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A Tale of Two States: An Examination and Comparison of Organizational Context in Correctional Institutions

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ABSTRACT

Implementation of new policy and procedure based on the “what works” literature has been widespread and ongoing. Unfortunately, the transfer of knowledge and research from scholar to practitioner has not been as strong and successful as many would hope (Goggin & Gendreau, 2006; Taxman & Belenko, 2013). Findings from routine projects and implementation of identified best practices in real-world settings tend to be weaker than when demonstration projects are completed (Lipsey, 1999, 2001). This difference in outcomes suggests that there may be factors relevant to successful implementation that have been unknown, forgotten, or even ignored. One of those factors is the organizational context (i.e., climate and culture) of the agency that is undergoing implementation. Regarding context, there is concern that staff attitudes and perceptions could negatively impact, even derail, implementation efforts and lead to wasted time and resources (Taxman & Belenko, 2012). The purpose of this dissertation was to explore staff perceptions of specific components of organizational context. Two state prison system research projects utilized portions of the National Criminal Justice Treatment Practices Survey (NCJTPS). For this dissertation, staff perceptions of cynicism towards change, leadership, organizational needs, and perspective-taking were analyzed and compared across states. Additionally, individual respondent demographic characteristics and work-related variables were regressed on the factor scales to determine if those independent variables could explain variation in staff perceptions. Results indicated that the two state systems were significantly different in staff responses across a majority of the scales and subscales. The amount of variation explained by the individual respondent characteristics differed by scale although education level and employment position were consistently significant across models. The relevance of staff perceptions of these factors is strong since both prison systems were
undergoing substantial redesign and implementation efforts. Identifying staff attitudes and perceptions at the beginning of implementation efforts can assist leadership and implementation teams in tailoring the change efforts to address the beliefs and concerns of staff which will directly impact staff behavior. Ultimately, addressing staff perceptions can increase the likelihood of successful implementation and redesign.
DEDICATION

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CHAPTER ONE: INTRODUCTION

At a fundamental level, the purpose of this dissertation is to contribute to the literature on “what works” for implementation in corrections. Discussion and data provided will explore and compare factors of organizational context in two state correctional institutional systems that are in the midst of revising policy and implementing evidence-based practices through the Justice Reinvestment Initiative (JRI) and other state driven reforms. The goal of this dissertation is to measure and analyze factors of organizational context that could act as strengths or barriers for effective organizational change. Analyses will be exploratory in nature since the data utilized describes the organizational context of two state prison systems at one point in time. Measures of implementation outcome that would allow for cause and effect inferences were not collected and thus not available for analysis. However, at a minimum, the ability to identify these potential barriers would allow administrators, practitioners, and researchers to address them during organizational change, thereby increasing the likelihood that the change would be successful and lead to positive outcomes for the organization. With such a large correctional system operating with billions of dollars and impacting the lives of millions, it is imperative that resources not be wasted.

The Magnitude of the United States Correctional System

The United States correctional system is one of the largest government systems, and it affects a substantial number of Americans. For instance, in 2012, approximately 2.9% of adults in the United States were under correctional supervision (Glaze & Herberman, 2013). This statistic translates to 1 out of every 35 adults. Of those, 4.8 million were being supervised in the community and the remaining 2.2 million were incarcerated (Glaze & Herberman, 2013). Supervising such a large number of individuals requires large operating budgets. Spending for
corrections has increased significantly from 12 billion in 1987 to roughly 48.5 billion dollars in 2010 (Kyckelhahn, 2012). According to the Pew Center, corrections was the second highest United States expenditure in 2008 (Pew Center on the States, 2009). Almost three-quarters of state monies spent on corrections were allocated for institutions with 75% used for operations (e.g., employee compensation, supplies and materials, and contractual services) (Kyckelhahn, 2012). Furthermore, Henrichson and Delaney (2012) identified several additional costs to taxpayers outside of the state corrections budgets previously described. Additional costs included employee benefits, pension contributions, capital costs, and legal judgments and claims. The authors estimated that these additional monies increased the total taxpayer cost of prisons by almost 14%, although there was considerable variation by state (Henrichson & Delaney, 2012).

Related to the amount of monies spent in corrections, there is almost half of a million people working in the United States as correctional officers. They hold a high school diploma and earn roughly $19/hour with an average yearly salary just short of $40,000 (Bureau of Labor Statistics, 2014). The total number of staff working in corrections across all levels of government reaches almost 750,000 people (Kyckelhahn, 2012). Correctional treatment specialists and probation officers hold bachelor’s degrees and earn approximately $23/hour (Bureau of Labor Statistics, 2014).

Taken together, it is evident that a significant number of Americans are affiliated with the criminal justice system either as offenders or as employees. The government is spending a considerable amount of money to provide supervision and services for offenders. Unfortunately, as the current economic status of the country is less than plentiful, the government is under pressure to do more with less. Agencies need to demonstrate positive outcomes (e.g., a reduction in recidivism, successful treatment of substance abusers, etc.) with smaller budgets (Bechtel,
Additionally, penal policy is changing from an emphasis on getting tough with offenders through institutionalization to a realignment of budgets to more effectively support community supervision programs and revise policies to be data-driven (Subramanian & Tublitz, 2012).

In particular, the Justice Reinvestment Initiative (JRI) was established in 2010 through U.S. Congress approval. For this initiative, the Bureau of Justice Assistance (BJA) and the Pew Charitable Trusts (PEW) entered into a collaborative relationship to provide funding and technical assistance to states undergoing criminal justice reform. With a strong emphasis on bipartisan collaboration and data-driven policy development, JRI and the original 17 participating states have since garnered reductions in recidivism ultimately leading to increased public safety and cost savings. For example, projected reductions in incarcerated populations range from 0.6 – 19 percent. Projected cost savings vary by state and time period; $7.7 million over a five year period to $875 million over 11 years (LaVigne, Bieler, Cramer, Ho, Kotonias, Mayer, et al., 2014, p.3).

Concurrent with this change in penal policy has been the increased effort of scholars and practitioners in the field of corrections to identify and implement best practices. In nearly every aspect of corrections (e.g., assessment, supervision, programming, etc.), practitioners and researchers discuss and focus on what works based on existing scientific evidence. Through continuous research, meta-analyses, and demonstration projects, a concrete body of literature exists that suggests correctional rehabilitation can indeed have a positive impact on offender behavior and recidivism (see Andrews & Bonta, 2010; McGuire, 2013).

Throughout the expansion of the field of corrections, the ever-changing sociopolitical climate, and the creation of a solid foundation of correctional knowledge, a correctional paradigm has formed – The Psychology of Criminal Conduct (Andrews & Bonta, 2010, see also
Within this paradigm, a sound theory of criminal behavior can be found and studied. Further, this correctional paradigm outlines the key principles of effective intervention including the classification, assessment, and treatment practices that are applicable in an array of correctional settings from the institution to the community. However great this paradigm and its guidance and tools may be, there are still gaps in knowledge of best practices in correctional rehabilitation.

**Problem Statement**

This dissertation is written in effort to address one of the gaps in knowledge contained in the correctional paradigm – successful implementation of policy and practice. As previously alluded to, implementation of new policy and procedure based on the “what works” literature has been widespread and ongoing. Unfortunately, the transfer of knowledge and research from scholar to practitioner has not been as strong and successful as many would hope (Goggin & Gendreau, 2006; Taxman & Belenko, 2012). Findings from routine projects and implementation of identified best practices in real-world settings tend to be weaker than when demonstration projects are completed (Lipsey, 1999, 2001). This difference in outcomes suggests that there may be factors relevant to successful implementation that have been unknown, forgotten, or even ignored.

A science of implementation exists, but it is very small. Scholars at the National Implementation Research Network (NIRN) have reviewed a sizeable portion of the implementation literature that spans across multiple disciplines (e.g., mental health, criminal justice, education, agriculture, business, engineering, medicine, marketing, etc.) (Fixsen et al., 2005). From their research, they have developed a framework for implementation that outlines phases, participants and their responsibilities, and the necessity for data-driven decision-making.
One common and relevant theme found in the framework is that agency staff play a critical role in implementation from the moment change is mentioned to the facilitation of sustainability efforts after change has occurred. The framework from NIRN makes clear what tasks and responsibilities staff members should expect and carry out. However, the framework offers little discussion of the role of staff perceptions other than to say resistance to change should be expected and managed accordingly (Bertram et al., 2013; Fixsen et al., 2005).

Regarding organizational context, there is concern that staff attitudes and perceptions could negatively impact, even derail, implementation efforts and lead to wasted time and resources. For example, are cynical staff less likely to participate in implementation efforts or carry out their responsibilities related to new policies and procedures? If the answer is yes, then implementation efforts would be expected to be less successful. Further, are there individual staff characteristics that impact attitudes and perceptions? Program evaluation tools demonstrate relationships between staff education and experience with participant outcomes. It is likely these staff characteristics are correlated with staff perceptions too.

In summary, knowledge and understanding of correctional organizational context is limited, particularly when it comes to the impact that organizational context plays in new policy and procedure implementation (Taxman & Belenko, 2012). With the millions of individuals involved as offenders or as staff in the United States correctional system, and the billions spent operating this system, it is imperative that scholars and practitioners gain a better understanding of the role of organizational context in implementation so that efforts toward change and improvement are not wasted.
Research Questions

To increase understanding of implementation and organizational context in corrections, staff perceptions of four components of organizational context are explored: cynicism for change, leadership, operational needs, and perspective-taking. Each factor is measured as a scale using a modified version of the National Criminal Justice Treatment Practices (NCJTPS) survey developed by Taxman and colleagues in 2002. Using survey data from two statewide research projects, the following research questions will be addressed:

1. Are staff cynical towards change?
2. What are staff perceptions of correctional leadership?
3. With regard to institution operational needs, which are perceived by staff as met and which need attention?
4. What are staff perceptions of treatment staff?
5. Do staff perceptions of each factor differ by demographic category (i.e., age, gender, race, ethnicity, or education level)?
6. Do staff perceptions of each factor differ by staff position or years of experience working in corrections?
7. Are there significant differences in staff perceptions between state systems?

The first four questions are purely descriptive inquiries of the data. Research questions five through seven will be the primary focus of analyses and discussion.

Dissertation Outline

In order to answer these questions, the remaining chapters provide a literature review, methods description, and presentation and discussion of findings. Specifically, Chapter 2 presents a brief history of correctional rehabilitation in the United States and a description of a
paradigmatic approach previously mentioned. Chapter 3 provides an overview of the literature on implementation in corrections. Attention will be paid to models of organizational change, barriers to effective implementation, and factors related to successful implementation. Within the area of implementation, the focus will be on the existence and impact of organizational context during change in policy and practice.

Since the data for this dissertation come from two different research projects, descriptions of these studies are presented in Chapter 4. Due to the differences in the methodologies of the studies, the chapter is divided into four sections: the survey instrument, Ohio (study 1), Washington State (study 2), and data analysis plans for this dissertation. Descriptive statistics of survey respondents and scale reliabilities are presented in section 4 as well. Chapter 5 contains the results of all data analyses including individual state and comparative findings. Chapter 6 offers conclusions drawn from analytic findings, discussions of theoretical and policy implications, limitations of the data, and directions for future research.

Summary

In the 21st century, the field of corrections operates as more than a department of the government; it is an immense business. It involves millions of individuals, both offenders and staff alike. The costs associated with corrections have been rising exponentially; requiring the government and agencies to reexamine their spending in relation to impact. It is imperative that scholars begin to build a science of implementation for corrections, so that continued efforts at improving efficiency and effectiveness of services are not completed in vain.

In the famous novel, “A Tale of Two Cities,” Charles Dickens (1859) uniquely compared two cities by describing common characteristics and processes of change. This dissertation holds the same purpose: to describe and compare two states through common factors. Specifically, the
organizational context within state prison systems will be examined and compared through the analyses of prison staff perceptions of cynicism towards change, leadership, organizational needs, and perspective-taking. These perceptions will be compared across two similar states in an effort to explore their relevance for successful implementation.
CHAPTER TWO: THE HISTORY AND CURRENT STATUS OF CORRECTIONAL REHABILITATION IN THE UNITED STATES

The context for this dissertation is the substantial number of Americans who are affiliated with the criminal justice system, whether through employment as staff or for supervision as offenders. Additionally, there is a significant amount of money that is circulated through this system by means of sizable operating budgets. The overarching goal of the criminal justice system is to protect public safety while utilizing cost-effective policies and approaches. As will be demonstrated in the following pages, scientific evidence has demonstrated that rehabilitation can be the effective philosophy when managing offenders, garnering results, and reaching those goals. However, rehabilitation as it is known today has not always been the guiding philosophy of the criminal justice system. Thus, the purpose of the first section of this chapter is to provide a brief review of the history of corrections in the United States in an effort to understand how the philosophy has evolved and why evidence-based practice is such an important topic in the field of corrections during the 21st century.

The second section of this chapter presents a description of rehabilitation as it is referred to today. A substantial portion of this literature is known as “Psychology of Criminal Conduct (PCC)” (Andrews & Bonta, 2010) and has been described as a correctional paradigm with three components: criminological, correctional, and technological (Smith, 2013). As will become evident through the information presented, a science of implementation is missing from the paradigm (Smith, 2013; Taxman & Belenko, 2014). In other words, correctional scholars and practitioners have a strong understanding of what works to change offender behavior but have a limited understanding of what is needed for successful implementation of evidence-based practices. The PCC paradigm, its strengths, and its limitations are discussed because this
dissertation is written in effort to contribute to the paradigm by cumulating knowledge of best practices in implementation.

**The Evolution of Evidence-Based Practice in Corrections**

Much like other fields of science, the guiding philosophy of corrections has changed throughout time to reflect the attitudes and beliefs of society. Cullen and Gilbert (1982, p.46) describe this ever-changing criminal justice policy as a swinging pendulum – shifting from punishment to rehabilitation and back. Looking back at the beginning of America’s history, penal policy during the colonial era was based more on religious teachings and punishment. Offenders were thought of as sinners and required harsh punishment usually in the form of physical harm (Cullen & Gilbert, 1982).

At the start of the 1800s, the notion that an individual could be reformed became evident with the creation of the penitentiary. The philosophy behind punishment was no longer limited to retribution; rather, individuals should be punished for their crimes, but they could also be removed from their criminogenic environment and placed in an institution that emphasized repentance and reform. As evidenced by the terms just offered, religion still played a significant role in the understanding and punishment of criminal offenders (Cullen & Gendreau, 2000; Rothman, 1971).

Towards the end of the 19th century, the appeal of prison and the hopes that institutions could provide offenders with the opportunity to change either through solitary confinement or daily labor were waning. In 1870, leading correctional practitioners met in Cincinnati for the National Congress on Penitentiary and Reformatory Discipline (Cullen & Gendreau, 2000, p. 116). This meeting acknowledged the importance of corrections in protecting public safety, but
more importantly, publicly realigned the philosophy of corrections as reformation instead of harmful punishment that had continued in the penitentiaries (Cullen & Gendreau, 2000).

As result, from the beginning of the 20\textsuperscript{th} century and continuing through the 1960’s, progressives in the field of corrections advocated for an individualized approach to treatment. Rather than describing all offenders as rational and calculating individuals, they believed that offenders were unique in their criminal orientation and behavior and were affected by their circumstances and environment. The progressive approach to corrections called for treatment based on the characteristics of the offender and his or her situation; individualized treatment rather than one-size-fits-all approaches would be the most effective in changing offender behavior (Cullen & Gilbert, 1982).

The introduction of indeterminate sentences corresponded to the progressives’ individualized approach by replacing the list of punishments available for certain crimes. An undetermined sentence length would allow practitioners to use their expertise to treat each individual in a fashion and time frame that was best for the offender. In addition to indeterminate sentences, “good-time” and parole boards were added to the correctional system. “Good time” provided the incentive for inmates to cooperate, follow the rules, and work hard to change while serving their sentences in prison. Parole boards would be the objective group of experts who would determine whether the offender had indeed changed and was not a risk to society (Cullen & Gilbert, 1982; Latessa, Listwan, & Koetzle, 2013). There was also the advent of probation and a separate system for processing juveniles (Cullen & Gendreau, 2000). These changes reflected an improved understanding of the causes of criminal behavior, although there was still much to be learned.
The End of the Progressive Era

Beginning in the 1960’s and continuing into the 1970’s, there was much civil unrest and changes in societal norms. The Civil Rights movement, the assassination of Dr. Martin Luther King, the Vietnam War, and other country events made many citizens question the government and its policies. As questions went unanswered, distrust in the government increased. Coincidentally, both liberals and conservatives questioned the government’s handling of offenders. Conservatives believed that offenders were being “coddled”; sentences were too easy on offenders. Offenders were being prematurely released back into society and victimizing law-abiding citizens at a growing rate. Liberals believed that the government was abusing its power by keeping offenders longer than necessary (i.e., applying sentences that were contrary to the indeterminate sentence), and that offenders were serving sentences that were unequal to one another (Cullen & Gilbert, 1982).

At the same time, there was a substantial increase in crime rates, particularly for youth violence and drug use. Regardless of the true handling of offenders, both ideological groups agreed to make changes to the correctional system. Indeterminate sentences were replaced with determinate sentences. Offenders would no longer get early release (thus appealing to political conservatives) and the government would no longer keep offenders for a perceived unreasonable or excessive amount of time (thus appealing to political liberals) (Cullen & Gilbert, 1982; Latessa et al., 2014).

Robert Martinson’s Momentous Claim and Impact

In addition to the change in approach to processing and supervising offenders, the effectiveness of rehabilitation came into question. In 1974, Robert Martinson reviewed a portion of the literature on correctional programs and the corresponding effects on a variety of outcomes.
He reviewed 231 studies and concluded (as it has been interpreted since its publication) that “nothing works” (Cullen & Gendreau, 2001; Palmer, 1975).

Martinson’s claim was the spark that critics needed to further undermine the use of rehabilitation with criminal offenders. These critics believed that since rehabilitation was ineffective in reducing recidivism and did not reach the goal of protecting public safety, the best strategy moving forward was a “get tough” strategy. Being tough on offenders during all phases of the justice system process, and ultimately, locking offenders away in prisons was the right strategy to follow (Cullen & Gendreau, 2000; Latessa et al., 2014).

The pendulum’s swing to punishment started in the 1970s and continued until the 21st century. Corrections policy was punitive in nature and incarceration rates skyrocketed. The underlying theories of the “get-tough” movement were deterrence and rational choice. An individual would be less likely to commit a crime if the costs were high enough (specific deterrence), and in general, crime rates would decrease as more people observed the penalties of criminal behavior (general deterrence) (Latessa et al., 2014). Determinate sentences including truth-in-sentencing and three-strikes laws increased the number of offenders in prison (Cullen & Gendreau, 2000; Latessa et al., 2014). Additionally, the previous focus on treating offenders in the community morphed into supervising or controlling offenders in the community. Community control was obtained through intensive supervision using drug testing, electronic monitoring, and home confinement (Cullen & Gendreau, 2001).

Cracks in Martinson’s Claim and the Penal Harm Movement

Martinson’s claim may arguably have provided momentum for the “penal harm movement” (as coined by Clear in 1994), but it did not go unexamined by opponents. Since Martinson’s proclamation and while the United States was participating in the get-tough
movement, correctional scholars around the world have reviewed his work and continue to conduct additional narrative reviews and even meta-analyses to determine exactly what would work, if anything, in rehabilitating offenders.

In regards to Martinson’s work, several scholars have highlighted several limitations of his conclusions. First, while Martinson did review 231 studies, only 138 could be described as evaluating “treatment” programs. Second, of those 138, less than 50 measured recidivism as the primary outcome. Third, Martinson failed to separately examine different types of treatment. This, of course, is relevant since a substantial portion of the current literature has identified cognitive-behavioral programs as very effective in reducing recidivism (Cullen & Gendreau, 2000; Palmer, 1975).

In addition to reviewing Martinson’s work, scholars have conducted narrative reviews of their own. Most notable for the time were two reviews conducted by Paul Gendreau and Robert Ross (1979, 1987). Combined, they examined 225 studies published between 1973 and 1987. They arrived at three conclusions central to the support of rehabilitation. First and not unrelated to the topic of this dissertation, one of the primary reasons why rehabilitation programs were unsuccessful was because they lacked therapeutic integrity. In other words, the programs were not operating as designed. Second, Gendreau and Ross found several examples of programs that were successful. These programs had largely been ignored by previous scholarly reviews, were behaviorally-oriented in approach, and targeted for change factors that are strongly correlated with criminal behavior. The third conclusion, which is a pervasive principle in correctional rehabilitation as it is known today, was that there are differences between individual offenders that play a role in propensities for future criminal behavior. Some offenders have a higher risk of
recidivating due to individual characteristics, such as belief systems and personalities (Cullen & Gendreau, 2000).

This growing body of knowledge that supports rehabilitation as a correctional philosophy was not the only reason for the once again swing of the political pendulum. According to Listwan, Jonson, Cullen, and Latessa (2008), there have been four cracks in the penal harm movement. First, while the public has been identified as punitive (i.e., supportive of punishment and related get-tough policies), they have continued to support rehabilitation and early intervention as correctional strategies. Second, there is growing number of studies that have demonstrated the ineffectiveness of control-oriented and “get-tough” sanctions and programs. Third, there are a number of government policies and initiatives that have been approved which have implied support for programs that are rehabilitative in nature and are not control-oriented. Finally, a substantial number of studies have identified correctional treatment programs and practices that do have positive effects on recidivism (Listwan et al., 2008).

Most scholars would agree that the current status of correctional treatment is much different than when Martinson announced his conclusion. Ultimately, Martinson was accurate when stating that some of the offender treatment programs he included in his study did not impact recidivism. However, research in correctional rehabilitation has consistently demonstrated that there are treatment approaches that can impact offender behavioral change and reduce recidivism. The penal harm movement has transitioned into the “What Works” movement (Listwan et al., 2008).

Justice Reinvestment and the What Works Movement

While scholars were cumulating knowledge of what works in rehabilitation, the sociopolitical context of criminal justice policy was changing. In the legislative arena, a
movement referred to as “justice reinvestment” took hold. Political platforms moved away from fighting crime to managing criminal justice budgets and growing prison populations. As a result, the Justice Reinvestment Initiative (JRI) began in the early 21st century as a way to curb state costs and reallocate funds to system reform. The Open Society Foundations, JFA Institute, Council of State Governments (CSG), and criminologists developed a three-part strategy. The first task was to collaborate with state legislatures to collect and analyze data regarding the criminal justice population and state budgets. Following the analyses, recommendations were made for reductions in prison populations and for budget reallocations. The second task was to work with development experts to identify and create opportunities for funding reallocation and support. The third task of the initiative was to organize workload and funding by community need. The goal was to target those communities who most affected the increases in the criminal justice population (Austin, Cadora, Clear, Dansky, Greene, Gupta, et al., 2013).

Based on the success of the early efforts of JRI, in 2010 Congress appropriated funds and approved the creation of a formal public-private partnership between the Bureau of Justice Assistance (BJA) and Pew Charitable Trusts to work with state and local governments as they engage in justice reinvestment strategies. The tasks of JRI were modified to: 1) collect data to identify factors driving costs and population increases, 2) devise solutions for budget reallocation and implementation of programs and services that are effective, 3) implement new legislation, policies, and programs, and 4) measure the impact on budgets, populations, and communities based on the changes (LaVigne et al., 2014). According to LaVigne and colleagues (2014), 17 states are currently working with the JRI. Of those 17, eight states have had revised policies in effect for at least one year. All eight have had reductions in their prison populations with five of them exceeding their initial reduction goals. With substantial variation, a cost savings of $4.7
billion over a ten year period is expected across all 17 states (LaVigne et al., 2014). As previously discussed in Chapter 1, correctional spending across all 50 states was roughly 48.5 billion dollars in 2010 (Kyckelhahn, 2012). If 17 states can produce savings of almost 5 billion dollars, the projected cost savings from the participation of all 50 states in JRI would be extraordinary.

The pendulum has swung to the side of rehabilitation and has remained due to science rather than politics. This new era of corrections is focused on identifying what policies and practices are effective in managing and changing offender behavior. In other words, practitioners and researchers are in search of “what works” with offender rehabilitation. Through the efforts of practitioners and researchers who did not believe in or support the get tough approach, and findings from several meta-analyses, knowledge has cumulated that supports rehabilitation as a cost-effective approach to reducing recidivism and protecting public safety. Two Canadian scholars, Don Andrews and James Bonta, succinctly summarized much of the “what works” literature into The Psychology of Criminal Conduct (PCC) (1994, 1998, 2003, 2006, 2010). PCC is a popular framework that several researchers and practitioners adhere to when working with offenders and is explained in the following pages.

**A Correctional Paradigm**

Smith (2013) has argued that the psychology of criminal conduct (PCC) has become a paradigm in correctional science. As a theoretical framework, the PCC is the work of Canadian scholars Don Andrews and James Bonta, and has served as a reference for correctional scholars and practitioners since its inception in 1994. The PCC provides an understanding of criminal behavior based on theory, research, and practical experience. Smith describes this correctional paradigm as an “organized framework for correctional intervention” and explains it in terms of
three components: a criminological component, a correctional component, and a technological component (2013, p.5). Each of these components is described below.

The Criminological Component

The first component is labeled the criminological component and is comprised of the theories that explain criminal behavior; or more specifically, the offending patterns of criminals. General psychological theories that describe human behavior form part of this component and include learning, cognitive, and social learning theories (Smith, 2013, p.2). From the criminological literature, PCC draws primarily from Sutherland’s work on differential association theory. Based on those theories, PCC identifies those malleable factors that influence behavior and lead to recidivism (Smith, 2013). This component serves as the foundation of the paradigm, because it provides the understanding of why individuals engage in antisocial behavior and identifies the influential factors that can be addressed through correctional intervention. This is in contrast to other theoretical traditions that identify distal causes of behavior, or those the criminal justice system cannot directly address or impact (e.g., concentrated disadvantage or genetic influence) (Smith, 2013).

The Correctional Component

The second component of the correctional paradigm is aptly referred to by Smith (2013) as the correctional component. Here, specific methods or interventions that target the factors identified by the theories in the first component are applied to correctional programming. For the PCC, this component is largely described in terms of the Principles of Effective Intervention (PEI) with emphasis on the risk, need, and responsivity (RNR) framework (Smith, 2013).
The Principles of Effective Intervention

In the previous chapter, Robert Martinson’s claim regarding the effectiveness of rehabilitation was discussed. In response to his work, advocates of rehabilitation not only reviewed Martinson’s results, but also began compiling research findings that were not included in his study. Through these efforts, common themes for effective correctional practices emerged. The principles of effective intervention were coined by the Canadian scholars Andrews, Bonta and their colleague Paul Gendreau. From their experience as practitioners and through their research, these individuals developed a framework that guides offender treatment from intake and classification through reentry and relapse prevention. Since its inception, the list of principles has grown and been revised to match the supporting evidence. However, there are three main principles which have received a vast amount of research support: risk, need, and responsivity (Andrews & Bonta, 2010; Andrews et al., 1990; Gendreau, 1996; Lipsey, 2009; McGuire, 2013).

Risk, Need, and Responsivity

The risk principle relates to an offender’s risk of recidivism and tells practitioners who to target with treatment. There are two components to this principle: classification and matching. Offenders should be assessed and subsequently classified according to their risk of recidivism. Traditionally, the typology to match this component of the risk principle is high, medium, and low. Offenders should be separated in supervision and treatment based on this classification. The second component of the risk principle is that treatment intensity should be matched to the risk level of the offender, with higher-risk offenders receiving more intensive treatment (Andrews & Bonta, 2010; Andrews et al., 1990; Gendreau, 1996).
The need principle states that offenders should receive treatment that attends to their needs; the need principle identifies *what to target*. More specifically, correctional treatment programs should target those needs that are dynamic and related to recidivism. Targeted needs should be dynamic rather than static, so that treatment can, in fact, influence change. Additionally, while offenders will present with several need areas, those need areas that have been identified through research as having the highest correlations with criminal behavior should be the focus of interventions. A few examples of these types of needs, commonly referred to as criminogenic needs, are antisocial attitudes, beliefs, and thoughts, antisocial peers, and antisocial personality. Treatment programs can achieve the greatest reductions in recidivism by targeting criminogenic needs (Andrews & Bonta, 2010; Andrews et al., 1990; Gendreau, 1996).

Finally, the third principle of effective intervention is the responsivity principle – the *how to target* principle. This principle states that offenders should be matched with programs based on offender characteristics and different modes of service delivery. General responsivity states that offenders should participate in those types of treatment with demonstrated effectiveness in reducing recidivism. Cognitive-behavioral therapy is one modality that has received significant support from research. Specific responsivity suggests that certain offender characteristics should be considered when matching offenders to treatment. In a sense, this principle implies that some needs or issues that offenders experience are not necessarily related to recidivism, but should be addressed as they can become barriers to treatment participation and effectiveness. For example, those offenders who have been assessed to be highly anxious or neurotic would not do well in a confrontational program. Another example relates to IQ: special provisions should be made for offenders who have low or below average IQs (Andrews & Bonta, 2010; Andrews et al., 1990; Gendreau, 1996).
Program Integrity

Of all of the principles outlined by Andrews and Bonta, the RNR framework has received the most attention from corrections researchers and subsequently practitioners. However, there is another principle that has been consistently related to reductions in recidivism - program integrity. This principle recommends that agencies and programs should incorporate measures of ongoing quality assurance to ensure program fidelity. In other words, maintaining fidelity is also an evidence-based practice that should receive attention (Andrews & Bonta, 2010; Goggin & Gendreau, 2006). Further, failure to deliver a program as it is intended (frequently due to unsuccessful implementation, see Farabee et al., 1999) often acts as a barrier to programmatic effectiveness (Gendreau & Ross, 1979; Lowenkamp, Latessa, & Smith, 2006).

Not unlike Martinson’s (1974) review, some of the reviewed programmatic effects were impacted by the poor implementation of effective programming. In other words, some programs were not delivered according to theoretical models and design; therefore, the null relationship between the program type and recidivism was spurious. As many of the researchers at the time soon found, it was the lack of program integrity that was driving the poor results of the studies, not the model or program itself (Cullen & Gendreau, 2000; Cullen, Smith, Lowenkamp, & Latessa, 2009; Lowenkamp & Latessa, 2005; Palmer, 1975).

Lowenkamp and Latessa (2005) provided substantial support for the evaluation of program integrity when examining treatment programs. The authors conducted a quasi-experimental study of the programs funded by the Ohio Community Corrections Act (CCA). In addition to evaluating the integrity of 91 CCA-funded programs, the authors also examined outcomes of program participants and a matched comparison group for a total of almost 14,000 offenders (Lowenkamp & Latessa, 2005). The authors found that programs with higher ratings of
program integrity were associated with 12-16% reductions in participant recidivism while programs with very low ratings of integrity were correlated with increases in recidivism; some programs demonstrating up to 15% increases in participant recidivism (Lowenkamp & Latessa, 2005). Thus, program integrity is not only relevant to success but plays a significant role in failure of programs and the offenders they serve.

The Technological Component

Arguably, the first two components (i.e., the criminological and correctional components) have received the most attention in research and therefore have well-established literatures. It is the third component, *technology*, which requires increased attention and hence is the focus of this dissertation. The technology component is most concerned with the fidelity principle through technology transfer. The technology component of the paradigm revolves around the instruments, tools, and processes used to ensure that interventions are delivered in the manner designed or with integrity (Smith, 2013). It is essential that risk, need, and responsivity factors be measured using objective, standardized tools. Further, programs that administer correctional treatments should be assessed for their adherence to theory and modality. Similar to their work in the correctional component, the Canadian scholars developed assessment instruments for the RNR framework and program integrity (i.e., the LSI and the CPAI) (Smith, 2013).

Summary

The history of corrections in the United States was presented in the first section of this chapter. As indicated, the sociopolitical context of the country has had a substantial impact on the guiding philosophies of the correctional system. It stands to reason, then, that if the sociopolitical climate of the country changes in the same way that a pendulum swings, correctional philosophy and approaches to managing offenders and protecting public safety
would also periodically change to reflect the climate of the country. For periods of time, the correctional system has been driven by rehabilitation and helping offenders, but then swings to the opposite side to focus on deterrence and punishment. However, the now existent empirical literature on the effectiveness of correctional rehabilitation and the push to create policies and procedures based on scientific evidence may become a buffer for future changes in correctional philosophy. Proponents of deterrence and the get-tough approaches remain, but the data supports rehabilitation as the more effective approach. Either way, the Psychology of Criminal Conduct (PCC) is the correctional paradigm that academics, practitioners, and policy-makers should reference when implementing and delivering correctional services. The criminological component provides a theoretical understanding of why people commit criminal behavior. The correctional component describes what organizations, agencies, and programs can do to intervene in offenders’ lives to reduce the likelihood of recidivism. The technological component is the third and final component, and outlines how rehabilitative services can effectively be delivered in a variety of settings.

The third component of the PCC paradigm, technology development and transfer, drives the purpose of this dissertation. As repeatedly mentioned above, there is considerable support for PEI and RNR as well as offender and program assessments. Implementation of these principles through policy and program in corrections has received much less attention (Gendreau, Goggin, & Smith, 1999; Taxman & Belenko, 1999). Specifically, the question remains, “how can research findings be transferred into agency policy and practice in a way that is reasonable and achievable for the scholars and practitioners responsible for such technology transfer?” Chapter 3 will explore this question in detail by reviewing the existing literature on implementation in corrections.
CHAPTER THREE: EXPLORING A SCIENCE OF IMPLEMENTATION

In Chapter 2, a brief history of corrections in the United States was presented and the current state of affairs described. Corrections in the 21st century is focused on reinvesting justice monies into programs and policies that are effective in protecting public safety, reducing prison populations, and creating a successful reentry path for ex-offenders. The Psychology of Criminal Conduct (PCC) was offered as the paradigm for academics, practitioners, and policy-makers to follow when working in correctional rehabilitation because of the extent of empirical support for its principles and their use for achieving the 21st century goals of corrections. However, questions still remain such as what are the best practices that policy makers and agency leaders should follow when implementing changes in correctional agencies and organizations? In other words, what are the steps that should be followed when making programmatic and systemic changes to match the principles of effective intervention? Additionally, what factors can influence, positively or negatively, the process of implementation?

As mentioned in the first chapter, one of the goals of this dissertation is to contribute to the science of implementation in corrections with specific focus on organizational context. In order to achieve this goal and answer the posed questions, a brief summary of the work that has been done in implementation is presented in the first two sections of this chapter. Specifically, implementation in corrections is discussed with regard to models for implementation, barriers to successful implementation, and key factors relevant to successful implementation. Implementation outside of the field of corrections is also reviewed with emphasis on existing frameworks for organizational change. As indicated in the implementation literature in and outside of corrections, an important factor that can impact the process of implementation is
organizational context. Thus, the last two sections of this chapter explore organizational context in corrections and outside of corrections.

There are considerable inconsistencies across disciplines in terms related to evidence-based practices and implementation (Fixsen et al., 2005). Prior to discussing the importance of implementation, it is important to define implementation. Fixsen and colleagues defined implementation as “a specified set of activities designed to put into practice an activity or program of known dimensions” (Fixsen et al., 2005, p. 5). Gendreau and Andrews’ (1979) defined an attempt of implementation as successful when the program was still in operation two years post implementation. To improve on these definitions, in this dissertation successful implementation will be defined as a program or policy that was started or revised through a systematic process and is still in operation two years post implementation with documented maintenance of fidelity.

The Importance of Implementation

The PCC is the creation of Don Andrews and James Bonta, and its most recent edition has been cited in research over 4,000 times (as counted by Google Scholar, accessed March 4, 2015). This reference count does not include previous editions, work that is unpublished, presentations, or word-of-mouth. The PCC has been described as a paradigm (see Smith, 2013) that can guide correctional practitioners and researchers in their work. It provides the foundational theories of criminal behavior; offers strategies for rehabilitative efforts; and even presents an overview of tools and techniques for practitioners to utilize. If this paradigm is the one to follow for all matters correctional rehabilitation, then it is logical to begin a discussion of implementation in corrections with the PCC. What this framework does not provide, unfortunately, are directions or advice on how to effectively foster change in correctional
organizations and agencies - principles of implementation. In the fifth edition of book, “Implementation” is listed with one page number in the index. Readers who turn to the single page listing will find only a citation to another publication. Andrews and Bonta (2010, p. 426) provide a reference for additional reading on the topic of “an excellent example of an after-the-fact ‘autopsy’ of failed programming” which can be found in Goggin and Gendreau’s edited chapter entitled, “The Implementation and Maintenance of Quality Services in Offender Rehabilitation Programmes” (2006). Andrews and Bonta (2010) also mention that the same book has additional chapters with discussion of implementation issues.

In their chapter, Goggin and Gendreau (2006) provide a comprehensive review of correctional programming through a discussion of the current research on the principles of effective intervention, the CPAI-2000 as an evaluation tool, accreditation systems, and preliminary data on the outcomes for accredited programs in England and Wales – this last section being the reference of a failed program that Andrews and Bonta (2010) highlighted. Relevant to implementation, the authors cite the barriers to successful technology transfer which are reviewed in a later portion of this chapter. In addition to the list of barriers, the authors acknowledge one dilemma in examining effectiveness of programs. Without a measure of therapeutic integrity which is also known as treatment fidelity, research studies of programs cannot definitively conclude that lackluster treatment effects are due to the treatment model or program itself, or if the results were driven by failed implementation and lack of fidelity to the model. There has been a trend in findings related to program effects and treatment fidelity that supports the hypothesis identifying implementation as the moderating variable, which Goggin and Gendreau (2006) mention as support for their claim. Across the correctional literature, treatment effects are consistently stronger when measured from demonstration projects as
compared to routine programs (Andrews & Bonta, 2010; Fixsen et al., 2005; Gendreau & Goggin, 2006; Lipsey, 1999, 2001).

There is a distinct difference between the two types of programs. In research, the term “demonstration project” has been used to describe a correctional program that has been developed and implemented with the involvement of academic researchers to ensure the fidelity of services, often as part of a larger research evaluation study (Lipsey, 1999, 2001). The terms “routine program” and “practical program” on the other hand, have been used to denote programs as implemented in the “real world” of corrections usually without direct involvement of scholars (Lipsey, 1999, 2001). Research has regularly revealed that demonstration projects have consistently produced larger effects than routine programs in corrections. For example, Lipsey (1999) conducted a meta-analysis on the effects of juvenile treatment programs on recidivism. While there were modest effect sizes, there was substantial heterogeneity in effect size between the studies included the analyses. To further investigate the data, Lipsey removed all demonstration projects from the analyses so that only routine program evaluations were included. From the original 401 studies analyzed in the first meta-analysis, 196 studies were classified as practical programs and included in the second meta-analysis (Lipsey, 1999). Results supported the notion that routine programs tend to have smaller effect sizes than demonstration projects. Lipsey found an effect size of .07 for practical programs and a .13 effect size for demonstration projects; an estimate almost twice the value of routine programs (1999). Lipsey has conducted several meta-analyses since and has found the same disparity between demonstration projects and routine programs through analyses of different studies (for further details, see Lipsey 2001, 2009; Lipsey, Howell, Kelly, Chapman, & Carver, 2007).
These studies and corresponding results, in and of themselves, provide strong support for the claim that implementation warrants consideration and measurement when evaluating treatment programs and effects. Additional support for this argument can be found outside of corrections as the same gap in technology transfer is found across in multiple disciplines related to human service delivery (Fixsen et al., 2005). Implementation matters because it can impact program integrity, the fourth principle of effective intervention from the PCC. A treatment program or practice may be theoretically sound and supported by empirical testing, but if it implemented and facilitated in a manner that is inconsistent with the original design, it could be ineffective or even cause harm (Lowenkamp, 2005; National Implementation Research Network, 2015; Salisbury, 2015; Taxman & Belenko, 2013). It is for this reason that a science of implementation should be identified and embraced in corrections.

Implementation in Corrections

There are several publications in the corrections literature that describe efforts in implementing correctional programs (for an initial overview, see Bernfeld, Farrington, & Leschied, 2003 and Taxman & Belenko, 2013). The findings presented in single articles and case studies are useful for knowledge cumulation and often times have been cited as support for the principles of effective intervention and the importance of treatment fidelity. However, the identification of best practices of implementation and acknowledgement of barriers to successful organizational change has yet to be succinctly presented and described like the principles of effective intervention. Taxman and Belenko (2013) wrote a book on the topic on the implementation in community corrections and substance abuse treatment, so an assumption can be made that the science of implementation is more concentrated and complex than what adding a few principles to the PCC could effectively cover. In effort to provide an introductory
summarization of the work that has been completed in corrections, three elements of implementation will be presented in the following pages: models of organizational change, barriers to successful implementation, and factors related to successful implementation. A brief overview of organizational change theories will highlight what factors (e.g., goals, organizational networks, external forces, etc.) should be considered during the process. The presentation of barriers and necessary factors for successful implementation provides specific examples of factors presented in the organizational change theories. What will become apparent is that organizational context, described in more detail in sections three and four of this chapter, has been largely excluded or undervalued in research and in practice.

**Models of Organizational Change**

Taxman and Belenko (2013) describe the process of identifying, adopting, and sustaining evidence-based practices in community corrections and addictions treatment. Their work overlaps well with Andrews and Bonta (2010) because they incorporate many of PCC principles into theories and models of organizational change and technology transfer. In their book, Taxman and Belenko (2013) outline three groups of theories of organizational change that relate directly to the implementation of new programs and practices in any field including corrections.

The first group or category of theories explaining organizational change is referred to as *rational system theories*. These theories recognize goals as the primary force driving organizational operations. Goals are identified and outlined by the social structures of the organization. Ultimately, efficiency and productivity are goals that organizations are continually attempting to reach, which is why successful implementation practices are so important. In other words, poor implementation is likely to lead to inefficiency and lack of productivity; ultimately leading to failure of goal attainment (Taxman & Belenko, 2013).
The second group of theories is referred to as *natural systems theories*. This group moves beyond the rational system theories because it recognizes the likelihood of organizations having conflicting goals. Often these discrepancies can be found in differences between formal and informal organizational networks, with the informal networks having more influence over organizational operations in the long run. Stated differently, the mission and overarching goals of the agency can vary dramatically from the daily practices and procedures of direct service staff and programs. References of these theories while initiating organizational change would suggest that change agents should consider and possibly even address for revision the differing goals of the formal and informal networks (Taxman & Belenko, 2013).

The third and final grouping of theories explaining organizational behavior and change is referred to as *open systems theories*. Within this framework, goals are still relevant in organizational operations, but the existence and influence of external factors now becomes important to recognize. External factors can often have different or conflicting goals from the internal networks. This can be problematic if external forces have substantial impact on organizational decision-making (Taxman & Belenko, 2013). In a similar way as the natural systems theories, acknowledging potential conflict can give rise to solutions before a problem develops during or after implementation.

As Taxman and Belenko (2013) point out, it is important to consider all three groups of theories and foster organizational change and implementation of new policies and procedures through a multi-layer approach. There are external and internal factors, both systemic and human, that can impact change within an organization. Implementation in corrections lends itself perfectly to an approach considerate of all three frameworks. At the most basic level, there is a correctional philosophy guiding policy and practice whether it is incapacitation, deterrence,
rehabilitation, or retribution. The rational system theories would pay attention to the goals for managing offenders in the criminal justice system within each philosophy. The natural systems theories would acknowledge the guiding correctional philosophies, but would highlight the differing, and often times, conflicting goals of the philosophies as many agencies operate under a combination of those philosophies. Finally, the open systems theories would recognize and focus on the internal and external forces that impact the success (and sometimes lack of) correctional organizations. Specifically, there are many stakeholders in the management of criminal offenders (e.g., offenders, families of the offenders, the community, and practitioners). As implementation within corrections occurs, Taxman and Belenko (2013) encourage organizations to examine the changes through multiple frameworks.

**Barriers to Successful Implementation**

The models discussed above are by no means exhaustive in regards to theories of organizational change. However, their relevance to this dissertation is a direct link to acknowledging that the process of implementation is not a simple one when consideration is given to the multitude of factors that can impact organizational change. Within the theoretical considerations of systemic change, there are key program factors that influence the process and outcome of implementation.

Farabee, Prendergast, Cartier, Wexler, Knight, and Anglin (1999) identified six common barriers to the implementation of correctional drug treatment programs. They are:

1. **Client Identification, Assessment, and Referral**
2. **Recruitment and Training of Treatment Staff**
3. **Redeployment of Correctional Staff**
4. **Overreliance on Institutional Versus Therapeutic Sanctions**
5. Aftercare

6. Coercion

First, identification and assessment of clients appropriate for programming can be problematic. Criteria for admission and exclusion vary considerably across programs and are often too limited (Farabee et al., 1999). Implementation of specific treatment problems may lead to wasted efforts if inappropriate clients are admitted or appropriate clients are denied services. This barrier can be overcome through clear policies of admission and exclusion criteria. Outlining these expectations prior to program implementation is recommended.

The second barrier to implementation is the recruitment and training of treatment staff. Farabee and colleagues (1999) stated that geography can significantly limit the qualified applicant pool. In addition, the authors suggested that some of the differences in environment and working conditions between institutions and community programs may impact the performance of staff that transfers from one environment to another. Farabee and colleagues recommended strong recruitment packages for applicants in rural areas (1999). They also suggested that programs develop strong training protocols so that staff are cross-trained, can advance in the organization, and are able to assist in responsibilities outside of their job description as necessary (Farabee et al., 1999).

The third barrier to successful implementation of drug treatment programs is staff turnover. Farabee and colleagues (1999) stated that a revolving door of staff, especially in the realm of security can destabilize programming and impede implementation attempts. Constant turnover requires time and resources for new employee training; time and resources that could otherwise be devoted to implementation and quality assurance. The authors suggested that programs involve security staff in treatment decisions and programming in effort to stabilize
program processes. Additionally, they recommended that programs offer professionalized treatment-oriented positions for security staff through certifications and financial incentives (Farabee et al., 1999).

The fourth barrier in implementation is overreliance on institutional sanctioning and underuse of therapeutic approaches to behavior change. Farabee and his coauthors posited that the stressful and sometimes confrontational environment of institutions is more conducive of formal disciplinary procedures rather than therapeutic interventions, especially for security personnel (1999). On the other hand, treatment staff is not always in a position to initiate formal disciplinary procedures (Farabee et al., 1999). This difference can create or increase role conflicts between security and treatment staff. Farabee and colleagues recommended that there should be clear guidelines on the use of formal and informal sanctions that are available to any staff. New staff should be adequately trained on the administration of such sanctions. Further, there should be a concerted effort by management to enhance cooperation between security and treatment staff (Farabee et al., 1999).

The fifth barrier for successful implementation of drug treatment is the lack of availability and participation in aftercare services (Farabee et al., 1999). The authors argued that many offenders do not voluntarily participate due to the involuntary nature of their sentence. Farabee and his colleagues also acknowledged that many community agencies that provide drug treatment are hesitant to admit ex-offenders into programming upon release from supervision. Their recommendations included addressing offender motivation for participation in services beyond the institution, offering a continuum of services from prerelease to post-supervision, and working with communities to increase the availability and quality of aftercare programs for ex-offenders (Farabee et al., 1999).
The sixth and final barrier that Farabee and colleagues identified for implementing effective drug treatment programs is coercion (1999). While this was partially discussed in regards to participation in aftercare services (the 5th barrier previously discussed), the authors highlighted the coercive nature of correctional programming and discussed the varied results of research on the effects of coercion in treatment success. Their recommendations for overcoming this barrier began with addressing motivation as early in the supervision and treatment process as possible. They also suggested that programs work with offenders to ease stress of treatment participation and increase the use of incentives for behavior change (Farabee et al., 1999).

Goggin and Gendreau (2006) also presented barriers to successful technology transfer in corrections. First, they cited the influence of political context in corrections. Correctional programs, organizations, and agencies have to operate in conjunction with government agencies and branches. Taxman and Belenko (2013) labeled these professionals and agencies as external stakeholders. As such, they can heavily impact the adoption of policies and practices even though they are not directly involved in service delivery or have an accurate understanding of correctional rehabilitation. This leads to the second barrier, which is the selection and implementation of models and programs not based on scientific evidence; this has been referred to as the adoption of correctional quackery (e.g., drum circles, boot camps, and shaming techniques; see Latessa, Cullen, & Gendreau, 2002).

The third barrier presented by Goggin and Gendreau (2006) is that training programs and academic departments have been less than zealous in their acceptance and dissemination of the correctional rehabilitation agenda. At the time of publication, the authors could note only one doctoral program in the United States that offered specific training in this domain. The fourth and final barrier identified by Goggin and Gendreau (2006) is the limited number of forums for
informing practitioners of effective correctional programs and practices. Again, at the time this article was published, the authors mentioned workshops as the primary mechanism for academics to inform practitioners. Since 2006, the availability of training and information gathering for practitioners had increased, so it is less of a barrier now than previously. The National Institute of Justice and the National Institute of Corrections offer online portals to disseminate information and provide opportunities for online and in-person trainings around the country on evidence-based practices. The University of Cincinnati Corrections Institute (UCCI) and the George Mason University Center for Advancing Correctional Excellence! (ACE) provide resources, trainings, and consulting services on evidence-based practices for correctional programs.

Factors Related to Successful Implementation

The previous section briefly presented barriers to successful implementation as identified by scholars in the field of corrections. The existence of certain practices or procedures can interfere with successful implementation. In this section, the factors that are related to successful implementation are presented. In other words, what practices or procedures in corrections programs are necessary for successful implementation? One of the first publications to address implementation in corrections comes from Gendreau and Andrews in 1979. In their article, the authors reviewed 19 occasions of program implementation and found 7 key factors that were related to success:

(a) how initial contact with the setting was made, (b) knowledge of the setting, (c) institutional stability, (d) the congruence between the values of the stakeholders and consultants, (e) action-oriented role of the program implementers, (f) staff involvement, and (g) funding source (as described in Gendreau, Goggin, & Smith, 1999, p. 181).
Andrews (1995) later revised this list to include good morale on the part of administration and staff, a program designer with professional credibility, a cost-effective and sustainable program, model, or practice, and the identification of an administrator or front-line staff member to be the new program’s advocate. Of these factors, only two could be classified under the umbrella of organizational context: institutional stability and staff morale.

With regard to morale, in 1988 Mark Hamm outlined what steps were necessary for implementation in “sub-optimal conditions” (i.e., environments with change-resistant staff and administrators) to be successful. First, he recommended that agencies or programs lessen the focus on reducing recidivism and increase attention to other relevant outcomes such as inmate alienation, prison subculture assimilation, and the pains of imprisonment. He argued that by giving attention to these alternate outcomes, a change-supportive inmate constituency may develop. Second, Hamm suggested that programs describe change efforts as “experimental projects” which would build internal pressure for rehabilitation and force administrators to take responsibility for the programs (1988, p. 148).

Related to the experimental projects, Hamm (1988) recommended that agencies assemble a small group of stakeholders to provide input into the proposed changes. He implied that the group approach will lessen the pressure for success and fear of failure as well as reduce the effort required to implement the change. Hamm also recommended that programs identify a “fixer” who is the person responsible for mobilizing resources and collaborating with external stakeholders (1988). Hamm clearly stated that the fixers must recognize support from management and administration, and must believe that the resources and needs of the organization and staff will be met (1988). He identified other steps that are necessary for successful implementation: adopt a model that supports the revised focus on the pains of
imprisonment – moving beyond recidivism, set goals for the program and share with staff, include inmates in the organizational change process, present program rules and expectation to the offenders upfront, and finally, develop and analyze performance measures. Within the same discussion, Hamm (1988) acknowledged that the practitioners involved in the organizational change must support the rehabilitative ideal for long term sustainability. There are several factors described by Hamm that could be categorized under organizational context: the assumption of staff resistance to change, staff fear of change and failure, perceptions of leadership, the availability of resources, and the support for rehabilitation (1988).

Another seminal piece that addresses implementation comes from Gendreau, Goggin, and Smith (1999), and is titled, “The Forgotten Issue in Effective Correctional Treatment: Program Implementation”. The authors offered an updated version of Gendreau and Andrews’ original principles of implementation. The original 7 guidelines became 32 principles which they divided into four categories: general organizational factors, program factors, change agent activities, and staffing. Each principle is listed in Table 1 below. The second column was not part of the original work, but was added for this discussion to highlight the principles that are related to organizational context. Of the original 7 principles, only 1 could be considered a factor of organizational context. As seen in Table 1, 12 of 32 factors are related to organizational context.

Additional information regarding program characteristics and program effectiveness was presented by Lowenkamp, Latessa, and Smith (2006) in their evaluation of 38 community-based residential programs in the state of Ohio. Specifically, the authors utilized an abbreviated version of the CPAI to evaluate the programs. Then they analyzed the relationship between program integrity rating and recidivism outcomes (i.e., new offense, technical violation, and return to prison) of 3,237 program participants and 3,237 matched comparison cases.
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<tr>
<th>Category</th>
<th>Principle</th>
<th>Factor of Organizational Context</th>
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<tbody>
<tr>
<td><strong>Organizational Factors</strong></td>
<td>1. The agency has a history of adopting new initiatives.</td>
<td>No</td>
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<td></td>
<td>2. The agency efficiently puts its new initiatives into place.</td>
<td>No</td>
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<td></td>
<td>3. The bureaucratic structure is moderately decentralized, thus allowing for a flexible response to problematic issues.</td>
<td>Yes</td>
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<td></td>
<td>4. Issues are resolved in a timely fashion.</td>
<td>No</td>
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<td>5. Issues are resolved in a nonconfrontational manner.</td>
<td>No</td>
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<td></td>
<td>6. There is little task/emotional-personal conflict within the organization at the interdepartmental, staff, management, and/or management-staff levels.</td>
<td>Yes</td>
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<td></td>
<td>7. Staff turnover at all levels has been less than 25% during the previous 2 years.</td>
<td>Yes</td>
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<td></td>
<td>8. The organization offers a formal program of instruction in the assessment and treatment of offenders on a biannual basis.</td>
<td>No</td>
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<td>9. The agency has formal links with educational institutions or consultants for the purpose of seeking guidelines and training on clinical/service matters.</td>
<td>No</td>
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<td><strong>Program Factors</strong></td>
<td>1. The need for the program has been empirically documented (e.g., surveys, focus groups).</td>
<td>No</td>
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<td></td>
<td>2. The program is based on credible scientific evidence.</td>
<td>No</td>
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<td></td>
<td>3. The program does not overstate the gains to be realized (e.g., recidivism reduction).</td>
<td>No</td>
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<td></td>
<td>4. Stakeholders (i.e., community sources, management, and staff) agree that the program is timely, addresses an important matter, and is congruent with existing institutional and/or community values and practices.</td>
<td>Yes</td>
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<td></td>
<td>5. Stakeholders agree the program matches the needs of the clientele to be served.</td>
<td>Yes</td>
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<td></td>
<td>6. Funding originates from the host agency.</td>
<td>No</td>
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<tr>
<td>Program Factors</td>
<td>7. The fiscal aspects of the program (a) are cost-effective, (b) do not jeopardize the continued funding of existing agency programs, and (c) are sustainable for the near future.</td>
<td>No</td>
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<tr>
<td>Continued</td>
<td>8. The program is being initiated during a period when the agency is free of other major problems and/or conflicts.</td>
<td>No</td>
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<td></td>
<td>9. The program is designed to (a) maintain current staffing levels, (b) support professional autonomy, (c) enhance professional credentials, and (d) save staff time and/or effort.</td>
<td>Yes</td>
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<td>10. Program initiation proceeds (a) incrementally, (b) has a pilot/transitional phase, and (c) initially focuses on achieving intermediate goals.</td>
<td>No</td>
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<tr>
<td>Change Agent</td>
<td>1. The change agent has an intimate knowledge of the agency and its staff.</td>
<td>No</td>
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<td></td>
<td>2. The change agent has the support of senior agency officials as well as that of line staff.</td>
<td>No</td>
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<td></td>
<td>3. The change agent is compatible with the agency’s mandate and goals.</td>
<td>No</td>
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<td></td>
<td>4. The change agent has professional credibility.</td>
<td>No</td>
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<td>5. The change agent has a history of successful program implementation in the agency’s program area.</td>
<td>No</td>
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<td>6. In bringing about change, the change agent employs (a) central routes of persuasion, (b) motivational interviewing techniques (e.g., empathy, discrepancy, nonconfrontational, self-efficacy support), (c) reciprocity, (d) authority (but does not use threats), (e) reinforcement (e.g., praise), (f) modeling, (g) systemic problem solving, and (h) advocacy/brokerage.</td>
<td>No</td>
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<td>7. The change agent continues until there are clear performance indications that management and staff are able to maintain the delivery of the program with a reasonable degree of competence.</td>
<td>No</td>
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<td>Staff Factors</td>
<td>1. The staff have frequent and immediate access to the change agent.</td>
<td>Yes</td>
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<td></td>
<td>2. The staff understand the theoretical basis of the program.</td>
<td>Yes</td>
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<td></td>
<td>3. The staff have the technical/professional skill to implement the program.</td>
<td>Yes</td>
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<td></td>
<td>They have taken applied courses on the assessment and treatment of offenders.</td>
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<td>4. The staff think (i.e., self-efficacy) they can run the program effectively.</td>
<td>Yes</td>
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<td>5. To run the program efficiently, the staff are (a) given the necessary time, (b) given adequate</td>
<td>Yes</td>
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<td>resources, and (c) provided with feedback mechanisms (e.g., focus groups and workshops).</td>
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<td>6. The staff participate directly in designing the new program.</td>
<td>Yes</td>
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*Adapted from Gendreau, Goggin, & Smith (1999)

(Lowenkamp, Latessa, & Smith, 2006). The overall program integrity score and three sections of the tool were correlated with at least one of the outcome measures. The section of the CPAI tool that examines program implementation was correlated with all three outcomes: \( r = .33, r = .58 \) and \( r = .55 \) respectively. Further, when examining successful program completions only, program implementation was the only section that correlated with outcome: \( r = .34 \) (technical violations) and \( r = .45 \) (return to prison) (Lowenkamp, Latessa, & Smith, 2006). Their findings support the importance of measuring program implementation processes when examining correctional rehabilitation programs.

Finally, it is important to highlight the consistent finding from program evaluations using the CPAI and CPC as they have been utilized in the United States. Staff Characteristics is a section of each tool, and factors within this section have correlated with program integrity and client outcomes. Specifically, the factors are: staff education, staff experience, and arguably most important, staff input into the program (Latessa, Brusman-Lovins, & Smith, 2010; Latessa & Holsinger, 1998; Lowenkamp, 2004; Lowenkamp & Latessa, 2005; Lowenkamp, Latessa, &
Smith, 2006). Staff input is typically measured as a dichotomous variable and is collected based on responses from staff (i.e., do staff consistently report having input into program processes?). The content of staff input and its relationship to staff attitudes, values, and beliefs has not yet been explored, but is demonstrably relevant to program fidelity and by extension relevant to implementation.

**Implementation Outside of Corrections**

The identified factors that can inhibit successful implementation (i.e., barriers) and factors that are necessary for successful implementation can be considered an elementary framework for best practices in implementation for correctional programs. The push for adopting evidence-based practices (EBP) and examining implementation processes is not original to the field of corrections. A quick scan of topics from mental health, social services, criminal justice, education, agriculture, business, engineering, medicine, marketing, and manufacturing journals would provide support for prevalence of evidence-based practice applied research. Scientific understanding of EBP in various fields has grown over the last few decades, but our understanding of change and implementation has not received as much attention (Fixsen et al., 2005; Taxman & Belenko, 2013). For example, in their systematic review of implementation studies across various fields, Fixsen and colleagues (2005) found only 22 studies out of almost 2,000 reviews were experimental analyses of implementation factors.

Although the science of implementation is in its infancy, there is international interest in the topic, and several scholars are invested in its development (Bertram et al., 2013). In 2013 the Global Implementation Initiative (GII) began hosting a biennial implementation conference that boasts over 800 participants from every continent except Antarctica. During this meeting, “researchers, policy makers, administrators, practitioners, and purveyors engaged each other in
homogenous and mixed work groups, establishing goals and objectives to further advance implementation science” (Bertram et al., 2013, p. 3). GII seeks to provide access to implementation networks and literature, influence those involved with implementation at any level in any field, and impact implementation practices in the human services field (GII, n.d.).

The National Implementation Research Network (NIRN)

At the national level, the National Implementation Research Network (NIRN) is online and led by the Frank Porter Graham Child Development Institute of University of North Carolina Chapel Hill. The mission of the NIRN is “to contribute to the best practices and science of implementation, organization change, and system reinvention to improve outcomes across the spectrum of human services” (website). Additionally, the NIRN have articulated three goals to include advancing the science of implementation across multiple fields, informing policy, and to be inclusive of diverse communities and consumers. Karen Blase and Dean Fixsen are the founders of this organization and are the primary scholars of the 2005 and 2013 Implementation Framework that has now been adopted by several organizations and agencies across the country (NIRN, n.d.).

NIRN Implementation Framework

The NIRN implementation framework was developed from transdisciplinary knowledge bases, and there are several key elements to the framework that are necessary to account for the ever-changing human services fields. This framework (described in detail below) is different from the information presented in the previous section because it is not limited in application to corrections. Additionally, it combines theories of change and factors for consideration during implementation whereas the discussion from the previous section was compartmental and not integrated.
To develop the implementation framework, Fixsen and colleagues (2005) reviewed almost 2,000 citations and abstracts across a variety of fields. Of those 2,000, 1,054 studies met the inclusion criteria for a systematic review of implementation factors. A little more than 700 were still included after a full text review, but continuous vetting led to 377 relevant studies with 22 of them actually existing as empirical studies of the factors related to successful implementation (Fixsen et al., 2005). From these reviews, the authors were able to develop a 5-part framework for practitioners to follow when undergoing organizational change and program implementation.

The first and arguably most important element is referred to as intervention components. This element is essentially a set of criteria that describe the program or model, its operations, and links to outcomes. The second element of the implementation framework is comprised of the stages of implementation (i.e., exploration, installation, initial implementation, and full implementation). The third element includes the four implementation drivers: competency, organization, leadership, and integration. These categorical drivers lead the process of change within the organization. The fourth element of the framework is improvement cycles which is continuous quality improvement in layman’s terms. The final element of the framework is implementation teams. This element includes program staff as well as implementation consultants, and typically the teams exist for the duration of the implementation process (NIRN, n.d.). Moving forward, implementation efforts should be compared against this framework, and evaluations of effectiveness should include measures of implementation outcomes and intervention outcomes.

**Intervention Components**

The foundation of the implementation framework is referred to as the intervention components. Prior to actual organizational change, the model or program under consideration
should be reviewed for specific components: model definition, theoretical base, theory of change, target population characteristics, and alternative models. The *model definition* identifies the participants who are in need of the service, what the service entails, and what activities will be performed as evidence of service delivery. The *theoretical base* explains the relationships between the participants and the methods of service delivery. The *theory of change* explains how the methods of service delivery are related to participant outcomes. *Target population characteristics* outline who the participants will be that could benefit from services offered – selecting the factors that correspond to the model. Finally, the *alternative models* is similar to a justification for the program and rationale explaining why other models or programs are not equally suited for service delivery (Bertram et al., 2013).

**The Stages of Implementation**

Although the stages of organizational change introduced and summarized by Taxman and Belenko (2013) were helpful in theorizing about the process, the stages of implementation described in the NIRN implementation framework are more specific in detail and applied in approach. To be direct, practitioners would experience less difficulty in understanding and utilizing the implementation framework stages as compared to the stages of organizational change. Implementation is not a single event or even a dichotomous variable for measurement. It is a process that occurs over a period of time (Bertram et al., 2013). Implementation scholars suggest that effective organizational change can occur over a period of 2 to 4 years (Bertram et al., 2013; Fixsen, Blase, Naoom, & Wallace, 2009). As part of their work in building an implementation science, the scholars of the NIRN have outlined and described specific stages of implementation. Those stages are exploration, installation, initial implementation, and full implementation. Although these stages are often depicted as a linear progression, certain
changes or events can impact the process thus requiring the organization to return to an earlier stage for re-evaluation (Bertram et al., 2013). Additionally, organizations are constantly changing and sustainability of change requires the process of implementation to resemble more of a cycle. Once full implementation is achieved, the process begins again for the same model or a different one (Bertram et al., 2013). The stages of implementation are described in more detail below.

*Exploration*

During this initial stage, sometimes also referred to as adoption, organizations should consider their current and potentially new intervention components. Bertram and colleagues (2013) succinctly describe exploration as a process of assessing the needs of the participants, considering current and new implementation drivers, and assessing fit. Additionally, potential barriers must be identified and problem-solving prior to movement onto the next phase (Bertram et al., 2013). In other words, the organization’s readiness for change should be assessed (Fixsen et al., 2015). Barriers could include but are not limited to changes in funding streams and funding requirements, staffing patterns, sources of referrals, and any other organization or system changes. Organizations should recognize that sometimes these barriers can be anticipated, but other times they occur without notice (Bertram et al., 2013). Problem-solving barriers prior to any initial changes to the organization can reduce the likelihood that the barriers will lead to loss of program integrity through reduced implementation success. By the end of this phase, leaders of the organization should make the decision of whether the new program or model is a good fit and necessitates a transition into the next phase of implementation, or whether the program or model is not a good fit for the organization and the process of
implementation is discontinued. If the process of implementation does continue, then a clear path of tasks and timelines for implementation activities should be developed.

*Installation*

The installation phase is comprised of all tasks related to change that do not involve or directly influence the target population. The assessment of organizational resources is necessary during this phase. For instance, implementation drivers are examined further and decisions are made regarding who and what will be involved as these drivers during the next two stages. Formats and focus of coaching should be established in addition to any revisions or additions to procedural protocols. Practitioners often cite limited time, funding, and resources as barriers to change. This suggests that not enough consideration was given to the installation phase of the process. It is during installation that decisions of resource allocation including funding, time management strategies, and the use of technology are made. By the end of this phase, a complete action plan of change has been created, and staff are aware of the plan and are ready to implement it.

*Initial Implementation*

During this phase of implementation, new or revised programs, policies, and procedures are started. In exploration, staff were introduced to the program. In initial implementation, consumers or clients are finally introduced to the program. This phase is often times referred to as the pilot period. The organization and its staff test out new roles and responsibilities. Problematic procedures are examined and lead to revisions in the program or policy (improvement cycles are discussed in upcoming pages). Problem-solving by implementation drivers occurs in effort to reach program fidelity. Additionally, obtaining and maintaining buy-in from staff and other stakeholders continues.
In their description of this stage, Bertram and colleagues discuss the role of organizational culture and capacity. Specifically, they identify three characteristics of staff and organizations that can become barriers to successful implementation: human inertia, fear of change, and investment in the status quo. Due to these characteristics, the authors describe initial implementation as an “…awkward period of high expectations, challenges, and frustrations” (Bertram et al., 2013, p. 11). This stage is different from the exploration and installation stages which can be characterized as exciting and full of anticipation from staff. Resistance to change combined with potential confusion and uncertainty of new responsibilities can create an environment unfavorable to organizational change. Bertram and colleagues (2013) state that resistance to change, uncertainty, and confusion can be effectively managed during initial implementation by balanced leadership. A balanced approach to leadership means that leaders coach and support staff during the change process (Bertram et al., 2013). Effective leaders use data in decision-making and integrate problem-solving in efforts to make the challenges of change less overwhelming and difficult.

Full Implementation

“Full implementation occurs when most of the practitioners are routinely providing the new or refined program model with good fidelity” (Bertram et al., 2013, p. 12). For organizations to reach this phase of implementation, they must test the developed or revised policies and procedures from the installation phase and confirm that the implementation drivers are functioning efficiently and effectively. Additionally, regular reviews of drivers and procedures should be conducted to ensure fidelity. As previously mentioned, the duration of initial implementation and full implementation stages vary. Implementation success and sustainability can be measured by improved population outcomes (Bertram et al., 2013).
**Implementation Drivers**

Since the original introduction of the implementation framework, the drivers model has been condensed into three types: competency drivers, organizational drivers, and leadership drivers. The purpose of all three drivers is to lead the organizational changes by establishing organizational capacity (Bertram et al., 2013; Fixsen et al., 2005). Bertram and colleagues refer to implementation drivers as the “required infrastructure elements” necessary for successful change to occur (2013, p. 12). All three drivers are integrated and compensatory, and the extent of integration impacts organizational context (Bertram et al., 2013; Fixsen, Blase, et al., 2009).

Competency drivers, as the name implies, are responsible for developing or advancing staff competency in the components and practices of the new model or program. Competency drivers are involved in staff selection, training, coaching, and performance assessments. Organizational drivers create environments conducive for organizational change. This includes management of continuous quality improvement (CQI) and quality assurance (QA) processes and working with competency drivers in developing staff skill sets. Decision support data systems are also classified as organizational drivers. Gathering data to inform decision-making is an important aspect of the CQI and QA processes. Leadership drivers oversee competency and organizational drivers. They also identify and address adaptive and technical challenges that arise throughout the stages of implementation (Bertram et al., 2013; Fixsen et al., 2005). For clarification, leadership is not one person but rather a group of individuals who engage in leadership behaviors. Further, different styles of leadership can be demonstrated in effort to achieve different tasks within the implementation framework (Fixsen et al., 2015).
Improvement Cycles

This component of the framework fits into the initial implementation and full implementation phases. There are three improvement cycles: the plan-do-study-act (PDSA) cycle, usability testing, and practice-policy communication loops. The PDSA cycle operates exactly as the name implies. Organizations “plan” by examining intervention components and identifying implementation drivers. Initial implementation is the “do” portion of the cycle when staff begin new practice and procedures. Implementation drivers examine or “study” the new program and practices through a variety of evaluative activities, and then they “act” by making revisions for fidelity improvement and sustainability (NIRN, n.d.).

Usability testing begins during the exploration phase, continues through initial implementation, and is carried out by the implementation teams (discussed below). Some evidence suggests clearly defined core intervention components are correlated with successful implementation. However, there are many programs and models that lack clear conceptual and operational definitions. Conducting usability testing assists organizations with filling in the gaps of knowledge for program implementation. This type of testing is different from pilot testing because it involves more rounds of testing (4-5 rounds instead of 1 round) with fewer participants (5 participants instead of 20) (NIRN, n.d.).

Practice policy loops are the third cycle for implementation. The previous two cycles focused on identifying issues and making revisions to practices and procedures. One way to identify issues is to collect feedback from staff who are directly involved with performing those practices and procedures. While top-down (management level to practice level) communication is often present during organizational change, the opposite flow of communication is missing from organizational change that leads to failed implementation. In other words, a common
finding in examinations of failed implementation efforts is that practice level staff did not regularly communicate with management about what procedures were working and what procedures created issues. As part of the improvement cycles, a clear communication path should be established or even improved during the implementation process (website).

**Implementation Teams**

Implementation drivers were discussed with regard to different responsibilities of staff including line staff and management. Aside from the individual actors who carry out the changes during the process of implementation, there should be a group or committee of individuals who lead the changes. This group is referred to as the implementation team, and its focus on the core implementation components and core implementation components. This is different from staff and implementation drivers who focus on intervention components. There are three types of teams. First, the team can be made up of organizational staff only. Different levels of staff should participate in this type of group. Second, the team can be comprised of intermediary agencies or consultants who assist organizations with change and implementation. Third, the team can be a combination of both agency staff and external stakeholders and implementation consultants (NIRN, n.d.).

The NIRN implementation framework is quite comprehensive and holds a strong emphasis on staff behavior. All levels of employees (e.g., line staff, treatment staff, and management) are involved in the process of implementation from the beginning of the exploration phase through the full implementation phase. Some staff focus on the actual process of implementation by participation in implementation teams while other carry out the proscribed changes of intervention components. However, there is one area relevant to organizational change that warrants additional discussion – the role of organizational context. Scholars
interested in implementation both in corrections and outside of it mention organizational context as relevant but have offered limited discussion and study of it (Fixsen et al., 2013).

Organizational Context

For this dissertation, organizational context will be used to refer to organizational climate and culture. Both constructs have extensive literature in the field of organizational psychology; however, there are countless interpretations of their meanings and overlap (Ashkanasy, Wilderom, & Peterson, 2000; Schneider & Barbera, 2014). Specifically, Schneider and Barbera define them as “two conceptually distinct yet recently overlapping constructs for understanding the ways employees experience their total work settings” (2014, p. 1). Debating the distinction between organizational climate and culture would not serve the purpose of this dissertation.

Organizational context, as a summary measure of culture and climate is not easily described. Taxman and Belenko (2013) described culture as “the way things are done” (p. 71). They referred to Klein and Sorra (1996) for a definition of climate: “targeted employees shared perceptions as to extent to which their use of the innovation is rewarded, supported, or expected within the organization” (as cited in Taxman & Belenko, 2013, p. 68). The construct is better understood through a discussion of the factors that comprise organizational context. Within an organization, members, who can be anyone from line staff to administration, hold basic assumptions and values about the way the agency operates and how employees should act and coexist. Mission statements, manuals, hierarchies, and even job descriptions are part of the foundation of organization context (Aiman-Smith, 2004). From there, employees interpret meaning from these sources and from each other to create a subculture (Nolan & Kupers, 2009). Context is also impacted by internal attitudes, values, and beliefs (i.e., those held by employees acting as individuals and organizational members) as well as external attitudes, values, and
beliefs (individuals who are related to the program in some way, but are not part of the subculture) (Nolan & Kupers, 2009).

**Implementation and Organizational Context**

Bertram and colleagues (2013) discuss implementation and organizational context during their explanation of the phases of implementation. Specifically, the authors discuss staff resistance to change. The authors argue that resistance is actually normal; the status quo is comfortable and associated with confusion, anxiety, and frustration (Bertram et al., 2013). An extension of this topic is the relevance of staff perceptions. Understandably, staff resistance to change can act as a barrier if their attitudes shape their behaviors and inevitable participation in (or lack thereof) the process of implementation (Bertram et al., 2013; Taxman & Belenko, 2013).

Aarons (2004) posits that a better understanding of staff attitudes and perceptions can only serve to improve the implementation process by allowing the tailored dissemination and implementation efforts. To assist with measuring staff attitudes and perceptions, Aarons developed *The Evidence-Based Practice Attitudes Scale* (EBPAS) and administered it to 322 mental health service providers. Results suggested the existence of four dimensions of EBP attitudes: appeal, requirements, openness, and divergence. The appeal dimension assesses how desirable the staff member perceives the organizational changes to be. The requirements dimension measures how likely the staff member is to follow the new policy and procedural requirements. The openness dimension assesses how open the staff member is to change related to the organization. Finally, the divergence dimension measures the staff member’s perception of differences between the old/current practice and the innovation or new practice. It is important to note that staff education level, level of experience, organizational setting, and level of bureaucracy explained some variance of provider attitudes (Aarons, 2004).
Organizational Context in Corrections

The small number of publications that examine factors of organizational context in corrections are primarily limited to correctional officers; how context can influence officer job satisfaction and burnout. For example, Griffin (2001) surveyed detention officers in 7 jails in Arizona in an effort to discern any relationships between organizational climate variables, individual officer characteristics, and job satisfaction (as the dependent variable). Griffin measured organizational climate through the following variables: alienation, authority, fear of victimization, organizational support, quality of supervision, role ambiguity, and training. Griffin found that the organizational climate perceptions were significantly correlated with job satisfaction, although gender created conditioning effects on the relationships (Griffin, 2001).

Griffin has since conducted additional studies on the role of organizational climate variables and officer attitudes and performance (see Armstrong & Griffin, 2004; Griffin, Hogan, Lambert, Tucker, & Baker, 2010; and Lambert, Barton-Bellessa, & Hogan, 2014). In all of these studies, organizational context variables demonstrated some relationship with outcomes measured (e.g., job stress, job satisfaction, organizational commitment, etc.). However, studies of organizational context in corrections at the macro level have not been conducted with the exception of the Organizational Functioning and Readiness for Change (ORC) developed by Lehman, Greener, and Simpson (2002) and the National Criminal Justice Treatment Practices Survey (NCJTPS) developed by Taxman, Young, Wiersema, Rhodes, and Mitchell (2007). Each instrument is described below, and the validity of the surveys and studies lend support to the inclusion of organizational context as a relevant factor in studying implementation and program fidelity.
**Organizational Functioning and Readiness for Change (ORC)**

Lehman and colleagues were interested in understanding organizational context and its relation to technology transfer and implementation. They developed the ORC to assess those relationships and administered the survey to more than 500 practitioners representing more than 100 programs. In order to test the psychometric properties of the scales they included in the survey, the authors compared responses between program directors and line staff. The authors also tested the relationship between ORC and treatment engagement by including client motivation surveys as an outcome measure (Lehman et al., 2002).

Results indicated that the ORC maintained sound psychometric properties based on moderate reliability values and uni-dimensionality. More relevant to this dissertation, the authors found that program directors and line staff did share some views but also had differing perceptions on quite a few scales. For example, program directors were more likely to identify training as a need, demonstrate understanding of treatment staff roles and responsibilities, and be open to communication and change. Additionally, there were staff attributes and organizational context factors that were related to client outcomes. Staff who reported independent and flexible working environments along with cohesion and openness to change had clients who reported higher counselor rapport, treatment satisfaction, and treatment engagement (Lehman et al., 2002).

**National Criminal Justice Treatment Practices Survey (NCJTPS)**

The NCJTPS was designed by Faye Taxman and colleagues as part of a larger research project known as the Criminal Justice Drug Abuse Treatment Studies (CJ-DATS) that were funded by the National Institute on Drug Abuse (NIDA) in 2002 (Taxman et al., 2007c). CJ-DATS was a collaboration of 10 research centers across the country; each center tasked with a
specific research focus regarding available substance abuse treatment services for adults and juveniles. The NCJTPS was developed in order to describe and assess various adult and juvenile correctional settings (Taxman et al., 2007a; Taxman et al., 2007c). The survey measures four primary topics: (1) client assessment of risk and substance abuse need; (2) evaluation of services provided (nature and quality); (3) organizational climate; and (4) interagency collaboration (Taxman et al, 2007a). Through the results of the survey, Taxman and colleagues sought to identify various barriers to effective delivery of offender treatment (2007c).

Due to the size of the survey and the amount of data collected, a special issue of the Journal of Substance Abuse Treatment (2007) was published. Articles in the issue covered multiple topics including survey sampling and administration methodology (see Taxman, Young, Wiersema, Rhodes, & Mitchell, 2007), types of services offered in adult programs (see Taxman, Perdoni, & Harrison, 2007), types of services offered in juvenile programs (see Young, Dembo, and Henderson, 2007), the implementation of evidence-based services in adult programs (see Friedmann, Taxman, & Henderson, 2007), the implementation of evidence-based services in juvenile programs (see Henderson, Young, Jainchill, Hawke, Farkas, & Davis, 2007), organizational factors that impacted adoption of different therapeutic orientations (see Grella, Greenwell, Prendergast, Farabee, Hall, Cartier, & Burdon, 2007) and HIV programming (see Oser, Tindell, & Leukefeld, 2007) (Taxman, Young, & Fletcher, 2007).

In the first administration of NCJTPS, Taxman and colleagues employed a multistage sampling design. They believed the extent to which the adult and juvenile correctional system structures vary would be a barrier to conducting census or probability samples. Instead, the researchers obtained a census of state executives, a national two-stage cluster sample of
correctional facilities and offices, and a purposive sample of treatment directors and staff from community-based treatment programs (Taxman et al, 2007a).

Surveys of executives totaled 100 for the adult system, 70 for the juvenile system, and a total response rate of 70.8%. For clinical directors, there were 98 adult system participants, 70 juvenile system participants, and a total response rate of 71.5%. The administrator version of the survey had 431 adult system participants, 216 juvenile system participants, and a total response rate of 62.5%. The fourth and final group of front line staff had 734 adult system participants, 351 juvenile system participants, and a total response rate of 33.9% (Taxman et al, 2007a). Relevant to the low response rates for the surveys used in this dissertation, it should be noted that lowest response rates for all subgroups came from the line staff survey completed by prison staff (28.8%) (Taxman et al, 2007a). Taxman and colleagues attributed the higher response rates to the persistence of the research staff in sending multiple letters of completion request, and also to the participation of major professional associations (i.e., American Correctional Association, American Probation and Parole Association, Council of Juvenile Corrections Administrators, American Jail Association, National Treatment Accountability for Safer Communities, and National Association of State Alcohol and Drug Abuse Directors) who participated in project design and wrote letters of support and credibility (Taxman et al, 2007a; Taxman et al, 2007c).

The NCJTPS is a multilevel survey as there are multiple versions each designed for specific positions. Those positions are executives (i.e., central office staff), administrators (i.e., managers in institutions), treatment program directors, treatment staff, and direct care staff (e.g., security staff and case managers). The versions share many of the same questions and scales with differences only referencing specific position responsibilities (Taxman et al, 2007a; see the
All survey question responses were 5-item Likert scales: 1 = Strongly Disagree, 2 = Disagree, 3 = Neutral, 4 = Agree, and 5 = Strongly Agree. Scale and subscale scores are calculated as the sum of scores for all questions in the scale divided by total the number of questions in the scale. Questions that were negatively worded are reverse coded before the scales and subscales are computed. For the full list of NCJTPS scales and subscales, refer to the NCJTPS Organizational Measures Manual (Taxman, Young, Tesluk, et al., 2007). Below are brief descriptions of each scale analyzed for this dissertation and the findings associated with the original studies from which the scales were adapted. The Cronbach’s alpha values for these scales from the CJ-DATS study can be found in Appendix D.

**Cynicism towards Change**

Taxman and colleagues define cynicism towards change as the “extent to which employees are pessimistic about the organization’s ability to change procedures or improve” (Taxman, Young, Tesluk, et al., 2007, p. 17). It is hypothesized that the more pessimistic staff are, the less likely they are to participate in the change process or even follow the new policies and procedures. They may believe that the change is not real or the effort would not truly produce the intended consequences. To the opposite end, staff who is optimistic (i.e., less pessimistic regarding agency change) would be more likely to participate in implementation teams and efforts with open minds and attempt to apply training to the real world setting (Tesluk, Farr, Mathieu, Vance, 1995).

To create cynicism towards change scale for the NCJTPS, Taxman and colleagues referenced the work on the generalization of employee job training to the real world setting...
completed by Tesluk, Farr, Mathieu, Vance (1995). Tesluk and colleagues believed that there are
two components to cynicism: general cynicism (i.e., a general personality construct) and belief in
improvability (as it relates to the agency or program) (Tesluk et al., 1995). Based on multilevel
survey data collected from 252 employees, the authors found that the less cynical employees
were regarding the organization’s likelihood to change, the more likely the employees were to
generalize learning from training (Tesluk et al., 1995). The results of this study support the
belief that staff perceptions and attitudes can play a role in organizational change and
implementation. Further, specific attitudes (e.g., cynicism towards change) could derail
implementation efforts if not targeted or addressed during the change process.

Leadership

Correctional organizations have traditionally been hierarchical and followed military
reporting and supervising styles (Freeman, 1999), which supports the inclusion of a leadership
scale in the NCJTPS. It examines two types of leadership: transformational and transactional.
They defined transformational leadership “…as the influence that is based on enhancing
employee commitment to higher purposes and goals…” (Taxman, Young, Tesluk, et al., 2007, p.
23). Alternatively, they defined transactional leadership “…as influence that is based on
exchanges between leaders and employees…” (Taxman, Young, Tesluk, et al., 2007, p. 23).

Taxman and colleagues referenced three difference sources for development of these
d scales. The first reference, Podsakoff, MacKenzie, Moorman, and Fetter (1990) examined
transformational leadership behaviors and the effect on organizational context factors including
trust in the leader, employee satisfaction, and organizational citizenship behaviors Taxman,
Young, Tesluk, et al., 2007, p. 22). The second reference, Bass and Avollio (1995) is a technical
report on a multifactor leadership questionnaire. Finally, Taxman and colleagues reviewed
Arnold, Rhoades, and Drasgow (2000) for their findings on the style of empowering leadership and the associated empowering leadership questionnaire (Taxman et al., 2007). All three studies set out to measure the factors of leadership most relevant to outcome such as employee satisfaction and level of trust with supervisor.

Needs Assessment

Taxman and colleagues developed this scale from research conducted by scholars at Texas Christian University. Specifically, Lehman, Greener, and Simpson (2002) were interested in understanding the role of organizational factors in technology transfer. In their research, they created an assessment of organizational functioning and readiness for change. The authors surveyed over 500 treatment staff in more than 100 programs, and found that factors of organizational climate (i.e., mission, cohesion, autonomy, communication, stress, and change) held various correlations with treatment satisfaction and counselor rapport, but not treatment participation or peer support. Additionally, the factors measuring adequacy of resources (i.e., offices, staffing, training, computer access, and E-communications) did not correlate with any of the organizational readiness outcomes with the exception of a correlation between staffing and treatment satisfaction. Also of interest to this dissertation is the examination by the authors of any differences in perceptions by position. Program Directors and staff had the highest level of agreement on the adequacy of needs domain with correlations ranging between .30 and .71 (Lehman et al., 2002, p. 205).

Perspective-taking

Taxman and colleagues define perspective-taking in the context of correctional treatment and staff perception. Specifically, perspective-taking is the “extent to which correctional officers are able to view the workplace and procedures from the point of view of treatment staff”
(Taxman et al., 2007, p. 31). As previously discussed in Chapter 2, there has been a strong move in corrections to adopt evidence-based practices, and through the continued measurement efforts of scholars, rehabilitative approaches are the most promising when supervising and managing offenders. It stands to reason that if an agency or program implements new policies or procedures that are rehabilitative in nature, all staff would need to understand and support that philosophy in order to effectively carry out new job responsibilities. However, if staff is not able to empathize with treatment staff or providers, they may not be able to work collaboratively or even support the work of treatment staff.

Taxman and colleagues referenced the work of Parker and Axtell (2001) for the questions to build a perspective-taking scale. Parker and Axtell studied perspective-taking as action that results in empathy and making positive attributions (2001). Generally speaking, one’s ability to understand the viewpoints of others can make one more empathetic or accepting as well as increase the potential of seeing and focusing on the positive attributions or characteristics of others. Through their survey of frontline production employees, Parker and Axtell found that perspective-taking was correlated with behaviors towards external personnel ($r = .27$, $p < .01$), but was not correlated with behaviors toward team members (Parker & Axtell, 2001, p. 1093). Additionally, the authors found that perspective-taking was related to production ownership and an integrated job understanding (Parker & Axtell, 2001). The results support the important of examining staff ability to take the perspective of treatment staff as it relates to the implementation of correctional treatment policies and procedures.

**Summary**

In the beginning of this chapter, it was acknowledged that a science of implementation in corrections is in its infancy. Best practices of implementation with hundreds of studies providing
evidence does not exist as is the case with the principles of effective intervention. The purpose of this dissertation is not to theorize on what that body of science could be or provide a solid list of principles for effective implementation. Rather, this dissertation will examine components of organizational context in institutional corrections with the intent of providing support for the inclusion of organizational context as a contributing factor to success (or failure) of implementation.

Organizational change is not a small endeavor especially for corrections agencies that are tasked with providing supervision and services to a substantial number of offenders. With such large numbers of individuals participating in implementation activities as the NIRN implementation framework suggests, the identification and measurement of their perceptions is a necessary component of implementation research. It seems highly unlikely that their opinions, values, beliefs, and perceptions would have zero effect or no correlation with the intended policy and procedural outcomes since organizational change translates into staff behavior change. The role of organizational context in implementation has been scientifically studied on very few occasions. As reviewed in this chapter, scholars have offered models of implementation, barriers to successful implementation, and factors related to successful implementation. Through discussion of these topics, it has been demonstrated that organizational context, as a construct of organizational climate and organizational culture has been inconsistently and with less focus included in those lists.
CHAPTER 4: METHODOLOGY

In this chapter, a description of the survey instrument administered in both states is offered. Brief summaries of each state correctional system and research project are then provided. The chapter concludes with an overview of the data analysis plan. Initial descriptive statistics describing the survey respondents and the reliability tests for the scales are included.

The Present Study

As correctional departments and organizations realign policy and practice to rehabilitation and the principles of effective intervention and as scholars adopt and continue to study the PCC paradigm, factors that can impact implementation should be reviewed, measured, and addressed in attempt to avoid failed efforts. As discussed in the previous chapter, organizational context is one factor that can greatly impact change efforts. The purpose of this dissertation is to examine and compare the organizational context of two correctional systems through the measurement of staff perceptions. Data from two different state research projects will be analyzed in effort to answer the research questions presented below.

Research Question 1: Are staff cynical towards change?

As outlined in the NIRN framework, the process of implementation is a process of change. The goal is to change organizational practice and procedure through revisions of staff responsibilities. Bertram and colleagues (2013) suggested that staff can be naturally resistant to change during the initial implementation phase. It seems to reason that if staff are cynical about the change process and the desired outcomes from the change, successful implementation may be difficult to achieve.
Research Question 2: *What are staff perceptions of correctional leadership?*

Executive management and administration lead organizational changes even if only through approval or directive. Typically, administration gives the plans of action for change and staff are responsible for making the changes occur. However, in the NIRM implementation framework, implementation drivers are responsible for leading the change. In particular, leadership drivers oversee the organization and competency drivers and manage challenges that arise (Bertram et al., 2013). If staff believe that their leadership is strong, supportive, and rewarding for good organizational citizenship behavior, then staff are more likely to follow the directives and work hard. If, on the other hand, staff perceive leadership as reactive and uninspiring, then they may be less likely to effectively and successfully complete directives given to them.

Research Question 3: *With regard to institution operational needs, which are perceived by staff as met and which need attention?*

Implementation of new policy and procedure requires resources such as staffing, retention of qualified staff, training, funding, physical space, information technology, integration of programming, and community support (Bertram et al., 2013; Fixsen et al., 2005; Lehman et al., 2002). Implementation can fail if staff are required to make changes without the provisions necessary.

Research Question 4: *What are staff perceptions of treatment staff?*

In most correctional facilities and agencies, there are staff responsible for programming and treatment, and there are staff responsible for supervision of offenders or other institutional support (e.g., finances, food service, maintenance, administrative support, etc.). Collaborations and team approaches are most effective when staff can realize and understand the perspectives of
each other (Parker & Axtell, 2001). In corrections, it is important for staff to be able to understand and subsequently support the work of programming and treatment staff.

Research Question 5: Do staff perceptions of each factor differ by demographic category (i.e., age, gender, race, ethnicity, or education level)?

It is a common practice in research to explore differences in variables by demographic classifications, and studies exploring organizational context are not an exception. Specific to the topic of implementation, differences in perceptions by demographic classification would have implications for the design of implementation plans, selection of implementation teams, and the training of staff.

Research Question 6: Do staff perceptions of each factor differ by staff position or years of experience working in corrections?

Another potential barrier to successful implementation could be groups of staff with a common characteristic who are different from the rest. For example, if correctional officers are cynical towards change, while treatment staff are not, then additional efforts in leadership and training for correctional officers would be warranted. Lehman and colleagues (2002) did find differences between program directors and staff although they varied depending on the topic. Additionally, Aarons (2004) found that level of experience had a significant impact on staff attitudes. Thus, there may be differences in staff perception that are mediated by experience working in corrections for this study too.

Research Question 7: Are there significant differences in staff perceptions between state systems?

All of the research questions posed, question 7 is by far the most interesting. The previous questions will be addressed again, but with focus on differences between the two state
correctional systems. Ohio and Washington state prison systems were both undergoing systemic and process changes as a result of the Justice Reinvestment Initiative and commitments to adherence to the principles of effective intervention at the time of data collection. Additionally, the structure of their state systems is similar. Exploration of the data will discern whether their staff perceptions are also similar.

**Data Sources**

Data for this dissertation was obtained by the University of Cincinnati Corrections Institute (UCCI). On two separate occasions, the Institute collaborated with two state departments of corrections on research and consulting projects. As a component of each project, the NCJTPS was utilized to assess staff perceptions relevant to the organizational context of the prisons. Although no formal assessments or measures were available, based on a description of the states and the projects that were carried out, it is likely that both states were in the installation phase of implementation. Each state system and corresponding research project are described below.

**Ohio**

The Ohio Department of Rehabilitation and Correction (ODRC) was created from House Bill 494 and is overseen by a governor-appointed director. ODRC supervises adult felony offenders who have been sentenced to six months or longer as well as those convicted offenders who have been released on parole from institutions (Ohio Department of Rehabilitation and Correction, 2013b). In 2012, the annual operating budget of ODRC was one and a half billion dollars. Further, ODRC employs over 11,900 individuals (Ohio Department of Rehabilitation and Correction, 2013a). Ohio operates 27 prison facilities and funds 18 community-based correctional facilities (CBCF’s) and 31 halfway houses. The average daily cost per offender is
$62.57 with a yearly average of $22,836 (Ohio Department of Rehabilitation and Correction, 2015).

**Ohio Department of Rehabilitation and Correction Reprioritization**

At the turn of the century, ODRC made offender reentry a priority, and has since been focused on revising policy and practice to adhere to the principles of effective intervention. Specifically, ODRC has implemented state-wide risk and need assessment systems for adults and juveniles (see Latessa, Smith, Lemke, Makarios, & Lowenkamp, 2009; Latessa, Lovins, & Ostrowski, 2009), undertaken efforts to evaluate all correctional facilities (institutional and community facilities) (see Lowenkamp, 2004; Lowenkamp & Latessa, 2005; Latessa, Brusman-Lovins, & Smith, 2010), redesigned offender reentry programs, and increased the amount of evidence-based practice trainings offered to ORDC employees.

In addition to redesigning programs and services, Ohio has been actively involved with the JRI. In 2010, the Governor and a few congressional leaders established an interbranch, bipartisan work group called the “Justice Reinvestment Working Group” with the purpose of assisting CSG analyses of policies and procedures. Unlike Washington State whose participation in JRI is still in its infancy, Ohio has already been able to make changes to services and reform policy. Initial analyses reveal modest decreases in the state prison population with projections remaining below the initial baseline figure (Council of State Governments Justice Center, 2010).

**ODRC Prison Study**

In line with this systematic change, ODRC contracted with UCCI to conduct a research study to evaluate offender programming in prisons. Four tasks were identified for the study. The first task was to assess the quality of programs operating within the institution. Assessments were made within programs and across types of programs. The second task of the study was to
measure and describe the organizational climate of each institution. Specifically, staff attitudes regarding operations, programming (i.e., treatment and vocational), and rehabilitation were used as the measure of the climate. The third task of the study was to review individual participation in programs and discern what effects, if any, program participation had on inmate behavior while incarcerated. Differences in offender institutional behavior after program participation were also reviewed within the context of type and quality of the program(s). Finally, the fourth task of the study was to determine whether a relationship existed between institutional program participation and post release behavior; again with special emphasis on influence of type and quality of program.

The data used for this dissertation comes from the work for the second goal of the project and will be referred to as Study 1. In February and March of 2012, a modified organizational climate survey was distributed to all staff at all Ohio state correctional institutions. The project used only select scales from NCJTPS and was supplemented by questions from other organizational surveys (i.e., the Professional Orientation Scale by Klofas and Toch, 1982; the Work Conditions Scale by Cullen, Link, Wolfe, and Frank 1985; and the Organizational Commitment Questionnaire by Mowday, Steers, and Porter, 1979) (Sullivan, Harbinson, & Latessa, 2013).

Surveys were mailed to each institution and included a cover letter explaining the study. Each survey was given an identifying number so that staff completion could be tracked and follow-up surveys could be distributed later in the project. However, the initial response rate of 18% was concerning and attributed to staff fear of participation due to the possibility of individual response identification. In collaboration with DRC headquarters, UCCI revised the survey distribution protocol which included the removal of individual identifiers. In July 2012,
the revised survey was redistributed utilizing the new protocol. DRC headquarters sent a letter to all wardens requesting their direct assistance with survey distribution and completion. The process for distribution and completion varied by institution. However, consistent at all sites was the voluntary participation of staff and participant identifying information was not collected. The close date for completed survey collection was November of 2012. The final response rate was 49% (N = 5,546) (Sullivan et al., 2013). Analyses and results of the surveys are presented in Chapter 5.

**Washington State**

The Washington State Department of Corrections (WDOC) is led by a governor-appointed secretary and is responsible for supervising all adult offenders in prisons and under community control (e.g., probation or parole). In 2011, WDOC was one of the largest agencies in Washington State with a $1.8 billion biennial operating budget (Washington State Department of Corrections, 2011). There are approximately 8,400 employees in the WDOC (Washington State Department of Corrections, 2011).

This west coast state operates twelve prison facilities and nineteen work release facilities which together confine roughly 18,400 offenders (Washington State Department of Corrections, 2015). In 2014, the cost per offender ranged from approximately $62 to $120 dollars per day depending on the facility. The average cost per offender was $93.61 for major institutions, $71.96 for minimum security institutions, and $74.52 for work release centers (Washington DOC Budget Office, 2015).

**Washington Department of Corrections Realignment**

During the past few years, Washington State has made several changes in policy and practice to move away from the “get tough” orientation to a rehabilitative approach all the while
dealing with the budget constraints mentioned in Chapter 1. Evidence for this shift comes from the Washington State Department of Corrections Strategic Plan 2011-17. WDOC identified four major goals for the department: maintain core correctional operations, focus on the workforce, increase successful reentry of offenders to communities, and improve business practices and performance (Washington State Department of Corrections, 2011). Many of the objectives that accompany these goals reflect the principles of effective intervention, particularly the risk, need, and responsivity (RNR) framework. For example, holding offenders accountable for their actions is one objective of the maintenance of the core correctional operations goal. For this objective, WDOC has begun to implement new programs and revise existing programs to reflect the aim of addressing offender behavior in conjunction with imposing sanctions that are effective, fair, and timely (Washington State Department of Corrections, 2011). This objective and related strategies correspond to the responsivity principle of providing interventions and services using evidence-based models such as cognitive-behavioral therapy.

It is the third goal that truly reflects the change in correctional programming. The two objectives for this goal are: (1) increase offender readiness for reentry, and (2) increase partnerships to assist in successful offender reentry (Washington State Department of Corrections, 2011). Strategies within these objectives address risk (e.g., targeting high risk offenders with the most intensive services and resources, and create sentencing alternatives for low risk offenders), need (e.g., assessing for and targeting criminogenic needs such as antisocial attitudes and behaviors, antisocial personality, substance abuse, vocation, and family), and responsivity (e.g., matching offenders to the appropriate programs for their needs). Even further, the WDOC included strategies for this goal that address program fidelity by assessing programs using validated tools (Washington State Department of Corrections, 2011).
Also relevant to the changes in policy in Washington State is the recent participation in Justice Reinvestment Initiative (JRI). Early in 2014, the Governor and state congressional leaders sought out information from Pew and BJA regarding the justice reinvestment approach, and through guidance from JRI and CSG issued an executive order for the creation of an interbranch, bipartisan Justice Reinvestment Taskforce. The purpose of this group is to complete the various steps of the justice reinvestment approach. Their first task is to collect, analyze, and review all criminal justice data from state agencies and programs in effort to develop alternative policy options. Alternative policy options are anticipated by early 2015 (Council of State Governments Justice Center, 2014).

**WDOC Redesign Project**

As part of the concerted effort to shift philosophy, the Washington Department of Corrections contracted with the University of Cincinnati Corrections Institute (UCCI) in 2011 for a multitude of services for correctional policy and program redesign. Encompassed within these redesign services were multiple staff trainings on various evidence-based practices. The first phase of the project, assessing organizational readiness for change, was completed through the administration of a state-wide institutional survey. Specifically, UCCI was first tasked with assessing WDOC and staff readiness for change. Based on the results, UCCI collaborated with WDOC administrators to develop an action plan with the ultimate goal of designing and implementing two prison-based programs. The data from the first round of surveys will be referred to as Study 2 for the remainder of this dissertation.

For each correctional institution in the state, Washington DOC provided UCCI with an Excel file inclusive of staff name, facility, email address, and position. Email addresses for all staff members were then downloaded into SurveyMonkey© for survey invitation and distribution.
In August of 2012, potential participants were contacted by email which included project information and a link to the corresponding survey. Staff identified as having limited access to computers also received a cover letter, survey, and addressed return postage paid envelope in the mail. Surveys were self-administered and then submitted through SurveyMonkey© or returned to UCCI in a self-stamped envelope. UCCI sent two email reminders to staff to complete the survey (Latessa & Labrecque, 2012). The survey link was active for two weeks. Survey administration was completed by September of 2012. The full survey was employed in this study, and participants were given a specific version of the survey which was dependent on their position with the (i.e., General Staff, Administrators, Program Directors, and Executives). The final response rate was 21.7% (N=1,711) (Latessa & Labrecque, 2012). Analyses and results of the surveys are presented in Chapter 5 in conjunction with the Ohio Prison Study data which is described below.

**Individual Survey Respondent Characteristics**

For this dissertation, the Ohio and Washington samples were combined into one database. The majority of sample cases come from the Ohio project (N = 5,221, 78.0%), and the total number of cases for analysis is 6,697. The individual survey respondent characteristics are presented in Table 2. It should be noted that through chi-square and independent samples t-tests, Ohio and Washington respondents were significantly different from each other on every characteristic. A contributing factor to this result is likely the low response rates from both projects, and will be discussed further as a limitation in Chapter 6.

The average age of survey respondents falls somewhere between the age of 41 and 60 since 60% of the sample reported their age in that range. The respondents from Ohio tended to be younger than Washington respondents. At least 80% of the sample, regardless of state,
identified their race as Caucasian. Significant differences in race by state can be contributed to racial composition beyond Caucasians. African Americans represent the second largest group of Ohio respondents while Washington respondents were more evenly dispersed between the remaining categories. Almost 2% of Ohio study respondents reported their ethnicity as Hispanic, while 4.6% of Washington respondents reported Hispanic ethnicity.

The majority of the sample is male regardless of state. The most common level of education reported by both state study participants was an Associate’s degree or some college although there was greater variation in the level of education of Ohio respondents. Ohio and Washington differed slightly in the number of years that respondents worked for their respective department of corrections at the time of the survey. Approximately 42% of Ohio respondents held 11-20 years of employment with the department as compared with 32% of Washington respondents who had greater variation in employment tenure.

Lastly, respondents were asked slightly different questions regarding their position title and category (see Appendices A and B for specific question wording). When reclassified, there were four main employment categories: direct supervision/line staff, programming/services, management, and other. Direct supervision and line staff is composed primarily of correctional officers and penal industries staff. Programming and services staff includes all programming, activity, and education department staff. Management staff includes superintendents, deputy wardens, and wardens. Other includes an array of departments including but not limited to: administration, medical, maintenance, and food service. The majority of respondents from each state were classified as direct supervision/line staff (58.7% and 52.4%, respectively).
<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Ohio</th>
<th>Washington</th>
<th>Total</th>
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<tbody>
<tr>
<td></td>
<td>% (N)</td>
<td>% (N)</td>
<td>% (N)</td>
</tr>
<tr>
<td>Sample</td>
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<td>1476 (22.0)</td>
<td>6697 (100.0)</td>
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<tr>
<td>Age group***</td>
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<td>1 (0.1)</td>
<td>16 (0.2)</td>
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<td>1360 (92.1)</td>
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<td>295 (20.0)</td>
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<tr>
<td>21-25</td>
<td>767 (14.7)</td>
<td>147 (10.0)</td>
<td>914 (13.67)</td>
</tr>
<tr>
<td>26+</td>
<td>247 (4.7)</td>
<td>118 (8.0)</td>
<td>365 (5.5)</td>
</tr>
<tr>
<td>Position Classification***</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Direct Supervision/Line Staff</td>
<td>3064 (58.7)</td>
<td>773 (52.4)</td>
<td>3837 (57.3)</td>
</tr>
<tr>
<td>Programming/Services</td>
<td>602 (11.5)</td>
<td>28 (1.9)</td>
<td>630 (9.4)</td>
</tr>
<tr>
<td>Management</td>
<td>83 (1.6)</td>
<td>42 (2.8)</td>
<td>125 (1.9)</td>
</tr>
<tr>
<td>Other</td>
<td>1272 (24.4)</td>
<td>624 (42.3)</td>
<td>1896 (28.3)</td>
</tr>
</tbody>
</table>

Note. Total of percentages are not 100 for every characteristic because of rounding and/or missing data.

** p < .01, *** p < .001
Survey Instrument

The National Criminal Justice Treatment Practices Survey (NCJTPS) was the instrument used in the Washington and Ohio research studies to assess components of organizational climate of each state correctional institution. To clarify, the Washington project used four versions of the original NCJTPS instrument, and Ohio only used one version – the version for general staff. Both state project surveys can be found in Appendix A and Appendix B. For the purposes of this dissertation, only the questions and scales from the NCJTPS that were used in both studies are analyzed. These scales are cynicism towards change, leadership, operational needs assessment, and perspective-taking. There are two subscales for leadership which are transformational leadership and transactional leadership. The operational needs assessment scale has 8 subscales which are staffing, retention, training, funding, physical facilities, computers and IT, integration, and community support. The cynicism and perspective-taking scales are not comprised of subscales. The questions for each scale and subscale are listed in Appendix C.

The scales and subscales were calculated as the mean score from the items in the scale so long as the respondent answered at least half of the items included in the scale. The value for the scale was calculated as missing if fewer than half of the items were answered by the respondent. Prior to conducting more advanced analyses, it was important to examine the internal consistency and reliability of each scale and subscale. Cronbach’s alpha is used for these tests because the value is based on the correlations of items within a scale or subscale. Higher alpha scores will demonstrate similarity between the items, or suggest that the scale is internally consistent. According to Churchill and Peter (1984), alpha scores that are equal to or greater than .60 within the range of zero to one can be considered internally consistent, although the
standard reliability threshold tends to be alpha values above .70 (see also Nunnally, 1967; Peterson, 1994).

As evidenced by Table 3, there are four subscales that have alpha values below .60: staffing, retention, funding, and empathy. Since staffing, retention, and empathy are comprised of only two items, these subscales will not be included in additional analyses. Instead, the individual items were reviewed, and the item that has the strongest face validity was selected for analytical inclusion. Additional analyses were conducted for funding to determine if eliminating one item would improve the alpha value. The Cronbach’s alpha did not increase above the .60 threshold, so in similar fashion to the other problematic scales, one item with strong face validity was selected to represent the construct in additional analyses. Selected items will be discussed further in Chapter 5.

Table 3 Scale and Subscale Reliability Values

<table>
<thead>
<tr>
<th>Scale (N of items)</th>
<th>Ohio</th>
<th>Washington</th>
<th>CJ-DATS*</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Staff</td>
</tr>
<tr>
<td>Cynicism towards Change (5)</td>
<td>.89</td>
<td>.90</td>
<td>.91</td>
</tr>
<tr>
<td>Leadership (10)</td>
<td>.95</td>
<td>.95</td>
<td>.91</td>
</tr>
<tr>
<td>Transformational (6)</td>
<td>.92</td>
<td>.92</td>
<td>.91</td>
</tr>
<tr>
<td>Transactional (4)</td>
<td>.89</td>
<td>.90</td>
<td>.86</td>
</tr>
<tr>
<td>Needs Assessment (24)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Staffing (2)</td>
<td>.54</td>
<td>.51</td>
<td>.58</td>
</tr>
<tr>
<td>Retention (2)</td>
<td>.41</td>
<td>.49</td>
<td>.53</td>
</tr>
<tr>
<td>Training (5)</td>
<td>.80</td>
<td>.81</td>
<td>.82</td>
</tr>
<tr>
<td>Funding (3)</td>
<td>.45</td>
<td>.45</td>
<td>.49</td>
</tr>
<tr>
<td>Physical Facilities (3)</td>
<td>.69</td>
<td>.71</td>
<td>.78</td>
</tr>
<tr>
<td>Computers and IT (3)</td>
<td>.70</td>
<td>.70</td>
<td>.65</td>
</tr>
<tr>
<td>Integration (3)</td>
<td>.69</td>
<td>.66</td>
<td>.67</td>
</tr>
<tr>
<td>Community Support (2)</td>
<td>.68</td>
<td>.65</td>
<td>.63</td>
</tr>
<tr>
<td>Perspective-Taking (9)</td>
<td>.86</td>
<td>.84</td>
<td></td>
</tr>
<tr>
<td>Empathy (2)</td>
<td>.60</td>
<td>.55</td>
<td>.55</td>
</tr>
<tr>
<td>Positive Attributions (7)</td>
<td>.87</td>
<td>.85</td>
<td>.87</td>
</tr>
</tbody>
</table>

*Adapted from Taxman, Young, Tesluk, Mitchell, Rhodes, DeCelles, & Perdoni (2007)
Data Analytic Strategy

The scales and subscales are the focus of inquiry and are the dependent variables for all analyses. The first set of analyses address research questions one through four and are used to describe the survey participants and survey scales and subscales (presented in Chapter 5). With regard to the scales and subscales, assumptions of normality were reviewed by comparing all measures of central tendency (i.e., mean, median, and mode) as well as by examining skewness and kurtosis statistics. Scale and subscale variables that have approximately normal frequency distributions are treated as metric variables. Specifically, means and standard deviations are used as the measures of central tendency and dispersion.

The second set of analyses, ordinary least squares regressions, will be conducted in effort to answer research questions five through seven regarding differences in staff perception by demographics, position, tenure, and state. The characteristics of the survey participants (e.g., demographics and job-related variables) will be used in analyses as independent variables and are presented in Table 4. Normal entry will be utilized and significance levels will be set at $p < .05$. All independent variables will be included in the basic OLS regression model because the analyses are exploratory in nature and the types of relationships between the variables are unknown.
Table 4 Independent Variable Coding for Regression Models

<table>
<thead>
<tr>
<th>Independent Variables</th>
<th>Scale/Coding</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td>0 = Male, 1 = Female</td>
</tr>
<tr>
<td>Ethnicity</td>
<td>0 = Non-Hispanic, 1 = Hispanic</td>
</tr>
<tr>
<td>Race</td>
<td>Reference Category – White</td>
</tr>
<tr>
<td>African American</td>
<td>0 = Non-African Americans, 1 = African Americans</td>
</tr>
<tr>
<td>Asian</td>
<td>0 = Non-Asians, 1 = Asians</td>
</tr>
<tr>
<td>Native American</td>
<td>0 = Non Native Americans, 1 = Native Americans</td>
</tr>
<tr>
<td>Other Race</td>
<td>0 = All race categories except Other, 1 = Other</td>
</tr>
<tr>
<td>Education</td>
<td>Reference Category – High school diploma or GED</td>
</tr>
<tr>
<td>Associate’s degree / some college</td>
<td>0 = All education levels except, 1 = Associate’s</td>
</tr>
<tr>
<td>Bachelor’s degree / some graduate courses</td>
<td>0 = All education levels except, 1 = Bachelor’s</td>
</tr>
<tr>
<td>Master’s degree or more</td>
<td>0 = All education levels except, 1 = Master’s</td>
</tr>
<tr>
<td>Age</td>
<td>Reference Category – 61 or older</td>
</tr>
<tr>
<td>21 or younger</td>
<td>0 = All age categories except, 1 = 21 or younger</td>
</tr>
<tr>
<td>22-30</td>
<td>0 = All age categories except, 1 = 22-30</td>
</tr>
<tr>
<td>31-40</td>
<td>0 = All age categories except, 1 = 31-40</td>
</tr>
<tr>
<td>41-50</td>
<td>0 = All age categories except, 1 = 41-50</td>
</tr>
<tr>
<td>51-60</td>
<td>0 = All age categories except, 1 = 51-60</td>
</tr>
</tbody>
</table>

Employment Variables

<table>
<thead>
<tr>
<th>State</th>
<th>0 = Ohio, 1 = Washington</th>
</tr>
</thead>
<tbody>
<tr>
<td>Years working for DOC/DRC</td>
<td>Treated as metric</td>
</tr>
<tr>
<td>Employment Group</td>
<td>Reference Category – Line Staff</td>
</tr>
<tr>
<td>Treatment Staff</td>
<td>0 = All staff categories except, 1 = Treatment Staff</td>
</tr>
<tr>
<td>Management</td>
<td>0 = All staff categories except, 1 = Management</td>
</tr>
<tr>
<td>Other Positions</td>
<td>0 = All staff categories except, 1 = Other</td>
</tr>
</tbody>
</table>

Summary

The intent underlying this dissertation is to explore potential factors of organizational context that could impact the successful implementation of new policies and procedures in correctional institutions. As chance would have it, a portion of the same survey instrument was used in two different research projects allowing for cross-national comparisons of those factors.
of organizational context. Through univariate statistics and regression analyses, the research questions will be addressed. In other words, the results of data analyses will determine staff perceptions of the components of organizational context and what relationships, if any, exist between staff perceptions and their respective demographics, employment position, and state of employment.
CHAPTER 5: ANALYSES AND RESULTS

This chapter presents the analyses of and corresponding findings from the data described in Chapter 4. Specifically, the first section of the chapter is the presentation of the survey responses for each scale and subscale item. Results are discussed relative to the total sample and with reference to differences between the two states. The basic statistics presented will address the first 4 research questions. In the second section of the chapter, the results of ordinary least squares regression (OLS) analyses are presented. Scales, subscales, and individual items with distributions that were approximately normal are treated as metric variables for all OLS analyses. The results of the models will address the last 3 research questions. The chapter concludes with a summation of the findings.

Scale Item Descriptive Statistics

Four scales from the NCJTPS were included in the surveys distributed for each project. The scales are: cynicism towards change, leadership, needs assessment, and perspective-taking. Tables 5 – 8 show percentages of agreement, neutrality, and disagreement for each item beginning with cynicism towards change. The original Likert scales were collapsed for agreement\(^1\). In other words, responses of *strongly agree* were combined with *agree* to calculate overall agreement with the item, and the response of *strongly disagree* was combined with *disagree* to calculate overall disagreement with the item. Neutral responses were left in original form.

Items that required a reverse coding for advanced analyses are labeled with an ®. Data presented for these items are original only in this first section where original responses are presented. The scales and subscales used in analyses beyond this section were recoded and were

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\(^1\) This action was performed in effort to improve interpretation of participant responses.
not collapsed in effort to maintain original variances of data. Differences between states were analyzed using independent samples t-tests. Significant differences between state agreement levels for individual items are notated with asterisks. Means, t-scores, confidence intervals, and Cohen’s $d$ values from independent samples t-tests of scales and subscales can be found in Table 9 and are discussed in conjunction with the agreement percentages.

**Cynicism towards Change**

Table 5 – Cynicism towards Change Scale Item Percentages is the first of the tables demonstrating percentages of agreement. The cynicism scale is comprised of five items and does not contain any subscales. None of the items for cynicism are reverse-coded. For the entire sample, responses indicated higher agreement for all the items in the scale which suggests more respondents were cynical towards change than not. As presented in Table 9, Comparisons of Responses by State, there was a significant difference between the two states in their level of cynicism towards change ($t(6430) = 2.59, p = .010$) with Washington staff reporting a slightly lower level of cynicism. Cohen’s $d$ was equal to .073 which suggests that the difference between the two states in their level of cynicism towards change is small. Within the scale, the states were significantly different in their responses on items C, D, and E.

There are two items worth noting when examining the responses by state. First, Washington differs in staff perceptions of efforts to make improvements by location (item D). For this item, Washington respondents tend to disagree (36.3%) more than agree (33.7%), which is the only item in this scale with this trend. This result suggests that staff from Washington tend to believe efforts for improvement at their location usually succeed. Ohio respondents were opposite in their perception of location success with the largest group of respondents agreeing that efforts at their location usually fail (36.1%). The other item worth noting is item E which
<table>
<thead>
<tr>
<th>Scale Items</th>
<th>Ohio</th>
<th>Washington</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Disagree N (%)</td>
<td>Neutral N (%)</td>
<td>Agree N (%)</td>
</tr>
<tr>
<td>A. I've pretty much given up trying to make suggestions for improvements around here.</td>
<td>1638 (31.6)</td>
<td>1001 (19.3)</td>
<td>2543 (49.1)</td>
</tr>
<tr>
<td>B. Changes to the usual way of doing things at this facility are more trouble than they are worth.</td>
<td>1807 (34.9)</td>
<td>1157 (22.3)</td>
<td>2213 (42.7)</td>
</tr>
<tr>
<td>C. When we try to change things here they just seem to go from bad to worse.*</td>
<td>1591 (30.7)</td>
<td>1482 (28.6)</td>
<td>2107 (40.7)</td>
</tr>
<tr>
<td>D. Efforts to make improvements in this facility/location usually fail. *</td>
<td>1684 (32.5)</td>
<td>1625 (31.4)</td>
<td>1870 (36.1)</td>
</tr>
<tr>
<td>E. It's hard to be hopeful about the future because people have such bad attitudes. ***</td>
<td>985 (19.1)</td>
<td>963 (18.6)</td>
<td>3222 (62.3)</td>
</tr>
</tbody>
</table>

*Note. Percentages may not add to 100 due to missing responses.

* p < .05, ** p < .01, *** p < .001
regards hope for the future and staff bad attitudes. Of all items in the cynicism towards change scale, this is the only item that resulted in agreement by a majority of the sample, and it occurred for Ohio respondents (62.3%) and Washington respondents (52.8%). This implies that the majority of staff from both states are not hopeful about the future due to bad attitudes of other staff members.

**Leadership**

Table 6 – Leadership Scale Item Percentages displays the results for the subscale items Transformational Leadership and Transactional Leadership by state. The transformational leadership subscale is comprised of six items, and zero are reverse coded. Overall staff perception of leadership as transformational was positive with the agreement category holding the largest percentage on each of the six items. This pattern holds true for the Ohio respondents but not for the Washington respondents. Staff in Washington perceived their leadership as transformational only on 2 of the 6 items (items D and E). Washington staff believe that their leadership require only the best (43.5%) and take time to hear staff concerns (37.9%). Of the remaining four items, the largest percentage was highest for the neutral category for three items (items A, C, and F) and for the disagreement category for one item (item B). Disagreement for item B suggests that management leads by telling rather than doing. In summary, Washington staff did not consistently perceive their leaders as transformational while Ohio staff did view leadership as transformational. As presented in Table 9, this difference was significant ($t(6321) = 6.60, p = .000$). However, the size of this difference is small according to the Cohen’s $d$ value of .212.

The other subscale, transactional leadership, was similar in differences between states. This subscale is comprised of 4 items, and zero are reverse coded. The overall sample and Ohio
<table>
<thead>
<tr>
<th>Scale Items</th>
<th>Ohio Disagree N (%)</th>
<th>Ohio Neutral N (%)</th>
<th>Ohio Agree N (%)</th>
<th>Washington Disagree N (%)</th>
<th>Washington Neutral N (%)</th>
<th>Washington Agree N (%)</th>
<th>Total Disagree N (%)</th>
<th>Total Neutral N (%)</th>
<th>Total Agree N (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Transformational Leadership</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A. Is able to get others to be committed to his/her vision for this facility. ***</td>
<td>1591 (30.8)</td>
<td>1693 (32.8)</td>
<td>1876 (36.4)</td>
<td>378 (33.0)</td>
<td>450 (39.3)</td>
<td>318 (27.7)</td>
<td>1969 (31.2)</td>
<td>2143 (34.0)</td>
<td>2194 (34.8)</td>
</tr>
<tr>
<td>B. Leads by &quot;doing,&quot; rather than simply by &quot;telling.&quot; ***</td>
<td>1640 (31.8)</td>
<td>1490 (28.9)</td>
<td>2027 (39.3)</td>
<td>443 (38.5)</td>
<td>354 (30.8)</td>
<td>354 (27.7)</td>
<td>2083 (33.0)</td>
<td>1844 (29.2)</td>
<td>2381 (37.7)</td>
</tr>
<tr>
<td>C. Gets people to work together for the same goal. **</td>
<td>1521 (29.5)</td>
<td>1617 (31.3)</td>
<td>2022 (39.2)</td>
<td>357 (31.1)</td>
<td>410 (35.7)</td>
<td>382 (33.2)</td>
<td>1878 (29.8)</td>
<td>2027 (32.1)</td>
<td>2404 (38.1)</td>
</tr>
<tr>
<td>D. Insists on only the best performance. ***</td>
<td>833 (16.2)</td>
<td>1399 (27.1)</td>
<td>2923 (56.7)</td>
<td>241 (21.0)</td>
<td>409 (35.6)</td>
<td>500 (43.5)</td>
<td>1074 (17.0)</td>
<td>1808 (28.7)</td>
<td>3423 (54.3)</td>
</tr>
<tr>
<td>E. Takes time to carefully listen to and discuss people's concerns. ***</td>
<td>1454 (28.2)</td>
<td>1320 (25.6)</td>
<td>2387 (46.3)</td>
<td>387 (33.7)</td>
<td>326 (28.4)</td>
<td>435 (37.9)</td>
<td>1841 (29.2)</td>
<td>1646 (26.1)</td>
<td>2822 (44.7)</td>
</tr>
<tr>
<td>F. Suggests new ways of looking at how we do our jobs. ***</td>
<td>1155 (22.4)</td>
<td>1672 (32.4)</td>
<td>2338 (45.3)</td>
<td>345 (30.0)</td>
<td>426 (37.0)</td>
<td>379 (33.0)</td>
<td>1500 (23.8)</td>
<td>2098 (33.2)</td>
<td>2717 (43.0)</td>
</tr>
<tr>
<td><strong>Transactional Leadership</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>G. Gives special recognition to others' work when it is very good. ***</td>
<td>1154 (22.3)</td>
<td>1360 (26.3)</td>
<td>2651 (51.3)</td>
<td>376 (33.0)</td>
<td>345 (30.2)</td>
<td>420 (36.8)</td>
<td>1530 (24.3)</td>
<td>1705 (27.0)</td>
<td>3071 (48.7)</td>
</tr>
<tr>
<td>H. Provides well-defined performance goals and objectives. ***</td>
<td>1139 (22.1)</td>
<td>1931 (37.4)</td>
<td>2092 (40.5)</td>
<td>330 (28.7)</td>
<td>433 (37.7)</td>
<td>387 (33.7)</td>
<td>1469 (23.3)</td>
<td>2364 (37.5)</td>
<td>2479 (39.3)</td>
</tr>
<tr>
<td>I. Stays well informed in what is being done in my work group. ***</td>
<td>1515 (29.8)</td>
<td>1760 (34.7)</td>
<td>1804 (35.5)</td>
<td>454 (39.2)</td>
<td>368 (31.8)</td>
<td>336 (29.0)</td>
<td>1969 (31.6)</td>
<td>2128 (34.1)</td>
<td>2140 (34.3)</td>
</tr>
<tr>
<td>J. Provides us with the necessary resources and the assistance we need to get our work completed. ***</td>
<td>1571 (30.6)</td>
<td>1667 (32.4)</td>
<td>1903 (37.0)</td>
<td>403 (35.0)</td>
<td>383 (33.2)</td>
<td>367 (31.8)</td>
<td>1974 (31.4)</td>
<td>2050 (32.6)</td>
<td>2270 (36.1)</td>
</tr>
</tbody>
</table>

*Note. Percentages may not add to 100 due to missing responses.*

* p < .05, ** p < .01, *** p < .001
respondents viewed leadership as transactional on all four items of the subscale. More than half of Ohio respondents (51.3%) were in agreement that leadership gives special recognition to others’ work when it is very good. Washington respondents were less consistent in their perception of leadership since only one item (item G) was described as transactional. Approximately 37% of Washington respondents believe that leadership gives special recognition of staff when work is very good. Of the remaining three items, one item was rated as neutral (item H) and two items were rated as negative (items I and J) which suggests that leadership in Washington was not perceived as transactional. Again, according to Table 9, the two states were significantly different in their perceptions ($t (6337) = 7.35, p = .000$), but the difference was small ($d = .234$).

For the overall *Leadership* scale, Ohio respondents reported a mean level of agreement of 2.16 (SD = .64) while Washington respondents reported a mean level of agreement of 2.01 (SD = .65). The two groups did significantly differ in their overall perception of leadership ($t (6320) = 7.21, p = .000$) with Ohio staff viewing leadership slightly more positive and Washington staff viewing leadership slightly more negative. Cohen’s $d$ was .233 which suggests that the difference between the two states in their level of cynicism towards change is small. Significant differences between state respondents were found for each item in the leadership scale.

**Needs Assessment**

Table 7 – Needs Assessment Scale Item Percentages displays the agreement percentages for the third scale. There are eight subscales: staffing, retention, training, funding, physical facilities, computers and IT, integration, and community support. The first subscale is *staffing* and is comprised of two items (A and B) with no reverse coding. Greater percentages of
agreement for this subscale indicate that staff positively perceive the institution’s capability to maintain adequate staff. The majority of the sample disagreed with both items (54.3% and 67.8%), and this trend held true for Ohio and Washington respondents separately. There were significant differences in state responses to item A, but not for item B. Due to the low reliability of this subscale, item B was selected to represent the construct of staffing in statistical tests. An independent samples t-test revealed there was not a significant difference in respondent perception of staffing between states ($t (2234.78) = -1.92, p = .055$).

The second subscale, retention, is comprised of two items (C and D) and both require reverse coding. Agreement with the items in this scale indicates staff perceive two issues: retaining competent staff and overworking employees. The majority of the sample agreed with both items (52.2% and 55.7%), and this trend held true for Ohio and Washington respondents separately. Due to the low reliability of this subscale, item C was selected to represent the construct of retention in statistical tests. As indicated in Table 9, an independent samples t-test revealed there were significant differences in respondent perception of staffing between states ($t (2313.26) = 7.93, p = .000$). Washington respondents reported higher percentages of agreement than did Ohio respondents, although statistically the difference was small ($d = .236$).

The third subscale of the needs assessment scale presented in Table 7 is training. There are five items in this subscale (E thru I) with only one item requiring reverse coding (item E). There were significant differences between state responses for all five items. For the total sample and the Ohio responses, four of the five items were highest in the agree category (i.e., access to training$^2$, integration of training, current training, and attendance in training). The one item that did not follow this pattern, Item H, quality of training and development programs received the largest percentage of responses for the neutral category in the total sample (36.0%) 

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$^2$ This item is considered in agreement after it is reverse-coded.
and in the Ohio sample (36.7%). Washington had differences in response agreement for items E and H. For item E, approximately 40% of Washington respondents believe that they lack access to necessary training and development programs. For item H, the largest percentage of responses were in the disagreement category (38.2%) which suggests they believe that their training and development programs are not high quality. According to the date presented in Table 9, there was a significant difference in respondent perception of training between states ($t(2206.16) = 5.80, p = .000$). However, the size of difference is small ($d = .167$). Overall, staff perceptions of training are inconsistent in both states.

The fourth subscale of the needs assessment is funding. This subscale is comprised of 3 items (J thru L) with two requiring reverse coding (items K and L). The majority of the whole sample as well as the states individually disagreed that funding is available to introduce new programs (item J) and agreed that programs have been cut due to funding constraints and institutions would expand services if funding became available (items K & L). There were significant differences between state responses for all three items. However, due to the low reliability of this subscale, item K was selected to represent the construct of funding in statistical tests. As presented in Table 9, an independent samples $t$-test revealed the differences between states as significant ($t(2657.46) = 12.90, p = .000$). Of all effect sizes calculated for all scales, the funding subscale had the largest difference albeit still small in value ($d = .372$).

The fifth subscale of the needs assessment scale is physical facilities. This subscale is comprised of three items (M thru O) with zero requiring reverse coding. Higher agreement on this subscale suggests that staff believe the physical facilities of the institution are well maintained and adequate for programming and services. The whole sample as well as the states individually had the highest percentage in the agreement category for items M and N. Across
<table>
<thead>
<tr>
<th>Scale Item</th>
<th>Ohio Disagree N (%)</th>
<th>Neutral N (%)</th>
<th>Agree N (%)</th>
<th>Washington Disagree N (%)</th>
<th>Neutral N (%)</th>
<th>Agree N (%)</th>
<th>Total Disagree N (%)</th>
<th>Neutral N (%)</th>
<th>Agree N (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Staffing</strong></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>A. We have few difficulties in adequately staffing our facility.**</td>
<td>2742 (53.0)</td>
<td>967 (18.7)</td>
<td>1468 (28.4)</td>
<td>847 (59.1)</td>
<td>201 (14.0)</td>
<td>385 (26.9)</td>
<td>3589 (54.3)</td>
<td>1168 (17.7)</td>
<td>1853 (28.0)</td>
</tr>
<tr>
<td>B. We have enough staff to meet the needs of this facility.</td>
<td>3552 (68.4)</td>
<td>773 (14.9)</td>
<td>867 (16.7)</td>
<td>937 (65.5)</td>
<td>233 (16.3)</td>
<td>261 (18.2)</td>
<td>4489 (67.8)</td>
<td>1006 (15.2)</td>
<td>1128 (17.0)</td>
</tr>
<tr>
<td><strong>Retention</strong></td>
<td></td>
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</tr>
<tr>
<td>C. We have trouble retaining highly competent staff in this facility.®</td>
<td>1215 (23.4)</td>
<td>1433 (27.6)</td>
<td>2540 (49.0)</td>
<td>276 (19.3)</td>
<td>242 (16.9)</td>
<td>912 (63.8)</td>
<td>1491 (22.5)</td>
<td>1675 (25.3)</td>
<td>3452 (52.2)</td>
</tr>
<tr>
<td>D. Our staff frequently say that they are overworked and/or don't have enough time to get done what they need to do.® ***</td>
<td>1152 (22.2)</td>
<td>1208 (23.3)</td>
<td>2830 (54.5)</td>
<td>271 (18.9)</td>
<td>301 (21.0)</td>
<td>859 (60.0)</td>
<td>1423 (21.5)</td>
<td>1509 (22.8)</td>
<td>3689 (55.7)</td>
</tr>
<tr>
<td><strong>Training</strong></td>
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</tr>
<tr>
<td>E. Our staff lack access to the training and development programs they need.® ***</td>
<td>2517 (48.5)</td>
<td>1456 (28.1)</td>
<td>1212 (23.4)</td>
<td>490 (34.5)</td>
<td>356 (25.1)</td>
<td>574 (40.4)</td>
<td>3007 (45.5)</td>
<td>1812 (27.4)</td>
<td>1786 (27.0)</td>
</tr>
<tr>
<td>F. Our staff integrate new knowledge and techniques into their work to improve the way in which services are provided. ***</td>
<td>1273 (24.6)</td>
<td>1838 (35.5)</td>
<td>2071 (40.0)</td>
<td>314 (22.0)</td>
<td>431 (30.2)</td>
<td>683 (47.3)</td>
<td>1587 (24.0)</td>
<td>2269 (34.3)</td>
<td>2754 (41.7)</td>
</tr>
</tbody>
</table>

*Note.* Percentages may not add to 100 due to missing responses. ® indicates that the item was reverse-coded for analyses beyond descriptive statistics.

* p < .05, ** p < .01, *** p < .001
<table>
<thead>
<tr>
<th>Scale Item</th>
<th>Disagree N (%)</th>
<th>Neutral N (%)</th>
<th>Agree N (%)</th>
<th>Disagree N (%)</th>
<th>Neutral N (%)</th>
<th>Agree N (%)</th>
<th>Disagree N (%)</th>
<th>Neutral N (%)</th>
<th>Agree N (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Training Continued</strong></td>
<td></td>
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</tr>
<tr>
<td>G. Our staff stay current with new techniques that relate to their jobs. **</td>
<td>1254 (24.2)</td>
<td>1618 (31.2)</td>
<td>2313 (44.6)</td>
<td>380 (26.6)</td>
<td>471 (32.9)</td>
<td>579 (40.5)</td>
<td>1634 (24.7)</td>
<td>2089 (31.6)</td>
<td>2892 (43.7)</td>
</tr>
<tr>
<td>H. The training and development programs for our staff are of very high quality. ***</td>
<td>1616 (31.2)</td>
<td>1901 (36.7)</td>
<td>1666 (32.1)</td>
<td>543 (38.2)</td>
<td>476 (33.5)</td>
<td>404 (28.4)</td>
<td>2159 (32.7)</td>
<td>2377 (36.0)</td>
<td>2070 (31.3)</td>
</tr>
<tr>
<td>I. Attending training and development programs is made a priority for our staff. ***</td>
<td>1333 (25.7)</td>
<td>1296 (25.0)</td>
<td>2555 (49.3)</td>
<td>481 (33.7)</td>
<td>348 (24.4)</td>
<td>598 (41.9)</td>
<td>1814 (27.4)</td>
<td>1644 (24.9)</td>
<td>3153 (47.7)</td>
</tr>
<tr>
<td><strong>Funding</strong></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>J. We have funding available to introduce new programs and/or initiatives if they are needed. ***</td>
<td>2935 (56.7)</td>
<td>1790 (34.6)</td>
<td>450 (8.7)</td>
<td>983 (68.8)</td>
<td>335 (23.4)</td>
<td>111 (7.8)</td>
<td>3918 (58.3)</td>
<td>2125 (32.2)</td>
<td>561 (8.5)</td>
</tr>
<tr>
<td>K. We have had to cut or significantly reduce programs and/or services due to funding constraints. ® ***</td>
<td>533 (10.3)</td>
<td>1395 (27.0)</td>
<td>3248 (62.8)</td>
<td>89 (6.3)</td>
<td>175 (12.3)</td>
<td>1154 (81.4)</td>
<td>622 (9.4)</td>
<td>1570 (23.8)</td>
<td>4402 (66.8)</td>
</tr>
<tr>
<td>L. We would significantly expand/enhance certain programs and/or services if funding were available. ® ***</td>
<td>399 (7.7)</td>
<td>1467 (28.4)</td>
<td>3304 (63.9)</td>
<td>86 (6.1)</td>
<td>300 (21.2)</td>
<td>1032 (72.8)</td>
<td>485 (7.4)</td>
<td>1767 (26.8)</td>
<td>4336 (65.8)</td>
</tr>
</tbody>
</table>

*Note. Percentages may not add to 100 due to missing responses. ® indicates that the item was reverse-coded for analyses beyond descriptive statistics.

* p < .05, ** p < .01, *** p < .001
<table>
<thead>
<tr>
<th>Scale Item</th>
<th>Ohio Disagree N (%)</th>
<th>Neutral N (%)</th>
<th>Agree N (%)</th>
<th>Washington Disagree N (%)</th>
<th>Neutral N (%)</th>
<th>Agree N (%)</th>
<th>Total Disagree N (%)</th>
<th>Neutral N (%)</th>
<th>Agree N (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Physical Facilities</strong></td>
<td></td>
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<td></td>
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</tr>
<tr>
<td>M. Our physical facilities are designed to meet the specific needs of most of the important services and programs we run. **</td>
<td>1534 (29.7)</td>
<td>1506 (29.1)</td>
<td>2131 (41.2)</td>
<td>482 (34.0)</td>
<td>386 (27.3)</td>
<td>548 (38.7)</td>
<td>2016 (30.6)</td>
<td>1892 (28.7)</td>
<td>2679 (40.7)</td>
</tr>
<tr>
<td>N. Our offices and other facilities are well maintained and kept fully functional. ***</td>
<td>1852 (35.7)</td>
<td>1334 (25.7)</td>
<td>1998 (38.5)</td>
<td>399 (28.2)</td>
<td>386 (27.2)</td>
<td>632 (44.6)</td>
<td>2251 (34.1)</td>
<td>1720 (26.1)</td>
<td>2630 (39.8)</td>
</tr>
<tr>
<td>O. We have the necessary physical space for the services and programs we run.</td>
<td>1917 (37.0)</td>
<td>1242 (24.0)</td>
<td>2021 (39.0)</td>
<td>559 (39.5)</td>
<td>320 (22.6)</td>
<td>537 (37.9)</td>
<td>2476 (37.5)</td>
<td>1562 (23.7)</td>
<td>2558 (38.8)</td>
</tr>
<tr>
<td><strong>Computers &amp; IT</strong></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>P. We have computer and information technology tools/resources to efficiently access offender records. ***</td>
<td>1044 (20.1)</td>
<td>913 (17.6)</td>
<td>3226 (62.2)</td>
<td>155 (11.0)</td>
<td>244 (17.3)</td>
<td>1013 (71.7)</td>
<td>1199 (18.2)</td>
<td>1157 (17.5)</td>
<td>4239 (64.3)</td>
</tr>
<tr>
<td>Q. Our staffs feel very comfortable using computers and information technology tools to do their jobs. ***</td>
<td>1486 (28.6)</td>
<td>1408 (27.1)</td>
<td>2294 (44.2)</td>
<td>306 (21.6)</td>
<td>379 (26.7)</td>
<td>734 (51.7)</td>
<td>1792 (27.1)</td>
<td>1787 (27.0)</td>
<td>3028 (45.8)</td>
</tr>
<tr>
<td>R. Our staff lack the computer skills necessary to proficiently access offender records. ® ***</td>
<td>2078 (40.1)</td>
<td>1651 (31.8)</td>
<td>1457 (28.1)</td>
<td>623 (44.0)</td>
<td>470 (33.2)</td>
<td>324 (22.9)</td>
<td>2701 (40.9)</td>
<td>2121 (32.1)</td>
<td>1781 (27.0)</td>
</tr>
</tbody>
</table>

*Note: Percentages may not add to 100 due to missing responses. ® indicates that the item was reverse-coded for analyses beyond descriptive statistics.

* p < .05, ** p < .01, *** p < .001
<table>
<thead>
<tr>
<th>Scale Item</th>
<th>Ohio</th>
<th>Washington</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Integration</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>S. We regularly integrate new services, programs, and/or initiatives into our operations at this facility. ***</td>
<td>1524 (29.5)</td>
<td>2124 (41.1)</td>
<td>1524 (29.5)</td>
</tr>
<tr>
<td>T. Our programs and services are designed to address multiple offender needs. ***</td>
<td>777 (15.0)</td>
<td>1774 (34.3)</td>
<td>2623 (50.7)</td>
</tr>
<tr>
<td>U. We have a high level of coordination across units when it comes to delivering services and programs to offenders. ***</td>
<td>1840 (35.5)</td>
<td>1898 (36.6)</td>
<td>1443 (27.9)</td>
</tr>
<tr>
<td><strong>Community Support</strong></td>
<td></td>
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</tr>
<tr>
<td>V. We have the support we need from communities for important priorities and new programs for offenders. ***</td>
<td>1376 (26.8)</td>
<td>2649 (51.6)</td>
<td>1113 (21.7)</td>
</tr>
<tr>
<td>W. We have extensive collaborations/partnerships with external groups (e.g., outside service providers) that facilitate important priorities, new programs, and/or initiatives for offenders. ***</td>
<td>1122 (21.8)</td>
<td>2527 (49.0)</td>
<td>1504 (29.2)</td>
</tr>
</tbody>
</table>

*Note. Percentages may not add to 100 due to missing responses. ® indicates that the item was reverse-coded for analyses beyond descriptive statistics. * p < .05, ** p < .01, *** p < .001
both states, staff believe the facilities were designed to meet the needs of the services provided and that the offices and facilities are well maintained. The respondents differed on item O, having the necessary physical space to deliver programming. The largest group of Ohio respondents believed that there was enough space (39.0%), while Washington staff felt that there was not enough space to deliver services and programming (39.5%). Statistically, there was not a significant difference in respondent perception of physical facilities between states ($t_{(6607)} = - .49, p = .626$).

The sixth subscale of the needs assessment scale is computers and IT. This subscale is comprised of three items (P thru R) with one item requiring reverse coding (item R). There were significant differences between state responses for all three items. Higher agreement on this subscale suggests that staff positively rate the institution’s information technology. The whole sample as well as the states individually had the highest percentage in the agreement category for all three items. Across both states, staff believe that they have the IT resources to access offender records, they feel comfortable doing so, and they have the necessary skill set to utilize the technology. As displayed in Table 9, there was a significant difference in respondent perception of computers and IT between states ($t_{(2425.33)} = -7.75, p = .000$), but the difference was small ($d = .226$).

The seventh subscale of the needs assessment scale is integration. This subscale is comprised of three items (S thru U) with zero items requiring reverse coding. There were significant differences between state responses for all three items. This subscale is focused on services and programming, so higher agreement suggests a positive perception of services and programming. The whole sample as well as the states individually were neutral in response to item S. This suggests that staff are unsure of the integration of new services into the institution’s
daily operations. Ohio and Washington were also in alignment in response to item T – staff were in agreement that the programs and services offered to offenders address multiple needs (50.7% and 45.1%, respectively). The two states differed in staff perceptions of coordination across units when it comes to delivering programming (item S). Ohio respondents were mostly neutral about this item (36.6%), while Washington staff mostly disagreed with the item (44.2%). Statistically, there was not a significant difference in respondent perception of integration between states ($t(6576) = 1.81, p = .071$).

The eighth and final subscale of the needs assessment scale is community support. This subscale is comprised of two items (V & W) with no items requiring reverse coding. There were significant differences between state responses for both items. Higher agreement for this subscale suggests positive perceptions of community support. The whole sample and the states individually were neutral in response to both items. This suggests that staff have mixed perceptions or are unsure of the support given by the community for new programs. Staff also have mixed perceptions or are unsure of the contribution of collaborations and partnerships with external groups. As presented in Table 9, there was a significant difference between states in respondent perception of community support ($t(2237.53) = 9.09, p = .000$), however, it was small in size ($d = .264$).

**Perspective-Taking**

As indicated in Table 9, Ohio respondents reported a mean level of agreement of 2.38 (SD = .47) while Washington respondents reported a mean level of agreement of 2.35 (SD = .43). The two groups did not significantly differ in their overall level of perspective-taking ($t(1748.89) = 1.94, p = .052$). Further examination of the subscales demonstrated varying trends. Table 8 – Perspective-taking Scale Item Percentages displays the agreement percentages for the
Table 8 Perspective-Taking Scale Item Percentages

<table>
<thead>
<tr>
<th>Scale Items</th>
<th>Ohio</th>
<th>Washington</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Disagree N (%)</td>
<td>Neutral N (%)</td>
<td>Agree N (%)</td>
</tr>
<tr>
<td>Empathy</td>
<td></td>
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</tr>
<tr>
<td>A. I feel concerned for treatment staff if they are under pressure.</td>
<td>754 (14.4)</td>
<td>1873</td>
<td>2524</td>
</tr>
<tr>
<td></td>
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</tr>
<tr>
<td>B. I understand the problems that treatment staff face in their jobs. ***</td>
<td>508 (9.7)</td>
<td>1621</td>
<td>3025</td>
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<tr>
<td></td>
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<tr>
<td>Positive Attributions</td>
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</tr>
<tr>
<td>C. Treatment staff in this facility are doing the best they can given the</td>
<td>597 (11.4)</td>
<td>1597</td>
<td>2964</td>
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</tr>
<tr>
<td>D. The treatment staff here work hard.</td>
<td>683 (13.1)</td>
<td>1953</td>
<td>2532</td>
</tr>
<tr>
<td></td>
<td></td>
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</tr>
<tr>
<td>E. Treatment staff play an important role in this facility.</td>
<td>384 (7.4)</td>
<td>1268</td>
<td>3499</td>
</tr>
<tr>
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<td></td>
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<td></td>
</tr>
<tr>
<td>F. Treatment staff make realistic demands on corrections staff. *</td>
<td>877 (16.8)</td>
<td>2060</td>
<td>2207</td>
</tr>
<tr>
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<tr>
<td>G. Treatment staff here work very well with corrections staff.</td>
<td>867 (16.6)</td>
<td>2033</td>
<td>2249</td>
</tr>
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</tr>
<tr>
<td>H. The corrections staff at this facility work hard to make sure that</td>
<td>641 (12.3)</td>
<td>2023</td>
<td>2486</td>
</tr>
<tr>
<td></td>
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<td></td>
</tr>
<tr>
<td>I. Treatment staff here have respect for corrections staff and value what</td>
<td>1003 (19.2)</td>
<td>1765</td>
<td>2379</td>
</tr>
<tr>
<td></td>
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<tr>
<td>Note. Percentages may not add to 100 due to missing responses.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>* p &lt; .05, ** p &lt; .01, *** p &lt; .001</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Scale (N of items)</td>
<td>Ohio M (SD)</td>
<td>Washington M (SD)</td>
<td>t (df)**</td>
</tr>
<tr>
<td>-------------------</td>
<td>-------------</td>
<td>------------------</td>
<td>-----------</td>
</tr>
<tr>
<td>Cynicism towards Change (5)</td>
<td>2.16 (.68)</td>
<td>2.11 (.69)</td>
<td>2.59 (6430)</td>
</tr>
<tr>
<td>Leadership (10)</td>
<td>2.16 (.64)</td>
<td>2.01 (.65)</td>
<td>7.21 (6320)</td>
</tr>
<tr>
<td>Transformational (6)</td>
<td>2.17 (.66)</td>
<td>2.03 (.66)</td>
<td>6.60 (6321)</td>
</tr>
<tr>
<td>Transactional (4)</td>
<td>2.15 (.67)</td>
<td>1.99 (.70)</td>
<td>7.35 (6337)</td>
</tr>
<tr>
<td>Needs Assessment (24)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Staffing-R (1)</td>
<td>1.48 (.76)</td>
<td>1.53 (.78)</td>
<td>-1.92 (2234.78)</td>
</tr>
<tr>
<td>Retention-R (1)</td>
<td>1.74 (.81)</td>
<td>1.55 (.80)</td>
<td>7.93 (2313.26)</td>
</tr>
<tr>
<td>Training (5)</td>
<td>2.17 (.59)</td>
<td>2.07 (.61)</td>
<td>5.80 (2206.16)</td>
</tr>
<tr>
<td>Funding-R (1)</td>
<td>1.48 (.67)</td>
<td>1.25 (.56)</td>
<td>12.90 (2657.46)</td>
</tr>
<tr>
<td>Physical Facilities (3)</td>
<td>2.05 (.66)</td>
<td>2.06 (.67)</td>
<td>-.49 (6607)</td>
</tr>
<tr>
<td>Computers and IT (3)</td>
<td>2.23 (.65)</td>
<td>2.37 (.59)</td>
<td>-7.75 (2425.33)</td>
</tr>
<tr>
<td>Integration (3)</td>
<td>2.09 (.59)</td>
<td>2.06 (.60)</td>
<td>1.81 (6576)</td>
</tr>
<tr>
<td>Community Support (2)</td>
<td>2.01 (.61)</td>
<td>1.85 (.60)</td>
<td>9.09 (2237.53)</td>
</tr>
<tr>
<td>Perspective-Taking (9)</td>
<td>2.38 (.47)</td>
<td>2.35 (.43)</td>
<td>1.94 (1748.89)</td>
</tr>
<tr>
<td>Empathy-R (1)</td>
<td>2.49 (.67)</td>
<td>2.33 (.71)</td>
<td>6.78 (1607.93)</td>
</tr>
<tr>
<td>Positive Attributions (7)</td>
<td>2.37 (.51)</td>
<td>2.35 (.47)</td>
<td>1.16 (1748.90)</td>
</tr>
</tbody>
</table>

* R represents the revised construct to reflect a single item.
++ The Levene’s test for equality of variances was conducted, and t-scores and degrees of freedom are based on the result.
fourth and final scale. There are two subscales and zero items requiring reverse coding. The first subscale, *empathy*, is comprised of two items (A and B). There was only a significant difference between state responses for item B. Due to the low reliability of this subscale, item B was selected to represent the construct of empathy in statistical tests. An independent samples *t*-test revealed there was a significant difference in respondent level of empathy between states (*t*(1607.93) = 6.78, *p* = .000) although the size of the difference was small (d = .232).

The second subscale of the perspective-taking scale is called positive attributions. This subscale is comprised of seven items (C thru I). Higher agreement percentages on this subscale suggest that staff can identify positive attributions or characteristics of treatment staff. Of the seven items, the whole sample and the states individually responded with the largest percentages in the agreement category for 4 items (C, D, E, and I). Ohio had the largest percentages fall in the agreement category for the remaining 3 items (F, G, and H). Washington staff reported the largest percentages in the neutral category for those same items. Specifically, Washington staff have varied or neutral opinions regarding the demands treatment staff make on corrections staff, how well the two groups work together, and how hard the corrections staff works to provide quality treatment services. An independent samples *t*-test revealed there was not a significant difference in respondent level of positive attributions between states (*t*(1748.90) = 1.16, *p* = .245).

**OLS Multivariate Regression**

In effort to address research questions five through seven, ordinary least squares regression was used to develop models to explain or predict staff responses. Each model includes the same individual characteristics or demographic variables and work-related variables
and were entered normally into the model. The amount of variation explained by the model (i.e., adjusted R-squared) is included in the tables with the coefficients.

**Cynicism towards Change**

Table 10 displays the results of the scale for cynicism towards change when it is regressed on the individual and work-related variables. Overall, a relatively small percentage of variance is explained by the regression model (8.6%). However, there are a few significant relationships. First, there was a significant difference in the level of cynicism between states. Washington respondents were less cynical than Ohio respondents. Second, the respondent age group of 22-30 years old is significantly and positively related to reported cynicism towards change. Younger staff members reported higher levels of cynicism towards change. Third, African Americans are significantly and negatively related to reported cynicism towards change. African Americans reported lower levels of cynicism towards change. Fourth, respondents with a bachelor’s degree or some graduate school reported lower levels of cynicism when compared to individuals with a high school education. Fifth, there were significant differences in levels of cynicism in all employment groups, with correctional officers reporting higher levels of cynicism than treatment providers, managers, and other staff. Finally, the employment tenure was significantly and positively related to cynicism towards change. As the number of years working for the state increased, so did staff level of cynicism towards change.
| Table 10 OLS Regression Model for Cynicism towards Change |
|-----------------|--------|------|------|
| Independent Variables | $b$ (SE) | Beta | $p$-value |
| Washington        | -.062 (.031) | -.026 | .047 |
| Age               |         |      |      |
| 21 or younger     | .010 (.252) | .001 | .969 |
| 22-30             | .198 (.066) | .060 | .003 |
| 31-40             | .074 (.054) | .033 | .171 |
| 41-50             | -.021 (.051) | -.011 | .672 |
| 51-60             | -.063 (.051) | -.029 | .213 |
| Female            | -.035 (.028) | -.017 | .212 |
| Hispanic          | .061 (.092) | .009 | .510 |
| Race              |         |      |      |
| African American  | -.156 (.040) | -.051 | .000 |
| Asian             | .052 (.123) | .005 | .672 |
| Native American   | -.003 (.103) | .000 | .975 |
| Other Race        | .120 (.081) | .021 | .140 |
| Education         |         |      |      |
| Associate’s Degree / some undergraduate courses | -.013 (.032) | -.007 | .690 |
| Bachelor’s Degree / some graduate courses | -.181 (.041) | -.074 | .000 |
| Master’s Degree or more | -.274 (.053) | -.086 | .000 |
| Employment Group  |         |      |      |
| Treatment Staff   | -.261 (.048) | -.083 | .000 |
| Management        | -1.416 (.102) | -.182 | .000 |
| Other Positions   | -.307 (.031) | -.146 | .000 |
| Years working for DOC | .043 (.012) | .055 | .000 |
| Adjusted R$^2$     |         |      | 0.087 |
Leadership

Table 11 displays the results of the scale and subscales for leadership when it is regressed on the individual and work-related variables. Overall, a relatively small percentage of variance is explained by the regression model (6.2%). However, there are a few significant relationships. First, there was a significant difference in perception of leadership between states. Washington respondents felt less positively about their leaders than Ohio respondents. This trend remained for the two subscales, with Washington staff perceiving their leadership as less transformational and transactional than Ohio respondents. Second, significant relationships were also found with the age variables. Middle aged respondents were less likely to provide lower ratings of leadership than were very young or most senior respondents. When reviewing the relationships for the subscales, it appears that age groups 22-30 and 31-40 were significantly and negatively related to transformational and transaction leadership, but the group aged 41-50 only held a significant negative relationship with transformation leadership only. Third, only one of the race groups held a significant relationship with leadership perception – African Americans. This group was more likely than Whites to describe leadership as transformational and transactional.

Fourth, with regard to education, the only significant relationship was found for Associate’s degree or some college. This group rated leadership less positively overall and on both subscales than did respondents with a high school education. Fifth, all of the employment significantly differed from the reference group of correctional officers. Treatment providers, management, and other positions were more likely to positively describe leadership overall and on both subscales than were line staff. Finally, employment tenure was significantly and negatively related to perceptions of leadership and its subscales. For the scale and the subscales of leadership, the longer the tenure of the employee, the less positive their rating of leadership.
Table 11 OLS Regression Model for Leadership

<table>
<thead>
<tr>
<th>Independent Variables</th>
<th>Leadership</th>
<th>Transformational</th>
<th>Transactional</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>( b ) (SE)</td>
<td>Beta</td>
<td>( p )-value</td>
</tr>
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<td>Washington</td>
<td>-.180 (.031)</td>
<td>-.079</td>
<td>.000</td>
</tr>
<tr>
<td>Age</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>21 or younger</td>
<td>-.412 (.242)</td>
<td>-.023</td>
<td>.089</td>
</tr>
<tr>
<td>22-30</td>
<td>-.213 (.064)</td>
<td>-.069</td>
<td>.001</td>
</tr>
<tr>
<td>31-40</td>
<td>-.160 (.053)</td>
<td>-.075</td>
<td>.002</td>
</tr>
<tr>
<td>41-50</td>
<td>-.099 (.049)</td>
<td>-.052</td>
<td>.043</td>
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<tr>
<td>51-60</td>
<td>-.052 (.049)</td>
<td>-.026</td>
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</tr>
<tr>
<td>Female</td>
<td>.013 (.027)</td>
<td>.007</td>
<td>.628</td>
</tr>
<tr>
<td>Hispanic</td>
<td>.094 (.090)</td>
<td>.015</td>
<td>.295</td>
</tr>
<tr>
<td>Race</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>African American</td>
<td>.197 (.039)</td>
<td>.068</td>
<td>.000</td>
</tr>
<tr>
<td>Asian</td>
<td>.143 (.120)</td>
<td>.016</td>
<td>.233</td>
</tr>
<tr>
<td>Native American</td>
<td>-.006 (.099)</td>
<td>-.001</td>
<td>.950</td>
</tr>
<tr>
<td>Other Race</td>
<td>-.030 (.079)</td>
<td>-.005</td>
<td>.704</td>
</tr>
<tr>
<td>Education</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Associate’s Degree /</td>
<td>-.093 (.030)</td>
<td>-.052</td>
<td>.002</td>
</tr>
<tr>
<td>some undergraduate</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Bachelor’s Degree /</td>
<td>.039 (.039)</td>
<td>.017</td>
<td>.318</td>
</tr>
<tr>
<td>some graduate courses</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Master’s Degree or</td>
<td>.050 (.051)</td>
<td>.016</td>
<td>.329</td>
</tr>
<tr>
<td>more</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Employment Group</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Treatment Staff</td>
<td>.242 (.046)</td>
<td>.082</td>
<td>.000</td>
</tr>
<tr>
<td>Management</td>
<td>.967 (.103)</td>
<td>.126</td>
<td>.000</td>
</tr>
<tr>
<td>Other Positions</td>
<td>.273 (.030)</td>
<td>.137</td>
<td>.000</td>
</tr>
<tr>
<td>Years working for DOC</td>
<td>-.041 (.011)</td>
<td>-.056</td>
<td>.000</td>
</tr>
</tbody>
</table>

Adjusted \( R^2 \) | 0.062 | 0.060 | 0.056
**Needs Assessment**

Tables 12 - 14 display the results of OLS regression analyses for all eight subscales of the needs assessment. As previously mentioned, the scale reliabilities for staffing, retention, and funding were unreliable (alpha <.60), so one item was selected to represent the construct as the dependent variable in the model. Overall, the models explain very little variance of the subscales.

As presented in Table 12, approximately 1.6% of the variance of the staffing item was explained by the individual and work-related variables. Although this percentage is small, there were significant relationships found in the model. First, there was a significant difference in perceptions of staffing by state. Washington staff were more likely to report that their institutions have enough staff to meet the needs of the facility than were Ohio staff. Second, age was also significantly related to staffing perceptions. Younger respondents were more likely to perceive staffing as an issue than were older respondents. Third, female respondents were more likely to perceive that staffing was adequate to meet the needs of the facility than were male respondents. Fourth, African Americans and the “Other” group of minorities differed significantly from Whites in their perceptions of staffing. African Americans were more likely to view staffing as adequate whereas the “Other” group was more likely to perceive staffing as inadequate. Fifth, respondents with Bachelor’s degrees were more likely than high school graduates to report staffing as adequate. Finally, management and “Other” employment positions were significantly more likely than correctional officers to perceive staffing as adequate.

Approximately 2.9% of the variance of the retention item was explained by the individual and work-related variables. Although this percentage is small, there were significant
relationships found in the model. First, Washington respondents were more likely to report difficulties in retaining qualified staff than were Ohio respondents. Second, the age group 31-40 was the only age group significantly different than the reference group (61+ years old). Younger respondents were more likely to report issues in staff retention than were older respondents. Third, African Americans and Native Americans differed significantly from Whites in their perceptions of retention. Both racial groups were more likely than Whites to view retention positively. Finally, all three employment groups differed significantly from the correctional officer reference group. In each case, correctional officers were more likely to report issues in retaining competent staff.

Approximately 3% of the variance of the training subscale was explained by the individual and work-related variables in the regression model. Although this percentage is small, there were significant relationships found in the model. First, there was a significant difference between the states in their staff perceptions of training. Washington respondents were more likely to identify issues with training availability and content than were Ohio respondents. Second, age was significantly and negatively related to training perceptions. Older respondents were more likely to perceive training positively than were younger respondents. Third, race was significantly related to staff perceptions of training, although the type of relationship differed by race. African Americans and Asians were more likely to perceive training positively than were Whites. However, the “Other” racial group was significantly more likely to view training negatively than were Whites. Fourth, there was a significant negative relationship between level of education and training perceptions across all education groups. As education level increases, positive perception of training content and availability decreases. Fifth, there was a significant relationship between employment groups and perception of training. All groups were more
<table>
<thead>
<tr>
<th>Independent Variables</th>
<th>Staffing</th>
<th>Retention</th>
<th>Training</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>$b$ (SE)</td>
<td>Beta</td>
<td>$p$-value</td>
</tr>
<tr>
<td>Washington</td>
<td>.071 (.034)</td>
<td>.028</td>
<td>.039</td>
</tr>
<tr>
<td>Age</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>21 or younger</td>
<td>-.398 (.292)</td>
<td>-.018</td>
<td>.173</td>
</tr>
<tr>
<td>22-30</td>
<td>-.169 (.076)</td>
<td>-.046</td>
<td>.025</td>
</tr>
<tr>
<td>31-40</td>
<td>-.144 (.062)</td>
<td>-.057</td>
<td>.020</td>
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<tr>
<td>41-50</td>
<td>-.062 (.058)</td>
<td>-.028</td>
<td>.281</td>
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<td>51-60</td>
<td>-.049 (.058)</td>
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<td>.031</td>
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<tr>
<td>African American</td>
<td>.209 (.046)</td>
<td>.060</td>
<td>.000</td>
</tr>
<tr>
<td>Asian</td>
<td>.192 (.138)</td>
<td>.018</td>
<td>.165</td>
</tr>
<tr>
<td>Native American</td>
<td>.071 (.117)</td>
<td>.008</td>
<td>.543</td>
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<tr>
<td>Other Race</td>
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<td>.047</td>
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<tr>
<td>Education</td>
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<tr>
<td>Associate’s Degree /</td>
<td>-.013 (.036)</td>
<td>-.006</td>
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<tr>
<td>courses</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bachelor’s Degree /</td>
<td>.139 (.046)</td>
<td>.052</td>
<td>.003</td>
</tr>
<tr>
<td>some graduate courses</td>
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<td></td>
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</tr>
<tr>
<td>Master’s Degree or</td>
<td>.098 (.060)</td>
<td>.028</td>
<td>.103</td>
</tr>
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<td>more</td>
<td></td>
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<tr>
<td>Employment Group</td>
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</tr>
<tr>
<td>Treatment Staff</td>
<td>.049 (.055)</td>
<td>.014</td>
<td>.374</td>
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<td>Management</td>
<td>.390 (.102)</td>
<td>.052</td>
<td>.000</td>
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<td>Other Positions</td>
<td>.121 (.035)</td>
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<tr>
<td>Years working for DOC</td>
<td>-.017 (.013)</td>
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<td>.206</td>
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<tr>
<td>Adjusted $R^2$</td>
<td><strong>0.016</strong></td>
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</table>
likely than correctional officers to perceive training positively. Finally, employment tenure was negatively related to perceptions of training so that staff who have worked for the DOC for longer periods of time were more likely to report issues with training.

Data from Table 13 indicate that approximately 2.8% of the variance of the funding item was explained by the individual and work-related variables in the regression model. Although this percentage is small, there were significant relationships found in the model. First, there was a significant difference between the states in their staff perceptions of funding. Washington respondents were more likely to report cuts in funding than were Ohio respondents. Second, age was significantly and positively related to training perceptions. The youngest age group was more likely to report stable funding than were older respondents. Third, race was significantly related to staff perceptions of funding. African Americans were more likely to perceive stable funding than were Whites. Fourth, there was a significant relationship between level of education and funding perceptions across 2 of 3 education groups although the 3rd group was almost significant (p = .059). The relationship was negative which means that as education level increases, respondents were more likely to report funding cuts. Fifth, there was a significant relationship between employment groups and perception of training. Management was more likely to report stable funding than were other groups.

Approximately 2.1% of the variance of the physical facilities subscale was explained by the individual and work-related variables in the regression model. Although this percentage is small, there were significant relationships found in the model. First, the age group of 22-30 year olds differed significantly from the older reference group in their perception of adequacy of physical facilities. The younger group was more likely to believe that physical facilities were inadequate and not maintained. Second, there was a significant positive relationship between
gender and physical facilities. Females were more likely than males to report adequate facilities. In the same fashion, African Americans were more likely than Whites to report adequate facilities. Fourth, all 3 levels of education were significantly and negatively related to perception of physical facilities. In other words, as staff education increases, they are less likely to report satisfaction with the physical facilities available. Fifth, management and “Other” positions were more likely than line staff to report adequate physical facilities. Finally, employment tenure was negatively related to perceptions of physical facilities so that staff who have worked for the DOC for longer periods of time were more likely to report issues with physical facilities.

Approximately 4.4% of the variance of the computers and information technology subscale was explained by the individual and work-related variables in the regression model. Although this percentage is small, there were significant relationships found in the model. First, there was a significant difference between the states in their staff perceptions of funding. Washington respondents were more likely to report satisfaction with computers/IT than were Ohio respondents. Second, African Americans were more likely than Whites to report satisfaction with computers/IT. Finally, all three employment groups were significantly and positively related to perceptions of computers/IT. In other words, correctional officers were more likely to report dissatisfaction with computers/IT than were the other employment groups.

As presented in Table 14, approximately 1.8% of the variance of the integration subscale was explained by the individual and work-related variables in the regression model. Although this percentage is small, there were significant relationships found in the model. First, there was a significant difference between the states in their staff perceptions of integration. Washington respondents were more likely to identify issues with integration of programming than were Ohio
Table 13 OLS Regression Model for Funding, Physical Facilities, and Computers/IT

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<thead>
<tr>
<th>Independent Variables</th>
<th>Funding</th>
<th>Physical Facilities</th>
<th>Computers/IT</th>
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</thead>
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<td>$p$-value</td>
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<tr>
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<td>-.019 (.069)</td>
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<td>.777</td>
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<td>some graduate courses</td>
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<td>.020</td>
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<td>more</td>
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<tr>
<td>Employment Group</td>
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<tr>
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<td>.086 (.050)</td>
<td>.026</td>
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<td>Management</td>
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<td>Other Positions</td>
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<td>Years working for DOC</td>
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<td>-.016</td>
<td>.304</td>
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</table>

Adjusted $R^2$          | **0.028**        | **0.021**           | **0.044**    |
### Table 14 OLS Regression Model for Integration and Community Support

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<th>Independent Variables</th>
<th>Integration</th>
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<th></th>
<th>Community Support</th>
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<th></th>
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<td><strong>b (SE)</strong></td>
<td>Beta</td>
<td>p-value</td>
<td><strong>b (SE)</strong></td>
<td>Beta</td>
<td>p-value</td>
</tr>
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<td>Washington</td>
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<td>.019</td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>21 or younger</td>
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<td>.435 (.069)</td>
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<td>.000</td>
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<td></td>
<td><strong>0.027</strong></td>
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respondents. Second, race was significantly related to staff perceptions of integration. African Americans and Asians were more likely to perceive successful integration than were Whites. Third, all 3 levels of education were significantly and negatively related to perception of integration. In other words, as staff education increases, they are less likely to report successful integration. Finally, management and “Other” positions were more likely than line staff to report successful integration of programming.

Approximately 2.7% of the variance of the community support subscale was explained by the individual and work-related variables in the regression model. Although this percentage is small, there were significant relationships found in the model. First, there was a significant difference between the states in their staff perceptions of community support. Ohio respondents were more likely than Washington respondents to report the existence of community support. Second, age was significantly and negatively related to community support. Younger respondents were more likely to perceive the existence of community support than were older respondents. Third, African Americans were more likely than Whites to report community support. Fourth, respondents with a Master’s degree or more were significantly more likely to report a lack of community support. Fifth, management and “Other” positions were more likely than line staff to report the existence of community support. Finally, employment tenure was positively related to perceptions of community support so that staff who have worked for the DOC for longer periods of time were more likely to report the existence of community support.

**Perspective-Taking**

Data in Table 15 indicate that approximately 8.3% of the variance of the perspective-taking scale was explained by the individual and work-related variables. Although this percentage is small, there were significant relationships found in the model. First, age was
significantly and negatively related to perspective-taking. Younger respondents were less likely than were older respondents to understand and empathize with the perspective of treatment providers. Second, African Americans were significantly more likely than Whites to take the perspective of treatment providers. The “Other” racial group was less likely than Whites to take the perspective of treatment providers. Third, there was a significant positive relationship between level of education and perspective-taking. As education increases, staff were more likely to understand and empathize with the perspective of treatment providers. Fourth, all three employment groups were significantly and positively related to perspective-taking. In other words, correctional officers were less likely to take the perspective of treatment providers than were any of the other employment groups. Finally, employment tenure was negatively related to perspective-taking so that staff who have worked for the DOC for longer periods of time were less likely to understand and empathize with the perspective of treatment providers.

Approximately 5.3% of the variance of the empathy item was explained by the individual and work-related variables. Although this percentage is small, there were significant relationships found in the model. First, there was a significant difference between the states in their staff responses regarding empathy. Ohio respondents were more likely than Washington respondents to report empathetic beliefs towards treatment staff. Second, males were more likely than females to report empathetic beliefs towards treatment staff. Third, there was a significant positive relationship between level of education and empathy. As education increases, staff were more likely to report empathy for treatment staff. Finally, all three employment groups were significantly and positively related to empathy. In other words, correctional officers were less likely to demonstrate empathy towards treatment staff than were any of the other employment groups. Approximately 7.5% of the variance of the positive
Table 15 OLS Regression Model for Perspective-Taking

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<th>Positive Attributions</th>
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<td>Beta</td>
<td>$p$-value</td>
<td>$b$ (SE)</td>
<td>Beta</td>
<td>$p$-value</td>
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<td>-.089 (.058)</td>
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<td>-.085 (.048)</td>
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<td>.019 (.035)</td>
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<td>.155 (.035)</td>
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<td>-.001 (.010)</td>
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Adjusted $R^2$: 0.083  0.053  0.075
attraction subscale was explained by the individual and work-related variables. Although this percentage is small, there were significant relationships found in the model. In fact, the same relationships albeit with different coefficients identified in the perspective-taking scale model were found for the positive attributions subscale model.

**Significant Variables across Ordinary Least Squares Regression Models**

Table 16 displays the significant variables from ordinary least squares regression models of the scales and subscales. There were two categories of independent variables included in each model. The demographic variables included age, gender, race, ethnicity, and level of education. Work-related variables included state DOC, employment tenure, and employment position. The amount of variance explained by each model is also included in the table. As the table demonstrates, the amount of variance explained was small for all models with a range of 1.6% to 8.7%.

**State**

The table demonstrates that there were consistent differences between the states and the values of the scales with the exception of physical facilities, perspective-taking, and positive attributions. It is important to mention that for the regression analyses, the scales and subscales were original in form. In other words, the variables were not collapsed like they were for the previous descriptive statistics. This difference is likely the reason for changes in significant differences between states.

**Age**

There were varied results across the different age categories and scales. The youngest group of staff (21 or younger) differed from the oldest group (61+, the reference group) on only one subscale – funding. The second oldest group (51-60) did not differ from the oldest group on
Table 16 Significant Variables by Scale

<table>
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<th>Independent Variables</th>
<th>Cynicism towards Change</th>
<th>Leadership</th>
<th>Transformational</th>
<th>Transactional</th>
<th>Staffing</th>
<th>Retention</th>
<th>Training</th>
<th>Funding</th>
<th>Physical Facilities</th>
<th>Computers</th>
<th>Integration</th>
<th>Community Support</th>
<th>Perspective-Taking</th>
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Note: (+) indicates a positive coefficient and (–) indicates a negative coefficient.
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<th>Leadership</th>
<th>Transformational</th>
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<td>Years working for DOC</td>
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<tr>
<td>Variance Explained</td>
<td><strong>8.7%</strong></td>
<td><strong>6.2%</strong></td>
<td><strong>6.0%</strong></td>
<td><strong>5.6%</strong></td>
<td><strong>1.6%</strong></td>
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<td><strong>3.0%</strong></td>
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<td><strong>1.6%</strong></td>
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<td><strong>8.3%</strong></td>
<td><strong>5.3%</strong></td>
<td><strong>7.5%</strong></td>
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*Note:* (+) indicates a positive coefficient and (−) indicates a negative coefficient.
any of the scales or subscales. The age-relevant finding is that this characteristic did not explain any of the variance for the computers/IT subscale, the integration subscale, or the empathy subscale.

**Gender**

The identified gender of the respondent explained some variance for only 3 subscales: staffing, physical facilities, and empathy. Male respondents were more likely to identify issues with staffing and physical facilities than were female respondents. Additionally, male staff were more likely to express empathy towards treatment staff than were female staff.

**Ethnicity**

Ethnicity did not explain any variance across any of the scales or subscales. The lowest p-value for ethnicity was .08 for computers/IT. Otherwise, the significance value was above .10 in the regression models.

**Race**

Race did not explain any variance in the models for cynicism towards change, leadership, transformational leadership, or empathy. Responses of African Americans were significantly different than those of Whites for all of the remaining scales and subscales. Asian respondents differed from White respondents on training and integration perceptions. Native Americans differed only on retention. Other Races differed from Whites on staffing, training, perspective-taking, and positive attributions.

**Education**

Level of respondent education explained a portion of variance of every scale and subscale with the exception of retention and computers/IT. As education level increased, level of cynicism towards change decreased and respondents were less likely to perceive issues with
training, funding, physical facilities, and integration. Additionally, as respondent level of education increased, his or her ability to take the perspective of treatment staff, responses of empathy, and identification of positive attributions of treatment staff also increased.

**Employment Group**

Of all the independent variables included in the model, the employment group variables consistently explained variance. In fact, this was the only variable grouping to explain some variance for every scale and subscale. Line staff were more cynical towards change than any of the other employment groups. They also rated leadership less positively than the other employment groups. With regard to the needs assessment subscales, line staff and management provided significantly different perceptions for every subscale. For all the needs assessment subscales, management reported more positive perceptions than did line staff. The funding subscale is of particular interest since management was the only employment group to differ from line staff. Finally, all employment groups differed from line staff in perspective-taking and its subscales. All groups were more likely than line staff to take the perspective of treatment staff, report empathy for treatment staff, and attribute positive characteristics to treatment staff.

**Tenure**

The number of years that respondents reported working for their respective department of corrections explained variance in approximately half of the models. As employees’ tenure increased, so did their level of cynicism towards change. Employees with longer tenures were less likely to rate their leadership positively; more likely to perceive issues with training and physical facilities; and more likely to report the existence of community support. Finally, respondents with lengthier employment tenures with the department of corrections were less likely to take the perspective of treatment staff or provide positive attributions for treatment staff.
Summary

In the first section of this chapter, the descriptive statistics were provided for each survey item related to the four scales selected for analyses: cynicism towards change, leadership, needs assessment, and perspective-taking. There are several findings worth highlighting. First, there are a total of three scales and 12 subscales. The states differed significantly on two of three scales (i.e., cynicism towards change and leadership). Ohio respondents were more cynical towards change than Washington respondents. Leadership in Ohio was rated more positively than leadership in Washington. Second, four of the twelve subscales were not significantly different between the two states (i.e., staffing, physical facilities, integration, and positive attributions). Third, of the eight remaining subscales, Washington staff reported lower rankings of transformational and transactional leadership than Ohio staff. Washington respondents perceived more issues with retention, training, funding, and community support than did Ohio respondents. Washington staff reported lower levels of empathy toward treatment staff than Ohio staff. Computers and IT was the only subscale that Ohio respondents rated more negatively than Washington respondents. Finally, the response of *neutral* was selected quite frequently across scales and subscales by both states (range = 12.3% - 51.6%).

The second and third sections of this chapter presented the results of ordinary least squares regression analyses of all scale and subscales. The same independent variables were included in every model in effort to discern differences. The amount of variance that can be explained by the independent variables was very small across all models as the largest percentage was only 8.3%. Further, the regression models for the cynicism towards change scale, leadership scale and subscales, and perspective-taking scale and subscales explained at least 5% of variance whereas the models for the needs assessment subscales were very weak.
(<5% variance explained). It appears that demographic characteristics (i.e., age, gender, race, and level of education) do influence staff perceptions to a small extent with the exception of ethnicity which accounted for zero variation in any of the models. Employment characteristics (i.e., employment group and tenure) also influence staff perception of various factors of organizational context.

In the next chapter, the results of the analyses are reviewed in regard to the original research questions. The descriptive statistics and OLS regression analyses provided information to address every question although conclusions are limited. Additionally, theoretical and policy implications are discussed. In other words, the results can inform theoretical understanding of organizational context in correctional systems and provide practical recommendations for organizations based on a description of institutions in the initial implementation phase of the NIRN implementation framework. Limitations of the study and future directions for research are also presented.
CHAPTER SIX: DISCUSSION

The purpose of this dissertation was to examine and compare the organizational context of two correctional systems through the measurement of staff perceptions. For this study, organizational context was measured through staff perceptions of four components: cynicism towards change, leadership, needs assessment, and perspective-taking. Data was obtained from two different state research projects and was analyzed in effort to answer seven research questions. In this final chapter, the results of those analyses are summarized. In addition, theoretical and policy implications are presented, study limitations are reviewed, and directions for future research are discussed.

Staff Perceptions

There were seven research questions posed for study regarding staff perceptions. The first four questions were specific to staff perceptions of the four survey scales. The last three questions were more in depth as they focused on explaining variation in staff perception through individual staff characteristics. Below, each research question is reiterated and discussion is offered based on the results of the analyses from Chapter 5.

Research Question 1: Are staff cynical towards change?

Although there was a significant difference in staff level of cynicism by state, staff in both states were more cynical towards change than not. Ohio respondents reported more agreement with all of the items in the scale than did Washington respondents. Additional differences in responses were due to individual characteristics. African Americans were less likely than Whites to be cynical towards change. As education level increased, cynicism towards change decreased. Line staff was most cynical of all of the employment groups compared. Finally, as employment tenure increased, so did cynicism towards change.
Research Question 2: What are staff perceptions of correctional leadership?

Similar to the reported levels of cynicism, there were significant differences between the two states and respondents perceptions of leadership. However, the effect of the difference was small for the leadership scale and both subscales. In other words, it was likely strength of agreement for the items that differed rather than the overall constructs. Regardless, both states perceived leadership positively and transformational. Ohio respondents also perceived their leaders to be transactional while Washington respondents did not. Older respondents, African Americans, respondents who were not line staff, and newer employees were more likely to rate leadership positively.

Research Question 3: With regard to institution operational needs, which are perceived by staff as met and which need attention?

Ohio and Washington respondents reported staffing, retention, and funding as problematic organizational needs. Washington respondents also indicated that community support was problematic and warranted attention. This is not to conclude that the other needs from the needs assessment scale were reported by respondents as met. Instead, there was considerable variation in the responses for those scales which suggests that staff are unsure or have no opinion of the remaining needs assessment scales. Further, respondent age, race, level of education, employment category, and employment tenure consistently contributed to the variation in staff perceptions of organizational needs.

Research Question 4: What are staff perceptions of treatment staff?

Respondents from both states reported opinions that indicate their understanding of the job of treatment staff. They can empathize with the arduous task of working with unmotivated offenders to change their behavior. Respondents took the perspective of treatment staff and
acknowledged their value to the organizations. Results demonstrated that age, race, education, employment position, and tenure contributed to staff level of perspective-taking towards treatment staff.

Research Question 5: Do staff perceptions of each factor differ by demographic category (i.e., age, gender, race, ethnicity, or education level)?

Staff perceptions did vary by respondent membership in different demographic categories with the exception of ethnicity. Ethnicity was not a significant predictor of staff perceptions in any of the regression models. Age predicted all but three of the scales and subscales: computers/IT, integration, and empathy. Gender explained a small amount of variation in staff responses on two needs assessment subscales (staffing and physical facilities) and the empathy subscale. Variation was explained by the race variables for all but cynicism, leadership, transformational leadership, and empathy. Most often the significant differences were found between African Americans and Whites. Level of education was a significant independent variable in all of the models except for retention and computers/IT.

Research Question 6: Do staff perceptions of each factor differ by staff position or years of experience working for the department of corrections?

Staff perceptions vary by employment position and experience working for the department of corrections. These two variables were consistently significant across most of the regression models. Specifically, management staff held significantly different perceptions from line staff in every model. Of the three employment group variables, treatment staff shared the fewest differences from line staff. Employment tenure explained 9 of the 15 scales and subscales. Tenure was not related to staffing, retention, funding, computers/IT, integration, or empathy.
These findings provide support for the hypothesis that different staff positions in the organizational hierarchy influence different perceptions of organizational context.

Research Question 7: Are there significant differences in staff perceptions between state systems?

There were significant differences between states on individual item responses and scale and subscales values. These differences were confirmed by OLS regression where state contributed to variation in staff perception in all but three models (i.e., physical facilities, perspective-taking, and positive attributions). Aside from the potential for error caused by low response rates (discussed in more detail in the Limitations Section), the explanation for the differences between states is not readily apparent unless the differences are true reflections of differences in organizational context across the institutions and state correctional systems. Differences between states could also be the result of influence by other factors that were not measured as part of this study. For instance, perhaps the corrections systems were at different phases of implementation or maybe there are substantial differences in current policy and procedure that contribute to staff perceptions.

**Theoretical Implications**

The NIRN implementation framework placed a strong emphasis on the roles and responsibilities of staff during each phase of implementation. The focus was on staff behavior. As cognitive-behavioral therapy posits, attitudes, values, and beliefs drive behavior (Andrews & Bonta, 2010; Beck, 2011). Thus, to guide, shape, and change staff behavior during organizational level change, it is imperative that leadership and implementation teams assess and address staff attitudes and beliefs. The implementation framework did mention in passing that staff resistance to change, similar to cynicism towards change, could impact implementation
particularly during the initial implementation phase. As the results indicated, both states demonstrated cynicism towards change. This finding supports the staff resistance claim although it warrants additional study to determine if cynicism is present and impactful during the other stages of implementation.

Leadership was another common theme in the NIRN implementation framework. The developers of the framework felt leadership to be so critical that it became an implementation driver. For this role to be effective, the employees in leadership positions need to be able to lead staff through open communication, motivation building and buy-in obtainment, performance coaching and feedback. These tasks fit perfectly into the description of a transformational leader. Results from the survey indicated that both states rated their leaders as transformational. Discussions of leadership in implementation framework documents would benefit from more detailed descriptions of the actions of leaders with reference to transformational leadership.

The NIRN framework and the work of Taxman and colleagues emphasized the importance of ensuring that adequate resources are available to staff during every phase of implementation. Staff perceptions of organizational needs were varied by state and individual scales and subscales. Once the neutral responses are considered, staff really were unclear about the actual resources available to them. If staff perceptions were accurate reflections of the resource availability in the state prison systems, then the effects for implementation are likely to be reduced.

Perspective-taking was examined and is an important component of organizational context for corrections because rehabilitation was the guiding philosophy in both states. Staff buy-in was referenced sporadically throughout discussion of the implementation framework explained by Fixsen and colleagues (2005). Staff buy-in leads to good organizational behavior
and participation in implementation activities. For this study, perspective-taking was a proxy for staff buy-in of the new or revised organizational practices. Staff from both states acknowledged the value of treatment staff and the work they regularly perform.

Aside from the contributions of the scale and subscale responses, the regression models provided insight into organizational context. In particular, the limited amount of explained variance suggests that there are quite possibly a multitude of other factors that could influence staff perceptions and ultimately their behavior. The scholars at NIRN would be ingenious to review research on organizational context and incorporate it into the implementation framework.

**Policy Implications**

Policy implications can come in two forms: specific and general. Specific implications translate into recommendations for Ohio and Washington departments of correction. Both Ohio and Washington departments of correction should create plans to work with staff to reduce level of cynicism towards change and increase staff ability to understand the perspective of treatment staff especially if policy and procedures are originally more oriented to the law enforcement approach to managing offenders. Further, both groups of staff should take interest in and note the resources that were identified as problematic by staff. Perhaps providing more information about resources and their availability could improve staff understanding and reduce the likelihood of staff frustration. On the other hand, if the resources are truly not available, it would be worthwhile for the staff in charge of implementation to brainstorm alternative avenues for resource obtainment, distribution, and management.

General implications become lessons for other organizations to learn before attempting implementation. The first of these general policy implications includes the incorporation of the NIRN implementation frameworks into any implementation, pilot, or organizational change
activities. It is understandable that implementation in corrections has not been optimal. Practitioners do not traditionally receive training in best practices for implementation processes. Moving forward, administrations and agencies can include the NIRN frameworks in training content. In addition to training, administrators and leaders in corrections should be deliberate in their work to continue aligning policy and procedures with best practices by incorporating the frameworks into change efforts.

More importantly, the overall message to corrections organizations would be to consider, identify, and address staff perceptions, particularly line staff since they are the practitioners most directly involved in providing service to offenders. Identifying staff perceptions initiate opportunities for administration and leadership to address concerns and collaborate with staff to improve organizational context and ultimately agency outcomes. In this study, staff from both state prison systems identified strong transformational leadership. Leadership is a key factor in the NIRN implementation frameworks. Thus, both states were in good position to continue moving forward in justice reinvestment undertakings because staff were confident in their leadership.

One final policy recommendation is directed at funding sources rather the corrections agencies. A clear plan for implementation with inclusion of staff perceptions should become a regular requisite of funding streams. It is common practice to require funding recipients to submit reports and tangible deliverables. Tying funding to intervention and implementation outcomes should become best practice in funding awards including those earned in corrections work.
Limitations

There are several limitations of the study methodology and findings that must be duly noted. First, the overall study design did not include measurement of intervention outcomes or implementation outcomes. It has been posited throughout this dissertation that the science of implementation requires additional development in understanding of the role of organizational context. Ideally, studies of implementation and organizational context will include measures of the core intervention and implementation components so that the relationship between organizational context and them could be further explored. As it stands for this study, staff perceptions of organizational context were measured, but their relationship to organizational change can only be hypothesized.

A second limitation of the study was response rates for both states. The response rates were 49% for the Ohio study and 21% for the Washington study. Although it is common for research studies to report low response rates to self-report surveys and online surveys, it is still a limitation (Dillman, Smyth, & Christian, 2008). Low response rates increase the chances that the data collected is representative of the populations of interest. In this study, the results may not accurately describe the either of the state prison systems that the studies were meant to describe. In other words, the conclusions made about Ohio and Washington correctional staff may not be true. Further, generalizations cannot be made about other state prison system staff.

A third limitation of the study was administration of the survey. Aside from the relationship to response rates, this is a limitation because the method of administration did not ensure that every employee had an opportunity to complete the survey and each employee completed the survey only one time. As eluded to in the description of the study methods, the first administration of surveys in Ohio was not successful. In addition to staff resistance due to
anonymity concerns, several surveys that were completed contained evidence that there was minimal oversight on survey completion and some staff completed multiple surveys. In addition, there were four institutions that did not participate in the study. Although a second administration was completed utilizing a different approach, there was still some concern about the validity of the information. Measures of organizational context may be threatening to staff when the context is less than inspirational or secure. To ensure validity of participant responses in future studies of organizational context, a more supervised administration is warranted.

A fourth limitation of the study related to the survey design. The scales that were compared across states were comprised of the same questions, but there is research to suggest that question order can impact participant responses (Schuman & Presser, 1996). For this study, the order of questions was different for Washington respondents since different surveys were distributed dependent on employment position. The order of questions was also different for Ohio respondents since the survey distributed for that project was the product of multiple surveys combined. It should be noted that some of the differences between states were found in strength of agreement (i.e., selection of Agree versus Strongly Agree). If question order did impact participant response, it could be hypothesized that it impacted the strength of agreement. The only way to determine if question order had an impact would have been to include an experiment in the study.

**Future Research**

This study contributed to knowledge of staff perceptions of components of organizational context. However, there is still much work to be done to develop the science of implementation including the role of organizational context. To begin, future research studies should address the limitations previously mentioned. For instance, to truly understand the relationships between
intervention success and fidelity, implementation processes, and organizational context, measures for all categories should be identified and collected at various points during organizational change. Example measures should include implementation drivers, staff perceptions, efforts for implementation during each phase, and most importantly, intervention and implementation outcomes.

Another area for future research is the expansion of study of organizational context. Only four components of organizational context were studied in this dissertation. This is a very limited view of the construct, which may account for the small amount of variance explained. Additional components could include attitudes toward rehabilitation and punishment, treatment practice beliefs, organizational commitment, types of communication between staff and management, and additional items for climate and culture. Including additional measures of context would increase understanding of the construct as well as permit examination of the relationship between components of organizational context.

Conclusion

This study explored the perceptions of staff employed by state prison institutions during a period of organizational change. The results demonstrated that a substantial portion of staff were cynical towards change. Leadership in both states was rated positively, but had room for improvement. Staff in both states reported areas of organizational needs that warranted attention. Finally, staff were able to take the perspective of treatment providers and empathize with the tasks that they are assigned.

Additionally, there are some individual characteristics that are correlated with staff perceptions. With the exception of ethnicity, all of the individual demographic characteristics were significantly related to some scales and subscales. Level of education held the most
relationships of all the individual characteristics which suggests that future studies should include this characteristic in measurement and analyses. The two employment characteristics were also related to staff perceptions across several variables. Time on the job does shape attitudes of staff, and there are differences in perception between management and line staff.

The findings of the study contribute to the literature on organizational context in corrections. Researchers and practitioners have access to reliable surveys of staff perceptions. The results also provide a reference point for practitioners and organizations who undertake the process of implementation. They can infer that measuring and addressing staff attitudes during organizational change may be a worthwhile endeavor if there is potential to improve implementation efforts and reduce the risk of wasted resources.
REFERENCES


Smith, P. (2013). The psychology of criminal conduct. In F. T. Cullen, & P. Wilcox (Eds.), The oxford handbook of criminological theory (pp. 69-88) Oxford University Press.


Dear «Name»:

The University of Cincinnati (UC) is conducting a survey of correctional staff to learn more about the institution you work in. This same survey will be sent to you two more times over a two year period.

Your participation in this survey is very important. The questionnaire is designed for people in many different positions, and results will be most useful if people respond honestly and include the perspectives of all prison personnel. It will only take approximately 15-30 minutes of your time. This survey is voluntary and if you do not wish to participate, you do not have to complete the survey. Once you start the survey, you may decide to discontinue and stop filling out the survey at any time.

Please use the prepaid envelope to return your completed survey to UC. Please return your completed survey within 14 days of receiving it.

It is important that you know that the information you provide will not be shared with your supervisors or anyone else at the Ohio Department of Rehabilitation and Correction (ODRC). Any reports that we write will not include any individual data. The first page of the survey has your name on it. Please tear this page off and keep it. Also, your survey has a 5 digit number on it. This is only being used by UC to track participation over time. No one at ODRC will know if you have completed a survey or not.

Thank you for your time and assistance. If you have additional questions about this survey, please contact Dr. Edward J. Latessa, the Principal Investigator, for this study at 513-556-5827.

Sincerely,

Edward J. Latessa, Ph.D.
University of Cincinnati
Principal Investigator

Please tear off this page and keep it for your records.
This survey contains two sections for you to fill out. For the first section, please answer the questions below and select the option that best describes you. For the second section, please be sure to read the directions and rate each item accordingly.

Section I—Please circle the appropriate response.

1. Please select the age group in which you belong.
   a) 21 or younger
   b) 22 – 30
   c) 31-40
   d) 41-50
   e) 51-60
   f) 61 and older

2. What is your race?
   a) African American
   b) Asian
   c) Caucasian
   d) Native American
   e) Other: Please specify ____________________

3. What is your ethnicity?
   a) Hispanic
   b) Non-Hispanic

4. What is your gender?
   a) Female
   b) Male

5. What is your highest level of educational attainment?
   a) High school/GED or less
   b) Associates
   c) Some college
   d) Bachelor’s degree
   e) Some graduate school classes
   f) Masters degree or more

6. What is your position at the institution?
   a) Correctional Officer
   b) Sergeant
   c) Lieutenant
   d) Captain
   e) Major
   f) Unit Manager
   g) Social Worker
   h) Social Work Supervisor
   i) Case Manager
   j) Case Manager Supervisor
   k) Psychologist
   l) Psychologist Supervisor
   m) Teacher/Vocational/Educational
   n) Teacher/Vocational/Educational Supervisor
   o) Treatment Provider
   p) Treatment Provider Supervisor
   q) Other: Please specify ____________________

7. How many years have you worked at this institution?
   a) 1 year or less
   b) 2-5 years
   c) 6-10 years
   d) 11-20 years
   e) 20-25 years
   f) 26 years or more

8. How many years have you worked for ODRC?
   a) 1 year or less
   b) 2-5 years
   c) 6-10 years
   d) 11-20 years
   e) 20-25 years
   f) 26 years or more
**Section 2**

For this section, you will be asked to respond to various position statements regarding work at your agency. Please be sure to respond to each statement under each question by circling the appropriate response.

**PLEASE RESPOND TO THE FOLLOWING STATEMENTS IN TERMS OF THE DEGREE TO WHICH THEY REFLECT THE CONDITIONS IN AND THE FUNCTIONING OF THE INSTITUTION. Please rate the items on a scale of 1 to 5.**

**In my facility …**

1. We have few difficulties in adequately staffing our facility.

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<tr>
<td>Strongly Disagree</td>
<td>Disagree</td>
<td>Neutral</td>
<td>Agree</td>
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2. We have trouble retaining highly competent staff in this facility.

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<td>Strongly Disagree</td>
<td>Disagree</td>
<td>Neutral</td>
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3. Our staff frequently say that they are overworked and/or don't have enough time to get done what they need to do.

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<td>Disagree</td>
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4. We have enough staff to meet the needs of this facility.

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<td>Strongly Disagree</td>
<td>Disagree</td>
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5. Our staff lack access to the training and development programs they need.

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<td>Strongly Disagree</td>
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<td>Neutral</td>
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<td>Strongly Agree</td>
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6. Our staff integrate new knowledge and techniques into their work to improve the way in which services are provided.

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<td>Agree</td>
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7. Our staff stay current with new techniques that relate to their jobs.

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<td>Strongly Disagree</td>
<td>Disagree</td>
<td>Neutral</td>
<td>Agree</td>
<td>Strongly Agree</td>
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</table>
8. The training and development programs for our staff are of very high quality.
   
   1  2  3  4  5  
   Strongly Disagree  Disagree  Neutral  Agree  Strongly Agree

9. Attending training and development programs is made a priority for our staff.
   
   1  2  3  4  5  
   Strongly Disagree  Disagree  Neutral  Agree  Strongly Agree

10. We have funding available to introduce new programs and/or initiatives if they are needed.

   1  2  3  4  5  
   Strongly Disagree  Disagree  Neutral  Agree  Strongly Agree

11. We have had to cut or significantly reduce programs and/or services due to funding constraints.

   1  2  3  4  5  
   Strongly Disagree  Disagree  Neutral  Agree  Strongly Agree

12. We would significantly expand/enhance certain programs and/or services if funding were available.

   1  2  3  4  5  
   Strongly Disagree  Disagree  Neutral  Agree  Strongly Agree

13. Our physical facilities are designed to meet the specific needs of most of the important services and programs we run.

   Strongly Disagree  Disagree  Neutral  Agree  Strongly Agree

14. Our offices and other facilities are well maintained and kept fully functional.

   Strongly Disagree  Disagree  Neutral  Agree  Strongly Agree

15. We have the necessary physical space for the services and programs we run.

   Strongly Disagree  Disagree  Neutral  Agree  Strongly Agree

16. We have computer and information technology tools/resources to efficiently access offender records.

   Strongly Disagree  Disagree  Neutral  Agree  Strongly Agree

17. Our staffs feel very comfortable using computers and information technology tools to do their jobs.

   Strongly Disagree  Disagree  Neutral  Agree  Strongly Agree
18. Our staff lack the computer skills necessary to proficiently access offender records.

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*Strongly Disagree*  *Disagree*  *Neutral*  *Agree*  *Strongly Agree*

19. We regularly integrate new services, programs, and/or initiatives into our operations at this facility.

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*Strongly Disagree*  *Disagree*  *Neutral*  *Agree*  *Strongly Agree*

20. Our programs and services are designed to address multiple offender needs.

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*Strongly Disagree*  *Disagree*  *Neutral*  *Agree*  *Strongly Agree*

21. We have a high level of coordination across units when it comes to delivering services and programs to offenders.

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*Strongly Disagree*  *Disagree*  *Neutral*  *Agree*  *Strongly Agree*

22. We have significant challenges in generating the necessary political support for important priorities and new programs for offenders.

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*Strongly Disagree*  *Disagree*  *Neutral*  *Agree*  *Strongly Agree*

23. We have the support we need from communities for important priorities and new programs for offenders.

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*Strongly Disagree*  *Disagree*  *Neutral*  *Agree*  *Strongly Agree*

24. We have extensive collaborations/partnerships with external groups (e.g., outside service providers) that facilitate important priorities, new programs, and/or initiatives for offenders.

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*Strongly Disagree*  *Disagree*  *Neutral*  *Agree*  *Strongly Agree*

**PLEASE INDICATE THE EXTENT TO WHICH YOU AGREE OR DISAGREE WITH THE FOLLOWING STATEMENTS ABOUT EFFORTS TO MAKE CHANGES IN THE SYSTEM IN WHICH YOU WORK (1=strongly disagree, 2=disagree, 3=neutral, 4=agree, 5=strongly agree). Ability to make changes in the facility in which you work...**

25. I've pretty much given up trying to make suggestions for improvements around here.

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*Strongly Disagree*  *Disagree*  *Neutral*  *Agree*  *Strongly Agree*
26. Changes to the usual way of doing things at this facility are more trouble than they are worth.

1  2  3  4  5
Strongly Disagree  Disagree  Neutral  Agree  Strongly Agree

27. When we try to change things here they just seem to go from bad to worse.

1  2  3  4  5
Strongly Disagree  Disagree  Neutral  Agree  Strongly Agree

28. Efforts to make improvements in this facility/location usually fail.

1  2  3  4  5
Strongly Disagree  Disagree  Neutral  Agree  Strongly Agree

29. It's hard to be hopeful about the future because people have such bad attitudes.

1  2  3  4  5
Strongly Disagree  Disagree  Neutral  Agree  Strongly Agree

TO WHAT EXTENT DO YOU AGREE OR DISAGREE WITH THE FOLLOWING STATEMENTS? Please rate the items on a scale of 1 to 5. (1=strongly disagree, 2=disagree, 3=neutral, 4=agree, 5=strongly agree)

30. Staff should work hard to earn trust from offenders.

1  2  3  4  5
Strongly Disagree  Disagree  Neutral  Agree  Strongly Agree

31. It’s important for staff to have compassion for offenders.

1  2  3  4  5
Strongly Disagree  Disagree  Neutral  Agree  Strongly Agree

32. The way to get respect from offenders is to take an interest in them.

1  2  3  4  5
Strongly Disagree  Disagree  Neutral  Agree  Strongly Agree

33. Sometimes staff should advocate for an offender.

1  2  3  4  5
Strongly Disagree  Disagree  Neutral  Agree  Strongly Agree

34. You can’t ever completely trust an offender.

1  2  3  4  5
Strongly Disagree  Disagree  Neutral  Agree  Strongly Agree

35. A good principle is to not get “close” to offenders.

1  2  3  4  5
Strongly Disagree  Disagree  Neutral  Agree  Strongly Agree
36. If staff are lenient with offenders, they will take advantage of them.

   1  2  3  4  5
   Strongly Disagree  Disagree  Neutral  Agree  Strongly Agree

37. A personal relationship with an inmate invites corruption.

   1  2  3  4  5
   Strongly Disagree  Disagree  Neutral  Agree  Strongly Agree

38. You must keep conversations with inmates short and businesslike.

   1  2  3  4  5
   Strongly Disagree  Disagree  Neutral  Agree  Strongly Agree

39. The best way to deal with inmates is to be firm and distant.

   1  2  3  4  5
   Strongly Disagree  Disagree  Neutral  Agree  Strongly Agree

40. There would be much less crime if prisons were more uncomfortable.

   1  2  3  4  5
   Strongly Disagree  Disagree  Neutral  Agree  Strongly Agree

41. Improving prisons for inmates makes them worse for staff.

   1  2  3  4  5
   Strongly Disagree  Disagree  Neutral  Agree  Strongly Agree

42. A military regime is the best way of running a prison.

   1  2  3  4  5
   Strongly Disagree  Disagree  Neutral  Agree  Strongly Agree

43. We should stop viewing offenders as victims of society.

   1  2  3  4  5
   Strongly Disagree  Disagree  Neutral  Agree  Strongly Agree

44. Rehabilitation programs are a waste of time and money.

   1  2  3  4  5
   Strongly Disagree  Disagree  Neutral  Agree  Strongly Agree

45. Rehabilitating an offender is just as important as making an offender pay for his or her crime.

   1  2  3  4  5
   Strongly Disagree  Disagree  Neutral  Agree  Strongly Agree

46. I would support expanding the rehabilitation programs, which are presently being offered in our institutions.

   1  2  3  4  5
   Strongly Disagree  Disagree  Neutral  Agree  Strongly Agree
47. When I’m at work I often feel tense or uptight.

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48. A lot of times, my job makes me very frustrated or angry.

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49. Most of the time when I am at work, I don’t feel that I have much to worry about.

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50. I am usually calm and at ease when I am working.

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51. I usually feel that I am under a lot of pressure when I am at work.

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<td>Agree</td>
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52. There are a lot of aspects about my job that make me pretty upset about things.

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53. I often worry about work-related problems after work hours.

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54. I am generally satisfied with the kind of work I do in my job.

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55. Generally speaking, I am very satisfied with my job.

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56. I am willing to put in a great deal of effort beyond that normally expected in order to help this facility be successful.

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57. I feel very little loyalty to this facility.

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58. I find that my values and the facility’s values are very similar.

1  2  3  4  5
Strongly Disagree Disagree Neutral Agree Strongly Agree

59. I am proud to tell others I am part of this facility.

1  2  3  4  5
Strongly Disagree Disagree Neutral Agree Strongly Agree

60. I could just as well be working for a different facility as long as the type of work was similar.

1  2  3  4  5
Strongly Disagree Disagree Neutral Agree Strongly Agree

TO WHAT EXTENT DO YOU AGREE OR DISAGREE WITH THE FOLLOWING STATEMENTS? Please rate the items on a scale of 1 to 5. (1=strongly disagree, 2=disagree, 3=neutral, 4=agree, 5=strongly agree)

The leader of this facility (e.g., warden):

61. Is able to get others to be committed to his/her vision for this facility.

1  2  3  4  5
Strongly Disagree Disagree Neutral Agree Strongly Agree

62. Leads by "doing," rather than simply by "telling."

1  2  3  4  5
Strongly Disagree Disagree Neutral Agree Strongly Agree

63. Gets people to work together for the same goal.

1  2  3  4  5
Strongly Disagree Disagree Neutral Agree Strongly Agree

64. Insists on only the best performance.

1  2  3  4  5
Strongly Disagree Disagree Neutral Agree Strongly Agree

65. Takes time to carefully listen to and discuss people's concerns.

1  2  3  4  5
Strongly Disagree Disagree Neutral Agree Strongly Agree

66. Suggests new ways of looking at how we do our jobs.

1  2  3  4  5
Strongly Disagree Disagree Neutral Agree Strongly Agree

67. Gives special recognition to others' work when it is very good.

1  2  3  4  5
Strongly Disagree Disagree Neutral Agree Strongly Agree
68. Provides well-defined performance goals and objectives.

   1   2   3   4   5
   Strongly Disagree  Disagree  Neutral  Agree  Strongly Agree

69. Stays well informed in what is being done in my work group.

   1   2   3   4   5
   Strongly Disagree  Disagree  Neutral  Agree  Strongly Agree

70. Provides us with the necessary resources and the assistance we need to get our work completed.

   1   2   3   4   5
   Strongly Disagree  Disagree  Neutral  Agree  Strongly Agree

**TO WHAT EXTENT DO YOU AGREE OR DISAGREE WITH THE FOLLOWING STATEMENTS? Please rate the items on a scale of 1 to 5. (1=strongly disagree, 2=disagree, 3=neutral, 4=agree, 5=strongly agree)**

Based on your work interactions with treatment staff that work within your facility…

71. I feel concerned for treatment staff if they are under pressure.

   1   2   3   4   5
   Strongly Disagree  Disagree  Neutral  Agree  Strongly Agree

72. I understand the problems that treatment staff face in their jobs.

   1   2   3   4   5
   Strongly Disagree  Disagree  Neutral  Agree  Strongly Agree

73. Treatment staff in this facility are doing the best they can given the circumstances.

   1   2   3   4   5
   Strongly Disagree  Disagree  Neutral  Agree  Strongly Agree

74. The treatment staff here work hard.

   1   2   3   4   5
   Strongly Disagree  Disagree  Neutral  Agree  Strongly Agree

75. Treatment staff play an important role in this facility.

   1   2   3   4   5
   Strongly Disagree  Disagree  Neutral  Agree  Strongly Agree

76. Treatment staff make realistic demands on corrections staff.

   1   2   3   4   5
   Strongly Disagree  Disagree  Neutral  Agree  Strongly Agree

77. Treatment staff here work very well with corrections staff.

   1   2   3   4   5
   Strongly Disagree  Disagree  Neutral  Agree  Strongly Agree
78. The corrections staff at this facility work hard to make sure that treatment services are provided in an effective manner.

1  2  3  4  5
Strongly Disagree  Disagree  Neutral  Agree  Strongly Agree

79. Treatment staff here have respect for corrections staff and value what they do.

1  2  3  4  5
Strongly Disagree  Disagree  Neutral  Agree  Strongly Agree

TO WHAT EXTENT DO YOU AGREE OR DISAGREE WITH THE FOLLOWING STATEMENTS? Please rate the items on a scale of 1 to 5. (1=strongly disagree, 2=disagree, 3=neutral, 4=agree, 5=strongly agree)

80. The treatment programs at this facility are of high quality.

1  2  3  4  5
Strongly Disagree  Disagree  Neutral  Agree  Strongly Agree

81. The educational programs at this facility are of high quality.

1  2  3  4  5
Strongly Disagree  Disagree  Neutral  Agree  Strongly Agree

82. The vocational programs at this facility are of high quality.

1  2  3  4  5
Strongly Disagree  Disagree  Neutral  Agree  Strongly Agree

83. On a scale of 1-10, please circle the amount of time that offenders have where there are no structured activities available (i.e., groups, classes, meetings, etc.). 1 means very little free time and 10 means a lot of free time:

1  2  3  4  5  6  7  8  9  10
No Free Time
A Lot of Free Time
APPENDIX B: WASHINGTON SURVEY – STAFF VERSION

Survey for Staff
This survey contains two sections for you to fill out. For the first section, please answer the questions below and select the option that best describes you. For the second section, please be sure to read the directions and rate each item accordingly.

Section I—Please circle the appropriate response.

1. Please select the age group in which you belong.
   a) 21 or younger
   b) 22 – 30
   c) 31-40
   d) 41-50
   e) 51-60
   f) 61 and older

2. What is your race?
   a) African American
   b) Asian
   c) Caucasian
   d) Native American
   e) Other: Please specify ____________________

3. What is your ethnicity?
   a) Hispanic
   b) Non-Hispanic

4. What is your gender?
   a) Female
   b) Male

5. What is your highest level of educational attainment?
   a) High school/GED or less
   b) Associates
   c) Some college
   d) Bachelor’s degree
   e) Some graduate school classes
   f) Masters degree or more

6. How many years have you worked in corrections?
   a) 1 year or less
   b) 2-5 years
   c) 6-10 years
   d) 11-20 years
   e) 20-25 years
   f) 26 years or more

7. How many years have you worked for WDOC?
   a) 1 year or less
   b) 2-5 years
   c) 6-10 years
   d) 11-20 years
   e) 20-25 years
   f) 26 years or more

8. Employment Group:
   a) Administrative / Support
   b) Community Corrections / direct supervision
   c) Correctional Industries
   d) Executive Leadership
   e) Financial Services
   f) Information Technology
   g) Medical Professional
   h) Offender Programs
   i) Prison Classification
   j) Prison Custody / direct supervision
   k) Other
9. Division
   a) Administrative Services
   b) Community Corrections
   c) Prisons
   d) Health Services
   e) Correctional Industries
   f) Policy Support
   g) Other

10) Location
   a) AHCC
   b) CBCC
   c) CCCC
   d) CRCC
   e) LCC
   f) MCC
   g) MCCCW
   h) OCC
   i) SCCC
   j) WCC
   k) WCCW
   l) WSP
   m) CCD Section 1
   n) CCD Section 2
   o) CCD Section 3
   p) CCD Section 4
   q) CCD Section 5
   r) CCD Section 6
   s) DOC HQ
   t) CI HQ
Section II
For this section, you will be asked to respond to various position statements regarding work at your agency. Please be sure to respond to each statement under each question by circling the appropriate response.

PLEASE INDICATE THE EXTENT TO WHICH YOU AGREE OR DISAGREE WITH THE FOLLOWING STATEMENTS ABOUT CRIME REDUCTION (1=strongly disagree, 2=disagree, 3=neutral, 4=agree, 5=strongly agree).

The best way to reduce crime is to…

1. Show people who use drugs that they will be punished severely if they don’t stop.

   1  2  3  4  5
   Strongly Disagree  Disagree  Neutral  Agree  Strongly Agree

2. Make sure criminals get effective treatment for addictions and other problems while they’re in prison/jail, or on supervision in the community.

   1  2  3  4  5
   Strongly Disagree  Disagree  Neutral  Agree  Strongly Agree

3. Keep criminals in prison/jail and off the streets.

   1  2  3  4  5
   Strongly Disagree  Disagree  Neutral  Agree  Strongly Agree

4. Use the “eye for an eye, tooth for a tooth” principle.

   1  2  3  4  5
   Strongly Disagree  Disagree  Neutral  Agree  Strongly Agree

5. Deter future offenders by severely punishing criminals who are caught and convicted.

   1  2  3  4  5
   Strongly Disagree  Disagree  Neutral  Agree  Strongly Agree

6. Provide criminals with treatment to address addiction, mental health problems, or other problems.

   1  2  3  4  5
   Strongly Disagree  Disagree  Neutral  Agree  Strongly Agree
7. Make sure that the treatment provided is matched to the offender’s needs.

1 2 3 4 5
Strongly Disagree Disagree Neutral Agree Strongly Agree

8. Keep criminals in prison/jail where they can’t bother law abiding citizens.

1 2 3 4 5
Strongly Disagree Disagree Neutral Agree Strongly Agree

9. Provide more treatment, jobs, and educational programs to address problems that often contribute to crime.

1 2 3 4 5
Strongly Disagree Disagree Neutral Agree Strongly Agree

10. Keep drug users in prison/jail and off the streets.

1 2 3 4 5
Strongly Disagree Disagree Neutral Agree Strongly Agree

11. Punish addicts in prison/jail to stop them from using drugs.

1 2 3 4 5
Strongly Disagree Disagree Neutral Agree Strongly Agree

12. Deter future criminals by severely punishing drug users who are caught and convicted.

1 2 3 4 5
Strongly Disagree Disagree Neutral Agree Strongly Agree

PLEASE INDICATE THE EXTENT TO WHICH YOU AGREE OR DISAGREE WITH THE FOLLOWING STATEMENTS ABOUT YOUR FACILITY/LOCATION (1=strongly disagree, 2=disagree, 3=neutral, 4=agree, 5=strongly agree).

In my facility/location…

13. We have few difficulties in adequately staffing our facility/location.

1 2 3 4 5
Strongly Disagree Disagree Neutral Agree Strongly Agree

14. We have trouble retaining highly competent staff in this facility/location.

1 2 3 4 5
Strongly Disagree Disagree Neutral Agree Strongly Agree
15. Our staff frequently say that they are overworked and/or do not have enough time to get done what they need to do.

   1  2  3  4  5
Strongly Disagree  Disagree  Neutral  Agree  Strongly Agree

16. We have enough staff to meet the needs of this facility/location.

   1  2  3  4  5
Strongly Disagree  Disagree  Neutral  Agree  Strongly Agree

17. Our staff lack access to the training and development programs they need.

   1  2  3  4  5
Strongly Disagree  Disagree  Neutral  Agree  Strongly Agree

18. Our staff integrate new knowledge and techniques into their work to improve the way in which services are provided.

   1  2  3  4  5
Strongly Disagree  Disagree  Neutral  Agree  Strongly Agree

19. Our staff stay current with new techniques that relate to their jobs.

   1  2  3  4  5
Strongly Disagree  Disagree  Neutral  Agree  Strongly Agree

20. The training and development programs for our staff are of very high quality.

   1  2  3  4  5
Strongly Disagree  Disagree  Neutral  Agree  Strongly Agree

21. Attending training and development programs is made a priority for our staff.

   1  2  3  4  5
Strongly Disagree  Disagree  Neutral  Agree  Strongly Agree

22. We have funding available to introduce new programs and/or initiatives if they are needed.

   1  2  3  4  5
Strongly Disagree  Disagree  Neutral  Agree  Strongly Agree
23. We have had to cut or significantly reduce programs and/or services due to funding constraints.

1 Strongly Disagree  2 Disagree  3 Neutral  4 Agree  5 Strongly Agree

24. We would significantly expand/enhance certain programs and/or services if funding were available.

1 Strongly Disagree  2 Disagree  3 Neutral  4 Agree  5 Strongly Agree

25. Our physical facilities are designed to meet the specific needs of most of the important services and programs we run.

1 Strongly Disagree  2 Disagree  3 Neutral  4 Agree  5 Strongly Agree

26. Our offices and other facilities are well maintained and kept fully functional.

1 Strongly Disagree  2 Disagree  3 Neutral  4 Agree  5 Strongly Agree

27. We have the necessary physical space for the services and programs we run.

1 Strongly Disagree  2 Disagree  3 Neutral  4 Agree  5 Strongly Agree

28. We have computer and information technology tools/resources to efficiently access offender records.

1 Strongly Disagree  2 Disagree  3 Neutral  4 Agree  5 Strongly Agree

29. Our staff feel very comfortable using computers and information technology tools to do their jobs.

1 Strongly Disagree  2 Disagree  3 Neutral  4 Agree  5 Strongly Agree

30. Our staff lack the computer skills necessary to proficiently access offender records.

1 Strongly Disagree  2 Disagree  3 Neutral  4 Agree  5 Strongly Agree
31. We regularly integrate new services, programs and/or initiatives into our operations at this facility/location.

1 Strongly Disagree  2 Disagree  3 Neutral  4 Agree  5 Strongly Agree

32. Our programs, services, and/or initiatives are designed to address multiple offender needs.

1 Strongly Disagree  2 Disagree  3 Neutral  4 Agree  5 Strongly Agree

33. We have a high level of coordination across units, and departments when it comes to delivering services and programs to offenders.

1 Strongly Disagree  2 Disagree  3 Neutral  4 Agree  5 Strongly Agree

34. We have significant challenges in generating the necessary political support for important priorities, new programs, and/or initiatives for offenders.

1 Strongly Disagree  2 Disagree  3 Neutral  4 Agree  5 Strongly Agree

35. We have the support we need from community for important priorities, new programs, and/or initiatives for offenders.

1 Strongly Disagree  2 Disagree  3 Neutral  4 Agree  5 Strongly Agree

36. We have extensive collaborations/partnerships with external groups (e.g., outside service providers) that facilitate important priorities, new programs, and/or initiatives for offenders.

1 Strongly Disagree  2 Disagree  3 Neutral  4 Agree  5 Strongly Agree

PLEASE INDICATE THE EXTENT TO WHICH YOU AGREE OR DISAGREE WITH THE FOLLOWING STATEMENTS ABOUT THE EMPHASIS AND PRIORITY GIVEN TO TREATMENT SERVICES IN YOUR FACILITY/LOCATION (1=strongly disagree, 2=disagree, 3=neutral, 4=agree, 5=strongly agree).

37. We are regularly kept informed about the effectiveness of our treatment programs (e.g. through data on recidivism rates).

1 Strongly Disagree  2 Disagree  3 Neutral  4 Agree  5 Strongly Agree
38. Supervisors emphasize the importance of evaluating our programs.

   1       2       3     4   5
Strongly Disagree     Disagree       Neutral   Agree    Strongly Agree

39. There is strong commitment to improving the quality of the treatment programs we provide.

   1       2       3     4   5
Strongly Disagree     Disagree       Neutral   Agree    Strongly Agree

40. Supervisors recognize and appreciate providing effective treatment services to offenders.

   1       2       3     4   5
Strongly Disagree     Disagree       Neutral   Agree    Strongly Agree

41. There is a high level of leadership shown by management to improve the quality of our treatment services.

   1       2       3     4   5
Strongly Disagree     Disagree       Neutral   Agree    Strongly Agree

42. Senior administrators have respect for treatment services.

   1       2       3     4   5
Strongly Disagree     Disagree       Neutral   Agree    Strongly Agree

43. When things are being done in such a way that they compromise the delivery of treatment services, supervisors step in and take action.

   1       2       3     4   5
Strongly Disagree     Disagree       Neutral   Agree    Strongly Agree

44. Custody/supervision staff see the importance of treatment programs that treatment staff provide.

   1       2       3     4   5
Strongly Disagree     Disagree       Neutral   Agree    Strongly Agree

45. Custody/supervision staff have a good deal of respect for the work that the treatment staff do here.

   1       2       3     4   5
Strongly Disagree     Disagree       Neutral   Agree    Strongly Agree
46. Most custody/supervision staff go out of their way to minimize interfering with treatment services.

1  2  3  4  5
Strongly Disagree  Disagree  Neutral  Agree  Strongly Agree

47. A high value is placed on the job knowledge and skills of the treatment staff to provide effective treatment.

1  2  3  4  5
Strongly Disagree  Disagree  Neutral  Agree  Strongly Agree

48. Staff are given the training they need to provide effective treatment services.

1  2  3  4  5
Strongly Disagree  Disagree  Neutral  Agree  Strongly Agree

49. Staff are given the necessary tools and means to provide effective treatment services to offenders.

1  2  3  4  5
Strongly Disagree  Disagree  Neutral  Agree  Strongly Agree

50. Efforts to improve the quality of the treatment services that are provided here are recognized and appreciated.

1  2  3  4  5
Strongly Disagree  Disagree  Neutral  Agree  Strongly Agree

PLEASE INDICATE THE EXTENT TO WHICH YOU AGREE OR DISAGREE WITH THE FOLLOWING STATEMENTS ABOUT EFFORTS TO MAKE CHANGES IN THE SYSTEM IN WHICH YOU WORK (1=strongly disagree, 2=disagree, 3=neutral, 4=agree, 5=strongly agree).

51. I’ve pretty much given up trying to make suggestions for improvements around here.

1  2  3  4  5
Strongly Disagree  Disagree  Neutral  Agree  Strongly Agree

52. Changes to the usual way of doing things at this facility/location are more trouble than they are worth.

1  2  3  4  5
Strongly Disagree  Disagree  Neutral  Agree  Strongly Agree
53. When we try to change things here they just seem to go from bad to worse.

1       2       3     4   5
Strongly Disagree    Disagree    Neutral    Agree    Strongly Agree

54. Efforts to make improvements in this facility/location usually fail.

1       2       3     4   5
Strongly Disagree    Disagree    Neutral    Agree    Strongly Agree

55. It’s hard to be hopeful about the future because people have such bad attitudes.

1       2       3     4   5
Strongly Disagree    Disagree    Neutral    Agree    Strongly Agree

PLEASE INDICATE THE EXTENT TO WHICH YOU AGREE OR DISAGREE WITH THE FOLLOWING STATEMENTS ABOUT TREATMENT (1=strongly disagree, 2=disagree, 3=neutral, 4=agree, 5=strongly agree).

56. Computer information systems are essential for tracking offenders’ assessment history and their involvement in programs.

1       2       3     4   5
Strongly Disagree    Disagree    Neutral    Agree    Strongly Agree

57. Realistically, offenders have very few strengths upon which to build an effective treatment plan.

1       2       3     4   5
Strongly Disagree    Disagree    Neutral    Agree    Strongly Agree

58. Seriousness of the current offense should be the primary determinant in considering type of treatment.

1       2       3     4   5
Strongly Disagree    Disagree    Neutral    Agree    Strongly Agree

59. Treatment cannot address the offender’s motivation for change.

1       2       3     4   5
Strongly Disagree    Disagree    Neutral    Agree    Strongly Agree
60. 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.

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61. Investing time in learning a computer information system is not worth the time it takes away from working with offenders.

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62. People who use drugs and people who sell drugs should get the same treatment.

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63. Counselors working with offenders after they return to the community should know about the treatment provided to inmates in prison.

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64. Inmates who complete an intensive prison treatment program generally won’t need further treatment in the community.

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65. It is necessary to formulate a comprehensive and individualized assessment of each offender’s situation, needs and goals.

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66. The main function of computer information systems is for supervisors to keep track of line staff.

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67. It is not the treatment program’s responsibility to motivate offenders to change their behavior.

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68. It is impractical for treatment programs to provide services that are tailored to individual offenders.


69. Offenders can only really be helped if they come to the program motivated and ready for treatment.


70. All substance-abusing offenders should participate in the same treatment regimen.


**PLEASE INDICATE THE EXTENT TO WHICH YOU AGREE OR DISAGREE WITH THE FOLLOWING STATEMENTS (1=strongly disagree, 2=disagree, 3=neutral, 4=agree, 5=strongly agree).**

**Working with your agency based on your experiences at this facility/location…**

71. I am quite proud to be able to tell people who it is that I work for.


72. What this facility/location stands for is important to me.


73. I work for an facility/location that is incompetent and unable to accomplish its mission.


74. I feel a strong sense of belonging to this facility/location.

75. I feel like “part of the family” at this facility/location.

1  2  3  4  5
Strongly Disagree  Disagree  Neutral  Agree  Strongly Agree

76. The people I work for do not care about what happens to me.

1  2  3  4  5
Strongly Disagree  Disagree  Neutral  Agree  Strongly Agree

77. This facility/location appreciates my accomplishments on the job.

1  2  3  4  5
Strongly Disagree  Disagree  Neutral  Agree  Strongly Agree

78. This facility/location does all that it can to recognize employees for good performance.

1  2  3  4  5
Strongly Disagree  Disagree  Neutral  Agree  Strongly Agree

79. My efforts on the job are largely ignored or overlooked by this facility/location.

1  2  3  4  5
Strongly Disagree  Disagree  Neutral  Agree  Strongly Agree

PLEASE INDICATE THE EXTENT TO WHICH YOU AGREE OR DISAGREE WITH
THE FOLLOWING STATEMENTS (1=strongly disagree, 2=disagree, 3=neutral, 4=agree,
5=strongly agree).

Correctional staff that work within your facility/location or with your clients…

80. I feel concerned for treatment staff if they are under pressure.

1  2  3  4  5
Strongly Disagree  Disagree  Neutral  Agree  Strongly Agree

81. I understand the problems that treatment staff face in their jobs.

1  2  3  4  5
Strongly Disagree  Disagree  Neutral  Agree  Strongly Agree

82. Treatment staff in this facility/location are doing the best they can given the circumstances.

1  2  3  4  5
Strongly Disagree  Disagree  Neutral  Agree  Strongly Agree
83. The treatment staff here work as hard as we do.

1 2 3 4 5
Strongly Disagree Disagree Neutral Agree Strongly Agree

84. Treatment staff play an important role in this facility/location.

1 2 3 4 5
Strongly Disagree Disagree Neutral Agree Strongly Agree

85. Treatment staff make realistic demands on corrections staff.

1 2 3 4 5
Strongly Disagree Disagree Neutral Agree Strongly Agree

86. Treatment staff here work very well with corrections staff.

1 2 3 4 5
Strongly Disagree Disagree Neutral Agree Strongly Agree

87. The corrections staff at this facility/location work hard to make sure that the treatment services are provided in an effective manner.

1 2 3 4 5
Strongly Disagree Disagree Neutral Agree Strongly Agree

88. Treatment staff here have respect for corrections staff and value what they do.

1 2 3 4 5
Strongly Disagree Disagree Neutral Agree Strongly Agree

PLEASE INDICATE THE EXTENT TO WHICH YOU AGREE OR DISAGREE WITH THE FOLLOWING STATEMENTS (1=strongly disagree, 2=disagree, 3=neutral, 4=agree, 5=strongly agree).

Treatment services in your facility/location…

89. Those in charge of treatment programs are eager to hear ideas about how to improve treatment practices.

1 2 3 4 5
Strongly Disagree Disagree Neutral Agree Strongly Agree
90. When staff have ideas about how to improve treatment practices, they are able to influence those who make the final decisions.

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91. People are encouraged to make suggestions on how to improve treatment practices.

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92. People feel confident that their suggestions for improving treatment are given serious consideration.

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93. It is easy to communicate upward to higher levels on issues concerning treatment practices.

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**PLEASE INDICATE THE EXTENT TO WHICH YOU AGREE OR DISAGREE WITH THE FOLLOWING STATEMENTS ABOUT INTER-DEPARTMENTAL COORDINATION (1=strongly disagree, 2=disagree, 3=neutral, 4=agree, 5=strongly agree).**

**Coordination between the different departments or units in this agency…**

94. The different activities of corrections and treatment staff around here fit together when it comes to providing offenders treatment services.

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95. Staff from various interrelated departments in this agency make an effort to avoid creating problems or interfering with each other’s duties and responsibilities.

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96. People from different departments who have to work together do their jobs properly and efficiently without getting in each other’s way.

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97. Things run smoothly when it comes to providing offenders with treatment services.

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98. There is good coordination between my unit and others with whom I need to coordinate.

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99. Staff from different departments in this agency work well together.

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100. Staff from other departments help out treatment staff in ways that keep things running smoothly.

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101. Staff from different departments work together to solve problems involving treatment services as they arise.

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**PLEASE INDICATE THE EXTENT TO WHICH YOU AGREE OR DISAGREE WITH THE FOLLOWING STATEMENTS (1=strongly disagree, 2=disagree, 3=neutral, 4=agree, 5=strongly agree).**

102. Trying to get this job done is a very frustrating experience.

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103. Being frustrated comes with this job.

1       2       3     4   5
Strongly Disagree      Disagree         Neutral           Agree    Strongly Agree

104. Overall, I experience very little frustration in this job.

1       2       3     4   5
Strongly Disagree      Disagree         Neutral           Agree    Strongly Agree

PLEASE INDICATE THE EXTENT TO WHICH YOU AGREE OR DISAGREE WITH THE FOLLOWING STATEMENTS (1=strongly disagree, 2=disagree, 3=neutral, 4=agree, 5=strongly agree).

105. There is a shared understanding of the changes needed to help our facility/location achieve its long-term goals.

1       2       3     4   5
Strongly Disagree      Disagree         Neutral           Agree    Strongly Agree

106. There are discussions involving staff about the vision for our facility/location and ways to achieve it.

1       2       3     4   5
Strongly Disagree      Disagree         Neutral           Agree    Strongly Agree

107. We have well-defined performance outcomes and specific plans in place for how to achieve them.

1       2       3     4   5
Strongly Disagree      Disagree         Neutral           Agree    Strongly Agree

108. Supervisors and staff periodically meet and talk about what is working well and what isn’t to improve our performance.

1       2       3     4   5
Strongly Disagree      Disagree         Neutral           Agree    Strongly Agree

109. Opportunities are provided for staff to attend training or other development opportunities.

1       2       3     4   5
Strongly Disagree      Disagree         Neutral           Agree    Strongly Agree
110. Learning new knowledge and skills and using them in your job is highly valued by supervisors and supervisors.

1  2  3  4  5  
Strongly Disagree Disagree Neutral Agree Strongly Agree

111. Staff are comfortable promoting different ideas or suggestions, even if they conflict with established policy or practice.

1  2  3  4  5  
Strongly Disagree Disagree Neutral Agree Strongly Agree

112. Supervisors are open and willing to try new ideas or ways of doing things.

1  2  3  4  5
Strongly Disagree Disagree Neutral Agree Strongly Agree

113. Staff are generally comfortable discussing mistakes, errors, or problems with supervisors and supervisors.

1  2  3  4  5
Strongly Disagree Disagree Neutral Agree Strongly Agree

PLEASE INDICATE THE EXTENT TO WHICH YOU AGREE OR DISAGREE WITH THE FOLLOWING STATEMENTS (1=strongly disagree, 2=disagree, 3=neutral, 4=agree, 5=strongly agree).

The leader (e.g. warden, supervisor, chief) of this facility/location…

114. Is able to get others to be committed to his/her vision for this facility.

1  2  3  4  5
Strongly Disagree Disagree Neutral Agree Strongly Agree

115. Leads by “doing,” rather than simply by “telling.”

1  2  3  4  5
Strongly Disagree Disagree Neutral Agree Strongly Agree

116. Gets people to work together for the same goal.

1  2  3  4  5
Strongly Disagree Disagree Neutral Agree Strongly Agree
117. Insists on only the best performance.

1       2       3     4   5
Strongly Disagree  Disagree  Neutral  Agree  Strongly Agree

118. Takes time to carefully listen to and discuss people’s concerns.

1       2       3     4   5
Strongly Disagree  Disagree  Neutral  Agree  Strongly Agree

119. Suggests new ways of looking at how we do our jobs.

1       2       3     4   5
Strongly Disagree  Disagree  Neutral  Agree  Strongly Agree

120. Gives special recognition to others’ work when it is very good.

1       2       3     4   5
Strongly Disagree  Disagree  Neutral  Agree  Strongly Agree

121. Provides well-defined performance goals and objectives.

1       2       3     4   5
Strongly Disagree  Disagree  Neutral  Agree  Strongly Agree

122. Stays well informed in what is being done in my work group.

1       2       3     4   5
Strongly Disagree  Disagree  Neutral  Agree  Strongly Agree

123. Provides us with the necessary resources and the assistance we need to get our work completed.

1       2       3     4   5
Strongly Disagree  Disagree  Neutral  Agree  Strongly Agree
APPENDIX C: NCJTPS SELECTED SCALES

All items are scored on the following scale:

1  2  3  4  5
Strongly Disagree  Disagree  Neutral  Agree  Strongly Agree

All standardized scales have been calculated according to the instructions for each survey; ® designates items with reverse scoring. Higher scores indicate more agreement with the items/subscale/scale.

NCJTPS - CYNICISM FOR CHANGE SCALE: Staff are asked to what extent they agree or disagree with each statement from the perspective of their “Ability to make changes in the facility in which you work…” (5 Items)

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

NCJTPS - LEADERSHIP SCALE: Staff are asked to what extent they agree or disagree with each statement from the perspective that “The leader of this facility (e.g., warden)…”

TRANSFORMATIONAL LEADERSHIP SUBSCALE - DEFINED AS THE INFLUENCE THAT IS BASED ON ENHANCING EMPLOYEE COMMITMENT TO HIGHER PURPOSES AND GOALS (6 Items)

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

TRANSACTIONAL LEADERSHIP SUBSCALE – DEFINED AS INFLUENCE THAT IS BASED ON EXCHANGES BETWEEN LEADERS AND EMPLOYEES (4 Items)

Gives special recognition to others' work when it is very good.  
Provides well-defined performance goals and objectives.  
Stays well informed in what is being done in my work group.  
Provides us with the necessary resources and the assistance we need to get our work completed.
NCJTPS - NEEDS ASSESSMENT SCALE: Staff are asked to what extent they agree or disagree with each statement from the perspective of “In my facility …”

STAFFING SUBSCALE (2 Items)
- We have few difficulties in adequately staffing our facility.
- We have enough staff to meet the needs of this facility.

RETENTION SUBSCALE (2 Items)
- We have trouble retaining highly competent staff in this facility. ®
- 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 (5 Items)
- Our staff lack access to the training and development programs they need. ®
- Our staff integrate new knowledge and techniques into their work to improve the way in which services are provided.
- Our staff stay current with new techniques that relate to their jobs.
- The training and development programs for our staff are of very high quality. Attending training and development programs is made a priority for our staff.

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

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

COMPUTERS AND IT SUBSCALE (3 Items)
- We have computer and information technology tools/resources to efficiently access offender records.
- Our staffs feel very comfortable using computers and information technology tools to do their jobs.
- Our staff lack the computer skills necessary to proficiently access offender records. ®

PROGRAMS SUBSCALE (3 Items)
- We regularly integrate new services, programs, and/or initiatives into our operations at this facility.
- Our programs and services are designed to address multiple offender needs.
- We have a high level of coordination across units when it comes to delivering services and programs to offenders.
COMMUNITY SUPPORT SUBSCALE (2 Items)
We have the support we need from communities for important priorities and new programs for offenders.
We have extensive collaborations/partnerships with external groups (e.g., outside service providers) that facilitate important priorities, new programs, and/or initiatives for offenders.

NCJTPS – PERSPECTIVE TAKING SCALE: Staff are asked to what extent they agree or disagree with each statement from the perspective that “Based on your work interactions with treatment staff that work within your facility…” (9 Items)

EMPATHY (2 Items)
I feel concerned for treatment staff if they are under pressure.
I understand the problems that treatment staff face in their jobs.

POSITIVE ATTRIBUTIONS (7 Items)
Treatment staff in this facility are doing the best they can given the circumstances.
The treatment staff here work hard.
Treatment staff play an important role in this facility.
Treatment staff make realistic demands on corrections staff.
Treatment staff here work very well with corrections staff.
The corrections staff at this facility work hard to make sure that treatment services are provided in an effective manner.
Treatment staff here have respect for corrections staff and value what they do.
APPENDIX D: CJ-DATS 2007 NCJTPS SCALE RELIABILITY DATA

<table>
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<tr>
<th>Scale</th>
<th>S1 Executives</th>
<th>S2 Programs &amp; Services Admin</th>
<th>S3A Admin</th>
<th>S3B Program Directors</th>
<th>S4A CO’s, Community Corrections</th>
<th>S4B Treatment Staff</th>
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* Adapted from Taxman, Young, Tesluk, Mitchell, Rhodes, DeCelles, & Perdoni (2007)