"It's not my fault": Acceptance of responsibility as a component of engagement in juvenile residential treatment [☆]

Christine Englebrecht [a], Dana Peterson [a,*], Aaron Scherer [a], Toni Naccarato [b]

[a] *University at Albany, School of Criminal Justice, 135 Western Avenue, Albany, New York 12222, United States*
[b] *University at Albany, School of Social Welfare, 135 Western Avenue, Albany, New York 12222, United States*

Abstract

Research suggests that client engagement in treatment is related to positive treatment outcomes. Although a large body of literature exists on clients' treatment engagement, literature on engagement in juvenile residential treatment centers is sparse, particularly in the area of who engages in treatment. Practitioners in Residential Treatment Centers (RTCs) have expressed a belief that youths' acknowledgement of problems and acceptance of responsibility is an important first step in the treatment process. Using both qualitative and quantitative data from youths' responses to interview questions during their first month of stay in residence, this paper explores the concept of "attribution of responsibility," including whether these youth accept responsibility for their placement, and examines whether acceptance of responsibility is an important component of engagement in treatment. From these in-depth interviews ($n = 125$), patterns in youths' attributions did emerge. Youth did make internal or external attributions of responsibility or blame for the activities that led them to residential treatment. Further, differences were found between youth in whether they believed that there was a good reason for their placement. Finally, youths' verbal attributions were significantly related to youths' treatment engagement. Implications of these findings are discussed.
© 2007 Elsevier Ltd. All rights reserved.

Keywords: Residential treatment; Treatment engagement; Perceptions; Juveniles; Attribution theory; Attributions; Responsibility

1. Introduction

Client engagement in the treatment process is seen by service providers as an essential initial outcome to be achieved and a prerequisite to treatment success. While research on treatment engagement (e.g., measuring engagement, the relationship between engagement and treatment outcomes, staff activities to increase engagement) has progressed in the past few decades, there remains a paucity of knowledge about engagement of youth in treatment, particularly in residential treatment centers (Hair, 2005). The little that is known is generally concentrated in studies of adolescent mental health or substance abuse treatment programs.

In this paper, we explore two questions about youths' treatment engagement, relying on both qualitative and quantitative data. First, is accepting responsibility for placement an important component of youth readiness to change and engagement in treatment? Relatedly, can youth be ready to change and engaged in treatment if they have not accepted responsibility for their behavior? With this paper, we hope to add to the understanding of youth engagement in treatment, particularly focusing upon youths' attributions of responsibility for their behavior and/or their placement in residential treatment centers, their readiness to change, and their overall levels of engagement in treatment. We explore qualitative data from face-to-face interviews with youth to better understand the types of attributions youth make and whether they feel there is a good reason for their placement. We then tie these attributions and verbal statements about their readiness to change to quantitative measures of various components of engagement. This allows us not only to better understand youth perspectives and how they relate to engagement, but also allows us to determine whether what youth say coincides with scores on quantitative measures that can be used by practitioners to gauge youth engagement.

2. Relevant literature

Our study is informed by a variety of perspectives, including attribution theory and the transtheoretical model of change, as well as the treatment literature on such related concepts as readiness to change, client motivation, resistance to treatment, working alliance, and/or engagement in treatment. These perspectives and concepts are reviewed here briefly.

2.1. Engagement in treatment

In the treatment literature and in social work practice, the term "client engagement" has multiple, closely related, meanings. Some treatment researchers use the term engagement to mean some level of behavioral conformity, such as dosage, session attendance, or length of time in treatment (see, for example, Dumas & Albin, 1986; Fiorentine, Nakashima, & Anglin, 1999; Peled & Edleson, 1998; Rife, First, Greenlee, Miller, & Feichter, 1991; Simpson, Joe, Rowan-Szal, & Greener 1997; Yatchmenoff, 2005). To the practitioners who are partnering with us in the current research, however, this is not sufficient. Indeed, our agency partners, who work in mandated residential treatment, carefully distinguish youth who simply go through the motions to avoid trouble ("skaters") from youth who are actively participating in their own change ("engaged clients"). In addition to simply participating in treatment activities, engaged clients establish a particular type of relationship with their adult service providers, and they express a level of commitment to working on problems, which they acknowledge and for which they accept some responsibility. Thus, client engagement in treatment represents an interrelated set of attitudinal, relational, and behavioral qualities of the client. In this respect, it is closely related to concepts such as building rapport, motivation, a working alliance, and compliance (Horvath & Greenberg, 1994; Littell & Tajima, 2000; Yatchmenoff, 2005).

Residential treatment center staff who are members of our study committees refer to a youth's attitude about her or his problems and willingness to recognize and work on problems as "readiness to change." They expect that readiness is enhanced by having more conventional peers, more supportive, better functioning families, greater attachment to community school, and being younger rather than older. These staff use the terms bonding, rapport, trust, and attachment to refer to a youth's relationship with staff members. They expect that bonding with staff will be affected by the youth's initial level of readiness. Finally, staff see client collaboration with treatment providers on the selection of goals for treatment and agreement on treatment tasks as the last aspect of "engagement" to fall into place. They believe that collaboration is enhanced by higher levels of readiness and bonding.

The research literature generally supports our practitioner partners' belief that engagement (including motivation for change, therapeutic alliance, and participation in treatment) is a necessary element to achieve treatment success and behavioral change (e.g., Gonzalez, Schmitz, & DeLaune, 2006; Littell & Tajima, 2000; Martin, Garske, & Davis, 2000; McKay & Bannon, 2004; Mullins, Bard, & Ondersma, 2005; Orlando, Kitty, & Morral, 2003; Reisinger, Bush, Colom, Agar, & Battjes, 2003; Shirk & Karver, 2003; Simpson et al., 1997). Laying the foundation for engagement in treatment is a client's readiness to change, the attitudinal component in which clients acknowledge existence of issues or problems, accept some level of responsibility for those problems, and express a willingness to work on those problems.

Readiness to change first appeared and has been studied most frequently in the addictions literature (e.g., Miller & Rollnick, 1991; Prochaska & DeClemente, 1983). Prochaska, DeClemente, and Norcross (1992), for instance, describe the five stages that make up the "transtheoretical model of behavioral change." In the precontemplation stage, actors are