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*Criminal Justice and Behavior* 2007; 34; 1105  
DOI: 10.1177/0093854807304344

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# OFFENDER NEEDS AND FUNCTIONING ASSESSMENTS FROM A NATIONAL COOPERATIVE RESEARCH PROGRAM

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A recent national survey of U.S. voter attitudes concerning offender rehabilitation and reentry policies (Krisberg & Marchionna, 2006) shows a high level of public concern about the release of 700,000 prisoners annually. Providing rehabilitation services to prisoners was favored by a margin of 8 to 1 (compared to using a punishment-only approach), and 70% supported use of these services both during prison and after release. A “lack of life skills” was considered a leading factor in the high re-arrest rates following prison release. Strong public support for providing substance abuse treatment in correctional populations and during community reentry has remained consistent for many years, justified by results from large-scale evaluations of its effectiveness (see Federal Bureau of Prisons, 2000; Simpson, Wexler, & Inciardi, 1999) as well as cost savings to society (McCollister et al., 2003).

The limited availability of treatment for offenders with substance abuse problems, however, requires correctional systems to optimize benefits from their treatment programs and determine which components are having the greatest impact on psychological, cognitive, and behavioral change (Belenko & Peugh, 2005; Petersilia, 2005; Simpson, Knight, & Dansereau, 2004). Toward that goal, the National Institute on Drug Abuse (NIDA, 2006) has issued a report titled *Principles of Drug Abuse Treatment for Criminal Justice Populations*. It asserts the importance of having reliable and efficient assessments to help correctional systems plan,

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**EDITORS' NOTE:** *The studies in this issue of Criminal Justice and Behavior were funded under a cooperative agreement from the U.S. Department of Health and Human Services (DHHS), National Institutes of Health, National Institute on Drug Abuse (NIH/NIDA). The authors gratefully acknowledge the collaborative contributions by NIDA, the Criminal Justice Drug Abuse Treatment Studies (CJ-DATS) participating research centers (Brown University, Lifespan Hospital; Connecticut Department of Mental Health and Addiction Services; National Development and Research Institutes, Inc., Center for Therapeutic Community Research; National Development and Research Institutes, Inc., Center for the Integration of Research and Practice; Texas Christian University, Institute of Behavioral Research; University of Delaware, Center for Drug and Alcohol Studies; University of Kentucky, Center on Drug and Alcohol Research; University of California at Los Angeles, Integrated Substance Abuse Programs; and University of Miami, Center for Treatment Research on Adolescent Drug Abuse) and the coordinating center: Virginia Commonwealth University/University of Maryland at College Park, Bureau of Governmental Research. In addition, the large number of correctional treatment programs that partner with the research centers deserve special thanks for making this project possible. The contents are solely the responsibility of the authors and do not necessarily represent the views of the DHHS, NIDA, or other CJ-DATS participants. Please address all correspondence to Kevin Knight, Institute of Behavioral Research, Texas Christian University, TCU Box 298740, Fort Worth, TX; e-mail: [ibr@tcu.edu](mailto:ibr@tcu.edu).*

CRIMINAL JUSTICE AND BEHAVIOR, Vol. 34 No. 9, September 2007 1105-1112  
DOI: 10.1177/0093854807304344  
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monitor, and document client progress during treatment, and it provides the foundations for evaluating and managing services. More specifically, its key points emphasize early screening of offender problem severity and needs, gauging therapeutic engagement and participation as part of the treatment process, and monitoring cognitive and psychosocial functioning patterns over time in relation to treatment planning. This journal volume is devoted to examining evidence for a set of assessments designed to meet several of these needs.

### **THE CRIMINAL JUSTICE DRUG ABUSE TREATMENT STUDIES (CJ-DATS)**

In 2002, NIDA funded the cooperative agreement for the CJ-DATS. Specific objectives of this initiative have been discussed elsewhere (Fletcher, 2003; Fletcher & Wexler, 2005), which in part includes the goal of studying how treatment effectiveness is achieved with regard to the therapeutic, organizational, and managerial processes within correctional systems. The original NIDA grant announcement (NIH RFA-DA-02-011) requested specifically that attention be given to (a) developing measures for offender needs and functioning that could be used as indicators for monitoring treatment performance as well as evaluating intervention effectiveness; (b) determining how motivation and other offender attributes affect treatment engagement, participation, and outcomes; and (c) testing strategies for improving linkages between correctional and community-based treatment services.

The CJ-DATS cooperative agreement includes nine research centers (two that specialize in adolescent services), a coordinating center, and NIDA scientists. Major research themes focus on offender risks and needs assessments, treatment interventions and monitoring, community reentry, special populations, and systems integration. Its collaborative framework requires involvement of participating treatment providers from at least three CJ-DATS national research centers, and the steps for research review, approval, implementation, monitoring, and reporting follow a set of formal guidelines. This scientific and dissemination management process, as well as the series of *Brief Reports* that summarize the rationale, goals, and methods for each study currently in progress, are available at the CJ-DATS Web site ([www.cjdat.org](http://www.cjdat.org)).

### **SUMMARY OF OFFENDER ASSESSMENTS FOR TREATMENT NEEDS AND FUNCTIONING**

The first protocol approved for implementation in CJ-DATS was the Performance Indicators for Corrections (PIC) study. Its initial wave of findings is described in this journal volume. The multicenter PIC protocol is led by the Texas Christian University (TCU) Research Center and includes collaborating teams from the National Development and Research Institutes, Inc. (NDRI), University of California at Los Angeles (UCLA), University of Delaware, and University of Kentucky. The PIC study evaluated instruments for assessing offender functioning, including the TCU Criminal Justice Client Evaluation of Self and Treatment (CJ CEST), TCU Criminal Thinking Scales (CTS), and the NDRI Client Assessment Inventory (CAI). Specific aims were to establish methodological evidence for these assessments that focus on client functioning and treatment engagement, criminal thinking patterns, client responses to

treatment interventions, strategies for monitoring needs and performance over time, and program functioning and organizational change across a diverse national sample of correctional treatment settings.

In addition, the CJ CEST is an integral part of another offender-assessment study that is presented in this volume, the Inmate Prerelease Assessment (IPASS). This research protocol focuses on risk assessments for planning continuing care needs of offenders following release from prison. It is being led by the UCLA Research Center and includes collaborating teams from Brown University/Lifespan Hospitals, TCU, and University of Kentucky.

The CJ CEST assessment of needs and performance in treatment was adapted from a similar instrument used for many years to study treatment process in community-based programs (Joe, Broome, Rowan-Szal, & Simpson, 2002). It 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 participation), and social network support (peer support, social support) that are related to treatment engagement and recovery. These measures also serve as criteria in evaluating during-treatment efficacy of specialized interventions, as conceptualized in the TCU treatment process model (Simpson, 2004; Simpson et al., 2004).

The TCU Criminal Thinking Scales are included as a supplement to the CJ CEST for assessing "criminal thinking." They were adapted from original work by Walters (1998) and from the Bureau of Prisons (BOP) "Survey of Program Participants" (available from the BOP Office of Research and Evaluation: <http://www.bop.gov>), with refinements made in studies by TCU carried out in conjunction with the BOP (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 therapeutic community concepts and theoretical 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 general performance factor serves as an overall measure of client progress in 10 competency areas (maturity, responsibility, values, drug or 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 four scales (Accepting Program Philosophy, Program Engagement, Attachment/Investment, and Role Model).

## OVERVIEW OF ARTICLES IN THIS SPECIAL ISSUE

The studies included in this journal issue address reliability and validity of CJ-DATS offender assessments along with descriptions of their field applications as client-level and program-level needs and performance indicators. Although they all focus on the same theme of offender assessments, the studies rely on different subsamples because of variations in the research priorities across the collaborating CJ-DATS centers and, more important, because their participating treatment facilities did not permit equal access for assessing offenders in

treatment or collection of comparable data. These variations in facility policies, including various restrictions on offender sampling options and data collection procedures (often related to policy and security matters), illustrate special challenges to conducting research in practice, requiring that accommodating adjustments be made in research designs.

The first two articles—by Garner, Knight, Flynn, Morey, and Simpson (2007 [this issue]) and by J. Sacks, McKendrick, and Kressel (2007 [this issue])—describe detailed findings for the TCU CJ CEST and CTS and NDRI CAI, respectively. These assessments were shown to have favorable psychometric properties, based on a large sample deliberately drawn from 26 diverse offender settings. As pointed out by J. Sacks et al., there are several similarities between the measurement domains of these instruments, but they also differ in their unique applications. In particular, the CAI is designed to tap client progress on prominent recovery constructs originally embedded in the therapeutic community (TC) model, whereas the CJ CEST is more generic, with a focus on core elements of client readiness and psychosocial functioning that emerge across a variety of cognitive and behaviorally based treatment settings. Although these assessments both show promise on the basis of preliminary evidence for field applications, including predicting relevant treatment-effectiveness outcomes, they will benefit from additional research currently in progress involving longitudinal evaluations of offender functioning during treatment and postrelease outcomes.

The article by Staton-Tindall et al. (2007 [this issue]) on gender differences in correctional treatments used the CJ CEST for a diagnostic application. The higher levels of psychosocial dysfunction among women, as commonly observed in drug treatment studies, were measured and examined in relation to therapeutic engagement and criminal thinking patterns. Staton-Tindall et al.'s results lead to several suggestions about clinical alternatives for refining gender-specific strategies in correctional populations.

Dembo, Turner, and Jainchill (2007 [this issue]) examined the CTS in a population of adolescents and found that they possessed good reliabilities and promising applications for evaluating adolescent intervention strategies. For example, the scales showed suitable convergent validities in relation to history of criminal behavior, drug use, family relations, and clinical diagnoses. Dembo et al. also noted that their sample of adolescents had CTS scores that were generally higher than those for adult offenders, raising questions about long-range prospects of using this assessment for predicting the problem behaviors of young offenders.

Specialized field applications of the CJ CEST were the subject of the two articles by Saum et al. (2007 [this issue]) and by Roberts, Contois, Willis, Worthington, and Knight (2007 [this issue]). Both illustrate how client-level assessments like the CJ CEST and CAI, when strategically re-administered over time, can be used for individualized clinical purposes involving planning and delivering care. When aggregated within treatment service units, these client assessments serve as indicators of program-level functioning and effectiveness (e.g., when based on appropriate comparisons with other programs or changes in aggregated client functioning over time).

Saum and colleagues (2007) at the University of Delaware Research Center used data from the CJ CEST assessments collected across correctional settings as baseline indicators to study offender functioning in relation to contractual changes made in program service providers. That is, by repeating the CJ CEST in selected treatment program locations, Time 1 and Time 2 data were available to use in a natural experiment for studying patterns of offender psychosocial functioning and clinical engagement coincident with treatment system disruptions. The authors documented the negative impact that these organizational changes

had on staff and client functioning. Because competitive bidding within many states frequently changes their treatment service providers or, in some cases, the therapeutic model is intentionally redesigned, this article offers an informative example of why planning and monitoring of this process is important.

In the next article, Roberts et al. (2007) illustrate usage of the CJ CEST measures for planning and managing clinical care at the individual level. Although the original set of PIC study sites focused on systematized cross-sectional sampling for conducting offender engagement and performance assessments, a few corrections-based treatment systems working with the TCU Research Center began adopting the CJ CEST for longitudinal clinical applications. The Roberts et al. article is based on a large, prison-based intensive care program. It describes how the motivation and readiness scales are used for early planning of treatment and how the offender functioning and engagement assessments are beginning to contribute to care management.

The same kind of information on offender functioning and therapeutic engagement in prison-based treatment is relevant, of course, for decision making about community reentry and supervision of offenders following release from custody. The IPASS study from CJ-DATS, therefore, is focused on developing and testing a postrelease risk measure for custody-based, substance-abuse-treatment graduates. Farabee, Knight, Garner, and Calhoun (2007 [this issue]) describe preliminary findings from this work, including how the offender functioning information from CJ CEST is aligned with risk indicators (from drug use and criminal history), as well as treatment counselor evaluations, for use in providing guidance on parole decisions.

Because of the specialized resources required to manage and treat offenders with concurrent substance use and mental health disorders, it also is critical that correctional systems have access to a brief tool that can reliably identify offenders with mental health needs. The last offender-level assessment described in this special volume (by S. Sacks et al., 2007 [this issue]) reports findings from the CJ-DATS Co-occurring Disorders Screening Instrument (CODSI) study. The CODSI screener includes six items—extracted from three longer standardized clinical instruments—that were identified as the best statistical combination of discriminating items. Using the Structured Clinical Interview (SCID-IV) for the *Diagnostic and Statistical Manual of Mental Disorders—Fourth Edition (DSM-IV)* as the criterion measure, the researchers found that the CODSI instrument performed reasonably well and had an overall accuracy rate comparable to the other instruments. Results indicate that this instrument has potential as a reliable and valid assessment tool for use with criminal justice populations.

Finally, Taxman, Cropsey, Young, and Wexler (2007 [this issue]) use information collected as part of a national CJ-DATS survey of adult prisons, jails, and community correctional systems to describe current practices and needs in relation to offender assessments and referrals. Understanding the systems in which the instruments discussed in this special issue are used can help to guide their adoption in practice. Findings showed that approximately half of the surveyed correctional systems relied on one or more standardized substance-abuse screening tools, particularly when they provided treatment services. Implications for technology transfer efforts aimed at improving correctional programming are discussed.

It is important to note that the instruments that are included in all of these studies are designed to be brief and to provide only the most basic information necessary in making “first cut” decisions about the need for specific treatment services or to serve as quick measures of client progress during treatment. They purposively have not been designed to serve as comprehensive clinical assessment tools. When used with collateral information,



screening instruments can serve a critical function in providing information regarding an offender's initial eligibility or need for treatment services (e.g., documented and self-reported indication of recent drug use). They also can be used as an efficient means for monitoring client progress throughout treatment. These screening instruments do not preclude the need for clinical assessments that may be required to determine an offender's suitability for some types of specific services (e.g., psychiatric), particularly once the client has been placed within a treatment program.

## COMMENTS

The structural and functional autonomy of correctional systems in the United States often is a significant barrier to the integrated implementation of assessments and interventions (Farabee et al., 1999), such as those being developed in CJ-DATS. Nevertheless, there are clear benefits to systematically adopting reliable measures of offender needs and functioning during treatment. First, these measures provide the foundations for treatment planning and delivery (NIDA, 2006) by serving as decision-making tools for selecting specific intervention techniques designed to address offender needs (see Bühringer, 2006; Simpson, 2006). Second, repeating assessments over time provides the basis for evaluating offender engagement in various interventions as well as monitoring overall progress across treatment phases. Third, these during-treatment measures will contribute to evaluations of postrelease outcome.

Although the studies reported in this volume are based primarily on self-report data, skepticism about using self-reports from offenders is unjustified based on Walters' (2006) meta-analytic findings from published research. Walters observes that, in addition to being more efficient in terms of group administration and computer scoring, self-report assessments are better suited for measuring beliefs, expectancies, and change. These indeed are the key cognitive-based concepts addressed in the CJ-DATS goals for assessing offender needs, functioning, and progress.

As in many other social and health services systems, pressures to adopt "evidence-based practices" for drug-related assessment and treatment-intervention techniques in the place of isolated pockets of services and disconnected information across correctional components are growing. It is hoped that these pressures will lead to new thinking and opportunities for change. An asset of the CJ-DATS in promoting change is its broad base of federal, state, and local collaborators. They represent some of the major—and largest—correctional systems in the world. Working closely with them to identify needs and priorities, address organizational and resource limitations, create between-system compatibilities and linkages, and demonstrate the effectiveness and benefits of innovations are key steps to successful technology transfer efforts (Brown & Flynn, 2002; Simpson, 2002; Simpson & Flynn, in press).

Based on the encouraging evidence presented in this volume, further studies and applications that use the assessments they describe are in progress, including longitudinal performance monitoring and outcome prediction studies. In response to field-based needs for greater flexibility and efficiency in conducting assessments, the TCU Research Center has begun testing specialized segments of instruments (e.g., Motivation, Psychosocial Functioning, Treatment Engagement, and Criminal Thinking scales from the CJ CEST and CTS) for use in short (1-page) targeted applications. Optical scanning procedures for efficient scoring and dynamic generation of feedback reports also are being tested in collaboration with several correctional systems.

Progressive adoption and implementation of user-friendly assessment innovations in these settings are believed to be highly promising steps toward improving correctional treatment systems, particularly through better planning and coordination of therapeutic interventions. It is the intention of the CJ-DATS team of scientists and field collaborators to develop and demonstrate applications of offender assessments and intervention strategies for improving the effectiveness of corrections-based treatment for substance abuse. Such innovations must be affordable and responsive to practical needs to be sustainable—especially in an atmosphere of strained resources. Attention also should be given to systems-level and organizational factors that can influence adoption decisions and the implementation process for innovations in correctional settings (Simpson & Flynn, in press). The studies reported in the present issue represent progress toward these goals.

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