship difficulties
- offence related sexual arousal
- mood management problems (note: this need is only identified by psychologists and not by programme delivery staff).

The second group of needs were labeled "lifestyle choice" rehabilitative needs due to the fact that they could only be identified from an analysis of an individual's lifestyle, associations, and attitudes. These needs are more reflective of an offender's general environment and his or her underlying attitudes towards offending behaviour. As such, these needs are considered to be primarily lifestyle and background orientated issues that potentially impact upon an offender's decisions and behaviours. No direct/matched programmes or community resources exist to specifically address these particular needs. The lifestyle choice rehabilitative needs are:

- unhelpful lifestyle balance
- offending-supportive associates
- offending -supportive attitudes and entitlement

(Note: Full guidelines for the assessment of the SMP rehabilitative needs can be obtained from the author upon request.)

A collaborative exercise providing an indication of the offender's level of acceptance with regards to each assessed rehabilitative need is undertaken at the end of each part of the SMP assessment.

Session 2: Offence Chain

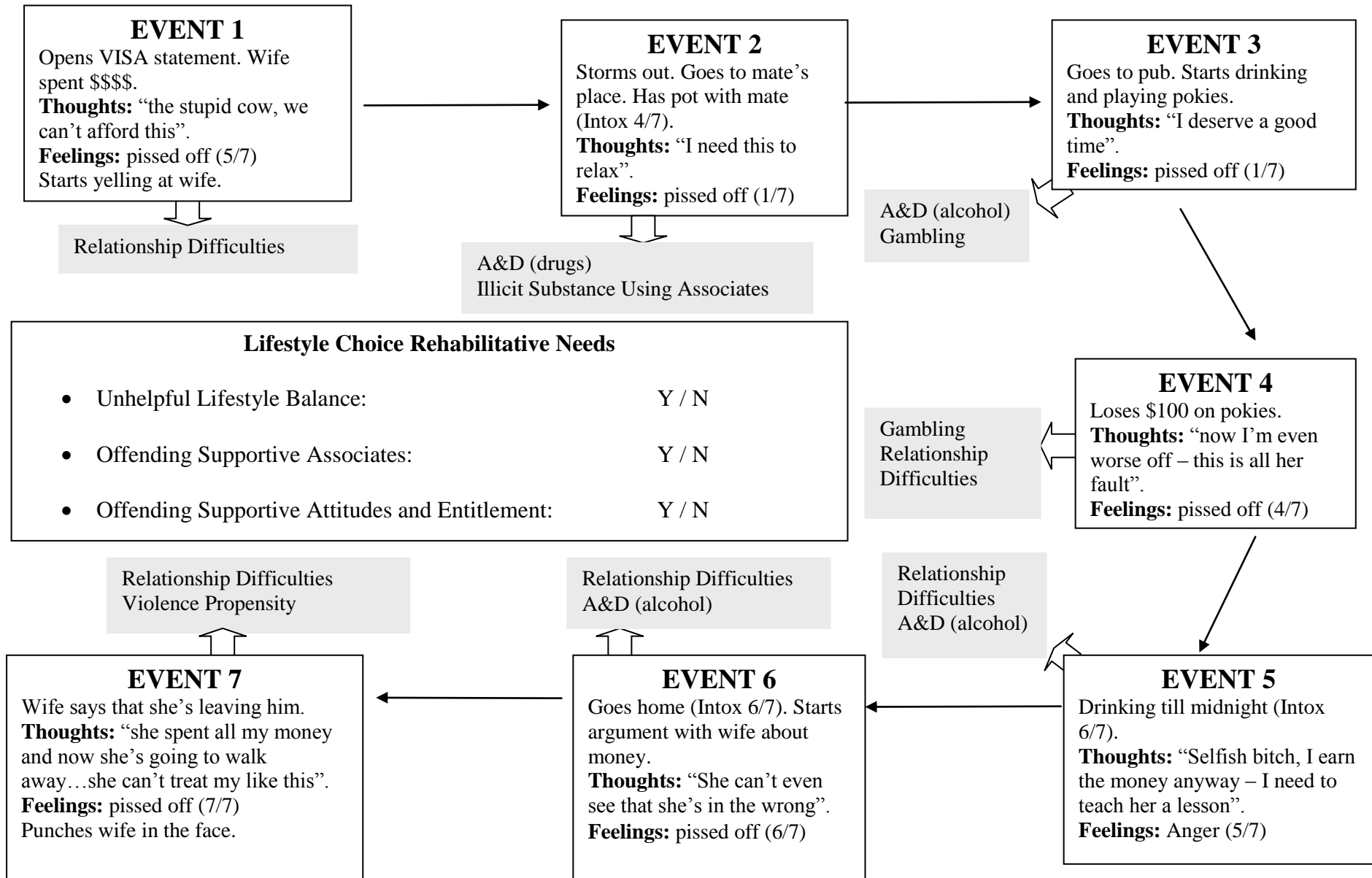
Session 2 is designed around the development of a chronological offence chain targeting an offender's primary index offence(s). Offenders typically do not have a full understanding of the extent of their problems. Therefore, problem education and recognition is an essential first step before the change process can begin. One method to increase problem recognition is to develop an offence chain with the offender. An offence chain should explain, in simple terms, all the factors that led to the

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offender's offending behaviour. Once offenders have their offence chains developed (collaboratively) and explained to them, they are generally in a better position to understand how their rehabilitative needs influenced their offending behaviour.

Figure 2 contains an example offence chain that is used in the SMP programme to help explain how offence chains work to actual offenders. Offence chains identify a logical starting point and then proceed to tell the "story", event by event, eventually leading to the commission of the offence (a domestic assault in the example displayed in Figure 2). Evidence of various rehabilitative needs are identified from each event and listed in the corresponding needs box. Thoughts and feelings that contributed to the offending behaviour are identified where possible. Ratings are given to the intensity of each negative feeling and to levels of intoxication, which provides additional contextual information.

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 Figure 2: Example Offence Chain



Session 3: Uncovering Positive Motivation

Session 3 is designed around the development of a "Decision Grid" that helps offenders to determine both the short-term/long-term benefits and costs of their offending behaviour. Offenders are encouraged to consider the impact of their offending on their family and whanau, their health (both emotionally and physically), and their relationships with others. They are also encouraged to consider the social and legal costs of their behaviour. Following the completion of the decision grid exercise, offenders are encouraged to discuss the particular rehabilitative need that they are most open to addressing. The goal in this section is to utilise evocative questioning to elicit self-motivational statements from the offender. The facilitator's task is then to assist the offender to generalize their elicited positive motivation to their primary (most important/serious) rehabilitative needs. The aim of this exercise is to develop discrepancy between the reasons for addressing some needs and the reasons for not wanting to change others.

Session 4: Exploring Barriers to Change

Session 4 is designed to encourage offenders to identify the cognitive distortions (denial, minimization, justification, and displacement of responsibility) that they have utilized in relation to their own criminal behaviour. Offenders are introduced to this area through the use of "safe examples", where they work to identify these areas in a number of "stories" relating to someone else's decisions and behaviours. Once an offender is capable of identifying the cognitive distortions contained in the examples, they are encouraged to identify the cognitive distortions associated with their own offending behaviour (using their previously developed offence chain as a visual aid).

At the end of this session, offenders are advised that they are nearing the end of the programme and that the final step is to develop some (appropriate) goals for the future. Offenders are asked to develop and

write down some goals for the future as homework in this session.

Session 5: Setting Goals

An attempt to strengthen offenders' commitment to change is made during this session. This involves assisting the offender to set positive goals (related to their offending); to consider options for achieving these goals; and to develop an action plan for the future. These areas are recorded on a "change plan worksheet", and the offender is encouraged to make a commitment to the plan by making it public (e.g., with family, partner, and friends). In cases where offenders are not ready to make a commitment, their self-efficacy to make this decision is supported as it is viewed as being counter-productive to attempt to "force" them to make changes they are not ready for. Following the completion of the "change plan worksheet", offenders complete the post-programme SMP Modified URICA and finish the programme.

Brief Discussion

It is obviously ideal if the offender's change plan incorporates attending the rehabilitative programme that has been identified as being most suitable for them. However, while this may be the ultimate background goal of the facilitator, it is important that offenders perceive that they are responsible for making the decision to attend this intervention, rather than feeling that they are being forced or manipulated into this situation.

It is important to note that the SMP programme is not "treatment", and an offender's completion of SMP should not be viewed as being tantamount to actually having addressed their offending behaviour. Rather, SMP should be viewed as being a motivation enhancer, not treatment per se. It is designed to motivate offenders to make changes and to address their core rehabilitative needs (either through Corrections based programmes or via community programmes and resources).

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Data from the 2001-2003 pilot of the Short Motivational Programme demonstrated that participants took significantly longer to be re-convicted and re-imprisoned than control participants, with positive results achieved for follow-up periods of up to four years (von Dadelszen, 2006). The redeveloped SMP programme has now been run by programme delivery staff as a mainstream programme for moderate risk offenders for the past two years and, anecdotally, there are some positive outcomes being attributed to this programme. A review of the first two years of SMP Modified URICA data is currently underway. It is anticipated that these data will confirm positive pre-post change scores following completion of the SMP programme. However, it is likely that a longer-term analysis of the data will be required to determine if these scores hold any useful predictive value.

Furthermore, assuming that the data do demonstrate positive changes scores, these scores alone will not provide any information relating to actual behavioral outcome. Key outcomes that have yet to be determined are:

- (1) does SMP actually motivate offenders to engage in programmes to address their core rehabilitative needs?
- (2) were offenders more receptive to change while attending their rehabilitative programme as a result of having completed SMP?
- (3) if so, does improved receptiveness to change translate to a measurable reduction in re-offending?

These are questions that will need to be addressed and evaluated in the near future. However, in the meantime, SMP provides Corrections staff with a tool for attempting to motivate offenders to attend and benefit from available rehabilitative programmes and ultimately to reduce their risk of re-offending.

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