

**RESULTS FROM THE NATIONAL CRIMINAL JUSTICE TREATMENT PRACTICES
SURVEY AT THE WASHINGTON DEPARTMENT OF CORRECTIONS**

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Survey Summary with Considerations for Planning

In 2012, Secretary Bernie Warner outlined five priorities for the department. Priority two states, “Programs-In addition to providing for staff safety, public safety also requires programs that change offender behavior to break the cycle of crime. These programs must be proven to be effective or show promising results and must be applied consistently throughout an offenders time under our jurisdiction.” To assess the readiness for this undertaking this ambitious challenge, the Washington State Department of Corrections (WDOC) executive team, in collaboration with the University of Cincinnati Corrections Institute surveyed all of DOC’s approximately 8000 employees using the National Criminal Justice Treatment Practices Survey (NCJTPS). The survey was designed to examine the structure, resources and other organizational factors of the WDOC that may affect its ability to accomplish this priority.

METHOD

NCJTP Survey

The National Criminal Justice Treatment Practices Survey (NCJTPS) covers several topics, including the opinions regarding rehabilitation, punishment, and services provided to offenders; organizational capacity and needs; mission and goals of correctional and treatment programs; organizational climate and culture for providing services; and working relationships between correctional and other agencies. The specific surveys used here consisted of four different versions, each tailored for a different type of professional respondent group: *General Staff*, *Administrators*, *Program Directors*, and *Executives*. The four surveys contain many of the same questions. However, there are some notable differences. In particular, some questions are asked only of staff (e.g., job frustration) where others are asked only of administrators and executives (e.g., organizational culture). Also, although all of the surveys contained the subscales of

leadership and organizational climate, some differed in the number and type of questions comprising the scale.

All survey question responses consisted of 5-item Likert scale: 1 = *Strongly Disagree*, 2 = *Disagree*, 3 = *Neutral*, 4 = *Agree*, and 5 = *Strongly Agree*. Items were grouped into subscales defined in the NCJTPS Organizational Measures Manual (for more information see Taxman et al., 2007). Subscale scores were calculated as the sum of scores for all items in the scale divided by total the number of items in the scale. Items that were negatively worded were reverse coded before the subscales were computed. For a full description of the scales and the questions that comprised each subscale please refer to the appendix.

Participants

The survey respondents in this study were staff from the Washington Department of Corrections WDOC in Washington State. The WDOC provided the University of Cincinnati with a list of all of employees. Each employee was e-mailed a link to take the survey electronically through the surveymonkey.com website. Additionally, staff with limited access to computers was also sent hard copy surveys. All surveys were self-administered by staff and returned to the University of Cincinnati for analysis. Staff either mailed back the survey via a self-stamped envelope or submitted the survey electronically through the surveymonkey.com website. The University of Cincinnati staff sent out two e-mail reminders to WDOC staff to complete the survey.

There were 1,711 total surveys returned (response rate of 21.7%). A description of the survey respondents is presented in Table 1. Generally speaking, the staff in this study were predominately white (84.3%), non-Hispanic (94.7%), female (60.9%), and older than 40 (72.2%).

Table 1

Demographic Characteristics of Participants (N = 1,711)

Characteristic	<i>n</i>	%
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Age group (<i>n</i> = 1,706)		
< 30	130	7.6
31-40	344	20.2
41-50	514	30.1
51-60	532	31.2
61+	186	10.9
Race (<i>n</i> = 1,687)		
White	1,422	84.3
Non-White	265	15.7
Ethnicity (<i>n</i> = 1,647)		
Hispanic	88	5.3
Non-Hispanic	1,559	94.7
Gender (<i>n</i> = 1,693)		
Male	662	39.1
Female	1,031	60.9

Table 2 provides a summary of the participant employment groups. Prison custody/direct supervision employees represent the largest employment group of respondents (40.9%). Figure 1 describes participant employment division types. The prison represents the largest employment division of respondents (64%)

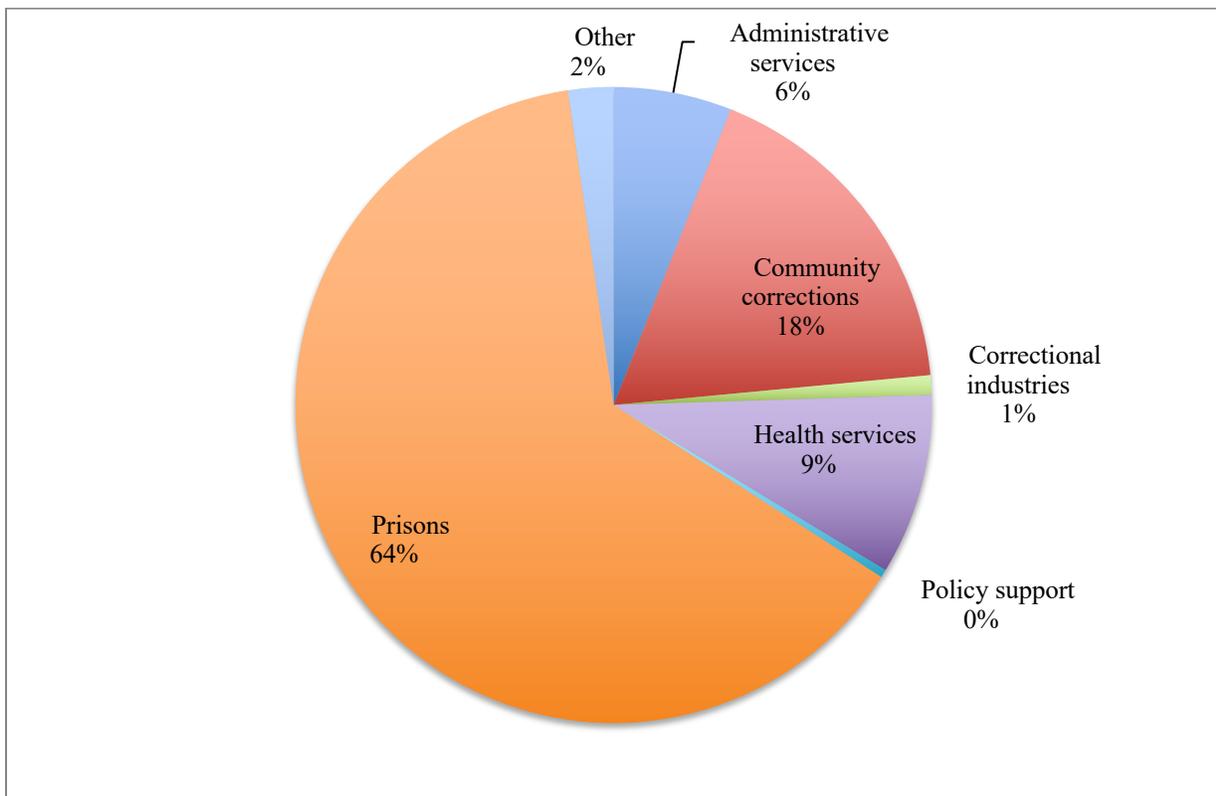
Table 2
Summary of Participant Employment Group (N = 1,701)

Employment group	<i>n</i>	%
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Administrative/support	251	14.8
Community corrections/direct supervision	215	12.6
Correctional industries	17	1.0
Executive leadership	44	2.6
Financial services	25	1.5
Information technology	25	1.5
Medical professional	127	7.5
Offender programs	33	1.9
Prison classification	94	5.5
Prison custody/direct supervision	695	40.9
Other	175	10.3

Figure 1

Participant Employment Division Type



RESULTS

The results of this study are grouped into three categories: those with strong support, those

of no concern, and those with some concern. The findings are summarized below.

Areas of Strong Support

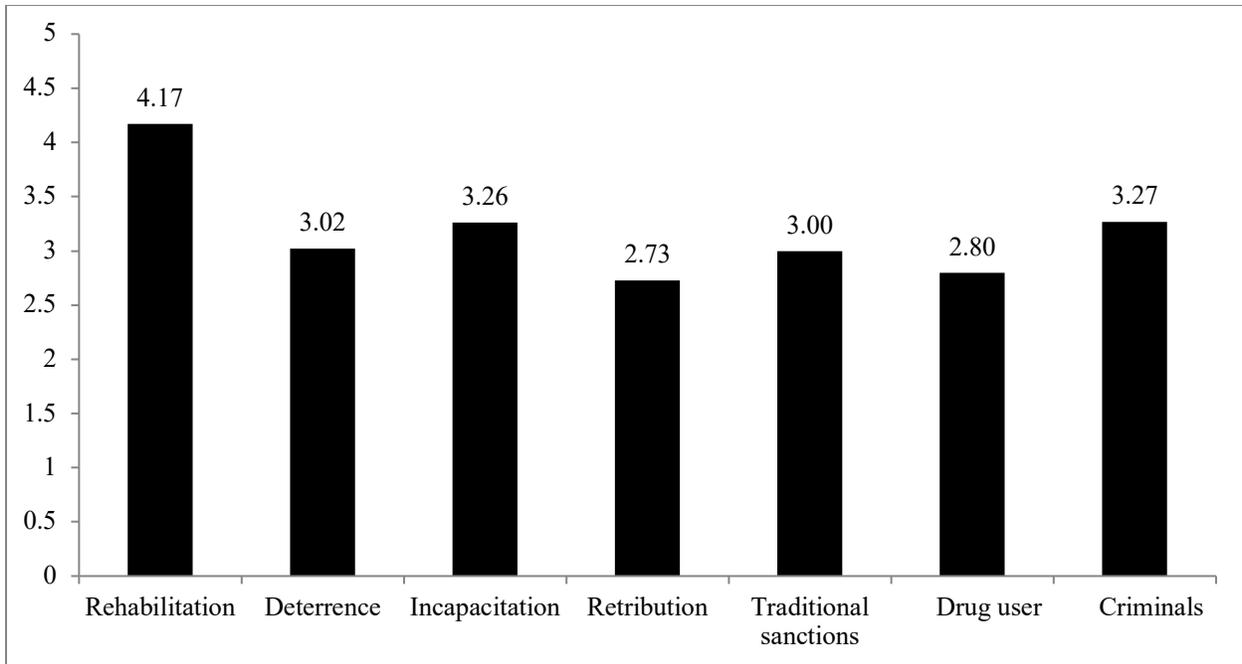
The WDOC respondents strongly supported the philosophy of rehabilitation and evidence-based treatment practices (see Figure 2). This is significant since WDOC has received a legislative mandate for implementing evidence-based practices (EBP) and critical to implementing EBPs in the need to have an underlying philosophy of rehabilitation. In articulating his priorities for WDOC, Secretary Warner stated that, “In addition to providing for staff safety, public safety also requires programs that change offender behavior to break cycles of crime.” To accomplish this, every staff member must hold to the philosophy of rehabilitation. This finding demonstrates an area of strength within WDOC.

While the data indicates that currently respondents strongly support this philosophy it is imperative that staff at all levels, but especially management and executives, take every opportunity when addressing staff to reinforce their commitment to this and expand staff’s understand of how this affects every one of them.

The respondents provided far less support for the philosophies of punishment. Executive respondents were the most supportive of rehabilitation and least supportive of punishment compared to the other three employment groups. This is a positive finding since outdated theories of “stronger punitive practice would yield less criminal behavior” has been demonstrated to produce poor outcomes. Many states are still dealing with reversing this philosophy, but this does not appear to be the case in WDOC. It is advisable that administrators and treatment directors communicate research findings and data to line staff regarding the results obtained when use of harsh and punitive practices were employed.

Figure 2

Attitudes Toward Rehabilitation and Punishment



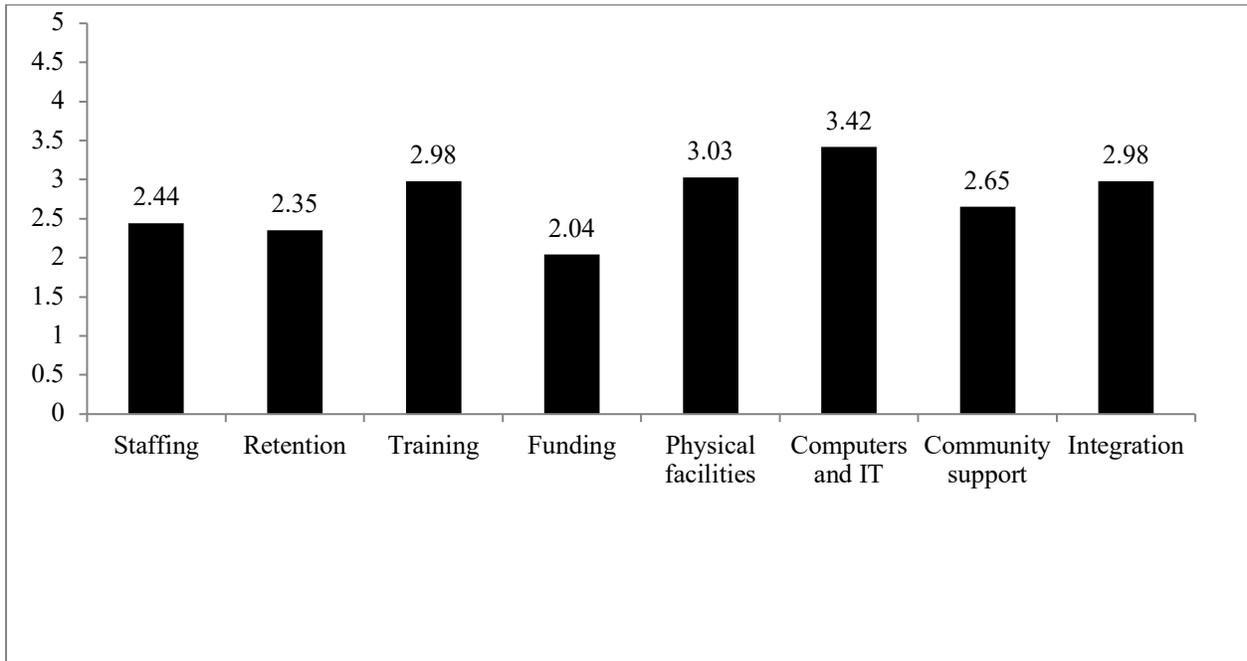
Respondents also held a great amount of support for the application of reentry services, information systems, offender assessments, and valued treatment providers that were knowledgeable. Ensuring continued information to staff on advances being made in this area should be considered. This would keep the support level high. This may be accomplished in collaboration with the communication department. Perhaps a routine update column can be employed.

Areas of No Concern

The WDOC respondents viewed the organizational culture and leadership as neither strengths nor problems for the department (see Figure 3). The respondents indicated neutral perceptions of (a) overall staff commitment to the organization, (b) an adequate climate for treatment in the department, (c) staff ability to make suggestions, (d) effective integration of services across units, and (e) good inter-departmental coordination. Respondents were indifferent in their rating of the WDOC staff training.

Figure 3

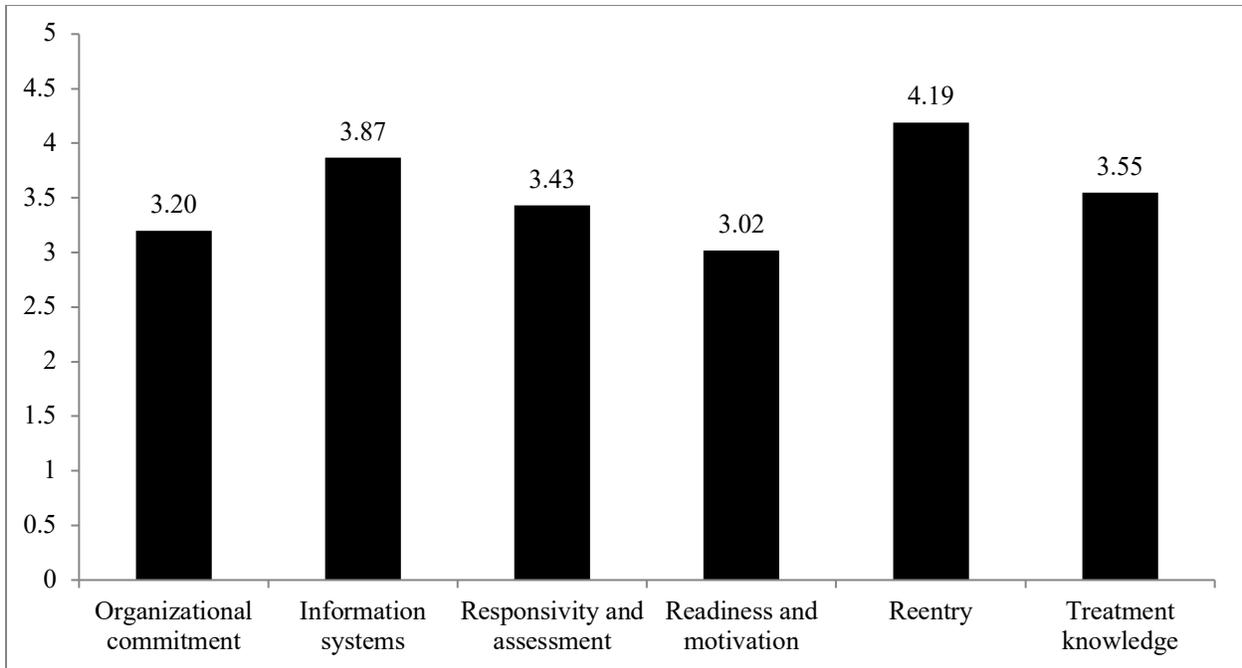
Organizational Needs Assessment



Respondents also remained neutral on many of the organizational commitment and treatment practices belief subscales (see Figure 4). Specifically, in whether it is or is not the departments' responsibility to motivate offenders to engage in treatment. Program directors did indicate more support than staff in this regard. This finding indicates a need to provide more information to staff about (a) motivation is an area that can, and should, be influenced, and (b) EBPs can be used to increase an individual's motivation for change and/or treatment engagement.

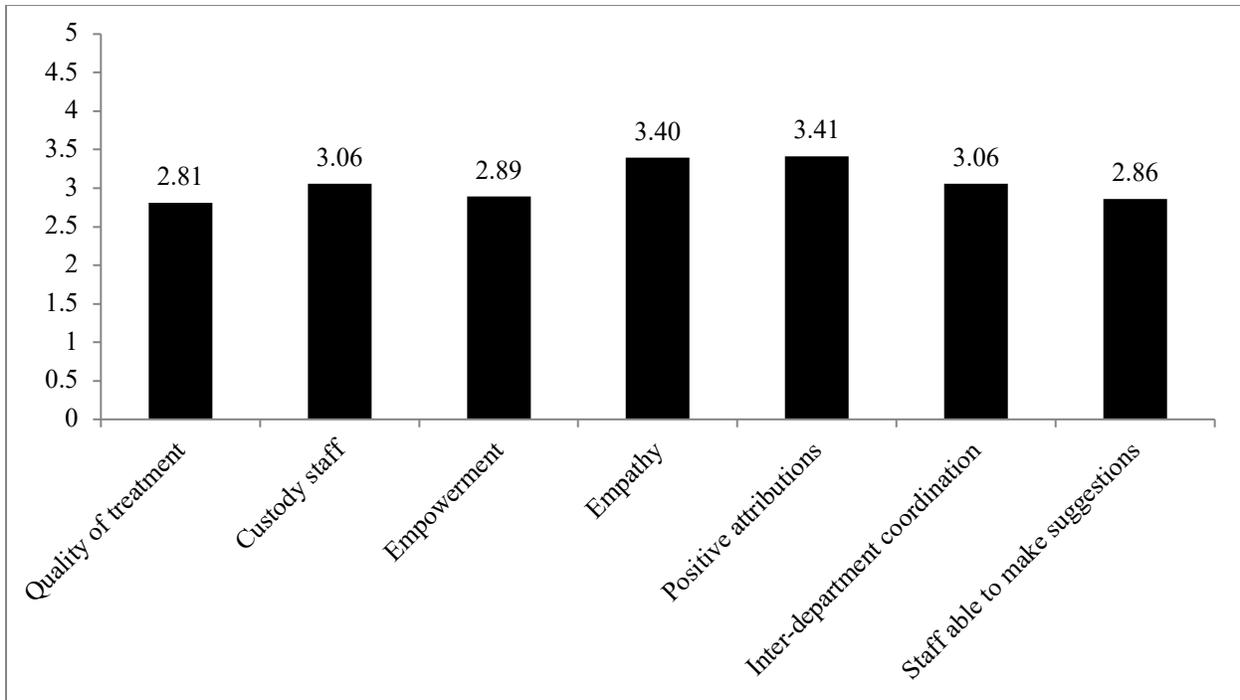
Figure 4

Organizational Commitment and Treatment Practices Beliefs



This finding is timely since WDOC has been providing Motivational Interviewing training in numerous counties. As indicated by its name, Motivational Interviewing is designed to increase motivation toward change. We anticipate that as we continue to train, implement and evaluate the uptake of EBPs that staff will become more skillful and intentional about targeting motivation and utilizing strategies for increasing individual’s readiness to change.

Figure 5
Climate for Treatment



Areas of Concern

One finding worth mentioning is the organization climate at WDOC. The survey found that staff (a) do not feel managers are willing to try new ways of doing things, (b) disagree on the changes needed to achieve long-term objectives, (c) do not feel comfortable discussing mistakes with supervisors, and (d) do not feel the department effectively measures employee performance or takes measures to improve skills (see Figures 6 & 7). Finally, respondents indicated a moderate degree of job frustration and cynicism toward change.

Figure 6
Organizational Culture and Leadership

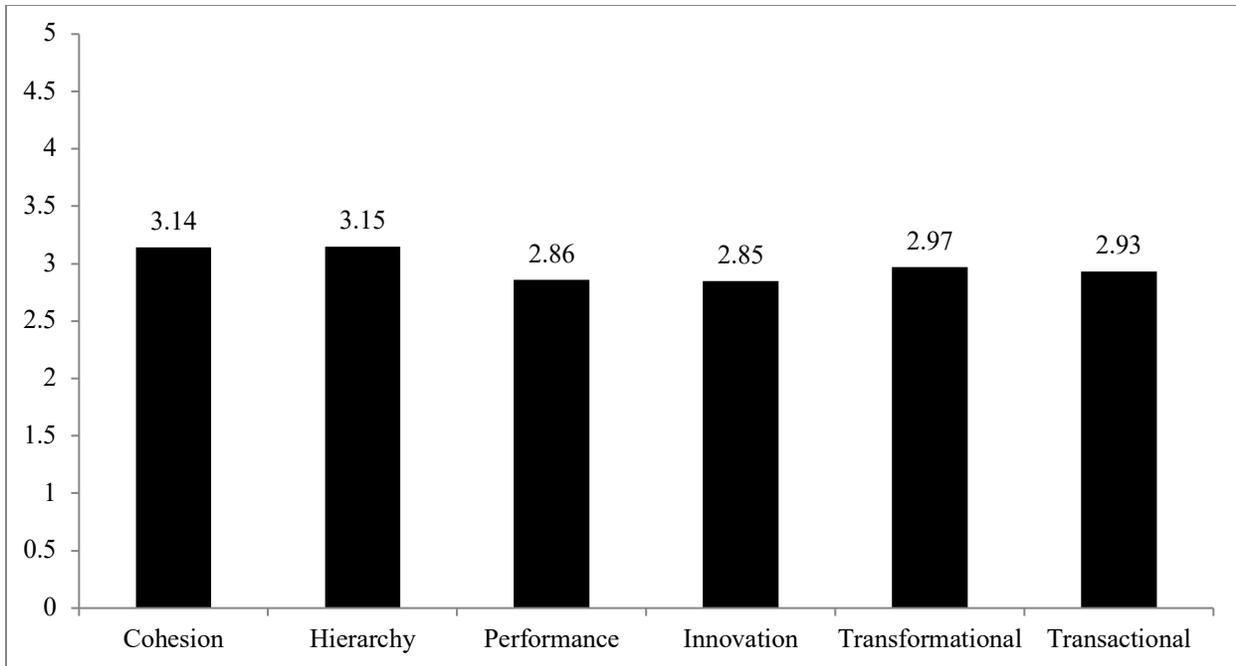
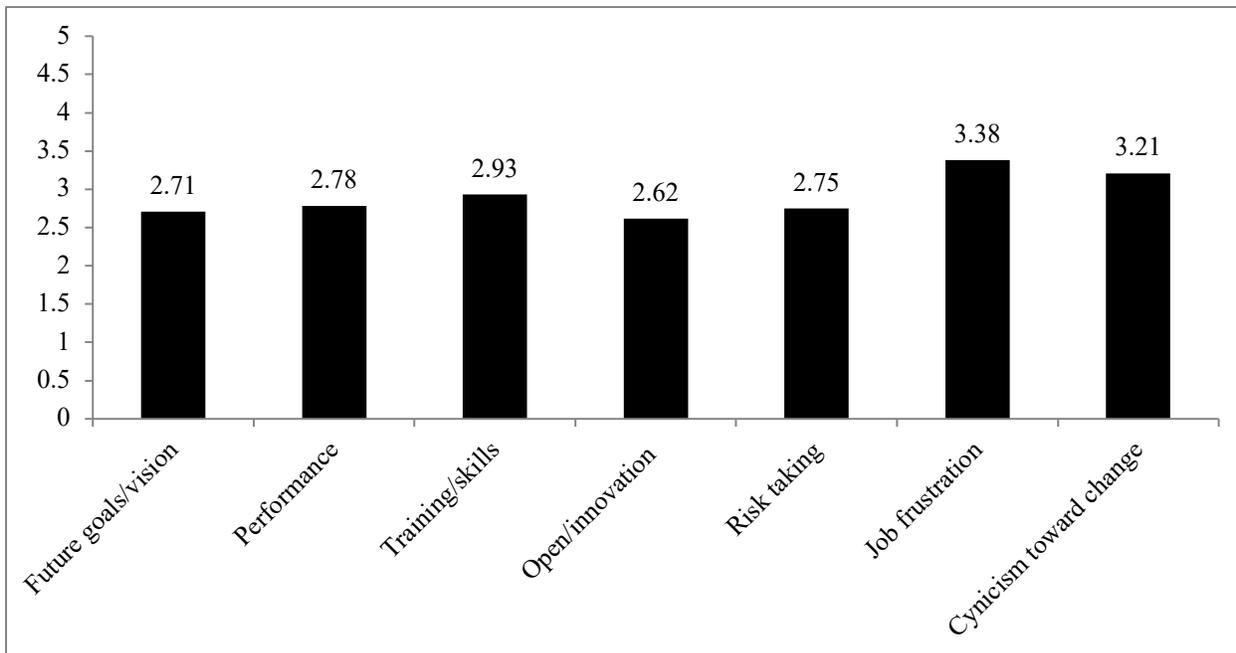


Figure 7
Organizational Climate



This is an area that WDOC needs to concentrate efforts on. The following comments, if implemented effectively will address concerns in the areas of openness within the organizational

culture, risk taking, cynicism, and performance. These components all fall within the organizational culture and leadership domain. The legislature and executive leadership have demonstrated their awareness in their recent creation, recruitment and hiring of a Quality Assurance Team that will work statewide in the implementation of EBP. Fundamental to achieving productive change is the ability to become and “learning and improving” organization. This involves a planned approach based on data driven decision-making. A quality improvement (QI) focus is consistent with the WDOC value of people’s ability to grow and change. A quality driven organization elicits input at all levels, especially those closest to the changes (i.e., the survey). Steps being taken to shift to a quality driven organization is a move in the right direction. This survey can be messaged to be a planning step in that direction. Messaging quality improvement to the workforce needs to target providing a basic understanding of the emerging QI model. Providing them with basic information of the QI process will build knowledge to move forward. Communicating basic QI elements such as “PDCE,” Plan, Do, Check, Evaluate will start to build a foundation for a learning organization. The emphasis of accountability (data) being used for improvement rather than punitive actions will set the groundwork for fidelity in practice. Additionally, the engineering of a data review process that is circulated across the organization is crucial and must be valued and reviewed at all levels of administration.

The establishment of pilot project is already underway within the WDOC. Processes must be established at every level to support these initiatives and strong QI practices implemented to provide the necessary data for program success. These pilot projects can be leveraged to build thriving learning organization.

REFERENCES

Taxman, F. S., Young, D. W., Tesluk, P., Mitchell, S., Rhodes, A. G., DeCelles, K., & Perdoni, M. (2007). National Criminal Justice Treatment Practices Survey: Organizational measures manual. Unpublished Manual.

APPENDIX

Summary of the National Criminal Justice Treatment Practices Survey (NCJTPS) subscales

Items are scored on the following Likert scale:

1	2	3	4	5
<i>Strongly Disagree</i>	<i>Disagree</i>	<i>Neutral</i>	<i>Agree</i>	<i>Strongly Agree</i>

All subscales have been calculated according to the instructions from the NCJTPS organizational measures manual. The symbol ® designates items with reverse scoring. Higher scores indicate more agreement with the items/subscale.

ATTITUDES TOWARD REHABILITATION AND PUNISHMENT:

Staff were asked “*The best way to reduce crime is to....*”

REHABILITATION SUBSCALE

- 1) Make sure criminals get effective treatment for addictions and other problems while they’re in prison/jail, or on supervision in the community
- 2) Provide criminals with treatment to address addiction, mental health problems, or other problems
- 3) Make sure that the treatment provided is matched to the offender’s needs
- 4) Provide more treatment, jobs, and educational programs to address problems that often contribute to crime

DETERRENCE SUBSCALE

- 1) Show people who use drugs they will be punished severely if they don’t stop
- 2) Deter future offenders by severely punishing criminals who are caught and convicted
- 3) Deter future criminals by severely punishing drug users who are caught and convicted

INCAPACITATION SUBSCALE

- 1) Keep criminals in prison/jail and off the streets
- 2) Keep criminal in prison/jail where they can’t bother law abiding citizens
- 3) Keep drug users in prison/jail and off the streets

RETRIBUTION SUBSCALE

- 1) Use the “eye for an eye, tooth for a tooth” principle
- 2) Punish addicts in prison/jail to top them from using drugs

TRADITIONAL SANCTIONS SUBSCALE

- 1) Deterrence subscale
- 2) Incapacitation subscale
- 3) Retribution subscale

DRUG USER – TRADITIONAL SANCTIONS SUBSCALE

- 1) Show people who use drugs they will be punished severely if they don’t stop
- 2) Keep drug users in prison/jail and off the streets

- 3) Punish addicts in prison/jail to top them from using drugs
- 4) Deter future criminals by severely punishing drug users who are caught and convicted

CRIMINALS – TRADITIONAL SANCTIONS SUBSCALE

- 1) Keep criminals in prison/jail and off the streets
- 2) Deter future offenders by severely punishing criminals who are caught and convicted
- 3) Keep criminal in prison/jail where they can't bother law abiding citizens
- 4) Use the “eye for an eye, tooth for a tooth” principle

NEEDS ASSESSMENT:

Staff were asked “*In my facility...*”

STAFFING SUBSCALE

- 1) We have few difficulties in adequately staffing our organization
- 2) We have enough staff to meet our organizations needs

RETENTION SUBSCALE

- 1) We have trouble retaining highly competent staff in this organization ®
- 2) Our staff frequently say that they are overworked and/or don't have enough time to get done what they need to do ®

TRAINING SUBSCALE

- 1) Our staff lacks access to the training and development programs they need ®
- 2) Our staff integrates new knowledge and techniques into their work to improve the way in which services are provided
- 3) Our staff stays current with new techniques that relate to their jobs
- 4) The training and development programs for our staff are of very high quality
- 5) Attending training and development programs is made a priority for our staff

FUNDING SUBSCALE

- 1) We have funding available to introduce new programs and/or initiatives if they are needed
- 2) We have had to cut or significantly reduce programs and/or services due to funding constraints ®
- 3) We would significantly expand/enhance certain programs and/or services if funding were available ®

PHYSICAL FACILITIES SUBSCALE

- 1) Our physical facilities are designed to meet the specific needs of most of the important services and programs we run
- 2) Our offices and other facilities are well maintained and kept fully functional
- 3) We have the necessary physical space for the services and programs we run

COMPUTERS AND IT SUBSCALE

- 1) We have computer and information technology tools/resources to efficiently access

- offender records
- 2) Our staff feels very comfortable using computers and information technology tools to do their jobs
 - 3) Our staff lacks the computer skills necessary to proficiently access offender records ®

COMMUNITY SUPPORT SUBSCALE

- 1) We have the support we need from communities for important priorities and new programs for offenders
- 2) We have extensive collaborations/partnerships with external groups (e.g., outside service providers) that facilitate important priorities, new programs, and/or initiatives for offenders
- 3) We have significant challenges in generating the necessary political support for important priorities, new programs, and/or initiatives for offenders ®

INTEGRATION SUBSCALE

- 1) We regularly integrate new services, programs, and/or initiatives into our organization's operations
- 2) Our programs, services, and/or initiatives are designed to address multiple offender needs
- 3) We have a high level of coordination across units, and/or departments when it comes to delivering services and programs to offenders

ORGANIZATIONAL COMMITMENT:

Staff were asked "*Working with your agency based on your experiences at this facility/location...*"

- 1) I am quite proud to be able to tell people who it is that I work for
- 2) What this organization stands for is important to me
- 3) I work for an organization that is incompetent and unable to accomplish its mission ®
- 4) I feel a strong sense of belonging to this organization
- 5) I feel like "part of the family" at this organization
- 6) The people I work for do not care about what happens to me ®
- 7) This organization appreciates my accomplishments on the job
- 8) This organization does all that it can to recognize employees for good performance
- 9) My efforts on the job are largely ignored or overlooked by this organization ®

TREATMENT PRACTICES BELIEFS:

Staff were asked "*How much do you agree or disagree with the following statements about treatment?*"

INFORMATION SYSTEMS SUBSCALE

- 1) Computer information systems are essential for tracking offenders' assessment history and their involvement in programs
- 2) Investing time in learning a computer information system is not worth the time it takes away from working with offenders ®

- 3) The main function of the computer information systems is for supervisors to keep track of line staff ®

RESPONSIVITY AND ASSESSMENT SUBSCALE

- 1) Realistically, offenders have very few strengths upon which to build an effective treatment plan ®
- 2) Seriousness of the current offense should be the primary determinant in considering type of treatment ®
- 3) People who use drugs and people who sell drugs should get the same treatment ®
- 4) It is necessary to formulate a comprehensive and individualized assessment of each offender's situation, needs, and goals
- 5) It is impractical for treatment programs to provide services that are tailored to individual offenders ®
- 6) All substance-abusing offenders should participate in the same treatment regimen ®

READINESS AND MOTIVATION SUBSCALE

- 1) Treatment cannot address the offender's motivation for change ®
- 2) It is not the treatment program's responsibility to motivate offenders to change their behavior ®
- 3) Offenders can only really be helped if they come to the program motivated and ready for treatment ®

REENTRY SUBSCALE

- 1) It is important for prison treatment programs to invest in efforts to link inmates to community-based programs that they can attend after their release
- 2) Counselors working with offenders after they return to the community should know about the treatment provided to inmates in prison

TREATMENT KNOWLEDGE SUBSCALE

- 1) Information systems subscale
- 2) Responsivity and assessment subscale
- 3) Readiness and motivation subscale
- 4) Reentry subscale

CLIMATE FOR TREATMENT:

Staff were asked "*How much do you agree or disagree with the following statements about treatment?*"

QUALITY OF TREATMENT SUBSCALE

- 1) Managers emphasize the importance of evaluating our programs
- 2) There is strong commitment to improving the quality of treatment programs we provide
- 3) There is a high level of leadership shown by management to improve the quality of treatment programs we provide
- 4) When things are being done in such a way that they compromise the delivery of

- treatment services, managers step in and take action
- 5) Senior administrators have respect for treatment services
 - 6) Efforts to improve the quality of the treatment services that are provided here are recognized and appreciated

CUSTODY STAFF SUBSCALE

- 1) Custody/supervision staff see the importance of treatment programs that treatment staff provide
- 2) Custody/supervision staff have a good deal of respect for the work that the treatment staff here do
- 3) Most custody/supervision staff go out of their way to minimize interfering with treatment services

EMPOWERMENT SUBSCALE

- 1) Staff are given the necessary tools and means that they need in order to provide effective treatment services to inmates
- 2) Managers emphasize the importance of evaluating our programs
- 3) Staff are given the training they need to provide effective treatment services

PERSPECTIVE TAKING:

Staff were asked “*Based on your work interactions with treatment staff that work within your facility...*”

EMPATHY SUBSCALE

- 1) I feel concerned for treatment staff if they are under pressure
- 2) I understand the problems that treatment staff face in their jobs

POSITIVE ATTRIBUTIONS SUBSCALE

- 1) Treatment staff in this facility/location are doing the best they can given the circumstances
- 2) The treatment staff here work hard as we do
- 3) Treatment staff play an important role in this facility/location
- 4) Treatment staff make realistic demands on corrections staff
- 5) Treatment staff here work very well with corrections staff
- 6) The corrections staff at this facility/location work hard to make sure that treatment services are provided in an effective manner
- 7) Treatment staff here have respect for corrections staff and value what they do

INTER-DEPARTMENTAL COORDINATION

Staff were asked “*How much do you agree or disagree with the following statements?*”

- 1) The different activities of corrections and treatment staff around here fit together when it comes to providing offenders treatment services
- 2) Staff from various interrelated departments in this agency make an effort to avoid

- creating problems or interfering with each other's duties and responsibilities
- 3) People from different departments who have to work together do their jobs properly and efficiently without getting in each other's way
 - 4) Things run smoothly when it comes to providing offenders with treatment services
 - 5) There is good coordination between my unit and others with whom I need to coordinate
 - 6) Staff from different departments in this agency work well together
 - 7) Staff from other departments help out treatment staff in ways that keep things running smoothly
 - 8) Staff from different departments work together to solve problems involving treatment services as they arise

STAFF PERCEPTION OF ABILITY TO MAKE SUGGESTIONS:

Staff were asked "*How much do you agree or disagree with the following statements?*"

- 1) Those in charge of treatment programs are eager to hear ideas about how to improve treatment practices
- 2) When staff have ideas about how to improve treatment practices, they are able to influence those who make the final decisions
- 3) People are encouraged to make suggestions on how to improve treatment practices
- 4) People feel confident that their suggestions for improving treatment are given serious consideration
- 5) It is easy to communicate upward to higher levels on issues concerning treatment practices

ORGANIZATIONAL CULTURE:

Staff were asked to "*Respond to the following statements in terms of the degree to which they accurately reflect what you are trying to promote in your organization.*"

COHESION-INVOLVEMENT SUBSCALE

- 1) Most people have input into the decisions that affect them
- 2) Cooperation and coordination is actively encouraged across departments, units, and jobs
- 3) The management style emphasizes teamwork

HIERARCHY-CONSISTENCY SUBSCALE

- 1) There is a high level of agreement about the way we do things in terms of rules, policies, and procedures
- 2) Our approach to doing our work is very consistent and predictable
- 3) The management style emphasizes following procedures and facilitating efficient

PERFORMANCE-ACHIEVEMENT SUBSCALE

- 1) We have a clear long-term purpose and direction
- 2) There is a shared vision of what this organization will be like in the future

- 3) The management style emphasizes hard-driving competitiveness, high demands, and success

INNOVATION-ADAPTABILITY SUBSCALE

- 1) People are willing to stick their necks out and take risks to be innovative
- 2) The management style emphasizes trying new approaches and experimentation
- 3) Things change very easily and quickly – this organization is very responsive to situations that require change

ORGANIZATIONAL CLIMATE:

Staff were asked to *“Respond to the following statements in terms of the degree to which they accurately reflect the climate in their organization.”*

FUTURE GOALS/VISIONS SUBSCALE

- 1) Most staff are aware of and agree about where we should be in the future
- 2) There is a shared understanding of the changes needed to help our organization achieve its long-term objectives
- 3) There are discussions involving all of the staff about the vision of the organization and ways to achieve it

PERFORMANCE SUBSCALE

- 1) We have well-defined performance outcomes and specific plans in place for how to achieve them
- 2) We systematically measure important outcomes for this facility/location that assess our performance
- 3) Managers and staff periodically meet and talk about what is working well and what isn't working to improve our performance

TRAINING/SKILLS SUBSCALE

- 1) Information on new or best practices is made available to staff to use in their work
- 2) Opportunities are provided for staff to attend training or other developmental opportunities
- 3) Learning new knowledge and skills, and using it in your job is highly valued by supervisors and managers

OPENNESS/INNOVATION SUBSCALE

- 1) Staff feel comfortable promoting different ideas or suggestions, even if they conflict with established policy or practice
- 2) Managers are open and willing to try new ideas or ways of doing things
- 3) Innovative actions and initiatives undertaken by staff are highly valued

RISK TAKING SUBSCALE

- 1) Staff generally feel comfortable discussing mistakes, errors, or problems with supervisors and managers
- 2) When mistakes or errors are made, managers tend to treat them as opportunities to

- learn rather than respond by using punishment
- 3) Most staff here believe that they can have open discussions with supervisors and managers about work-related difficulties or problems

LEADERSHIP:

Staff were asked “*The leader of this facility/location (e.g., warden, supervisor, Chief, etc.)...*”

TRANSFORMATIONAL LEADERSHIP SUBSCALE

- 1) Is able to get others to be committed to his/her vision for this facility
- 2) Leads by "doing," rather than simply by "telling"
- 3) Gets people to work together for the same goal
- 4) Insists on only the best performance
- 5) Takes time to carefully listen to and discuss people's concerns
- 6) Suggests new ways of looking at how we do our jobs

TRANSACTIONAL LEADERSHIP SUBSCALE

- 1) Gives special recognition to others' work when it is very good
- 2) Provides well-defined performance goals and objectives
- 3) Stays well informed in what is being done in my work group
- 4) Provides us with the necessary resources and the assistance we need to get our work completed

JOB FRUSTRATION:

Staff were asked “*How much do you agree or disagree with the following statements?*”

- 1) Trying to get this job done is a very frustrating experience
- 2) Being frustrated comes with the job
- 3) Overall, I experience very little frustration with this job ®

CYNICISM FOR CHANGE SCALE:

Staff were asked “*How much do you agree or disagree with the following statements?*”

- 1) I've pretty much given up trying to make suggestions for improvements around here
- 2) Changes to the usual way of doing things at this facility are more trouble than they are worth
- 3) When we try to change things here they just seem to go from bad to worse
- 4) Efforts to make improvements in this facility/location usually fail
- 5) It's hard to be hopeful about the future because people have such bad attitudes