MOTIVATION FOR JUDICIAL BEHAVIORAL INTERVENTIONS IN ADOLESCENTS

SUMMARY

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Summary

An important hampering factor in the treatment of children and adolescents is the lack of motivation to comply with treatment and to modify their own behavior. This is especially experienced in the context of judicial interventions. As a consequence, ‘motivation and commitment’ is an important criterion in the accreditation of judicial treatment interventions. The Accreditation Panel of Judicial Behavioral Interventions in the Netherlands stresses the possible fluctuation of motivation over time and across situations. Motivation is also defined as a process in which the client, significant others and the context of treatment can play an important role. Most of the accredited interventions subscribe the transtheoretical model of motivation (Prochaska & Diclemente, 1984) and opt for the technique of motivational interviewing (Miller & Rollnick, 1991) to optimize motivation during treatment. The use of motivation assessment questionnaires, however, is mostly lacking.

The aim of this study was to make an inventory of existing assessment instruments, to evaluate them and to examine their possible role in treatment.

A thorough literature scan resulted in 163 different sources that, subsequently, have been examined in full detail.

First of all, the conceptualization of ‘motivation’ and theories concerning the role of motivation in the explanation of human behavior were reviewed. Motivation is defined as a state of the individual that initiates behavior, and that can fluctuate over time and across situations.

Currently, two motivational theories dominate the literature: the transtheoretical model of motivation (Prochaska & Diclemente, 1984) and the self-determination theory (Deci & Ryan, 1985, 2000). The added value of the transtheoretical model lies in the fact that motivation is
further refined in phases (precontemplation, contemplation, preparation, action, maintenance, relapse). The self-determination theory focuses on different levels of motivation (amotivation; external motivation: external regulation, introjected regulation, identified regulation and integrated regulation; intrinsic motivation). Motivation is determined by a number of factors that are situated within the individual (cognitive and emotional), in the environment or in the interaction between both. It can be justified to dedicate special attention to the motivation of drug-using adolescents and/or adolescents suffering from serious psychopathology. Furthermore there are striking discrepancies between the treatment supply and the client’s request, including their expectations, influence motivation negatively. Immigrant youth are, in that respect, more vulnerable than native youngsters. We can hypothesize that internal motivation is not only determined by characteristics of the client, but also by the commitment and the specific competences of social workers, and by the significant others. Given the fact that the context of treatment is related to levels of motivation, it is a real challenge for the management of institutions to focus continuously on developing and maintaining a constructive and stimulating working environment for all employees, with sufficient attention for interprofessional exchange of information and training. The active involvement of family and friends of the clients is of major importance, although they are sometimes perceived as a “disturbing” factor for the institution.

In order to answer the questions concerning measurability, a literature scan was conducted. We find 27 instruments that assess motivation in a clinical and/or a judicial setting. These instruments have been evaluated in terms of reliability (internal consistency and inter-rater reliability), validity (content and predictive validity), as well as the availability of norms. This resulted in a classification of instruments into four categories: (1) adequate instrument for decisions on individual level; (2) adequate instrument for further research; (3) inadequate instrument; (4) instrument whose adequacy is unclear due to a lack of information.

The instruments that are adequate for decisions on individual level are the Circumstances, Motivation, Readiness and Suitability Scale (De Leon & Jainchill, 1986) and the Beoordelingslijst Inzet voor Behandeling [Evaluation of Commitment for Treatment] (Drieschner, 2005). The first scale is constructed to assess motivation in a clinical setting for adults (Dutch version available). The Beoordelingslijst Inzet voor Behandeling [Evaluation of Commitment for Treatment] is a
questionnaire, used in an outpatient judicial setting for adults, in which the level of motivation by the client is assessed by the social worker. These instruments, however, have not yet been used in judicial settings for adolescents.

Twelve instruments were found to be adequate for further research. Five of them are suited for the use in a judicial setting for adolescents. For ten instruments, until now, sufficient data is lacking to evaluate their quality. Finally, three instruments are inadequate to assess motivation, given our evaluation standards.

Although we found some adequate and promising instruments to assess motivation in treatment settings, none of these have yet been applied to measure motivation for delinquent adolescents in inpatient judicial setting. As a consequence, if one wishes to supplement the actual clinical monitoring, it will be indispensable to invest in the development of high quality instruments for this specific target group. A combination of clinical monitoring and motivation assessment instrument can indeed create added value. Therefore, future investment in the development of such motivation assessment instruments is desirable for at least four reasons. First of all, it will facilitate clear and effective reporting to stakeholders, especially in contexts in which outcome, as well as process variables, have to be demonstrated, for ensuring the program’s integrity and the effectiveness of treatment interventions. Secondly, the results of the motivation instruments can continuously stimulate attention for motivation during treatment. Thirdly, the results of these instruments can supplement inadequate clinical observation. Finally, the clinical monitoring can supplement the questionnaire, if the client isn’t motivated for fill in the questionnaire.

Even when, in the future, high quality instruments are available, it will not be desirable to use their results as a strict criterion for excluding patients from treatment. Indeed, theory and research show that motivation is not a stable and unchangeable individual trait (e.g. Prochaska & DiClemente, 1984; DeLeon, Mellnick, & Tims, 2001). In contrast, motivation can fluctuate and can be enhanced during various forms of treatment.