



People's reasons for wanting to complete probation: Use and predictive validity in an e-health intervention



Stephanie A. Spohr^a, Faye S. Taxman^b, Scott T. Walters^{a,*}

^a University of North Texas Health Science Center, School of Public Health, Department of Behavioral and Community Health, Fort Worth, TX, USA

^b George Mason University, Department of Criminology, Law and Society, Fairfax, VA, USA

ARTICLE INFO

Article history:

Received 12 April 2016

Received in revised form 12 December 2016

Accepted 3 January 2017

Available online 6 January 2017

Keywords:

Criminal justice
Substance abuse
Factor analysis
Behavior change

ABSTRACT

The criminal justice system tends to emphasize external contingencies (e.g., fees, jail time) to motivate offender compliance. However, people's reasons for desistance vary considerably. This study evaluated the acceptability, utility, and predictive validity of questions that ask about people's reasons for wanting to successfully complete probation. Substance-using probationers (N = 113) participated in a web-based computer intervention that targeted substance use and treatment initiation. Questions around seven dimensions of reasons for completing probation were developed to provide tailored feedback during the web-based program. A principle components factor analysis found that survey items loaded onto two distinct factors. Factor one, "Tangible Loss" focused on external and present-focused reasons. Factor two, "Better Life" focused on internal and future-focused reasons. There was a significant negative association between Better Life scores and days of substance use after two months ($\beta = -0.31$, $SE = 0.13$, $p < 0.05$). There was a significant positive association with Better Life scores and days of treatment attendance ($\beta = 1.46$, $SE = 0.26$, $p < 0.001$). Tangible Loss scores were not associated with substance use and treatment attendance. These findings may help to create more effective motivational tracks in e-health interventions, and may complement traditional motivation measures with an explicit focus on people's stated reasons for wanting to complete probation.

© 2017 Elsevier Ltd. All rights reserved.

1. Introduction

Historically, the US criminal justice system has emphasized external contingencies (e.g., fees, jail time, increased supervision) to motivate compliance (Andrews & Bonta, 2010b). However, people in the criminal justice system may have a broader set of reasons why they want to desist from criminal activity, such as family, employment, or improved quality of life (Laub & Sampson, 2001). For instance, people under community supervision may be required to fulfill requirements such as attending appointments and classes, finding/maintaining employment, and avoiding high-risk people or situations. These proximal requirements, often tailored to a person's level of criminal risk or need, predict distal outcomes such as substance use and criminal activity (Andrews & Bonta, 2010a; Wooditch, Tang, & Taxman, 2014). Improving people's motivation to complete probation may increase the

probability of successfully completing both short and long-term goals (Walters, Clark, Gingerich, & Meltzer, 2007).

Motivational interviewing (MI) is one common treatment approach that targets motivation and commitment to change (McMurrin, 2009; Prochaska & Levesque, 2002; Walters et al., 2013). A basic tenet of MI is that client language predicts subsequent behavior change (Miller & Rollnick, 2002, 2012). For instance, when clients talk about their desire, ability, reasons, or need to change (i.e., "change talk"), they perceive that language to be indicative of internal motivation, which in turn increases commitment to change. Conversely, when clients argue against change (i.e., "sustain talk"), their verbalized support of the status quo tends to decrease commitment to change. Many studies use linguistic measures such as the Motivational Interviewing Skills Code (Rollnick, Miller, & Butler, 2008) to quantify client language during the course of a counseling session and to measure the relationship between client language and subsequent outcome (Amrhein, Miller, Yahne, Palmer, & Fulcher, 2003; Bem, 1967). In a landmark study, Amrhein et al. (2003) measured three categories of client change language expressed during a counseling session: 1) Commitment statements about intention to change a behavior, 2) Reason statements about the benefits of behavior change, and 3)

* Corresponding author at: School of Public Health, The University of North Texas Health Science Center, 3500 Camp Bowie Blvd, Fort Worth, TX 76104, USA.
E-mail address: scott.walters@unthsc.edu (S.T. Walters).

Desire/Ability statements about willingness or self-efficacy to change a behavior. This study found that increased *commitment* language predicted reduced drinking at follow-up. Similarly, among problem gamblers, Hodgins, Ching, and McEwen (2009) found that commitment language expressed during a counseling session predicted subsequent gambling behavior.

Other studies have found that *preparatory* change talk (i.e., desire, ability, reasons, and need) can predict client outcome. For example, in a study of adolescents receiving a brief motivational intervention for substance use, a greater number of statements about reasons for change was associated with greater reductions in substance use, and desire/ability statements against change were associated with fewer abstinent days at follow-up (Baer et al., 2008). Contrary to other studies, commitment language was not associated with substance use outcomes. Similarly, Martin, Christopher, Houck, and Moyers (2011) found that client preparatory language predicted drinking outcomes. Gaume, Gmel, and Daepfen (2008) found that client ability statements, but not commitment statements, predicted drinking outcomes.

Consistent with these studies of natural language, there are several self-report measures that assess perceived desire and ability for change. Measures such as the University of Rhode Island Change Assessment (URICA; McConaughy, DiClemente, Prochaska, & Velicer, 1989), the Stages of Change Readiness and Treatment Eagerness Scale (SOCRATES; Miller and Tonigan, 1996), the Readiness to Change Questionnaire (RTCQ; Rollnick, Heather, Gold, & Hall, 1992), and the Change/Contemplation Ladders are common ways of asking about client *desire* for change. Other measures such as the Addiction Counseling Self-Efficacy Scale (ACSES; Murdock, Wendler, & Nilsson, 2005) and Drug Avoidance Self-Efficacy Scale (DASES; Martin, Wilkinson, & Poulos, 1995) primarily focus on perceived self-efficacy or *ability* to change. Finally, measures such as the Change Questionnaire (Gaume, Bertholet, Daepfen, & Gmel, 2013) were designed to address multiple areas in a single questionnaire. Two factors on the Change Questionnaire—'ability to change' and 'other change language'—have predicted changes in hazardous drinking and tobacco use (Gaume et al., 2013).

In sum, client statements about desire, ability, reasons, and need for change are common clinical targets and have been shown to predict clinical outcomes. However, relatively few studies have examined people's stated *reasons* for change, either as a way to address motivation clinically or as a predictor of outcomes. One common clinical tool for discussing client reasons for change is the decisional balance scale, where clients identify the benefits and costs of change, relative to the benefits and costs of maintaining the status quo (Prochaska et al., 1994). Similarly, the Change Questionnaire includes a reasons subscale for use in substance abusing samples; however, after a principle components analysis the reasons subscale was collapsed into 'Other change language' (Miller, Moyers, & Amrhein, 2005). Previously validated motivational measures, such as the importance and confidence rulers, have been widely used to tailor web-based interventions (Hester, Squires, & Delaney, 2005; Walters, Veder, & Harris, 2007).

The purpose of this study was to evaluate the reliability and predictive validity of a brief survey about people's reasons for wanting to complete probation. First, we were interested which kinds of reasons would be endorsed most frequently overall. Second, given the contentious debate around the relevance of static, historical risk factors (Andrews & Bonta, 2010a), we were interested whether people's reasons would vary by gender, ethnicity, or criminal risk level. Finally, we were interested whether people's reasons for wanting to complete probation were related to subsequent outcome. To do this, we evaluated the factor structure of the questions through principal components factor analysis, assessed the reliability of the scale, and examined the

relationship between the best fitting factor model and substance use and treatment initiation after two months.

2. Methods

2.1. Study and intervention overview

We used data from 113 drug-involved probationers in two metropolitan areas (Dallas, TX and Baltimore City, MD) who completed a web-based intervention as part of a randomized controlled trial (funded by a grant from the National Institute on Drug Abuse: R01 DA029010-01). The overall trial assessed the efficacy of two brief motivational interventions for reducing substance use and increasing treatment initiation: 1) two 45-min Motivational Interviewing (MI) counseling sessions, or 2) two 45-min motivational computer sessions (MAPIT). All participants were 18 years old or older, recently assigned to probation (i.e., within 30 days of their sentence date), and reported drug use or heavy alcohol use within the past 90 days. Participants completed a baseline assessment, and follow-up interviews at two and six months. Full trial details can be found elsewhere (Taxman, Walters, Sloas, Lerch, & Rodriguez, 2015).

The computerized MAPIT intervention addressed three areas of probation success: 1) substance abuse, including treatment initiation and engagement; 2) probation compliance and reduced criminal behavior; and 3) HIV testing and care. Full details on the development and content of MAPIT can be found elsewhere (Walters et al., 2013). Near the beginning of the first MAPIT session, the program asked clients to identify their most important reasons for wanting to complete probation. Motivational "themes" were generated from interviews with probationers (see Walters et al., 2013 on how the interviews and focus groups were conducted). Based on this preliminary work, we created items in seven areas: 1) Financial (e.g., "To have more money"); 2) Time (e.g., "So I can spend more time relaxing or doing what I want to do"); 3) Freedom (e.g., "To quit having to check in with others when I want to do something"); 4) Shame (e.g., "So people will quit judging me"); 5) Relationships (e.g., "To set an example for my children"); 6) Legal (e.g., "To avoid going to jail or prison"); and 7) Getting on with Life (e.g., "To make my life better"). The program posed two questions in each area, for a total of 14 items. People were instructed verbally (and visually) by a computer narrator to indicate whether each item was "Not at All," "Somewhat," or "Very Much" true for them. Participants' responses to these questions were used to tailor subsequent sections of the program. For instance, if a person endorsed relationships as a primary motivator, the program would include affirmations and reflections to reinforce that the person "wanted to set an example" and "wanted to make life better for others." Likewise, if a person endorsed shame as a primary motivator, the program would stress that "many people are embarrassed about having to tell others they are on probation" and "finishing probation is a way to remove this label from your life."

2.2. Outcome variables

The primary clinical outcome consisted of the frequency of daily substance use and treatment attendance gathered from the timeline followback (TLFB; Sobell & Sobell, 1996) survey at the two-month follow-up. Substance use was defined as a self-reported heavy drinking episode (i.e., 5 or more drinks for men or 4 or more drinks for women) or any amount of illicit drug use (i.e., amphetamines, barbiturates, cocaine, hallucinogens, inhalants, marijuana, opiates, prescription pain pills, and sedatives/hypnotics) in the past two months. Data was also gathered on the frequency of attendance at various forms of substance use, mental health, or medical treatment facilities. We defined treatment

Download English Version:

<https://daneshyari.com/en/article/4931017>

Download Persian Version:

<https://daneshyari.com/article/4931017>

[Daneshyari.com](https://daneshyari.com)