

# Colorado Probation Research in Brief

## *The Influence of Client Risks and Treatment Engagement on Recidivism*

Yang, Y., Knight, K. et al. (2013). "The Influence of Client Risks and Treatment Engagement on Recidivism." *Journal of Offender Rehabilitation* 52(8): 544-564.

**Key Words:** Treatment engagement, recidivism, anti-social thinking, criminal history

### Summary/Conclusions

The present study examined how criminal history, criminal thinking, and treatment engagement influence recidivism. Researchers collected data from self-assessments and 12 months of felony rearrest (recidivism) data from 653 prisoners. The data was run through a series of models to determine if any significant relationships emerged. The model identified that criminal thinking was a significant negative predictor of treatment engagement. Criminal history and personal irresponsibility were found to be predictive of rearrest, while treatment participation and peer support in treatment were negatively associated with rearrest.

### Limitations of Information

The study sample was composed of four different prison-based treatment programs (two male and two female) ranging from 6 – 12 months in length. The data may not be representative of community supervision populations. The article does not mention if there were any differences in program quality with respect to felony rearrest rates. The recidivism measure of felony rearrest does not account for lower offense rearrests.

**Caveat:** The information presented here is intended to summarize and inform readers of research and information relevant to probation work. It can provide a framework for carrying out the business of probation as well as suggestions for practical application of the material. While it may, in some instances, lead to further exploration and result in *future* decisions, it is not intended to prescribe policy and is not necessarily conclusive in its findings. Some of its limitations are described above.

### How Criminal Thinking Impacts Treatment

Prior research has identified that two major risk factors for recidivism are criminal history and anti-social thinking. While these factors impact future recidivism, it is not clear how criminal history and criminal thinking influence treatment engagement. In the current study, researchers collected and analyzed data from four prison-based treatment programs to examine how criminal history and criminal thinking effect treatment engagement.

At program intake, a sample of 653 prisoners completed the Client Problem Profile assessment and Lifetime Criminal Involvement subscale adopted from the TCU Criminal History Scale. Individuals completed another survey gauging criminal thinking (e.g. entitlement, rationalization, personal responsibility). After a 30-day orientation period, the prisoners were asked to complete a survey on treatment engagement (e.g. treatment participation, treatment satisfaction, counselor rapport, peer support). Researchers also collected recidivism data felony rearrest 1-year post-release. Finally, the collected data, controlling for age and gender, was run through a series of models to determine if there were any correlations.

From the 653 participants, 16% were rearrested for a new felony charge. There was a significant correlation between felony rearrest and personal irresponsibility. Treatment participation and peer support had significantly negative correlations with rearrest, meaning if individuals reported treatment participa-

tion and felt the peers in the program supportive, the odds of a felony rearrest were decreased. Finally, treatment engagement was significantly impacted negatively by criminal thinking.

### Practical Applications

- ✓ Before sending a probationer to treatment, review assessment information for the best treatment fit. If the probationer has a high degree of anti-social thinking, CBT might be a better initial treatment referral.
- ✓ Discuss treatment participation and peer support in treatment programs, as these were two predictive factors of treatment engagement, which reduced the odds of rearrest.
- ✓ Be sure to ask about responsivity factors (e.g. cultural, gender, learning concerns) before referring a probationer to treatment. This will help facilitate treatment matching for increased treatment engagement.
- ✓ Frequently staff high-risk cases with the treatment provider. This will help accurately assess treatment participation and the peer group/individual interactions.
- ✓ Recognize and address anti-social thinking (e.g. lack of personal responsibility) and behaviors demonstrated by probationers.
- ✓ Try utilizing thinking reports, Carey Guides, and MI techniques to develop discrepancy between the probationers current circumstances and where they would like be in the future.