

MOTIVATIONAL INTERVIEWING IN CRIMINAL JUSTICE: A NEW APPROACH TO ADDRESSING TREATMENT MOTIVATION AND RELATED BEHAVIORS

SCOTT T. WALTERS, PHD, ELIZABETH RESSLER, LGSW,
LATONYA DOUGLAS, MS, AND FAYE S. TAXMAN, PHD

The criminal justice system is in a nearly impossible situation, trying to address a myriad of problem behaviors such as substance abuse, sexual risk, mental health, and educational and vocational deficits. Probation is the largest segment of the U.S. criminal justice system, with nearly 5 million people on probation supervision.

Substance Abuse Treatment and the Criminal Justice System

An important component of the criminal justice system is substance abuse treatment; two-thirds of probation offenders were drug involved, and half were under the influence at the time of the offense (Karberg & James, 2005). In the last 20

years, a consensus has emerged that substance abuse treatment can reduce drug use and other risky behaviors such as criminal behavior, transmission of HIV/AIDS and infectious diseases, and mental illness (Aos, Miller, & Drake, 2006; Chandler, Fletcher, & Volkow, 2009; Harvey, Shakeshaft, Hetherington, Sannibale, & Mattick, 2007). However, despite these established benefits, less than half of drug-involved probationers participate in treatment (Karberg & James, 2005).

The system-level barriers to treatment are well-known: a lack of available services (Chandler et al., 2009; Taxman, Perdoni, & Harrison, 2007), negative and untrusting attitudes toward offenders (Duffee & Carlson, 1996; Taxman,

1998), and criminal justice practices that undermine the importance of treatment (Farabee et al., 1999; Taxman, 1998). Offender motivation can also be a barrier; despite court mandates, offenders may be insufficiently motivated to participate in treatment. Unfortunately, few programs in the criminal justice system have early phases specifically geared to addressing motivational issues (Taxman, Perdoni, & Caudy, 2013).

The probation process starts with a decision by a judge. A judge typically determines, based on a person's substance abuse and criminal history, whether he or she will be required to attend treatment as part of probation. During the supervision period, the offender will meet with a probation officer



and treatment staff who monitor progress toward court conditions. Throughout the process, the offender's interactions will be strongly colored by the professional orientation of the criminal justice worker. For example, if a probation officer has a strong law enforcement orientation, he or she may focus on tasks that promote short-term risk management rather than long-term rehabilitation. Similarly, counselors may believe that individuals who are mandated to treatment are not ready to participate in treatment and will have an overall worse prognosis. An attitude that minimizes the importance and benefit of treatment can negatively affect a person's own motivation.

The justice system has historically focused on repairing failings of the

individual—finding and fixing the causes of aberrant behaviors. Judges, probation officers and treatment staff still refer to issues—struggles or problems a person has, such as a long history of criminal behavior, broken family, unemployment or substance abuse—with relatively little focus on a person's strengths. Although the criminal justice field has made strides toward implementing evidence-based practice, particularly the use of standardized risk and need-assessment tools, these tools may accentuate a person's deficits. In a sense, the criminal justice language and orientation—offender “risk” and “need for instance”—creates a self-fulfilling prophecy that individuals have many problems and few strengths. In fact, desistance researchers acknowledge that the justice system does little to instill hope in individuals (Maruna & Toch, 2001).

In contrast, a renewed focus on the individual's own values, strengths and intrinsic motivation might help to remind them of the positive qualities they already possess that can help them to be successful in probation. In this process, coercion is a mixed blessing. It can serve to get someone to the door of a treatment program, but it cannot force a person to change. An external push from the criminal justice system—such as being required to go to treatment at the start of probation, seeing someone for an assessment for treatment, or even having a conversation with a therapist about change—should work alongside a person's own internal motivation to make changes.

What Is Motivational Interviewing?

Motivational interviewing (MI) is conversational style for strengthening a person's motivation and commitment to change (Miller & Rollnick, 2012). MI draws from theories such as client-centered counseling (Rogers, 1961), in its emphasis on empathy and rapport, and self-perception theory (Bem, 1972), in the way it goes about shaping client language. MI has sometimes been presented alongside the stages of change model (Prochaska, DiClemente, & Norcross, 1992) because it is particularly well suited to clients who are ambivalent about change, and to

self-determination theory (Deci & Ryan, 1985) because of the way it emphasizes autonomy support.

There are two basic components of an MI interaction: relational and technical (Miller & Rose, 2009). Relational components involve the overall listening tone and spirit of the interaction. This is shown through open-ended questions, affirmations, reflections and summaries (referred to as OARS) as well as through an MI spirit that demonstrates evocation, collaboration and autonomy support. Technical components involve decisions about how to use OARS strategically to elicit client speech in support of change.

In short, the MI counselor uses OARS to evoke client language in support of desire, ability, reasons, need and commitment (DARN-C) to change. It is the client's own “change talk” that makes him or her more motivated and ready to change. Reviews suggest that MI has a significant effect compared to no treatment and a comparable effect to many longer treatments (Smedslund et al., 2011). There is also evidence that adding an MI component to the beginning of a treatment sequence can increase treatment engagement and retention (Carroll et al., 2006; McKee et al., 2007; Swanson, Pantaloni, & Cohen, 1999; Wechsberg, Zule, Riehm, Luseno, & Lam, 2007).

Many studies of MI for non-treatment seekers have used the checkup format, in which a personalized feedback profile is delivered in MI style over one to four sessions (Walker, Roffman, Picciano, & Stephens, 2007). This format was originally designed to attract adults who were experiencing negative consequences from drinking but were not necessarily seeking treatment. One such study, the original drinker's checkup study, recruited adults in the community who were experiencing negative consequences from their drinking but were not necessarily seeking treatment (Miller, Benefield, & Tonigan, 1993). Participants completed a structured interview and then received personalized feedback on their alcohol consumption, delivered in MI style. Those who received the intervention reduced their drinking compared to a wait-list control group and maintained substantial reductions

in drinking throughout an 18-month follow-up period.

More recent studies have used checkups to target drug use, high-risk sexual behavior and adolescent problem behavior (for a review, see Walker et al., 2007). The personalized feedback report in these studies typically includes a summary of information from the baseline assessment, a comparison to population norms, identification of risk factors, and perceived or experienced negative consequences of the behavior. The MI checkup format has addressed a critical gap in the substance abuse treatment literature because of its emphasis on motivating contemplative users to initiate treatment. This format is consistent with motivational enhancement therapies that usually precede formal treatment.

In delivering MI-style interventions, there is increasing interest in targeting behaviors that occur together (Wagner & Ingersoll, 2009). With more than one potential behavior to target, therapists may reduce defensiveness by focusing on the one that the person is most ready to change. Another possibility is that when a person begins to change in one area, it can kindle excitement about change in another area. In the criminal justice system, there is a particularly strong relationship among substance abuse, criminal behavior and risk for acquiring (or transmitting) HIV/AIDS. The intervention described below addresses behaviors that are closely related to substance abuse.

The MAPIT MI Intervention

The Motivational Assessment Program to Initiate Treatment (MAPIT) is a research study testing the effectiveness of in-person MI or a motivational computer program (Walters et al., 2013) at increasing the number of probationers who engage in substance abuse treatment. We are also interested in the effect of the intervention on probation progress and HIV testing. The MI intervention being tested in the MAPIT clinical trial consists of two 45-minute sessions.

Session 1, conducted shortly after the start of probation and immediately after our baseline research interview, is intended to increase motivation for

probation progress, treatment initiation and, if applicable, HIV testing. Session 1 uses a personalized feedback report described below that provides personalized information about risk factors, substance use and other factors that might influence probation success.

Session 2, conducted approximately 30 days later, uses a structured worksheet to reinforce progress, identify additional skills or people who will be helpful in reaching goals, and set additional goals for probation and treatment success. Below, we discuss the structure of the two-session MAPIT intervention, present data from an initial group of clients participating in the clinical trial, and give our early impressions of the intervention.

The following is an overview of session 1 (45 minutes near the start of probation):

1. *The counselor uses the elicit-provide-elicited format to orient the client to the session (Maruna & Toch, 2001). Specifically, the counselor asks the client what he or she already knows about the project (elicit), provides additional information as necessary (provide), and asks about the client's level of motivation to complete probation (elicit).*
2. *The counselor asks the client how committed he or she is at this moment to finishing probation. The counselor probes for several reasons, reflecting and summarizing the client's reasons for being committed to probation success.*
3. *The counselor introduces the personalized feedback report (see Figure 1). The graphically rich report summarizes how the client compares to other people in areas that might affect probation. (We used the National Household Survey on Drug Use and Health to develop comparative data for different age, sex and ethnicity profiles.) The purpose of the report is to provide information so that the client can make the choices that are right for him or her. The information on the report is designed to create a discrepancy between current behavior and personal values or norms. The counselor presents each*

section of the report and elicits the client's reaction to the information. The first section of the feedback contains personalized information about static (historical, fixed) risk factors as well as dynamic (current, changeable) risk factors that might influence probation success. The counselor discusses both trouble spots as well as areas of strength identified in the feedback. The second section provides a personalized alcohol-drug use summary, a comparison to national norms, and a tailored profile of substance abuse consequences in different areas. The counselor uses this information to ask the client how committed he or she is at this moment to completing treatment. The counselor probes for several reasons and then reflects and summarizes the client's reasons for being committed. The next section provides tailored information about HIV risk factors and testing recommendations (if appropriate). The final section provides examples of potential goals that the client might set to assist with his or her overall probation progress and describes the substance abuse treatment. The counselor uses the final section to elicit ideas about the client's goals for the next month.

4. *The counselor provides an overall summary of the session, including the client's level of commitment, anything the client found interesting or surprising, and any goals that he or she identified. The counselor gives the client a copy of the session 1 report.*

The following is an overview of session 2 (30 days after session 1):

1. *The counselor reviews progress since the last meeting, reinforces any progress and helps the client to identify new goals as appropriate.*
2. *The counselor asks the client how committed he or she is at this moment to finishing probation. The counselor probes for several reasons, reflecting and summarizing the client's reasons for being committed. The counselor uses a*

structured worksheet (see Figure 2) to elicit new goals for probation progress in the next month.

3. The counselor asks the client how committed he or she is at this moment to completing treatment. The counselor probes for several reasons, reflecting and summarizing the client's reasons for being committed. The counselor uses the same worksheet to elicit goals for treatment progress.
4. If HIV testing was recommended during session 1, the counselor inquires about the status of this.
5. The counselor uses a visual diagram to discuss the client's long-term goals. The counselor ties this long-term vision to the short-term goals identified in the session 2 report.
6. The counselor uses a visual diagram to help the client identify areas of social support. The counselor asks the client to identify people in five categories who are generally helpful to him or her: friends, family,

religious, support groups, and job or school. The counselor helps the client to identify up to five people who would be helpful in making changes in substance use. The counselor takes notes for the client of the specific ways that the person would be helpful to him or her.

7. The counselor provides an overall summary of the session, including the client's level of commitment, anything the client found interesting or surprising, and any goals that he or she identified. The counselor gives the client a copy of the session 2 worksheet.

Evaluating the MAPIT MI Intervention

The MAPIT MI intervention is being tested in a randomized clinical trial in two large probation departments: Baltimore, Maryland, and Dallas, Texas. Six hundred probation clients are being randomized to receive: (a) in-person MI, (b) a motivational computer program, or (c) supervision as usual. Eligible clients

must be at least 18 years old, have a recent court date, and report recent drug use or heavy alcohol use. Assessments are being conducted at baseline and after two months, six months and one year to determine whether the intervention affects treatment initiation and retention, substance use, HIV/AIDS testing and overall probation progress. The two study sites, which vary significantly in demographics and organization, will help determine whether the intervention generalizes across different settings.

We examined session data from the first 20 clients assigned to the MI condition in the clinical trial (n = 17 in Dallas; n = 13 in Baltimore). In general, the clients said they were very committed to finishing probation and treatment (mean commitment, on a scale of one to 10, was 9.8 for finishing probation and 8.6 for finishing treatment). The most common reasons for wanting to finish probation and treatment were family, being tired of using drugs and avoiding legal consequences. Despite the lengthy history of many clients in the criminal justice system, most

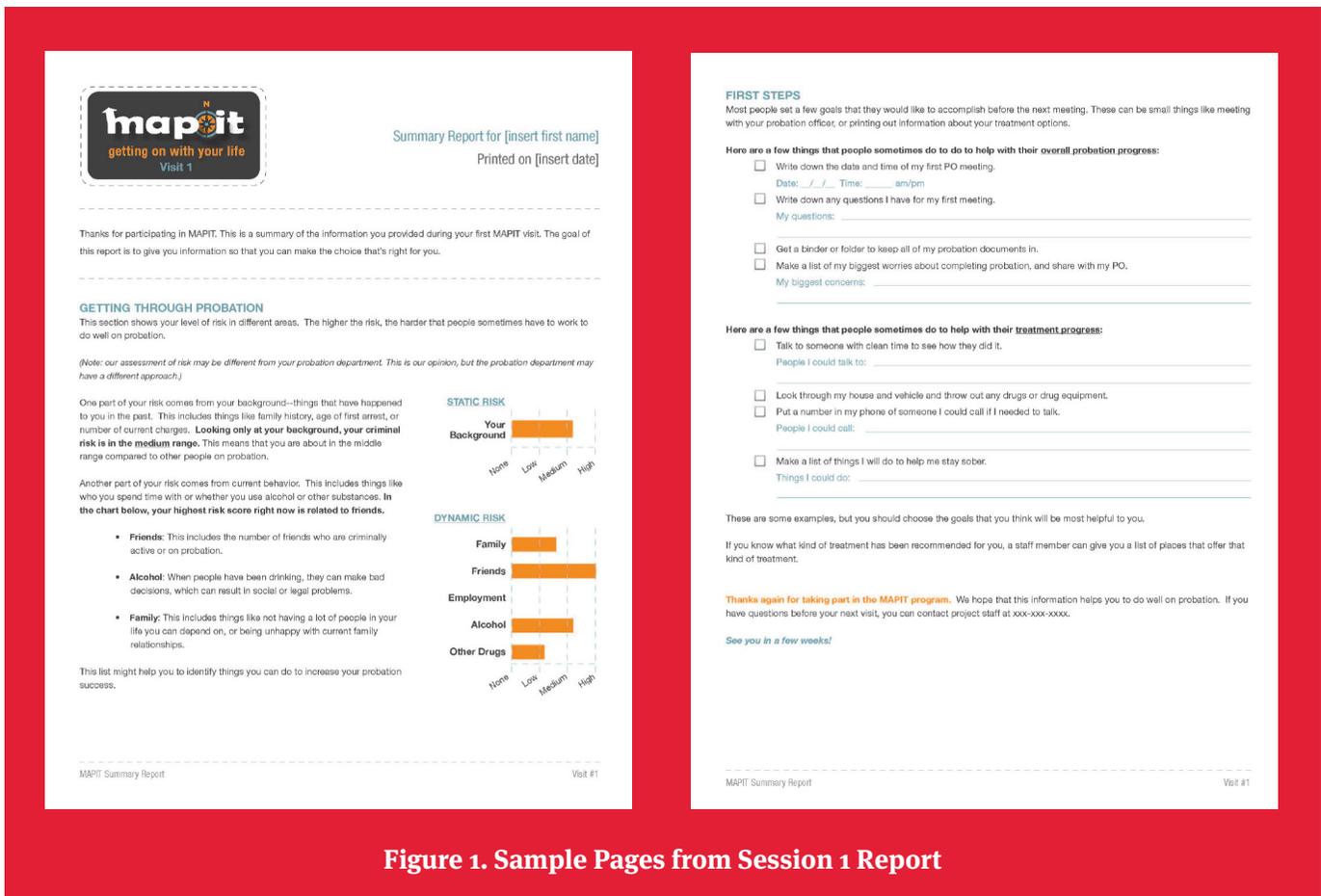


Figure 1. Sample Pages from Session 1 Report

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talked about this period as an aberration from their ideal lives. Many clients mentioned wanting to “do the right thing,” “be a productive member of society” and “get on with their lives.” In terms of early probation goals, the clients were most likely to select “Get a binder to keep all of my probation documents in” (we provided binders to clients who requested them) and “Talk to someone with clean time to see how they did it.” Many clients also said they wanted to attend self-help meetings, spend time with positive people and initiate a job search.

In addition to looking at client-level data, we were interested in counselor impressions of what things were most surprising or helpful to the clients. One area that seemed to be particularly interesting to the clients was the substance use summary. The impression of the counselors was that many clients were surprised to see a summary of their alcohol and drug use as well as a comparison of their use to other American adults. This is ironic, given that the data were based on information reported by the client.

A section that elicited many detailed stories was the profile of substance use consequences, which breaks down the frequency of consequences into different areas: health, relationships, personal, risky behavior, neglecting responsibilities and legal problems. The counselors felt that discussing consequences in this way helped the clients to pinpoint what things were most salient to them. Finally, many clients seemed surprised by their HIV risk. In particular, the clients reported being surprised that the overall rates of HIV for people on probation are about three times those of the general population and that intravenous drug use is an important risk factor for contracting or transmitting HIV. Future linguistic analyses of the session tapes will help determine the relationship of these client statements to later behavior.

Conclusion

There has been increasing interest in implementing motivational approaches in the criminal justice system (Walters, Clark, Gingerich, & Meltzer, 2007). The

most common model in community corrections has been to train existing line staff members, most often probation and parole officers, to use MI techniques as part of their interactions with clients (Alexander, VanBenschoten, & Walters, 2008). A recent survey of probation and parole officers found that nearly 30 percent of their offices had explored the use of MI in the supervision process, but an audit of four offices that had completed an MI training program found that ongoing adherence to MI was very low (Taxman et al., 2007).

However, there are drawbacks to this strategy: Probation staff may not have the skills to adequately deliver MI, the amount of time may be insufficient, or the effect of MI may be diluted as a result of other law enforcement tasks. MAPIT is unique in the sense that it is testing MI as a pretreatment intervention for probation clients who are mandated to attend treatment. We chose to use a project counselor rather than probation line staff because this gave us control over the fidelity and implementation of the

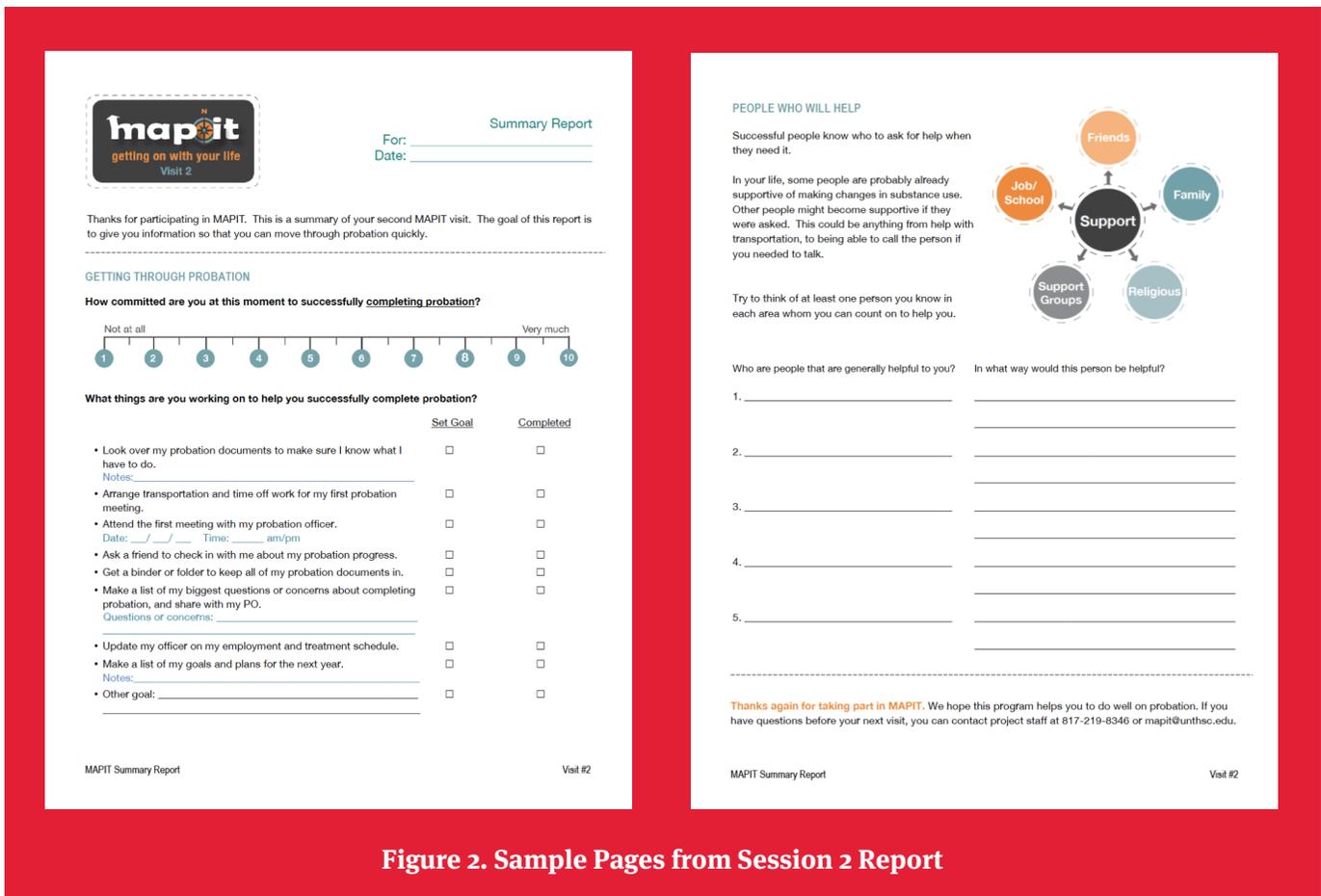


Figure 2. Sample Pages from Session 2 Report

intervention. Distinguishing counseling from criminal justice staff may also help clients to consider motivation apart from their involvement in the criminal justice system. If the MAPIT MI intervention can be exported to other probation agencies, the results could affect the lives of 3.5 million probationers in need of addiction services, with the eventual goal of reducing substance abuse and criminal behavior and increasing the number of people who obtain HIV testing and treatment. **C**



Scott T. Walters, PhD, is Professor of Behavioral and Community Health at the University of North Texas Health Science Center. As a researcher and educator, his work blends MI research, training, and practice. Current projects include developing and testing brief interventions in hospital, corrections, and

community settings. His publications include 60 articles and book chapters, and five books, including most recently, *Treating Substance Abuse: Theory and Technique* (3rd Ed.). In addition to research, he has conducted numerous trainings for criminal justice workers, counselors, and healthcare professionals, and served as a consultant on projects to develop Internet and mobile interventions for a variety of health behaviors. In the past 10 years, he has conducted more than 100 trainings, ranging from brief overviews to extended coaching and feedback.



Liz Ressler received her Master's Degree in Social Work from New York University in 2010 with a focus in Substance Abuse. For the last two years she has been working in a Community Mental Health Clinic as a therapist. She provided therapy for people with a variety of mental health

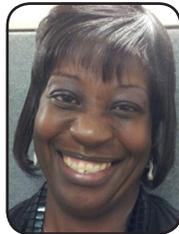
struggles including depression, anxiety, OCD, schizoaffective disorder, and co-occurring disorders. Ms. Ressler also served as the wellness coordinator of a SAMHSA funded grant focused on bringing primary care services into a behavioral health setting. Ms. Ressler will be working at FRI to help link HIV positive clients with community services (including HIV treatment programs) as part of a NIDA funded study.



Faye Taxman, PhD is a University Professor in the Criminology, Law, and Society Department at George Mason University and an Affiliate Senior Research Scientist at Friends Research Institute. Dr. Taxman is recognized for her work in the development of the seamless systems of care models that link criminal

justice with other service delivery systems as well as reengineering probation and parole supervision services and organizational change models. Recent work

specializes in advancing new models of care, developing re-entry processes, and measurement of organizational change. Her work specializes in organizational culture and effective community interventions. She is on the Editorial Boards of the *Journal of Experimental Criminology*, *Criminology* & *Public Policy* and *Journal of Offender Rehabilitation*. She received the University of Cincinnati award from the American Probation and Parole Association in 2002 for her contributions to the field. She is a Fellow of the Academy of Experimental Criminology and a member of the Correctional Services Accreditation Panel (CSAP) of England. In 2008, the American Society of Criminology's Division of Sentencing and Corrections recognized her as Distinguished Scholar.



Latonya Douglas, MS, is a senior research associate and counselor on the MAPIT study. Prior to her work on MAPIT, she served for many years as a project manager at the Dallas Urban League, where she coordinated grants from the CDC and Texas Department of State Health Services.

Correspondence should be addressed to Scott T. Walters, University of North Texas Health Science Center, School of Public Health, 3500 Camp Bowie Blvd., EAD 709, Fort Worth, TX 76107-2699. Phone: (817) 735-2365. E-mail: scott.walters@unthsc.edu.

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