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Offender engagement in group programs and associations with offender characteristics and treatment factors: A review

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ABSTRACT

The aim of this review is to establish how offender engagement within group programs has been conceptualized, defined or assessed, and the factors that are associated with it. Existing models describe determinants of engagement and the process of behavioral change, but there is little in the way of theory explaining the process of engagement in treatment and change. Forty-seven studies were reviewed and revealed inconsistent definitions and assessments of engagement as well as inconsistent use of measures which contributes to confusion about the scope of engagement and reflects the lack of theory. Attendance, completion or dropout rates were frequently relied upon, but may not reliably infer engagement. Participation and out of session behaviors in conjunction with one another, reflecting a series of active responses to treatment, may more reliably reflect engagement in treatment and change. A model for offender engagement is presented which might help clarify the role of engagement variables. Offender demographics appeared to be of little value in predicting engagement, with only a small number of psychosocial factors (hostility, impulsivity) predicting low levels of engagement and most others (anger, anxiety) having little influence. Treatment factors (therapeutic relationship, program objectives) were more consistently related to engagement, but are under-researched.

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1. Introduction

There is a consensus that successful outcomes of offender rehabilitation programs are dependent on offenders engaging with treatment (McMurran & Ward, 2010; Scott & King, 2007), regardless of the type of program, offenders' criminogenic needs, or the treatment setting (Drieschner & Verschuur, 2010). One suggested type of evidence of non-engagement is non-completion of treatment (Wormith & Olver, 2002), which leads to poor treatment outcomes. Non-completion of treatment has been related to recidivism among domestic violence offenders (Gondolf, 2002), sexual offenders (Miner & Dwyer, 1995) and parents perpetrating child abuse (Harder, 2005). Furthermore non-completers of cognitive skills programs have been identified as at higher risk of re-offending than untreated offenders (McMurran & McCulloch, 2007). High non-completion rates across different offending behavior programs have therefore given cause for concern. In a review of 16 studies of treatment non-completers across a range of cognitive skills programs, McMurran and Theodosi (2007) found that, on average, 15% of institutional samples and 45% of community samples did not complete treatment. In a review of 16 domestic violence intervention studies, Daly and Pelowski (2000) reported dropout rates of between 50% and 70%. While non-completion may evidence non-engagement, how either relates to recidivism has yet to be explained. However, in a meta-analytic review of 114 studies, Olver, Stockdale, and Wormith (2011) found that attrition rates of over 27% for sexual offenders and over 37% for domestic violence offenders were predicted by a range of demographic, historic, and personality factors. These factors may shed some light on who is more or less likely to complete treatment and potentially who is more or less likely to reoffend, but this knowledge may be of little benefit to helping practitioners influence engagement in treatment and the subsequent influence this may have on recidivism. What may be of greater benefit to practitioners is to know what to look for in order to reliably infer that engagement is, or is not, occurring over the course of treatment, and how to enhance it.

While enhancing offender engagement in any intervention program appears to be relevant to improving treatment outcomes, there appears to be an absence of any common definition or theoretical model explaining what the process of engagement in treatment constitutes. Researchers have proposed models explaining determinants of offender engagement, such as the integral model of treatment motivation (Drieschner, Lammers, & van der Staak, 2004) and the Multifactor Offender Readiness Model (MORM: Ward, Day, Howells, & Birgden, 2004). The integral model of treatment motivation includes internal determinants of motivation including problem recognition (denial and responsibility for behavior), perceived external pressure (partner, legal system), and perceived suitability of treatment (treatment satisfaction, perception of therapeutic relationship). Internal determinants also moderate the influence of external factors, such as the treatment process and circumstances (available resources, peers). The resulting motivation is then argued to dictate engagement (Drieschner & Boomsma, 2008), although Scott and King (2007: 407) have argued that there is a lack of evidence that internal determinants of motivation precede engagement, and that there may be more of an iterative process at play. The MORM includes a broader spectrum of individual factors (cognitive strategies, self-efficacy and motivation) and contextual factors (mandated/self-referred, prison/community) that comprise treatment readiness, which is argued to facilitate engagement (McMurran & Ward, 2010). The integral model of treatment motivation and the MORM reflect an important emphasis on what determines engagement but there is comparatively less emphasis on the process of engagement with treatment and the change that follows.

The transtheoretical model of change (Prochaska & DiClemente, 1982, 2002) incorporates stages of behavioral change and the progress of individuals through each stage. The importance of matching treatment interventions to individuals' stages of change is highlighted by the authors of this model. The model has widespread use across clinical and health settings, and is used to describe change both with *and* without therapy (Prochaska & DiClemente, 1982: 282); however, it does not include the role and coordinated process of treatment engagement. Therefore while there are theoretical models that offer explanations of the factors and processes surrounding engagement, there appears little in the way of a clear theoretical explanation of the process of treatment engagement itself.

The apparent anomaly in the literature between the importance of engagement and a lack of engagement theory suggests that the construct has yet to be fully and clearly conceptualized and explained, although it might have previously been defined and interpreted in a number of different studies by researchers. In response to the problems associated with client resistance and reluctance in treatment, Scott and King (2007: 401) have argued that there has been a proliferation and inconsistent application of terms and theories that have hindered research on useful treatment strategies. However, it might be assumed that the type of engagement that is typically referred to within the context of treatment programs is the type of engagement that leads to behavioral change. Drieschner et al. (2004: 1121) argued that 'engagement in the process of change is *almost* the same as engagement in the treatment process' [emphasis added]. However, offenders may potentially 'engage' in the process of treatment but not in the process of change. Given the importance of offender engagement in relation to behavioral change but lack of theory, it is important to establish how it has been defined or assessed and to what extent these definitions and assessments reflect the behavioral change it is associated with. It is also important to draw together the factors (e.g. offender characteristics and treatment factors) that have been evidenced as associated with engagement and equally those that have been investigated but that do not appear to be associated with engagement. There were consequently two aims of this review: first, to establish the various ways offender engagement within group programs has been operationally defined and assessed; second, to establish the offender characteristics and treatment factors associated with engagement as it has thus far been defined and assessed.

2. Method

A search of PsycINFO, Medline, and Academic Research Complete was undertaken for peer-reviewed empirical studies published in English excluding dissertations. The search terms including all their potential derivatives and spellings were: [offender (and) engagement (and) group (and) treatment (or) program (or) intervention]. This search returned 128 studies, none of which were dated before 1980. Studies were included if offender 'engagement' had been operationally defined or assessed, or defined by participants in qualitative studies, in relation to any offender characteristics or treatment factors within treatment that comprised or at least included group work. Studies involving adolescent participants were excluded on the basis that the focus was on adult engagement. There may be distinct features of engagement that are attributable to development in adolescents such as higher levels of impulsivity and negative peer relationships (Smallbone, Crissman, & Rayment-McHugh, 2009), making a synthesis of these two bodies of literature problematic. Twenty-one studies met the review criteria and are henceforth referred to as the 'engagement-defined' studies.

The principal variables underpinning the definitions and assessments for engagement in these studies were then used in a second search. This search was identical to the first, but the term 'engagement' was replaced with: [attendance (or) completion (or) dropout] (returning 175 studies) and participation (returning 99 studies). Other variables employed to define or assess engagement in the first 21 studies included homework, counselor rapport, peer-support, and self-disclosure but searches using these terms returned few studies, mainly relating to treatment outcomes rather than offender characteristics or treatment factors. In line with the same inclusion criteria for the first search, 25 studies met