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The Effect of Interpersonal Dynamics on Quality of Supervision from a Correctional Client's Perspective

Anne Cartman
St. Catherine University

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The Effect of Interpersonal Dynamics on Quality of Supervision from a

Correctional Client's Perspective

Submitted by G. Anne Cartman
May 14, 2012

MSW Clinical Research Paper

The Clinical Research Project is a graduation requirement for MSW students at
St. Catherine University/University of St. Thomas School of Social Work in St. Paul, MN
and is conducted within a nine-month time frame to demonstrate facility with basic
research methods. Students must independently conceptualize a research problem,
formulate a research design that is approved by a research committee and the university
Institutional Review Board, implement the project and publicly present their findings.
This project is neither a Master's thesis nor a dissertation.

School of Social Work
St. Catherine University & University of St. Thomas
St. Paul, Minnesota

Committee Members:
Valandra, PhD Candidate
Tom Petta, MSW
Michael Felton, MA- Criminal Justice

Abstract

This study assessed the perception of interpersonal relationships between staff member and clients at a halfway house facility from the client's perspective. The relationship quality was divided into three major constructs: Trust, Caring-Fairness and Toughness. Eighty surveys were sent out to five halfway houses in northwestern Wisconsin with 47 of them being returned. The literature reviewed examined the evolution and philosophy of halfway houses, the principles of effective correctional treatment and therapeutic alliances and dual role relationships. The findings indicated that respondents valued the relationship quality with halfway house staff although did not report this as a main factor in contributing to their success.

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Introduction

The rationale for incarceration swings on a pendulum with society's preference for punishment versus rehabilitation. For decades, the United States emphasized enforcement oriented policies such as incarceration and social control (Taxman, 2009). According to surveys conducted all across western countries, the overwhelming public sentiment toward sentencing is that members of the public are very punitive (Roberts et al., 2003; Cullen, Fisher & Applegate, 2000). This philosophy towards correctional practice contends that once a person breaks the law, the offender relinquishes his/her rights and should be held accountable. Thus, suggesting that criminals make themselves liable to be dealt with in harsh ways through their own free actions. There is little tolerance for individuals who victimize others and public will holds extreme influence in our democratic society.

However, empirical evidence indicates that using a prison system strictly for punishment is a flawed theory. According to Scott (2008), the problem with a punitive approach to crime is that it just doesn't work. Listwan and colleagues (2008, p.446) suggest the movement to "get tough" on crime has had "deleterious consequences" and more progressive initiatives are needed. The punitive paradigm of removing individuals from society and placing them in jails or prisons has resulted in unintended consequences. For instance, when an offender is released from prison they face countless problems such as difficulty finding employment, securing a residence, and assimilating back in to society (Parenti, 1999). Coupling these issues with pre-existing problems of poverty, racism and substance abuse issues, many people released from prison or other incarcerated settings have found themselves with limited options making reintegration difficult. Addressing the multiple needs of offenders returning to society highlights the need for community based rehabilitative programs.

The presence of social work ideologies in corrections with its commitment to person in environment (PIE) is the antitheses of the theory behind prisons which seek to remove individuals from their environment. The wide-ranging social costs and divisive impact of our criminal justice policies continue today. Balancing the need for accountability from its offenders is not just an ethical issue; it is a social justice issue. Keeping this difficult task in mind, correctional programs seek to use empirically based options for dealing with offenders. The ultimate goal is for less penal control imposed on offenders thereby incurring less expense to the taxpayer without any compromise to public safety (Clear et al., 1998). In theory, intermediate programs were developed to divert offenders from prison or transition them from prison while providing a greater level of offender accountability and surveillance than provided for by traditional probation supervision. One example of this concept is the use of halfway house programs. Wisconsin has 34 correctional halfway house contracts statewide with a total of 535 beds (405 male, 130 female) (Rosenthal, D., personal communication, December 5, 2011). Sizes range from a 4 bed halfway house in Fond du Lac up to a 50 bed facility in Milwaukee. One of those halfway house facilities is Exodus House located in Hudson, Wisconsin. According to Eugene Olson, Wisconsin Department of Corrections (DOC) Program and Policy Analyst (personal communication, December 1, 2011) the DOC contracts with Lutheran Social Services to house clients at Exodus House. This 12-bed facility is specifically geared to work with male correctional clients who have been determined to have alcohol or drug addictions. The average stay is 90 to 120 days. The cost for the Department of Corrections is $350,972 per year. Given the amount of fiscal investment the Department of Corrections puts in to the use of halfway house programs, it's necessary to take a deeper look and determine the effectiveness of prevention and intervention.

Quite often in the field of corrections, *treatment* is framed in terms of rate of recidivism with the ultimate goal of protecting the public. Evaluations are often outcome focused rather than exploring the intervention experience. Because this population can negatively impact others, treatment strategies for working with this at-risk population are crucial. This study is concerned with the effectiveness of halfway house programs, particularly the relational components between staff and offender, from an offender's perspective.

Literature Review

Halfway Houses

The concept of *reentry* is the programming and rehabilitation activities for offenders returning to society in order to promote adherence to a law abiding way of life (Petersilia, 2003). In order to break the cycle of recidivism, attention must be paid to the aspects in an individual's life that lead to criminal behavior. One approach to reducing recidivism is a transition house also known as halfway house or community-based residential treatment facility. Halfway houses were initially developed in England and Ireland in the early 1800's created as a stopping point for travelers but they eventually became a place for parolees to reenter society (Latessa & Allen, 1982). More recently, attention has been paid to the "corrective impact of the institution" and halfway houses address "the formidable barrier of post-release circumstance" (Beha, 1975, p.440). In the 1990's halfway houses served as a strategy to combat the overcrowding of correctional institutions supervision (Cameron, 2004). The goal was to provide 24 hour supervision, provide offenders with an opportunity to secure employment, save money, and return to society with skills to succeed. Halfway house facilities grew out of the need to bridge the gap between the institution and the community. This controlled environment offered more freedom than prison however less independence than the average law abiding citizen

experiences. Halfway houses or community-based program effectiveness requires attention not only for protection of the public but in determining fiscal integrity. Studies have shown halfway houses as a cost effective way of doing business and also a means to reducing recidivism (Latessa & Allen, 1982). However, there is considerable variation in the structure, implementation, integrity, and effectiveness of these facilities. (Lowenkamp, Latessa, & Smith, 2006). As Knapp and Burke (as cited in Cameron, 2004) indicated halfway houses are not all alike. The programming and degree of structure varies from house to house. Despite these variations, halfway houses were found to be more cost effective than traditional prison (Dowell, Klein, & Krichmar, 1986). This is evident when assessing the fiscal numbers the Department of Corrections (DOC) invests in prison and in halfway houses. As aforementioned, the DOC pays roughly $350,000 annually for 12 beds averaging 90 to 120 days stay. This means approximately 36 to 48 offenders receive services at a rate of $ 7,300 to $9,722 per client. The costs of housing one offender annually in a Wisconsin state prison is approximately $28,000 (Justice Strategies, 2006).

The halfway house concept integrates the philosophical underpinnings of punishment by removing offenders from their original residence but also embraces the need for some sort of intervention strategies. It also coincides with the mission of the Department of Corrections to "promote the integration of offenders in to the community so that they become valued and contributing members" (State of Wisconsin, 2012).

The Principles of Effective Correctional Treatment

The resounding literature on effective correctional treatment in the 1970's was a publication by American sociologist Robert Martinson, entitled "What Works?" The research by

Martinson and two colleagues concluded that rehabilitation efforts on offenders had no appreciable effect on recidivism (as cited in Sarres, 2001). His research team conducted a comprehensive evaluation of 231 studies in the USA from 1945 to 1967. The programs included intensive supervisions, psychotherapy, group therapy, vocational training and other forms of intervention strategies. Others including policymakers and the public embraced Martinson's pessimistic conclusions toward rehabilitation efforts. The response prompted a deterrence approach to crime. The 1970's and 1980's saw government funding shift away from rehabilitation into primary crime prevention and deterrence in conjunction with the right wing political ideologies of the Reagan era. A shift away from this emphasis occurred during the late 1980's when the emergence of rehabilitative literature took stronghold. Gendreau and Ross (1987) conducted a literature review of offender rehabilitation from the period of 1981 to 1987. The results suggested a growing field of literature on rehabilitation and effective programming. In the 1990's, a comprehensive conceptual framework for correctional programming known as the theory of risk, needs and responsivity (RNR) emerged (Andrews, Zinger, Hoge, Bonta, Gendreau, & Cullen,1990; Andrews, Bonta, & Hoge, 1990). The RNR model consists of a defined set of principles that have been empirically tested and proven to have a positive effect in terms of reducing recidivism (Bonta, Bourgon, Rugge, Scott, Yessine, Gutierrez & Li, 2011).

The principles of effective correctional treatment or evidence-based principles of rehabilitation are based on the criminogenic factors. Criminogenic factors are those factors that produce or tend to produce crime or criminals (Criminogenic, 2011). They are described as powerful needs and risk factors such as antisocial behavior, antisocial personality, antisocial cognition and antisocial associates (Andrews, Bonta, & Wormith, 2006). Andrews and

colleagues (1990) found that adherence to the three principles of risk, needs, and responsivity

(RNR) is critical in guiding treatment interventions with criminal offenders.

The RNR theory contends the psychology of offending occurs in conjunction with social

and situational factors. In the theory, the risk principle (R) suggests that the level of service

should be matched to the risk of the offender. In other words, low-risk offenders should have few

or no services and more intensive services should be directed at higher risk offenders. As

fundamental as this concept appears, this has not always been the case in corrections.

Historically, strict attention may have been paid to low risk offenders as a preventive measure in

order to keep them from committing more severe crimes. Low risk offenders also may have been

seen more often by probation officials simply because such individuals are more pro-social and

easier to manage. Despite the reasoning, this approach falls flat in the face of contemporary

research (Andrews, Bonta, &Wormith, 2011).

The needs principle (N) suggests that criminals may have a multitude of needs; however,

not all needs are related to their criminal behavior. The emphasis is on those characteristic that

have been identified as criminogenic (e.g. antisocial attitudes, antisocial peers). Non-

criminogenic factors such as low self-esteem or mental illness are certainly barriers to success

but are not defined as those that tend to produce crime. As Andrews et al. (2006, p. 18) asserts,

"There are solid ethical, legal, decent and even just reasons to focus on some non-criminogenic

needs; however, to do so without addressing criminogenic need is to invite increased crime and

to miss the opportunity for reduced reoffending."

Finally, the responsivity principle (R) stresses the importance of matching the treatment

modality to the learning style, ability and motivation of the offender. The latter principle has

been largely neglected in the area of study even as Kennedy (1999) notes offender responsivity

and other variables related to motivation and drive are critical to the success of treatment. Andrews and colleagues (2011) recognize two forms of responsivity, general and specific. General is described as using cognitive social learning methods to elicit changes. Specific takes in to consideration the particular strategies for each individual client to determine what works best for them. For instance, they suggest it is important to modify treatment strategies to coincide with offender strengths, motivation, personality, learning style or any number of other individualized factors.

Therapeutic Alliance and Dual Role Relationship

One of the constructs of responsivity is the relationship factor. The interactional process between staff and client as a therapeutic process has deep roots in psychoanalytic theory. Therapeutic alliance emerged in Freudian times as an integral part of therapy and the change process (Ross, Polaschek, & Ward, 2008). The concept established the therapist as the expert, the client as a trusting passenger and emphasized positive transference. Throughout his career, Carl Rogers wrote about the importance of the therapeutic partnership (Overholser, 2007). He emphasized the central role of three primary components; empathy, unconditional positive regard, and congruence (remaining genuine, open and honest throughout the therapeutic process). In the mid-1960's, Greenson (as cited in Ross et al., 2008; Horvath et al., 1989) expanded on Freud's work and defined the therapist-client relationship to consist of three components: transference, a working alliance and the "real" relationship. While Freud sought to explain the unconscious interaction, Greenson focused on the actual process rather than the symbolic process. The term *working alliance* was developed by Greenson and used to describe this therapeutic interaction (Ross et al., 2008). This differs from ordinary relationships as therapists seek to facilitate change without necessarily making clients feel comfortable and relaxed in the process. In 1979, Edwin Bordin published a theory describing a working therapeutic alliance between clients and therapists (as cited in Horvath et al., 1989). Bordin

delineated between transference and the integrated collaborative effort of therapist and client in facilitating change. Bordin's theory contends that working alliance has three factors: assignment of tasks, agreement of goals and development of bonds (Ross et al., 2008; Horvath et al., 1989). The combination of these factors defines the quality and strength of the alliance. The empirical tool used to measure therapeutic alliance which was based on Bordin's work is the Working Alliance Inventory (WAI) (Horvath et al., 1989). The Working Alliance Inventory (WAI) is the most widely used measure of therapeutic alliance (Skeem, Louden, Polaschek, & Camp, 2007). There have been a variety of studies on the psychotherapeutic outcome supporting alliance as an important factor in therapeutic treatments (Horvath & Greenberg, 1989; Martin, Garske, & Davis, 2000; Johnson & Wright, 2002). In fact, Martin and his associates conducted a meta-analytic review of 79 studies with the results concluding that there is a direct, although moderate, association between alliance and outcomes. Wampold (2007) indicates the efficacy of promoting positive change comes from a therapeutic relationship. While a study conducted by Bonta et al. (2011) supports the premise that the relationship factor is a component in the responsivity factor, their findings suggest that cognitive behavioral intervention is more important than relationship skills in reducing recidivism. Although therapeutic alliance between therapist and client has many variables that have been posited to influence relationship, these outcome studies have validated therapeutic alliance as a single construct (Martin et al., 2000) and found that the alliance alone may be therapeutic. In the correctional world, Andrews and colleagues (2011) recognize the importance of the therapeutic environment in terms of therapeutic alliance and adherence to non-criminogenic needs in facilitating the change process. However, their work suggests a simultaneous recognition of the importance of core relationship as well as therapist structuring skills. As indicated by Andrews and his colleagues (2011, p. 746), "Appeals to relationship and alliance as the major or sole source of therapeutic change do not fit at all with the findings of meta-analyses of the effects of correctional treatment with moderate and higher risk cases. Effective treatment with those cases depends on relationship *and* structuring in

combination." Thus, suggesting that the supporting relationship is necessary but not sufficient in creating the climate for positive behavioral change.

Traditional measures of therapeutic alliance may not capture relationship quality in the context of mandated clients. Although Bordin proposed that the working alliance could be generalized across the change process in all therapies (as cited in Ross et al., 2008), Skeem et al., (2007) challenged that concept. Skeem and her colleagues examined therapeutic relationship quality between probation agents with specialized mental health caseloads and their offenders. These involuntary offenders experience a dual role relationship with agents. For example, when clients are mandated to treatment, the provider not only cares for, but has control over the client. This bifurcated task requires staff to not only work in unison with the offender but also have authority over the offender. These dual role relationships are more complex than traditional therapeutic alliances as true collaboration and partnership may be absent. These relationships may be lopsided as a result. As reported by Skeem et al. (2007), the control innately possessed by the staff may be an integral component of the relationship quality. The task of balancing these dual roles proves challenging. Skeem and colleagues suggest the best therapeutic alliances were demonstrated by probation agents who displayed *relational fairness*. This notion combines caring, fairness, trusting, and authoritative relationships in order to improve treatment outcomes. The probation agent must find the balance in performing their authoritarian role in a caring and concerned manner versus in a disinterested punitive method.

Building on the historical ideas and methods of measurement of therapeutic and working alliance, Skeem and her colleagues (2007) developed the Dual-Role Relationship Inventory (DRI) to assess the relationship quality in mandated clients. The DRI was piloted and refined after data analysis. The new product was the Dual-Role Relationship Inventory-Revised (DRI-R) which groups individuals in to three domains: Caring-Fairness, Trust, Toughness.

Research question

There is a lot of research focusing on outcome studies of offender's participation in halfway houses. Latessa and Allen (1982) reviewed 44 studies examining the effect of halfway houses on recidivism. These evaluations of programming center on recidivism rather than the relational components of halfway house programming. This study seeks to look deeper into the process rather than the outcome. The concern lies within the phenomenon of treatment rather than in final numbers. In a summary of social work program evaluation for charitable projects or grant making organizations, Kibel (as cited in Crunkilton, 2009, p.5) captures the essence of the disparity indicating evaluations have been criticized for, "counting bodies while missing souls, on failing to capture the human drama and associated opportunities for impacting individuals in profound ways." Thus, suggesting that outcome based program assessments tell us whether or not a program is effective but overlook why and how changes occur. A review of the literature has found that many factors play into successes and failures of halfway house participants. However, research on the relational program components or social characteristics associated with program success or failure is just starting to materialize (Bouffard, & Taxman, 2004; Chiplis, 2010). The purpose of this study is to measure the impact of dual-role relationships. Based on themes that materialized in the research, the proposed research question is: How do interpersonal dynamics with staff affect the quality of supervision from a correctional client's perspective?

Conceptual framework

The examination of the relationship between social capital and crime provides us with a glimpse in to the relationships existing among people, and how those relationships tend to affect the character of people's interactions with one another at a micro level, their interactions with their respective social institutions at the mezzo level and their perceptions of their national

governments and global community (macro-level). The concept was actually introduced and promoted by sociologist Pierre Bourdieu (Savage & Kanazawa, 2002). Bourdieu's concept of social capital sees power as culturally and symbolically created. This position is constantly re-legitimized through an interaction of social structure (Siisiainen, 2003).

Bourdieu found three dimensions of capital: economic, cultural and social which define the social position of individuals (Siisiainen, 2003). Economic capital is similar to Marx's view of wealth and exchange of goods. Cultural capital includes the hidden mechanism of allocation which determines placement and prestige of an individual in regard to social settings. Bourdieu coined the phrase "habitus" which is the socialized norms or tendencies that guide behavior and thinking. This could be a belief that holds a certain acceptance and has become socialized without any empirical evidence. It is an accepted idea and while the origin is not known, it is widely accepted. According to Emirbayer & Williams (2005, p. 694), this includes "deeply ingrained modes of perception, emotional response and action within the world but also manners and bearing, ways of speaking, forms of dress, and personal hygiene." The final form of capital posited by Bourdieu is social capital. Social capital is the source of social relationships (family benefits and non-family networks) that lead to success.

Bourdieu suggests social capital has two components. First, it is a resource that is connected with group membership and social networks. The second characteristic of social capital is based on mutual cognition and recognition. In other words, it is a resource gained by social relationships with other human beings that can be used for a variety of benefits. According to Bourdieu's concept of social capital, offenders with higher quality social ties and better support systems would be more likely to succeed. Social capital is a resource gained by social relationships with other individuals that can be used for a variety of benefits. The level of social

capital depends upon the social standing of those encountered. In research on social networks, relationships with high status contacts have important benefits. (Savage & Kanazawa, 2002). According to Savage and colleagues (2002), contemporary social theory suggests having relationships with family or non-related social networks provide social resources that can produce a variety of attractive outcomes. These relationships may facilitate employment opportunities, promote access to training and education and provide social and emotional support. More specifically, "social capital" is embodied in the structure of social networks. Through network ties, additional resources will arise giving the individual more economic and cultural capital. Bourdieu suggests that individuals foster their relationships with others for the purpose of building benefits for use later on in their lives (as cited in Chipilis, 2010). Social capital can be seen as a commodity to achieve one's ends. A longitudinal study by Furstenberg and Hughes (1995) examined social capital in shaping the success of at-risk youth. The study utilized data from 252 children of teenage mothers to explore the relationship between social capital and success. Their results conclude social capital does play a role in helping at-risk children navigate through a disadvantaged life. This suggests social capital may be a useful tool in accounting for how and why certain poor children manage to beat the odds. The significance of social capital is important for this study because strengthening the ties between positive support systems and providing meaningful relationships is a critical link for client success.

Methods

Research Design

The research design for this study is a survey to collect quantitative data. The survey tool is the Dual-Role Relationships Inventory (DRI-R) coupled with additional questions designed by the researcher. The DRI-R consists of 30 questions using a seven-point Likert scale. The

additional questions include ordinal, interval, as well as one open-ended question. Given the time limits of this study, a cross-sectional analysis was conducted on client's attitudes toward the staff with whom they work with and other questions related to criminogenic issues. The survey was a self-administered paper copy which was necessary due to the lack of computer access for this particular population.

Sample

Those individuals placed on probation or released from prison on parole or extended supervision and residing at a halfway house facility were selected as the target population for this survey. Using purposive sampling, all halfway houses located in the geographical area of the Department of Corrections Region Five were selected. The geographical area was identified by the map from the Department of Corrections which divides the state into eight regional areas. It was determined five halfway houses were located within the Region Five area. The counties include St. Croix, Eau Claire and Jackson. As each halfway house is under contract with the Department of Corrections, evaluation and research approved by the Department of Corrections was permissible under the stipulations of the contract, however each individual contractor also required administrative approval to allow for the survey to be placed on site.

Because the clients are under the supervision of the Department of Corrections, the Regional Chief of the Division of Community Corrections (DCC) Region Five was notified of the intent for research. The Regional Chief provided this researcher with the Department of Corrections Executive Directive #36 which outlines the process for research request and procedure for the Department of Corrections.

After receiving approval from the IRB and clearance from the Department of Corrections, each halfway house was contacted by the researcher. A representative at each agency was provided with a brief description of the research project as well as an approximate time table for their participation. Most of the halfway houses do not allow computer access to

their clients, therefore a paper survey was utilized. The hard-copy surveys as well as the locked box similar to that of a voting box were hand delivered to each halfway house. The lead staff or contact person was asked to post a notice describing the research project on the wall in the family room of each halfway house. A stack of paper survey copies in a file tray was supplied to the halfway house. The contact staff was asked to position the file tray near the posted notice. The locked (voting) box was stationed near the survey tray for clients to submit their completed or used copies. The locked box was retrieved by this researcher from four of the houses after approximately two weeks. One halfway house assisted in the retrieval of the locked box by hand delivering all materials to the researcher rather than having the researcher travel an hour to collect the items.

Protection of Human Subjects

The primary focus for this study is those clients that are under the supervision of the Department of Corrections and reside at a halfway house. In an effort to maintain anonymity, neither this researcher nor any halfway house staff had contact with the respondents when they filled out this survey. All respondents were able to choose whether or not they wished to participate in the research study. The survey questionnaires were readily available for clients to access at any time. The survey contained language explaining that participation in the study was completely voluntary and anonymous. Additionally, it provided respondents a full disclosure of the content of the survey. Respondents were informed of their ability to skip any questions or discontinue the survey at any time. Neither the researcher nor halfway house staff knew which clients chose to participate. The researcher was aware of which agencies participated in the study but was not be able to connect a particular client to a specific agency. There were two facilities that housed female clients therefore gender would not tie the respondent to a particular halfway house.

There were few risks to the overall research proposal. The questions found within the survey contained minimal intrusiveness or risk. They asked for client opinion on attitudes toward staff as well as factors that may contribute to their success. This could be somewhat distressing if the clients were not ensured anonymity therefore it was important to stress the confidentiality of the research. The risks were minimized because the researcher and the staff did not have any direct contact with the clients in regard to the survey.

As aforementioned, participation in the survey was completely voluntary and the client was allowed to discontinue the survey at any time with no repercussions. In complying with the policies of the Wisconsin Department of Corrections, there were no direct benefits or incentives for participating in the research.

Research instrument

The Dual-Role Inventory-Revised (DRI-R) was developed by researcher Jennifer Skeem and her colleagues. The DRI-R assesses the domains of relationship quality in mandated clients. The DRI-R specifically targets the areas of caring and fairness, trust, and toughness. This tool captures both the caring and controlling aspects of the relationship between mandated clients and probation agents. Although probation agents were the designed target for this tool, given my status as a Corrections Field Supervisor, it was determined that researching attitudes about staff that I may indirectly supervise would be a conflict of interest. Therefore, the use of this tool was modified to examine the client's perception of halfway house case managers or social workers. The DRI-R is a 30-item instrument that uses a seven-point Likert scale for its answers. The response set ranges from *never*, *rarely, occasionally, sometimes, often, very often* to *always*. The DRI-R is the first validated measure of dual-role relationship when used with probation officers and probationers in rating their relationship. In terms of reliability, the DRI-R is internally consistent when looking at the total score and the sub-scale scores (Skeem et al., 2007).   In addition to the DRI-R, the survey contained specific questions designed by this researcher to

collect client attitudes toward success factors. Specifically, a rating scale of the important factors leading toward the respondent's success was included. Finally, demographic information was incorporated into the survey such as age, gender, marital status, education level, amount of time on supervision and amount of time in the halfway house.

Data Analysis

All data collected was manually entered in Minitab 16 data analysis software. Descriptive statistics were used to understand the demographics of the respondents and how they answered the survey questions. Measures of central tendency were used to examine the client's attitudes toward trust, caring-fairness, and toughness.

For the purposes of coding only, the sum of items from questions number 9, 15, 18, 33, and 34 were identified as the trust scale score and coded under number 50. The variable trust score is the summated scale score measuring the respondent's view on the importance of trust by adding up the respondent's answers to survey questions 9, 15, 18, 33, and 34. The trust factors included questions such as feeling free to discuss worrisome things with their case manager or staff person, feeling safe enough to be open and honest with their case manager or staff person, and having trust in their case manager or staff person. The answers were scored on a Likert scale ranging from 1(never) to 7 (always).

The caring-fairness scale was measured by adding up the respondent's answers to twenty survey questions including numbers 8, 10, 11, 12, 13, 14, 17, 19, 20, 22, 22, 23, 24, 25, 26, 27, 28, 30, 35, 36, and 37. The caring-fairness scale included questions such as: "X cares about me as a person", "X treats me fairly", "X praises me for the good things I do" and "X takes my needs into account". The answers were scored on a Likert scale ranging from 1(never) to 7 (always). The summated score of the twenty questions number were identified as the caring-fairness scale score and coded under number 51.

The toughness scale was measured by adding up the respondent's answers to five survey questions including numbers 16, 21, 29, 31, and 32. The toughness scale included questions such as "X makes unreasonable demands of me", "X talks down to me" and "I feel X is looking to punish me". The answers were scored using the same Likert scale ranges as previously discussed and was coded as number 52.

Inferential statistics were run on the subscales of the DRI-R to examine how they were affected by age, gender, educational level, amount of time on supervision, and amount of time in the halfway house. Factors contributing to personal success and the three subscales of the DRI-R were also analyzed.

Results/Findings

Data from the survey was used in the analysis of correctional client's perspective on the effect of interpersonal dynamics on quality of supervision. The Dual Role Inventory-Revised was the primary data collections tool. However, supplemental questions were added to the survey. In addition to the individual responses, the researcher considered a number of variables that affect interpersonal dynamics by collapsing multiple questions into three specific themes. Survey questions that explored attributes of trust, fairness/caring and toughness of the case manager or staff member were identified and analyzed.

Demographics

The data collection yielded important demographic information describing the respondents. The researcher sent out 80 surveys to five half way houses. The number of beds the Department of Corrections contracts for these five facilities is 69 but due to ever changing client populations of acceptance and discharges, a number of additional copies were provided to each facility. The number of completed survey copies returned was 47. The total response rate for beds available was 68% and the total response rate for number of surveys sent was 58%. The

population from which the sample was drawn was a purposive sampling of all the halfway houses located in the Department of Corrections Region Five area. The respondents varied in age from 20 to 55. Male respondents outnumbered females three to one. The response rate was rather high at 68% when considering the number of beds available and the fact that not all beds were filled during the two weeks the survey was available.

Of the 47 completed surveys, three-fourths (n=35) of the respondents were men and one-quarter (n=12) were women. The mean age or average age of respondents was 32 years old and the median or middle was 30 years of age. The age varied from age 20 to 55 giving us a range in age of 35 years.

In assessing educational experience, seven respondents reported an education level of 12th grade or below. Eighteen respondents classified themselves as a high school graduate. Most (n=20) reported having a GED or HSED. In Wisconsin, the GED is a considered a certificate of General Educational Development and an HSED is a High School Equivalency Diploma. The GED requires five areas of testing and the HSED has additional requirements in health, civic literacy, employability skills and career awareness (Madison Area Technical College, 2012). One participant reported having a Bachelor degree and one respondent hand wrote on the survey he/she had a one year associate degree from a technical college. In other words, 85 % (n=40) of the respondents reported a high school diploma, a GED (or HSED) or above. The bar chart in Figure 1 reflects the educational level of respondents.

Chart of education level

Figure 1. Education Level of respondents
1=12th grade or lower, 2= High school, 3= GED or HSED, 4=Bachelor, 5= Other
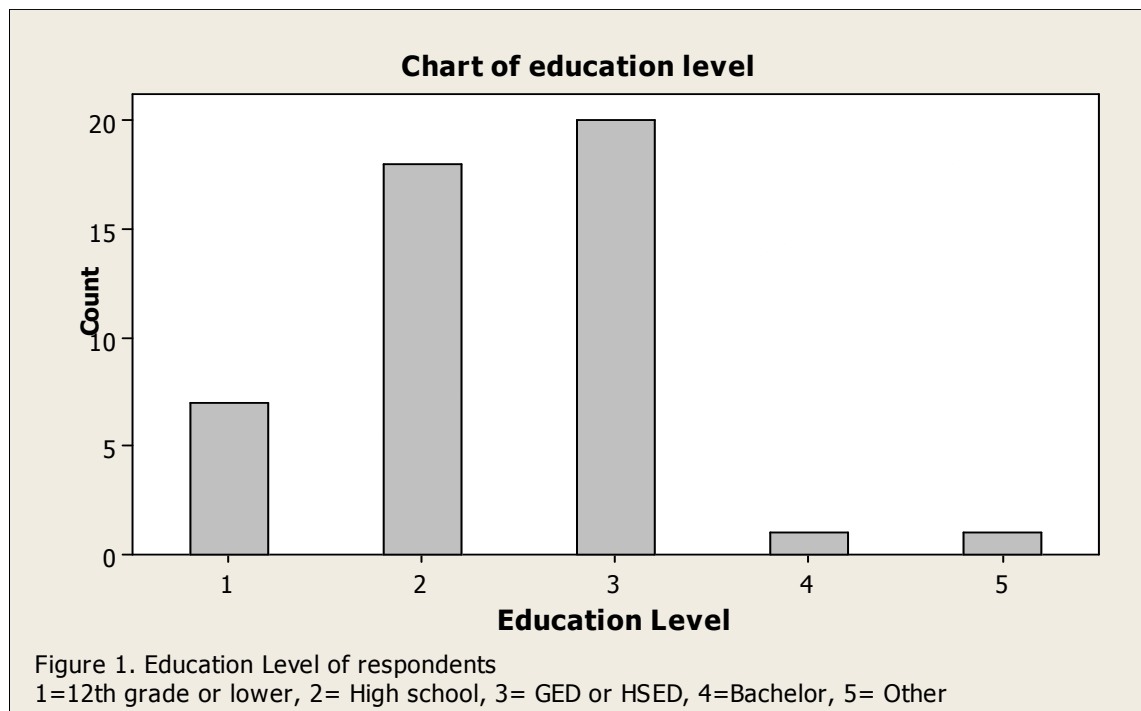
Table 1 below depicts the results of how long the respondents had been on supervision at the time of the survey. There was a rather large discrepancy from respondents on the length of supervision time. The majority (n= 13) of respondents indicated they had less than six months on supervision. About one-fourth (n=11) reported they had between 5-10 years on supervision. Nine respondents reported supervision of 2-5 years, while five stated they had been on supervision between 1-2 years.

Table 1
Tally for Discrete Variables: Amount of time on current supervision

```
Length of time on supervision
Time          Count  Percent  CumCnt  CumPct
6 mos or <      13    27.66      13   27.66
6-12 mos         7    14.89      20   42.55
1-2 years        5    10.64      25   53.19
2-5 years        9    19.15      34   72.34
5-10 years      11    23.40      45   95.74
> 10 years       2     4.26      47  100.00
N=      47
```

Figure 2 indicates 16 respondents had been at the house less than 15 days and 13 reported being at the house between 31-60 days. Coming in at a close third, was 9 participants who reported being at the house between 90-120 days.

Length of time at halfway house

Figure 2. Amount of time at halfway house
1= < 15 days, 2= 16-30, 3=31-60, 4= 61-90, 5=90-120, 6= 120-180, 7= > 180 days
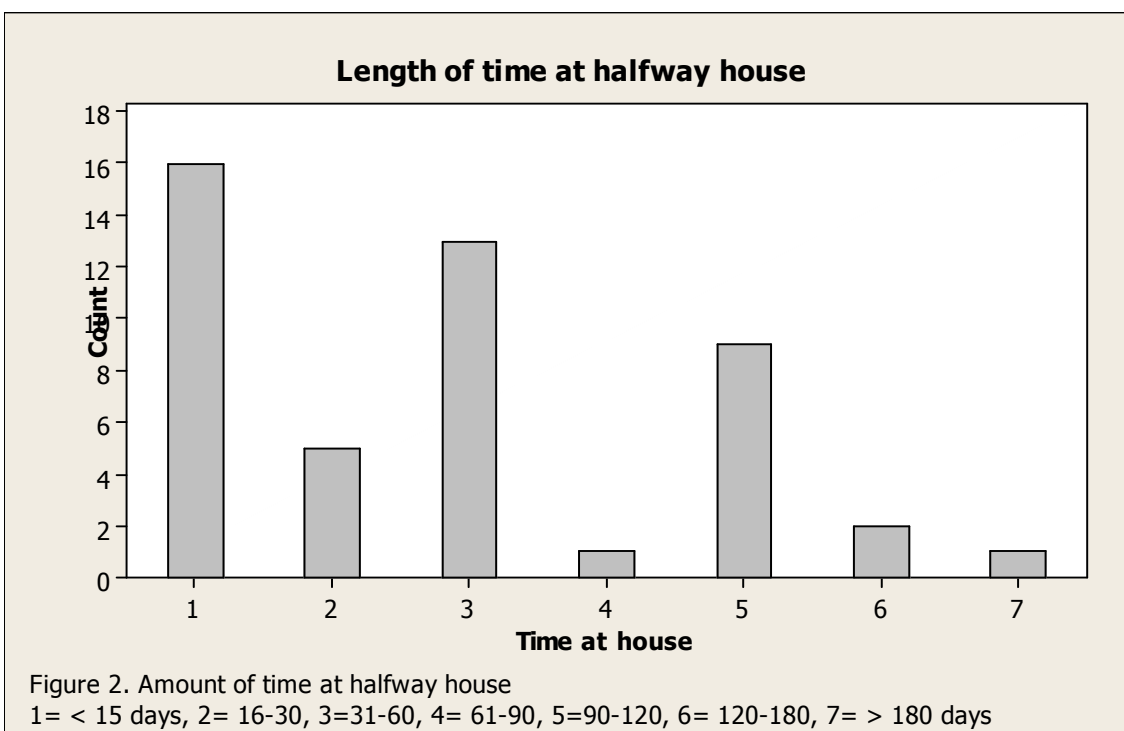
Respondents were asked to answer various statements that reflected how important certain factors were in contributing to their success. The list of factors included: client attitude, staff relationship, quality of educational materials at halfway house, family relationship, having a job, peer relationship and staying sober. They were asked to rate this factor on a scale of 1 to 5 with 1 being not important and 5 being very important.

The most popular response was that staying sober was a very important measure to their success. Almost 98% (n=46) of the respondents chose 5 (very important) on this item. Tied for second, 76 percent (n=36) respondents answered that having a job and their own attitude was

very important in contributing to their success. Peer relationship ranked lowest among the seven options offered to respondents for factors to consider for their future success and had the most varied responses. When considering the respondents attitudes towards their peer group, almost 30 % (n=14) respondents scored a 3 or below indicating that peer relationship was only somewhat important or not important at all in terms of being a factor in their success. Peer relationship had a standard deviation of 1.005 which was the largest spread of a distribution of values. The scores ranged from one respondent answering it was not important to 22 reporting it was very important. In looking at Figure 3, staying sober was the most popular response and having positive peer relationships ranked last.

Figure 3. Staying sober as a contributing factor to success
1=Not important, 3= Somewhat important, 5=Very important

Figure 3. Peer relationship as a contributing factor to success
1=Not important, 3= Somewhat important, 5=Very important
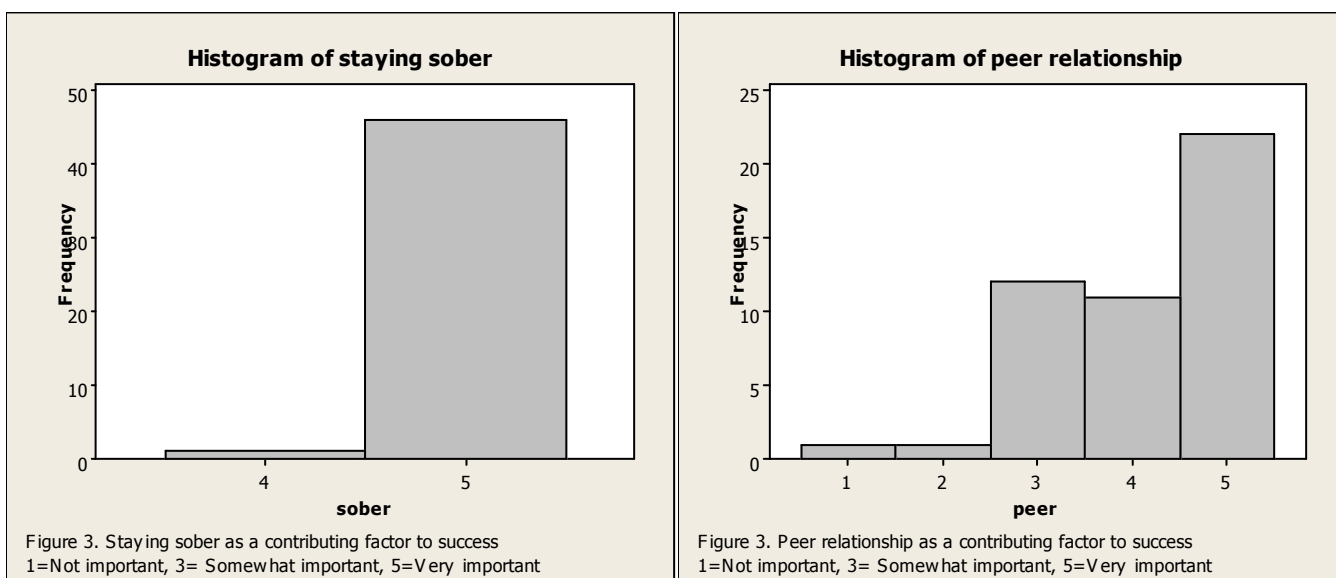
When respondents were asked to rate whether family relationships were important in contributing to their success, approximately 70% (n=32) stated this was very important. Over 20% (n=10) ranked family relationship as more than somewhat important. There were no responses rating family as not important.
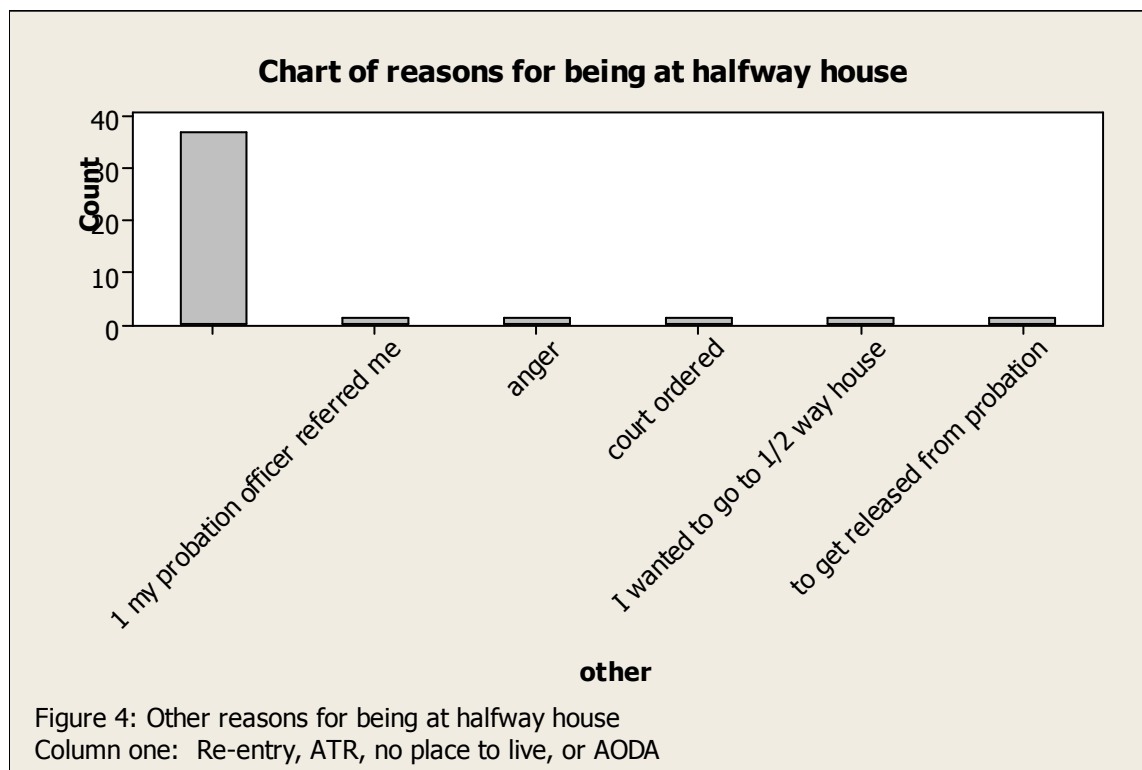
In considering the quality of educational materials at the halfway house, approximately a quarter of the respondents (27%, n=13) stated this factor was only somewhat important and 50% (n=24) stated it was very important.

In looking at the lowest number of responses for the importance of factors, respondents ranked peers as the lowest factor followed by educational materials and finally staff relationship. Overall, it appears as the respondent's relationship with peers was the least likely factor to influence the respondent's future success.

Descriptive and Inferential Statistics

The overall research question in this study was to determine if interpersonal dynamics affect the quality of supervision from a correctional client's perspective. This larger research question was considered by examining a number of individual questions from the survey and analyzing their interaction with other questions.

There were a multitude of responses for why the respondents were at the halfway house. Five responded they were at the house as part of their release planning from prison (re-entry), 33 reported it was an alternative to revocation (ATR), 9 reported they had no other place to live, 23 reported needing help with their drug or alcohol problems. There were five hand-written reasons provided. One was referred by probation officer, one had issues with anger, one was court ordered, one wanted to go to the halfway house and one wanted to get released from probation and could do so by completing the program (Figure 4).

Chart of reasons for being at halfway house

Figure 4: Other reasons for being at halfway house
Column one: Re-entry, ATR, no place to live, or AODA

Respondent's reasons for entry into the halfway house included some self initiated admissions such as needing help with alcohol and drug issues or wanting to go to the halfway house. The majority (n=33), however, reported they were at the halfway house as an alternative to revocation (ATR). An ATR is initiated after an offender violates his rules of supervision or commits another crime. The motivational factors for entry to a halfway house are interesting dynamics and it appears this population has a diverse collection of both internal and external motivating factors for being at the halfway house.
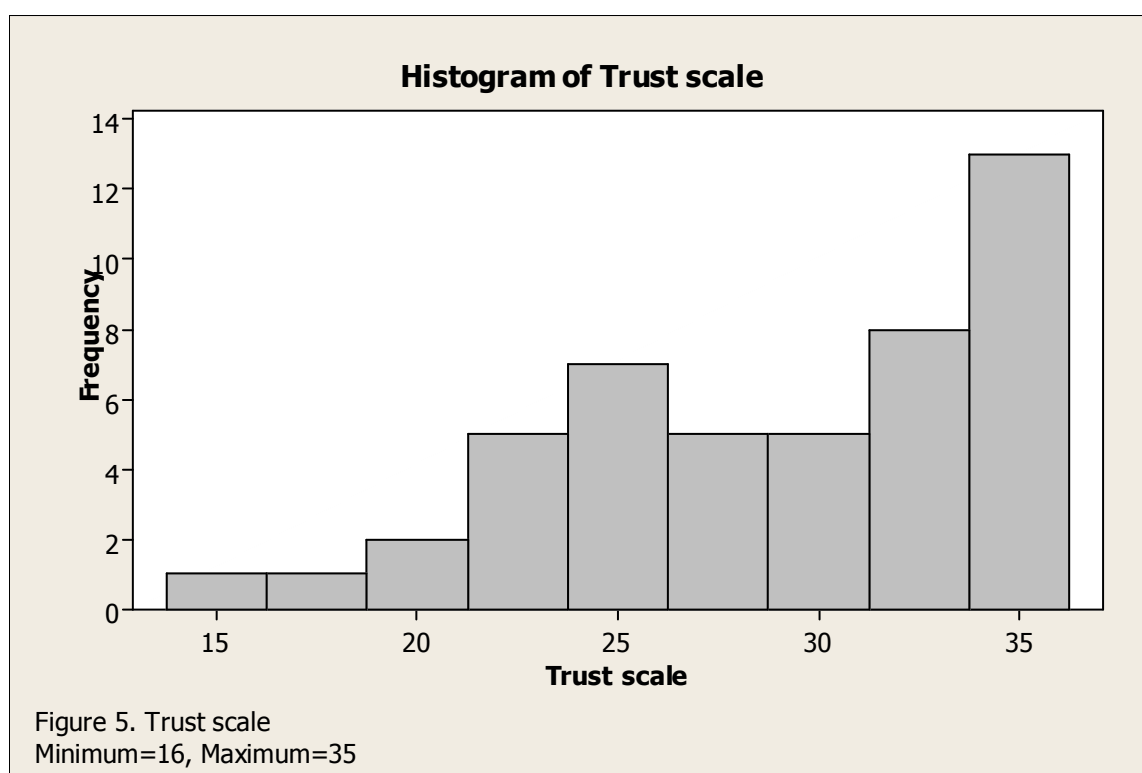
Trust

Respondents were asked to provide their perspective of relationship quality in terms of trust through a series of five questions. The questions on trust sought to gauge the respondent's level of confidence in the staff-client bond. Respondents were asked, "I feel free to discuss the

things that worry me with my case manager or staff person" and 47% (n=22) stated they always

felt free to discuss worrisome issues with their staff and not one respondent answered never

although four respondents answered "rarely". In response to the statement, "My case manager or

staff person knows that he/she can trust me", 17% (n=8) of the respondents reported they

sometimes felt this way and 32% (n=15) respondents answered often or always. When

respondents were asked, "My case manager or staff person trusts me to be honest with him/her",

not one respondent answered never, rarely or occasionally. Survey questions that specifically

contained the word "trust" in the statement did not have as much dispersion in the answers from

the respondents. In other words, when trust was defined by a behavior such as "feeling free to

discuss the things that worry me with my case manager" or "I feel safe enough to be open and

honest with my case manager or staff person" the results varied from never to always. When the

word "trust" was used in the survey question such as "My case manager trusts me…" or "My

case manager or staff person is someone I trust", the answers were more concise and positive.

In assessing relationship quality of trust and concern about disclosing information, the

researcher looked at the mean scale score for this study sample on the trust scale. As

aforementioned, this trust scale was grouped as the summated score of five questions regarding

items of trust. By looking at measures of central tendency and dispersion for respondents' trust

scale scores with the independent variable being the trust scores, the overwhelming response was

the respondents viewed their trust level with staff as positive. The histogram in Figure 3 shows

the responses in a negative skew meaning the left tail is longer and the distribution of answers is

concentrated on the right. Of the 47 respondents, the mean trust scale score was 28.957 with a

standard deviation of 5.5.

The minimum and maximum scores illustrated in Figure 5 are the ranges from the survey results from the five trust scale scores. Each survey question has answers that range from 1 to 7 allowing a possible range from 5 to 35. As depicted in the histogram, there were no respondents that scored "never" for all five trust score questions as this would have resulted in a minimum score of 5.

Figure 5. Trust scale
Minimum=16, Maximum=35

Caring and Fairness

Respondents were asked to provide their perspective of relationship quality in terms of caring and fairness through a series of twenty questions. The questions on caring and fairness sought to gauge the respondent's perception of level of alliance and fairness with staff. Respondents were asked, "My case manager or staff person takes my needs into account" and

38% (n=18) stated always while 6% (n=3) stated never or rarely. There was a similar response to the question, "My case manager or staff person considers my views". 38% (n=18) stated always and 4% (n=2) stated rarely or never. The most popular response was in regard to the statement, "My case manager or staff person is warm and friendly with me" in which 60% (n=28) reported feeling this way.

The smallest dispersion of answers in regard to questions of caring and fairness was in response to two survey questions. Respondents were asked, "My case manager or staff person cares about me as a person". 39% (n=17) stated they felt staff sometimes or often cared about them and 64% (n=30) answered very often to always. In response to the question, "My case manager or staff person explains what I am supposed to do and why it would be good", 26% (n=12) respondents reported their staff sometimes or often took the time to explain behavior and its positive consequences. These answers suggest that the majority of halfway house clients view the alliance and connection they have with staff in a positive light.

Caring and fairness in the client-staff relationship was also assessed by looking at measures of central tendency and dispersion for respondents' caring-fairness scale scores with the independent variable being the caring-fairness scale scores. Table 2 shows the mean score as 118.45 out of a possible 140. Figure 4 provides a pictorial representation of the data.

Table 2

Descriptive Statistics: caring-fairness

Variable	N	N*	Mean	SE Mean	StDev	Minimum	Q1	Median
caring-fairness	47	0	118.45	3.16	21.69	50.00	100.00	123.00

Variable	Q3	Maximum
caring-fairness	138.00	140.00

Figure 6. Caring and Fairness scale
Minimum=50, Maximum=140
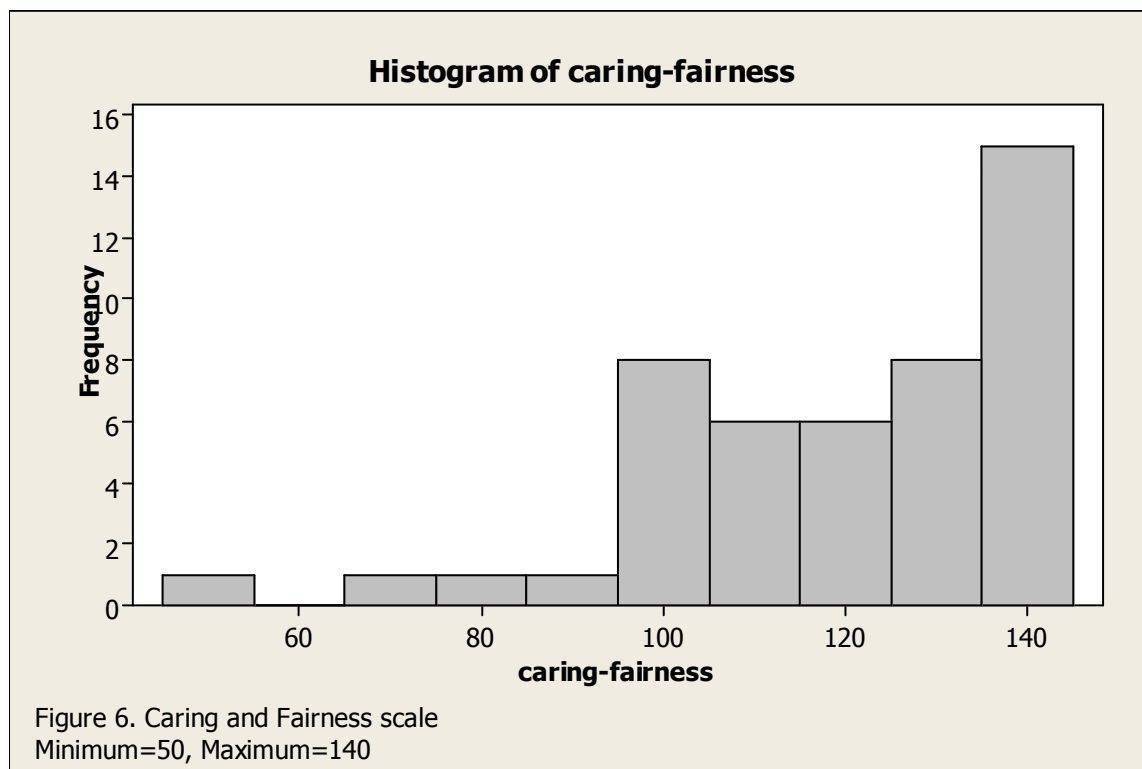
The minimum and maximum scores illustrated in Figure 6 are the ranges from the survey results from the twenty questions that address caring and fairness. Each survey question has answers that range from 1 to 7 allowing a possible range from 20 to 140. The majority of answers to questions related to caring and fairness were positive responses and the skew was similar to that of the trust scale.

Toughness

Respondents were asked to provide their perspective of relationship quality in terms of toughness through a series of five questions. The questions reflected their attitudes about how they perceived staff on such topics as disciplinary issues and expectations for independence. In looking at the offender's perspective of toughness, questions centered on the case manager's or

staff person's toughness and punitiveness with the respondent. In response to the statement, "My case manager or staff person talks down to me", over 75% (n=36) stated they have never or rarely experienced this type of interaction with staff. In response to the question, "My staff manager or staff person puts me down when I've done something wrong", over 80% (n=38) reported never or rarely experiencing this with staff. When respondents were asked, "My case manager or staff person expects me to do all the work alone and doesn't provide enough help", almost 90% (n=41) disagreed with this statement and answered "never" (n=30) or "rarely" (n=11). Figure 5 is a pictorial representation of the frequency distribution for the toughness scale. The results are clustered in the lower range indicating most responses did not reflect staff interaction as authoritarian in nature. However, there were a few respondents that did feel staff was always tough or condescending.

The minimum and maximum scores in Figure 5 indicate the ranges from the survey results for the five questions on toughness. Responses ranged from 1 ("Never") to 7 ("Always") allowing a possible range from 5-35.   The cumulative results are depicted in the histogram in Figure 7.

The histogram of the toughness scale indicates in the first quartile 25% of the respondents had a score of 5 (with 5 being the lowest possible score). In the second quartile, 25% of the respondents had a score of 5-7. The third quartile shows that 25% of the respondents had a score of 7-10, while the fourth quartile shows 25% had a score from 10-35. There is a concentration of data within the first three quartiles and a much larger range in the fourth quartile.

Figure 7. Toughness scale
Minimum= 5, Maximum=35

The series of questions on toughness were assessed by looking at measures of central tendency and dispersion for respondents' perception of toughness scale scores with the independent variable being the toughness scale scores. Table 3 shows the mean score as 9.4 out of a possible 35.
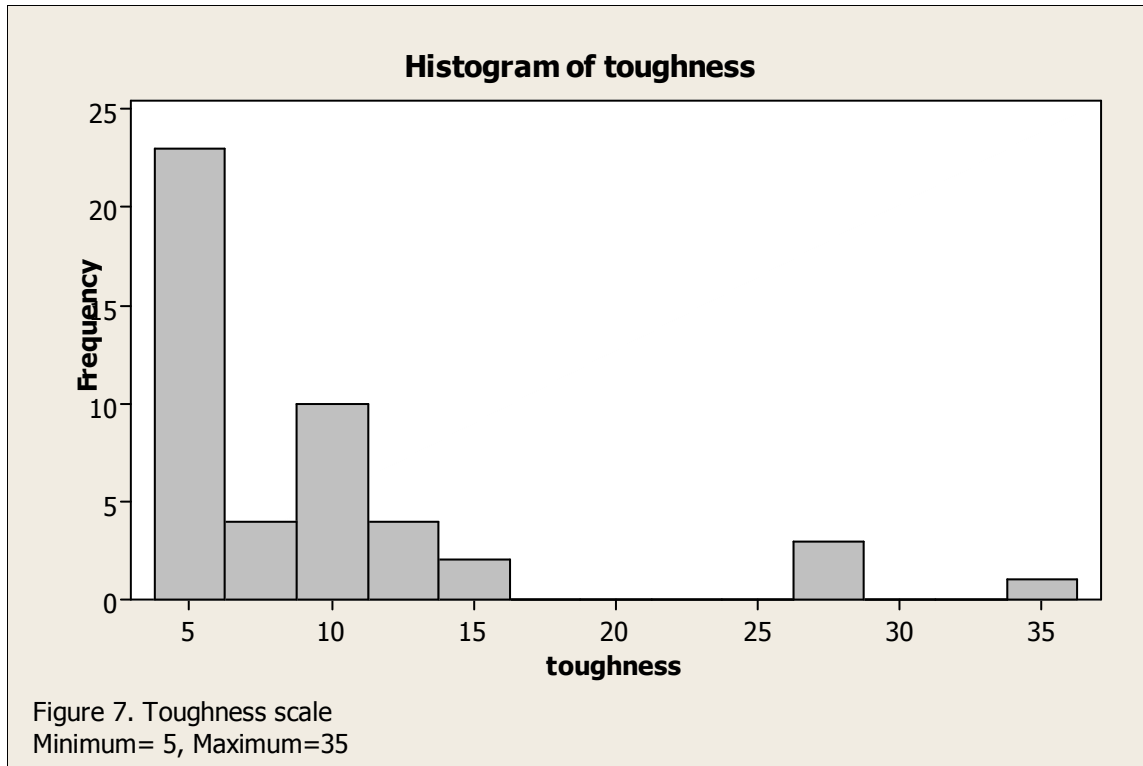
Table 3

Descriptive Statistics: toughness

Variable	N	N*	Mean	SE Mean	StDev	Minimum	Q1	Median	Q3
toughness	47	0	9.404	0.994	6.813	5.000	5.000	7.000	10.000

Variable	Maximum
toughness	35.000

Relationship with staff

The respondents were asked to rank the importance of their relationship with staff in contributing to their success. Of the 47 respondents, 2 (or 4.26 %) ranked relationship as between not important and somewhat important, 6 (or 12.77 %) felt relationship was somewhat important, 14 (or 29.79 %) felt relationship with staff was between somewhat and very important and 25 (or 53.19%) said relationship with staff was very important in contributing to their success. None of the respondents selected "not important" in considering staff relationship in their success (Figure 8).

Figure 8. Importance of staff relationship
1=not important, 2, 3=somewhat important, 4, 5= very important
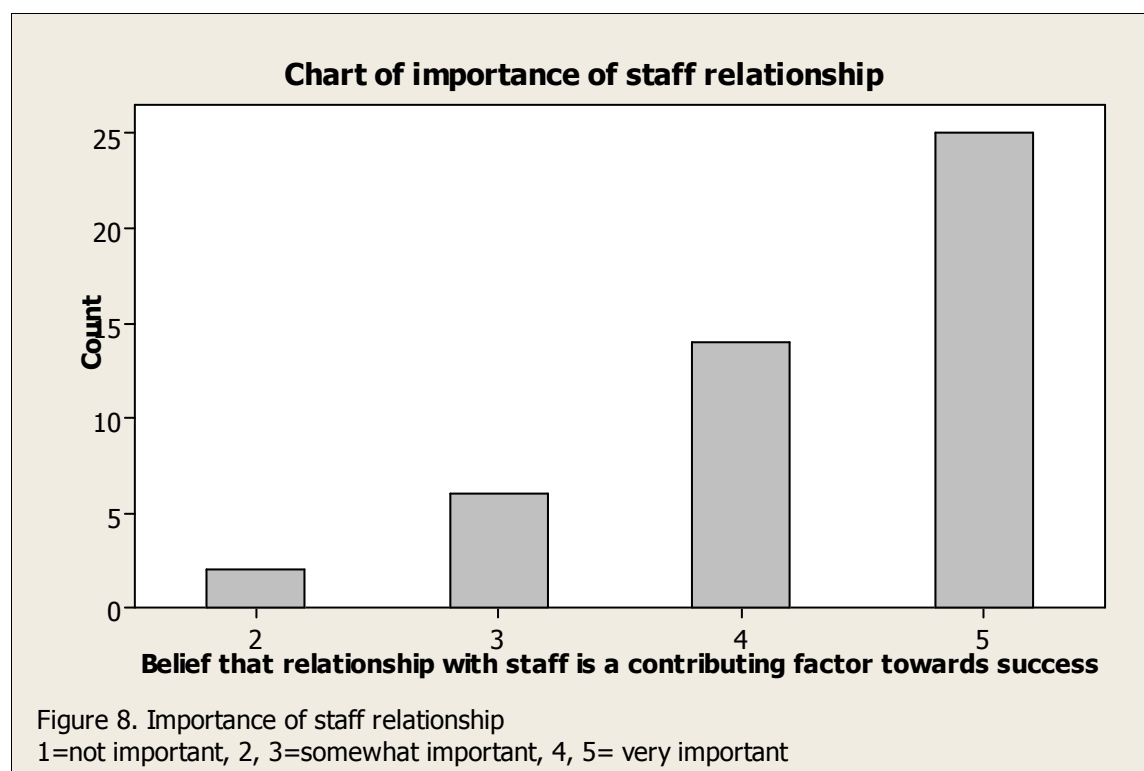
Descriptive statistics were used to indicate the number of clients that felt their relationship with staff was a contributing factor for their success. Inferential statistics were used

to make generalizations from the data addressing association or relationships between variables. A Chi-Square was conducted to determine if there was a statistically significant difference between the gender of the client and their belief that their relationship with staff is a contributing factor towards their own success (Table 4). Gender of the respondent was used as the independent variable. A question (survey question #2) querying the importance of staff relationship as a contributing factor to success was the dependent variable. As no respondents chose "not important" this item was eliminated. Given the small sample size, some of the data was collapsed in order to interpret statistical significance. Responses of 2 or 3 (less than somewhat important and somewhat important) were combined and recoded for the purposes of analysis. Responses of 4 and 5 were left intact. In analyzing the Chi-Square for significance of association, of all of the clients who felt relationship with staff was less than somewhat important or somewhat important, 87.5 % were male and 12.5 % were female. Of those who felt relationship with staff was very important, 68 % were male and 32% were female. Of the total respondents 35 (or 74.5%) were male and 12 (25.5%) were female. The p-value= 0.499 indicates the significance of the association between the two values and would suggest there is no statistically significant association between gender and belief that staff relationship is a contributing factor in success.

Table 4.

Tabulated statistics: gender, relationship with staff (collapsed)

```
Rows: gender   Columns: relationship with staff (collapsed)

                 1        2        3      All

Male             7       11       17       35
              20.00    31.43    48.57   100.00
              87.50    78.57    68.00    74.47
              14.89    23.40    36.17    74.47
               5.96    10.43    18.62    35.00

Female           1        3        8       12
               8.33    25.00    66.67   100.00
              12.50    21.43    32.00    25.53
               2.13     6.38    17.02    25.53
               2.04     3.57     6.38    12.00

All              8       14       25       47
              17.02    29.79    53.19   100.00
             100.00   100.00   100.00   100.00
              17.02    29.79    53.19   100.00
               8.00    14.00    25.00    47.00

Cell Contents:      Count
                    % of Row
                    % of Column
                    % of Total
                    Expected count
```

Pearson Chi-Square = 1.389, DF = 2, P-Value = 0.499
Likelihood Ratio Chi-Square = 1.482, DF = 2, P-Value = 0.477

* NOTE * 2 cells with expected counts less than 5

Discussion

The purpose of the research was to establish if client-case manager (or staff) relationships affect the client's perceived quality of supervision and potential outcome by considering the trust, caring-fairness and toughness of the case manager or staff member. Research has shown that relationship in therapeutic environments is a crucial element to successful outcomes. (Horvath & Greenberg, 1989; Martin, Garske, & Davis, 2000; Johnson & Wright, 2002) This study asked clients to provide their subjective perspective on alliance and

relationship with staff. It was hypothesized that respondents would indicate high alliance with staff. However, this theoretical presumption was based on previous studies which may not have elicited direct client responses but rather were based on studies that used indirect measures of client experience and may have been subject to biases by the researcher or investigator (Bedi, 2006).

Perception Toward Trust

Overall, most respondents believed the level of trust they have with their assigned staff or case manager to be very high. When considering the trust scale as the subscale of five separate questions with answers ranging from 1 (never) to 7 (always), the least possible score could have been 5. Table 3 indicates the lowest score given by a respondent was 16, indicating that each respondent reported some level of trust with their staff person or case manager. These findings are quite high but consistent with existing literature regarding the value of positive therapist-client working alliance (Martin et al., 2000). It is speculated that the quality of trust in these mandated clients is attributed to consistency and honesty of staff based on the survey question structure.

Interestingly, when inferential statistics were run on the respondent's length of time at the halfway house and the trust scale score, there was no statistically significant difference between the length of stay at the house and responses for trust scale score. This indicates that regardless of how long the respondent had been in the house, this factor did not make a difference in their perception toward trust of staff. Bordin's (1979) theory predicted that longer therapy would elicit a deeper bond and the strength of the bond between therapist and client would vary with the therapy model. These predictions were not supported in this research as the trust scale scores did not change over time.

Perception Toward Caring and Fairness

According to research, treatment effectiveness is related to therapeutic alliance (Ross, Polaschek, & Ward, 2008; Bordin, 1979). In this study, the interpersonal constructs of caring and fairness were assessed using a series of twenty questions. Figure 4 indicates a negative skew similar to that of the Trust scale score. Conceptually, it stands to reason that having a sense of trust parallels the sense of caring and fairness and this is exhibited in the research. When looking at how respondents compared their own attitude (which can be loosely defined as motivation) to the need for a positive staff relationship as a critical factor in their success, respondents reported their own attitude as being much more important. In fact, respondents reported sobriety as the greatest factor for future positive outcome followed by their own attitude. Coming in at a near tie for third was the belief that having a job would contribute to future success as well as positive family relationships. Respondents reported that their relationship with staff ranked near the bottom in terms of factors contributing to a positive outcome.

When considering the responsivity principle, it is important to acknowledge the emphasis client's place on their own sobriety as compared to their own attitude or relationship with staff. The Crime and Justice Institute (as adapted from Andrews et. al., 2006) lists attitude as one of the top four criminogenic needs specifically defining attitude as criminal thinking. In other words, the attitude or criminogenic cognitions of offenders has been directly linked to criminal behavior. Respondents see their own sobriety as the key to success however correctional practices are focusing on the antisocial personality and antisocial cognition as the driving force behind offender's alcohol or drug use. From a systems approach, it is important to consider

success factors from a correctional client's perspective and develop strategies for programming

that address the client's concerns.

Recognizing that relationship with staff may not be the highest rated variable among their

choices for success, respondent's perceptions of fairness and care are important to offenders and

appear to create positive outcomes. When offenders perceive that they have a voice in decisions,

the results tend to be more positive. Skeem and her colleagues (2007) who developed the Dual-

Role Relationship Inventory revised form (DRI-R) found that attention to the alliance subscales

predicted positive outcomes.

Perception Toward Toughness

Client's attitudes toward staff could be very dynamic from day to day considering issues

that arise throughout the course of treatment. In fact, one would surmise that once a client gets

comfortable in their surroundings and encounter many new challenges in treatment; their

attitudes toward the toughness of staff may change. According to this research, that is not the

case. When the subset of questions on toughness was analyzed in relationship to length of time

on supervision or length of time at the halfway house, the results were not statistically significant

and therefore suggest the concept of toughness did not change over time. As expected, the

positive skew of the toughness scale is opposite of the skew for the trust scale, however, the

dispersion of data is much more varied. In looking at Figure 7, the histogram shows a positive

skew indicating most of the responses (n=18, 38%) circled "never" on questions relating to

toughness such as, "My case manager or staff person talks down to me." The results showed a

dispersion of answers ranging from 10 to 35 in the fourth quartile indicating that although most

responses were positive, there were respondents who felt staff or case managers were too

punitive in their orientation. The results indicate that halfway house staff is on the right track with quality of toughness. The role of social worker or staff person in halfway houses has a component of holding clients accountable for behavior. Staff is not expected to ignore problems or dismiss liability. Therefore, given the nature of their job expectations, staff in halfway houses will always have an element of toughness to their role in working with mandated clients versus a role of working in a traditional therapeutic environment. The skill is to find the balance. As Skeem and her associates (2007) found probationers who perceived their probation officer to be tough had more failures and higher numbers of violations. An emphasis on caring, fairness, trust and authoritative approach as opposed to an authoritarian one, has its benefits. Even with this integrated approach, there will still be a need for sanctions and punishment. The task is to be patient with treatment strategies and look for solutions in strength-based approaches before elevating to higher increments of punishment.

In 1997, Michael Clark wrote on the strengths approach to working with clients as compared to the punitive paradigm describing it as a sophisticated approach to building on offender's talents, abilities and capacities rather than working from their failed side. The punishment paradigm, as described by Clark, focuses on identifying problems and then telling the clients how to solve their problems. This authoritarian approach makes demands on clients and is directive, but is not responsive to the clients understanding or definition of the problem. The majority of respondents in this research did not view their case manager or staff person as trying to "punish" them although there were a small percentage of respondents that did.

According to Braucht (2009), the prevailing conclusion for staff when trying to implement responsivity principles is that "successful" interaction with offenders occurs by effectively blending the role of enforcer with assistance, service and/or rehabilitative efforts. It is

not a matter of being right or having power and control over the client. It is a matter of being

successful with the client.

Staff Relationship

The results suggest that despite the fact these clients are listed as mandated and may be

receiving services as a result of an ATR or at the direction of the agent, the respondents are

invested in the process. Ronald Rooney (2009) purports that mandated clients receive services

because of a legal mandate or court order. This mandated status elicits disinterested, resistant, or

reluctant clients. For the purposes of this study, all clients were mandated to attend the halfway

house and some legal ramification would ensue should they not successfully participate. It can

be challenging for social workers to work with clients ordered by the court or mandated by their

probation agent to comply with treatment. Contrary to Rooney, the results of this study indicate

clients, despite their mandated status, recognize the benefits of an alliance with staff as a critical

factor in their future success.

The respondents' perception of staff relationship could vary as a result of level of risk of

the offender. The RNR theory contends that risk is the offenders risk for re-offending based on

static and dynamic factors (Andrews et al., 2006). The risk levels of those at the halfway house

could have ranged from low risk to recidivate versus high risk. This variable was not considered

by the researcher as, at the time of the study, it was not a mandate that all participants of the

halfway house be required to be a moderate to high risk to recidivate. If a number of

respondents were actually low risk offenders, the data could be skewed as the low risk group has

a tendency to be more pro-social.

Conversely, high-risk offenders require differing therapeutic strategies as compared to

low-risk. As cited by Andrews and his colleagues, (2011) therapeutic alliance alone without the

use of cognitive restructuring for this higher risk population is simply not enough. In other words, growth and change in high risk populations cannot simply be evoked by relationship quality alone. There must be an element of cognitive re-structuring in order to change the maladaptive thinking that leads to certain behaviors. There are tools to address levels of risk and this dynamic may be an area for future research.

Ross and colleagues (2011) studied the therapeutic alliance of violent, high-risk offenders with therapists in prison rehabilitative programs using the working inventory alliance. The study differentiated the relationship-oriented bond factor from the more technically oriented goals and tasks factors, similar to Bordin's (1979) work . They saw the goals and task aspects of the therapeutic alliance as an activity and distinct from the bond component. Their study purports that clients and therapists may be able to concentrate on the goals and tasks of therapy even if they find it difficult to form a bond with one another. This particular study did not delineate between bond and tasks but rather combined the two in to one variable of relationship. Perhaps defining the term "relationship" in to a more detailed concept would elicit a further understanding of relationship context.

Implications for social work practice

This research study offered insight into the perceptions of clients toward staff. The study was conducted while clients were actively in a residential halfway house program and did not rely on post discharge reporting. This approached attempted to gain "real life" attitudes of clients while they were in the midst of their residential programming.

Outcomes of the study suggest a trend toward the positive emphasis clients place on the aspects of relationship with staff. Research suggests that correctional environments are challenging places to establish therapeutic alliance (Ross, 2011). However it appears this

population had overwhelmingly positive responses to questions of trust and caring factors. Further research is needed in this area to determine whether this is unique to the specific geographical area or group of clients used in this study. A larger scale study examining the client's attitudes in a qualitative manner would increase the knowledge base and improve generalizability. Even more importantly, it would allow the respondents to provide data in their own words and as they experience the process.

Social workers or case managers have a dual role in terms of their responsibility to the client. In the setting of halfway houses, clients have rights and self-determination but only to a certain level. Social workers must navigate the boundary of building worthwhile relationships with clients but also their responsibility to hold client strictly accountable. Social workers are expected to negotiate the fine line of the ethical responsibility to the client but also to remain transparent with accountability for expected behavior.

According to Braucht (2009), the prevailing conclusion for staff when trying to implement responsivity principles is that "successful" interaction with offenders occurs by effectively blending the role of enforcer with assistance, service and/or rehabilitative efforts. Braucht suggests that success be defined by process measures such as task competence, employment evaluations and employee satisfaction rather than measuring these attributes from an outcome perspective such as recidivism rate. This is an important dimension for evaluative measures of correctional programming. It is also important to consider the responsivity principles in training and evaluation of staff.

Research on the alliance between client and staff suggests that it is a strong predictor of psychotherapy or counseling client outcome (Bordin, 1979; Stiles, Glick, Osatuke, Hardy, Shapiro, Agnew-Davies, Barkham, 2004; Horvath & Greenberg, 1989). Such studies recognize

the benefits of the alliance factor but measure this variable in terms of outcome. This study's goal was to focus on the perceptions and process of alliance, whereas many publications rely on outcome results. More importantly, the perception is coming from the viewpoint of clients actively involved in the halfway house program. The results coincide with outcome studies that indicate alliance is a strong factor for perceived success and participants in this study overwhelmingly found trust and caring in their staff member.

This study contributes to social work by its attempt to consider one of the ten principles of social justice: Human Dignity. Social workers respect the dignity and worth of all individuals. It is the responsibility of the social worker to promote responsiveness to all individual's needs and serve as a voice for those who are traditionally unheard. This study has significant implications in recognizing the viewpoint of the correctional client in a halfway house. These involuntary clients, perhaps forced or reluctant to receive services, have shown to place great emphasis on the role of positive relationships with staff in order for their future success. Behavioral outcome can be influenced by the interpersonal interactions clients have with case managers and staff. The importance of having a strong working relationship between offenders and staff may be overlooked in the grand scheme of treatment components. However, organizations must pay attention to this factor in order to nurture an environment where offenders feel they can trust staff and in order for them to make connections that foster healthy relationships with others.

Future research

The outcomes of this study demonstrate that future research should further explore the relationship qualities of staff and client interaction at a more in-depth level particularly looking at the bond of the working alliance versus task and goals set forth in the relationship. This study

did not differentiate these two concepts and a more thorough understanding of these factors may elicit useful information.

A larger scale study examining the possible association between motivational stages of the offender and relationship quality would also increase the body of knowledge linking relationship between staff and client. Even though studies and articles have been generated within the last decade regarding the benefits of both issues, a larger scale study would allow an opportunity to examine the potential correlation between the two concepts.

Research has shown that gender may be a factor in relationship quality and looking into similarities and differences on how male and female staff interacts with offenders seems like a worthwhile endeavor.

Finally, this research was conducted using a quantitative design which really limits the quality of answers. The results provide numerical descriptions but the detailed narrative and insight of the respondents is lost in this type of data collection. The participants do not get a chance to elaborate on their perception of the relationships. In the future, this survey could be expanded with a mix of both quantitative & qualitative data in order to allow respondents to expand on their feelings and insights. For the purposes of this study, the use of closed-ended items allowed the researcher to gather exact information needed for this study as well conduct data analysis in a simplified manner.

Strengths and limitations

A major strength of this research is that participation was anonymous and convenient. The respondents were readily available in residential settings and were able to access the survey at any time. The anonymous nature of the survey may have increased the respondents desire to

participate and perhaps allowed them to provide truthful answers. It also adds knowledge to criminal justice and social work approaches to working with offenders.

A limitation of the study is that the design was a purposive sampling and therefore quite small compared to probability sampling. The relatively small sample size does not allow for generalization and also challenges the representativeness of the sample itself.

Another limitation is the process with which the questionnaires were distributed to the participants. The Department of Corrections mandated that all ballot boxes were identical in order to avoid determining which halfway house they came from. The respondents were not aware of this directive and there may have been some concern of the researcher exposing information from one particular halfway house site. In retrospect, this issue could have been addressed by the researcher in the consent form.

On a larger scale, concern for the overall confidentiality of the research may have been a factor. It is especially hard to find true confidentiality in the supervised setting of a halfway house. Given the fact that the confidential release had a signature and date line, participants may have felt compelled to answer questions in a positive light in order to avoid consequence or backlash. Overall, the data do appear to be extremely skewed toward positive views from clients. There did not appear to be any other way of accessing data in a more sophisticated technological way such as Qualtrics or Survey Monkey due to the limitations of this particular population. The geographical limitations of hand delivering the ballot boxes prohibited this researcher from expanding research to a larger area with more halfway houses and more potential participants.

Considering the benefits of listening to client self-report, it is clear there is much to gain from their insights. However, statistical evidence on relational qualities and interaction with staff and client is difficult to measure. Service delivery is hard to gauge in an evaluative manner.

This study is the first step in validating the clients experience and documenting it for future research. Training staff and administration on the process for delivering services in a correctional environment and directing efforts to facilitate a treatment milieu where therapeutic alliance and other interpersonal relationship issues are utilized may improve outcomes for probationers.

References

Andrews, D. A., Bonta, J. L., & Hoge, R. D. (1990). Classification for effective rehabilitation: Rediscovering psychology. *Criminal Justice & Behavior*, 17, 19-52.

Andrews, D.A., Bonta, J., & Wormith, J.S. (2006, January). The Recent Past and Near Future of Risk and/or Need Assessment. *Crime & Delinquency.* 52, 7-27. doi:10.1177/0011128705281756

Andrews, D.A., Bonta, J., & Wormith, J.S. (2011, July). The risk-need-responsivity (RNR) model: Does adding the good lives model contribute to effective crime prevention? *Criminal Justice and Behavior.* 38(7), 735-755.

Andrews, D. A., Zinger, I., Hoge, R. D., Bonta, J. L., Gendreau, P., & Cullen, F. T. (1990). Does correctional treatment work? A psychologically informed meta-analysis. *Criminology*, 28, 369-404.

Ball, S. A., Carroll, K. M., Canning-Ball, M., & Rounsaville, B. J. (2006). Reasons for dropout from drug abuse treatment: Symptoms, personality, and motivation. *Addictive Behaviors,* 31(2), 320-330. DOI: 10.1016/j.addbeh.2005.05.013

Bedi, R. P., (2006). Concept Mapping the Client's Perspective on Counseling Alliance Formation. *Journal of Counseling Psychology* 53, (1) 26–35.

Beha, J.A. (1975). Halfway houses in adult corrections: The law, practice and results. *Criminal Law Bulletin.* 11, 434-477.

Bonta, J., Bourgon, G., Rugge, T., Scott, T., Yessine, A.K., Gutierrez, L., & Li, J. (2011). An Experimental Demonstration of Training Probation Officers in Evidence-Based Community Supervision. *Criminal Justice and Behavior.* 38, 1127-1148.

Bordin, E.S. (1979). The generalizability of the psychoanalytic concept of the working alliance.

    Psychotherapy: Theory, Research and Practice, 16, 252-260.Bouffard, J., & Taxman, F.

    (2004). Looking inside the "black box" of drug court treatment services using direct

    observations. *Journal of Drug Issues, 34*(1), 195-218.

Braught, G. (2009). The fundamental 'what works' principle: responsivity. *Corrections Today.*

    71(2), 108.

Cameron, C. (2004; 2004). *Revisiting halfway houses as alternatives to incarceration.*

    (California State University, Long Beach, California State University, Long Beach).

    ProQuest Dissertations and Theses, Retrieved from

    http://search.proquest.com.ezproxy.stthomas.edu/docview/305038981?accountid=14756

Clark, M.D. (1997, April). Strength-based practice: The new paradigm. Corrections Today.

    59(2), 201-202.

Clear, T., White, M., & Presnell, P. (1998). The offender in the community: Implications of the

    experience in the United States for the New Czech Republic. *Crime, Law and Social*

    Change. 28(3–4), 243–268.

Criminogenic. (2011). In *Merriam-Webster.com.* Retrieved October 16, 2011, from

    http://www.merriam-webster.com/dictionary/criminogenic

Crunkilton, D.D. (2009). Staff and client perspectives on the journey mapping online evaluation

    tool in a drug court program. *Evaluation and Program Planning, 32*(2), 119-128.

    doi:10.1016/j.evalprogplan.2008.11.001

Cullen, F., Fisher, B., & Applegate, B. (2000). Public opinion about punishment and corrections.

    Crime and Justice: A review of research. 27, 1-79.

Dowell, D., Klein, C., & Krichmar, C. (1986). Evaluation of a halfway house for women. *Journal of Criminla Justice, an International Journal*. 217-221.

Emirbayer, M. & Williams, E.M.(2005, December). Bourdieu and Social Work. *Social Service Review*,79 (4), 689-724.

Fustenberg, F.F., and Hughes, M.E. (1995). Social capital and successful development among at-risk youth. *Journal of Marriage and the Family.* 57(3), 580-592.

Gendreau, P. & Ross, R. R.(1987). Revivification of Rehabilitation: Evidence from the 1980's. *Justice Quarterly.* 4(3), 349-408.

Horvath, A.O. & Greenberg, L.S. (1989). Development and validation of the working alliance inventory. *Journal of Counseling Psychology.* 36(2), 223-233.

Horvath, A.O. & Luborsky, L. (1993). The role of the therapeutic alliance in psychotherapy. *Journal of Consulting and Clinical Psychology*, 61. 561–573.

Johnson, L.N. & Wright, D.W. (2002). Revisiting Bordin's theory on the therapeutic alliance: Implications for family therapy. *Contemporary Family Therapy.* 24(2), 257-269.

Johnson, P. (1994, January 4). Crime: The people want revenge. *Wall Street Journal.* A-10.

Justice Strategies (2006, February 1). *Treatment Instead of Prisons: A Roadmap for Sentencing and Correctional Policy in Wisconsin*. Retrieved from http://www.justicestrategies.net/States/WI.htm

Kennedy, S. (1999, February). Responsivity: The other classification principle. *Corrections Today.* 61(1), 48.

Latessa, E. & Allen, H. (1982). Halfway houses and parole: A national assessment. *Journal of Criminal Justice*. 10, 153-163.

Latessa, E., & Lowenkamp, C. (2006). Issues of recidivism: What works in reducing recidivism? *University of St. Thomas Law Journal*. 3, 521 – 661.

Listwan, S., Johnson, C., Cullen, F. T., & Latessa, E. J. (2008). Cracks in the penal harm movement: Evidence from the field. *Criminology & Public Policy*, 7(3), 423-465. doi:10.1111/j.1745-9133.2008.00520.x

Lowenkamp, C.T., Latessa, E.J., & Smith, P. (2006, August). Does correctional program quality really matter? The impact of adhering to the principles of effective intervention. *Criminology & Public Policy*. 5(3), 575–594.

Madison Area Technical College. (2012). Frequently asked questions. Retrieved from http://matcmadison.edu/frequently-asked-questions-1

Martin, D.J., Garske, J.P., & Davis, M.K. (2000). Relation of the therapeutic alliance with outcome and other variables: A meta-analytic review. *Journal of Consulting and Clinical Psychology*. 68(3), 438-450.

Monette, D.R., Sullivan, T.J., & Dejong, C.R.(2008). *Applied social research: A tool for the human services.* Belmont, CA: Thomson and Wadsworth.

Overholser, J. (2007, February 22). The central role of the therapeutic alliance: A simulated interview with Carl Rogers. *Journal of Contemporary Psychotherapy*. 3, 71-78

Parenti, C. (1999). *Lockdown in America: Police and prisons in the age of crisis*. New York:

    Verso.

Petersilia, J. (2003). *When prisoners come home: Paole and prisoner reentry*. New York:

    Oxford.

Roberts, J., Stalans, L.J., Indermaur, D. & Hough,M. (2003). *Penal populism and public opinion*.

    New York, Oxford University Press.

Rooney, R. (2009). *Strategies for working with involuntary clients* (2nd ed.). New

    York, NY: Columbia University Press.

Ross, E.C., Polaschek, D.L.L., Ward, T. (2008). The therapeutic alliance: A theoretical revision

    for offender rehabilitation. *Aggression and Violent Behavior*. 13, 462-480.

Ross, E.C., Polaschek, D.L.L., & Wilscon, M. (2011). Shifting perspectives: a confirmatory

    factor analysis of the working alliance inventory (short form) with high-risk violent

    offenders. *International Journal of Offender Therapy and Comparative Criminology*, 55

    (8), 1308-1323.

Sarre, R. (2001). Beyond 'What Works?' A 25-year Jubilee Retrospective of Robert Martinson's

    Famous Article. *Australian & New Zealand Journal of Criminology (Australian*

    Academic Press), 34(1), 38-46. Retrieved from EBSCO*host*.

Savage, J., Kanazawa, S. (2002, May)   Social Capital, Crime, and Human Nature*. Journal of*

    Contemporary Criminal Justice, 18 (2), 188-211.

Scott, R.C. (2008, June). Tougher Federal Criminal Penalties versus More Crime Prevention

    Funding. *Federal Sentencing Reporter (2007-2008),* 20(5), 299-303.

Siisiainen, M. (2003). Two concepts of social capital: Bourdieu vs. Putnam. *International Journal of Contemporary Sociology*. 40, 183–204.

Skeem, J.L., Louden, J.E., Polaschek,D., & Camp, J. (2007). Assessing relationship quality in mandated community treatment: Blending care with control. *Psychological Assessment*. 19(4), 397-410.

Stiles, W. B., Glick, M. J., Osatuke, K., Hardy, G. E., Shapiro, D. A., Agnew-Davies, R., Barkham, M. (2004). Patterns of alliance development and the rupture-repair hypothesis: Are productive relationships U-shaped or V-shaped? *Journal of Counseling Psychology, 51*(1), 81-92. doi:10.1037/0022-0167.51.1.81

State of Wisconsin, Department of Corrections. (2012, January). 2011Annual Report. Retrieved from http://www.wi-doc.com/PDF_Files/Annual%20Report%202011.pdf

Taxman, F.S. (2009, March). Effective community punishments in the United States: probation. *Centre for Crime and Justice Studies.* 75, 42-44.

Taxman, F.S.,& Ainsworth, S. (2009). Correctional Milieu: The Key to Quality Outcomes. *Victims and Offenders*.4, 334-340.

Taxman, F. S., & Marlowe, D. (2006, January). Risk, Needs, Responsivity: In Action or Inaction? *Crime & Delinquency.* 52, 3-6.

Wampold, B. (2007, November). Psychotherapy: The humanistic (and effective) treatment. *American Psychologist.* 62(8) 857-873.

APPENDIX A

Department of Corrections

January 11, 2012

Ms. G. Anne Cartman
St. Catherine University
2004 Randolf Ave.
Saint Paul, MN 55015

Dear Ms. Cartman:

The Department of Corrections Research Review Committee (RRC) has reviewed and approved your request entitled *The Effect of Interpersonal Dynamics on Quality of Supervision from a Correctional Client's Perspective.* This request is approved contingent upon the following conditions:

- The RRC suggests that you ensure you cannot connect offenders to the halfway house by providing identical lock boxes to each site which you refrain from opening until all lock boxes have been collected; or by having your advisor open all lock boxes after they have all been collected to ensure you cannot connect surveys to any particular lock box/halfway house.
- None of your research materials are to be maintained using DOC property including hardware, software, or physical storage (including computers and file cabinets).
- None of your research activities may occur while using DOC work time.
- Please include the last name of your advisor on the consent form.
- Your Consent Form must include the following statement under "Voluntary nature of the study": *Whether you assist me or not will have no impact on any factors related to your supervision. You can stop at any time and this will not result in a penalty or loss of benefits to which you are otherwise entitled.*
- All information collected will be maintained confidential, with no offender identifying information presented in any form or manner in subsequent publications or reports.
- A draft of the study results will be submitted to me, at the above address, prior to any formal publication.

Please feel free to contact me if you have any further questions or concerns.

Sincerely,

APPENDIX B

The Effect of Interpersonal Dynamics on Quality of Supervision from a Correctional Client's Perspective

RESEARCH INFORMATION AND CONSENT FORM

Introduction:

You are invited to participate in a research study investigating the effect of interpersonal dynamics on quality of supervision from a correctional client's perspective.

This study is being conducted by G. Anne Cartman, student at St. Catherine University. You were selected as a possible participant in this research because you are currently under supervision of the Department of Corrections and residing at a halfway house. Please read this form and ask questions before you decide whether to participate in the study. (See below for contact information and questions).

Background Information: The purpose of this study is to look at the relational factors between staff and clients in contributing to a client's success. Approximately 69 people are expected to participate in this research.

Procedures: If you decide to participate, you will be asked to take a survey questionnaire from the "survey" tray located in the family or common room. As you complete the survey think about the case manager or staff member (or social worker) you have been assigned to or you work with the most. Please complete the questions listed in the survey and return your copy to the locked box located next to the survey tray. This study will take approximately 3-6 minutes to complete. **Please only take this survey ONCE.**

Risks and Benefits: The researcher and the staff will not have any direct contact with individuals taking the survey. The survey will be available at any time for clients to take the survey. The survey can be submitted to the lockbox without observation. There are no direct benefits to you for participating in this research.

Confidentiality: Staff or the Department of Corrections will **NOT** know who took the survey. The signed consent form will not be attached to the survey. It is only to show you understand the purpose of the study. Only this researcher and advisor will have access to the data. In any written reports or publications, no one will be identified or identifiable and only group data will be presented. The results of the study will be furnished to the Department of Corrections for their review. Results of the survey will increase the body of knowledge on how clients view the halfway house experience.

I will keep the research results in a password protected computer and the paper copies in a locked file cabinet in my office and only I and my advisor will have access to the records while I work on this project. I will finish analyzing the data by May 30, 2012. I will then destroy all original reports and identifying information that can be linked back to you.

Voluntary nature of the study: Participation in this research study is voluntary. Whether you assist me or not will have no impact on any factor related to your supervision and will not affect any future relations with St. Catherine University. You can stop at any time and this will **not** result in a penalty or loss of benefits to which you are otherwise entitled. This study includes survey items and you can refuse to answer any question if you choose. You may discontinue this survey at any time; however, please place any partially completed surveys in the locked box.

Contacts and questions: If you have any questions, please feel free to contact me, G. Anne Cartman, at (---)--- ----. You may ask questions now, or if you have any additional questions later, the faculty advisor, Valandra (full legal name) at (---)--- ---- will be happy to answer them. If you have other questions or concerns regarding the study and would like to talk to someone other than the researcher(s), you may also contact John Schmitt, PhD, Chair of the St. Catherine University Institutional Review Board, at (---)--- ---- or you may contact St. Catherine University staff Lynn Linder AT (--with any questions or concerns.

Statement of Consent:

You are making a decision whether or not to participate. If you choose to take the survey you are implying consent to participate in this research study.

Signature _____ Date: _____

APPENDIX C

The Effect of Interpersonal Dynamics on Quality of Supervision from a Correctional Client's Perspective

How important are the following factors in contributing to your success? Please circle the number that best reflects your opinion. Note that your first impressions often are the most accurate.

(Please don't forget to respond to every item.)

		Not Important		Somewhat Important		Very Important
1)	My Attitude	1	2	3	4	5
2)	Staff Relationship	1	2	3	4	5
3)	Quality of educational materials at halfway house	1	2	3	4	5
4)	Family Relationships	1	2	3	4	5
5)	Having a job	1	2	3	4	5
6)	Peer Relationships	1	2	3	4	5
7)	Staying Sober	1	2	3	4	5

For the following questions, identify the case manager or staff member from the halfway house you feel you have worked with the most. Keep this person in mind as you complete the questions below.

8. My case manager or staff person cares about me as a person.

1	2	3	4	5	6	7
Never	Rarely	Occasional	Sometimes	Often	Very Often	Always

9. I feel free to discuss the things that worry me with my case manager or staff person.

1	**2**	**3**	**4**	**5**	**6**	**7**
Never	**Rarely**	**Occasional**	**Sometimes**	**Often**	**Very Often**	**Always**

10. My case manager or staff person explains what I am supposed to do and why it would be good to do it.

1	**2**	**3**	**4**	**5**	**6**	**7**
Never	**Rarely**	**Occasional**	**Sometimes**	**Often**	**Very Often**	**Always**

11. My case manager or staff person tries very hard to do the right thing by me.

1	**2**	**3**	**4**	**5**	**6**	**7**
Never	**Rarely**	**Occasional**	**Sometimes**	**Often**	**Very Often**	**Always**

12. When I have trouble doing what I am supposed to do, my case manager or staff person talks with me and listens to what I have to say.

1	**2**	**3**	**4**	**5**	**6**	**7**
Never	**Rarely**	**Occasional**	**Sometimes**	**Often**	**Very Often**	**Always**

13. If I break the rules, my case manager or staff person calmly explains what has to be done and why.

1	**2**	**3**	**4**	**5**	**6**	**7**
Never	**Rarely**	**Occasional**	**Sometimes**	**Often**	**Very Often**	**Always**

14. My case manager or staff person is enthusiastic and optimistic with me.

1	**2**	**3**	**4**	**5**	**6**	**7**
Never	**Rarely**	**Occasional**	**Sometimes**	**Often**	**Very Often**	**Always**

15. I feel safe enough to be open and honest with my case manager or staff person.

1	**2**	**3**	**4**	**5**	**6**	**7**
Never	**Rarely**	**Occasional**	**Sometimes**	**Often**	**Very Often**	**Always**

16.   My case manager or staff person talks down to me.

1	**2**	**3**	**4**	**5**	**6**	**7**
Never	**Rarely**	**Occasional**	**Sometimes**	**Often**	**Very Often**	**Always**

17. My case manager or staff person encourages me to work together with him/her.

1	**2**	**3**	**4**	**5**	**6**	**7**
Never	**Rarely**	**Occasional**	**Sometimes**	**Often**	**Very Often**	**Always**

18. My case manager or staff person trusts me to be honest with him/her.

1	**2**	**3**	**4**	**5**	**6**	**7**
Never	**Rarely**	**Occasional**	**Sometimes**	**Often**	**Very Often**	**Always**

19. My case manager or staff person really considers my situation when deciding what I'm supposed to do.

1	**2**	**3**	**4**	**5**	**6**	**7**
Never	**Rarely**	**Occasional**	**Sometimes**	**Often**	**Very Often**	**Always**

20. My case manager or staff person seems devoted to helping me overcome my problems.

1	**2**	**3**	**4**	**5**	**6**	**7**
Never	**Rarely**	**Occasional**	**Sometimes**	**Often**	**Very Often**	**Always**

21. My case manager or staff person puts me down when I've done something wrong.

1	**2**	**3**	**4**	**5**	**6**	**7**
Never	**Rarely**	**Occasional**	**Sometimes**	**Often**	**Very Often**	**Always**

22. My case manager or staff person is warm and friendly with me.

1	**2**	**3**	**4**	**5**	**6**	**7**
Never	**Rarely**	**Occasional**	**Sometimes**	**Often**	**Very Often**	**Always**

23. My case manager or staff person treats me fairly.

1	**2**	**3**	**4**	**5**	**6**	**7**
Never	**Rarely**	**Occasional**	**Sometimes**	**Often**	**Very Often**	**Always**

24. My case manager or staff person really cares about my concerns.

1	**2**	**3**	**4**	**5**	**6**	**7**
Never	**Rarely**	**Occasional**	**Sometimes**	**Often**	**Very Often**	**Always**

25. My case manager or staff person praises me for the good things I do.

1	**2**	**3**	**4**	**5**	**6**	**7**
Never	**Rarely**	**Occasional**	**Sometimes**	**Often**	**Very Often**	**Always**

26. If I'm going in a bad direction, my case manager or staff person will talk with me before doing anything drastic.

1	**2**	**3**	**4**	**5**	**6**	**7**
Never	**Rarely**	**Occasional**	**Sometimes**	**Often**	**Very Often**	**Always**

27. I know that my case manager or staff person truly wants to help me.

1	**2**	**3**	**4**	**5**	**6**	**7**
Never	**Rarely**	**Occasional**	**Sometimes**	**Often**	**Very Often**	**Always**

28. My case manager or staff person considers my views.

1	**2**	**3**	**4**	**5**	**6**	**7**
Never	**Rarely**	**Occasional**	**Sometimes**	**Often**	**Very Often**	**Always**

29. I feel that my case manager or staff person is looking to punish me.

1	**2**	**3**	**4**	**5**	**6**	**7**
Never	**Rarely**	**Occasional**	**Sometimes**	**Often**	**Very Often**	**Always**

30. My case manager or staff person gives me enough of a chance to say what I want to say.

1	**2**	**3**	**4**	**5**	**6**	**7**
Never	**Rarely**	**Occasional**	**Sometimes**	**Often**	**Very Often**	**Always**

31. My case manager or staff person makes unreasonable demands of me.

1	**2**	**3**	**4**	**5**	**6**	**7**
Never	**Rarely**	**Occasional**	**Sometimes**	**Often**	**Very Often**	**Always**

32. My case manager or staff person expects me to do all the work alone and doesn't provide enough help.

1	2	3	4	5	6	7
Never	**Rarely**	**Occasional**	**Sometimes**	**Often**	**Very Often**	**Always**

33. My case manager or staff person knows that he/she can trust me.

1	2	3	4	5	6	7
Never	**Rarely**	**Occasional**	**Sometimes**	**Often**	**Very Often**	**Always**

34. My case manager or staff person is someone that I trust.

1	2	3	4	5	6	7
Never	**Rarely**	**Occasional**	**Sometimes**	**Often**	**Very Often**	**Always**

35. My case manager or staff person takes enough time to understand me.

1	2	3	4	5	6	7
Never	**Rarely**	**Occasional**	**Sometimes**	**Often**	**Very Often**	**Always**

36. My case manager or staff person take my needs into account.

1	2	3	4	5	6	7
Never	**Rarely**	**Occasional**	**Sometimes**	**Often**	**Very Often**	**Always**

37. My case manager or staff person shows me respect in absolutely all his/her dealings with me.

1	2	3	4	5	6	7
Never	**Rarely**	**Occasional**	**Sometimes**	**Often**	**Very Often**	**Always**

Please check or write the answers that generally describe you best.

38.   Age _____

39.   Gender _____Male
                    _____Female
                    _____Transgender

40.   Marital Status _____ Single
                        _____ Married
                        _____ Living with Partner (when not at ½ way house)
                        _____ Divorced
                        _____ Widowed

41. Education Level   _____ 12th grade or below

                                       _____ High school graduate

                                       _____ GED or HSED

                                       _____ Bachelor Degree

42. How long have you been on this current supervision?

              _____ Less than 6 months

              _____ 6-12 months

              _____ 1-2 years

              _____ 2-5 years

              _____ 5-10 years

              _____ More than 10 years

43. How long have you been at the halfway house?

              _____ Less than 15 days

              _____ 16-30 days

              _____ 31-60 days

              _____ 61-90 days

              _____ 90-120 days

              _____ 120-180 days

              _____ More than 180 days

44. I am here at the halfway house because… (check all that apply)

                              _____ Part of my release planning from prison (RE-Entry).

                              _____ Alternative to revocation (ATR).

                              _____ I have no place to live.

                              _____ I need help with my drug or alcohol problem.

                              _____ Other (write reason here)_____

                                            _____

45. What is the gender of the case manager or staff member you were evaluating in this survey?

              _____Male

              _____Female

APPENDIX D

Survey for Clients

Please share your experience of living at a halfway house.

It is important for others to understand how your relationship
with staff can influence your success.

You are invited to participate in a research study investigating the effect of interpersonal dynamics on quality of supervision from a correctional client's perspective.

This study is being conducted by G. Anne Cartman, student at St. Catherine University.   You were selected as a possible participant in this research because you are currently under supervision of the Department of Corrections and residing at a halfway house. Please read the consent form found in the tray below and ask questions before you decide whether to participate in the study. (Please see consent form for contact information for any questions.)

The questionnaire found below (in the tray) is confidential. Your answers will <u>NOT</u> be given to staff.

Thank You!