Regular article

Adding positive reinforcement in justice settings: Acceptability and feasibility

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Abstract

Although contingency management (CM) approaches are among the most promising methods for initiating drug abstinence (S. T. Higgins, S. M. Alessi, & R. L. Dantona, 2002; S. T. Higgins, S. H. Heil, & J. P. Lussier, 2004), adoption and implementation of CM protocols into treatment programs are both challenging and infrequent. In criminal justice agencies, where roughly 70% of clients report substance abuse issues (F. S. Taxman, K. L. Cropsey, D. W. Young, & H. Wexler, 2007), CM interventions are virtually nonexistent. The Justice Steps (JSTEPS) study uses a longitudinal, mixed-method design to examine the implementation of a CM-based protocol in five justice settings. This article presents qualitative data collected during Phase 1 of the JSTEPS project regarding the acceptability and feasibility of CM in these justice settings. The study finds a level of acceptability (find CM tolerable) and feasibility (find CM suitable) within justice agencies, but with some challenges. These challenges are reflected in the following: (a) incorporating too many desired target behaviors into CM models; (b) facing intraorganizational challenges when designing CM systems; and (c) emphasizing sanctions over rewards despite the evidence-base for positive reinforcers. These findings have implications for advancing the dissemination, adoption, and implementation of evidence-based treatments (and CM in particular) in criminal justice settings. © 2012 Elsevier Inc. All rights reserved.

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1. Introduction

Presently, 1 in 31 U.S. adults are involved in the criminal justice system (Pew Center on the States, 2009), and roughly half of all U.S. prisoners meet the criteria for drug abuse or dependence (Karberg & James, 2005; Mumola & Karberg, 2006). In the United States, the overall recidivism rate (defined as rearrest in 3 years following release) remains high at 70% (Langan & Levin, 2002). This rate is consistent among drug offenders, who rank second to property

offenders for most rearrests—66.7% versus 73.8%, respectively. This suboptimal state of affairs is a manifestation of the slow pace with which the correctional system has implemented effective treatments and practices (Chandler, Fletcher, & Volkow, 2009). Yet, public safety and public health outcomes of reduced drug use and criminal behavior are achievable with greater emphasis on using evidence-based treatments for substance abusers.

Researchers have long recommended expanding treatment options for those with a drug use history (Anglin & Hser, 1990; Higgins, Alessi, & Dantona, 2002; Taxman, 1998), leading to the founding and proliferation of drug courts and other treatment diversion programs (Nolan, 2001). However, these practices have typically relied on traditional criminal justice sanction systems. Criminal justice

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innovations have not incorporated newer evidence-based practices (EBPs) such as contingency management (CM) based on positive reinforcement of desirable behavior and behavior change, which has a long trajectory of positive research findings (Higgins et al., 1994, 1993; Higgins, Heil, & Lussier, 2004; Stitzer, Petry, & Peirce, 2010). CM is an incentive-based intervention specifically designed to alter individual behavior(s) by systematically dispensing contingent rewards. CM's underlying principles suggests that a person is more likely to continue certain behaviors if they receive positive reinforcement for doing so. Likewise, behaviors that typically would receive punishment are discontinued as the individual replaces the pleasure from receiving rewards. CM rewards positive choices/behaviors as a tool to shape behavior. Systematic reviews confirm the general overall positive findings from using CM in drug treatment settings (Griffith, Rowan-Szal, Roark, & Simpson, 2000; Lussier, Heil, Mongeon, Badger, & Higgins, 2006; Prendergast, Podus, Finney, Greenwell, & Roll, 2006). These studies establish an evidence base for transportability of the concept, yet they fail to provide a complete picture of how CM might be implemented within criminal justice settings.

Current criminal justice interest in CM protocols reignited with the evolution of drug treatment courts, which have adopted rewards as a core principle to shape offender behavior (National Association of Drug Court Professionals, 1997). The few controlled studies of CM among substance abusing criminal justice clients (Doctor & Polakow, 1973; Marlowe, Festinger, Dugosh, Arabia, & Kirby, 2008; Marlowe & Wong, 2008; Friedmann, Green, Rhodes, Harrington, & Taxman, 2010) have promising findings for some clients. However, the most serious limitations of prior work in this area is that researchers typically use trained clinicians and research assistants rather than substance abuse treatment staff or justice workers to administer CM protocols (Sinha, Easton, Renee-Aubin, & Carroll, 2003) or do not focus attention on how justice workers understand, perceive, and use the protocol. As such, we know little about the overall implementation—uptake, acceptability, and feasibility—of CM among the justice professionals who will ultimately use it with their clients.

Generally, implementing EBPs in organizational settings is challenging, and implementing CM in criminal justice organizations is no exception. This adaptation requires justice personnel to understand the scientific principles that underlie CM and implement these principles with sufficient fidelity to be effective in the context of their standard practices. Without direct oversight from CM experts, implementers—whether trained clinicians or justice professionals—display poor adherence to CM principles/procedures in terms of both monitoring and reinforcement of clients' change-related behaviors (Andrzejewski, Kirby, Morral, & Iguchi, 2001). In one study where justice workers (not clinicians or researchers) provided points and rewards, researchers used a single case

study design with a small number of participants ($N = 23$; Doctor & Polakow, 1973). This work does not provide sufficient data to understand the various processes required for successfully implementing CM within justice settings. Only one study to date has examined CM implementation using a research–practitioner partnership, but the justice workers implemented a CM protocol developed by researchers (Friedmann, Rhodes, & Taxman, 2009). No study has examined how real-world organizational actors design and implement their own CM protocols.

To examine the processes involved in implementing CM, the Justice Steps (JSTEPS) study uses a mixed-methods methodology to assess progress toward incorporation of CM-based positive reinforcement practices in justice settings. This article details the background, study design, development, acceptability, feasibility, and implications of using CM in select justice settings. We specifically focus on acceptability (how tolerable is the new practice for the organization) and feasibility (how suitable is the new practice for the organization) in the early implementation stages of CM.

2. JSTEPS design

The JSTEPS study was designed to examine the implementation process when CM protocols are introduced in community correctional settings. The JSTEPS study design uses a quality improvement, plan–do–study–act (PDSA) process (Deming, 1982; Shewhart, 1931) to help the users assess CM based on Rogers' (1995) diffusion theory where it is important to consider whether the innovation (a) has a relative advantage over current practice; (b) fits within the organization's mission, goals, values, and/or practices (compatibility); (c) is consistent with previous ideas and concepts (complexity); (d) develops into operational practice (trialability); and (e) is "felt" by organizational members (observability). The stages of organizational change— exposure, adoption, implementation, and routinization— are likely to occur when innovation aligns with organizational values, mission, and goals (Knudsen, Roman, & Ducharme, 2004). JSTEPS study sites learned about the features of a scientifically sound CM procedure (plan), designed their own protocol to fit within their particular organizational context (do), received feedback from researchers on the alignment of science-based CM principles with their protocols (study), and refined their protocols for implementation based on reexamining the core principles of CM (act). This process engaged practitioners (a) in a learning collaborative to support the development of an incentive CM point system compatible to the organization; (b) throughout implementation of the CM incentive system; and (c) during refinements of the CM protocol, specifically the point system. This article considers qualitative data collected during the learning collaborative and throughout the point system creation process.