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Readiness to change criminal women and men

Abstract: The readiness of offenders to social rehabilitation is a new category in our country. Meanwhile, the research conducted in many countries indicates its usefulness in the diagnosis and selection of participants of rehabilitation programmes. This entails more effective interaction with convicted persons and greater responsibility on the part of convicted people for their own social rehabilitation process. The aim of this article is to present the main assumptions and models of readiness for change and their usefulness in social rehabilitation practice and to present pilot studies of readiness for change among criminal women and men in Kraków. Application of the Polish adaptation of the CVTRQ questionnaire made it possible to determine the level of convicted persons' readiness, taking into account deficits in particular scales of the questionnaire and variables differentiating the group of ready and not ready people. At the end, guidelines for further research will be presented.

Key words: readiness models, readiness for change, readiness for change questionnaires, social rehabilitation, effectiveness of social rehabilitation.

An important element of social rehabilitation is strengthening the motivation of convicted persons to actively engage in the process of change (Biel 2014). The term "readiness for change" in the context of offenders is defined by Serin and Kennedy considering it as part of a wider reactivity model (Serin, Kennedy 1997, p. 13–14). On our native ground, Maciej Muskała places the term of readiness for change as an important factor of effective social rehabilitation effects, in addition to voluntariness and practice based on scientific evidence (Muskała 2016).

The aim of this article is to present the main assumptions and models of readiness for change and their usefulness in social rehabilitation practice and to present pilot studies of readiness for change among criminal women and men.

Models of readiness for change

There are several main models of readiness for change which are based on different theoretical assumptions and are addressed to different populations, such as addicts or different groups of offenders. Three models will be presented below.

Trans-theoretical model of change (TTM)

Among the models of change that have gained ground in therapeutic practice, the Trans-Theoretical Model of Change – developed by James O. Prochaska and Carl C. DiClemente. Although this model is most useful in the treatment of addictions, it deserves a short mention also when discussing models of work with offenders. The authors assume that the addicted person undergoes several stages on the way to change behavior (precontemplation, contemplation, preparation, action, maintenance and solution). Each subsequent stage is characterized by increased motivation to change behavior. This process is not linear, but rather cyclical. Achieving a certain stage does not necessarily lead to the next one. In the process of change, a person may, after reaching one stage, get stuck or return to unwanted behaviors from earlier stages. Therefore, before one achieves a permanent change, they pass through its stages several times. However, with more knowledge and a better understanding of the stages and the process of change, a person can gain more control over the cycle of change and go through it faster and more effectively (Prochaska et al. 2008, p. 38).

At the stage of precontemplation, an addicted person has no intention of making changes in his/her behavior, as he/she does not see a problem. A change is not necessary, is unwanted and unnecessary. In the second stage (contemplation) the addicted person enters a period of ambivalence and begins to consider the benefits and negatives of a possible transformation. The decision to do so means moving to a preparation stage, which requires the development of an action plan and increased motivation. The next stage (actions) assumes the transition from plans to actual behavioral change. A person modifies his/her behavior in order to overcome problems. The maintenance stage consists in strengthening the previous stages and making efforts to prevent possible relapses (Prochaska, Norcross 2006, p. 568–572).

The trans-theoretical model of change was often criticized. According to Albert Bandura, there are three essential features of the step-by-step model: separateness of successive stages, sequential transition between stages (no possibility

to jump through one of the stages) and irreversibility (no possibility to go back to earlier stages) (Bandura 1998, p. 9–11). The authors of the model allow the possibility to function on several stages at the same time, as well as retreat, which makes it difficult to use it in practice: “If an individual can be at more than one stage at the same time, can jump through stages without sequential sequence, and is also able to move both forward and backwards in the cycle of change, determination of a specific stage of change has limited usefulness for practitioners because it does not say much about where the person is now and in what direction he or she is heading” (Burrowes, Needs 2009, p. 41).

The trans-theoretical model of change diagnoses the stage at which an addicted person currently finds himself/herself. The created questionnaires based on the theoretical assumptions of the model serve for this purpose. For example, *The University of Rhode Island Change Assessment Scale* (URICA), *The Stage of Readiness and Treatment Eagerness Scale* (SOCRATES) or *The Readiness to Change Questionnaire* (RCQ) researching motivation for change should be listed. The evaluation of these questionnaires showed their limited diagnostic usefulness, as “practitioners should know *what* a person contemplates about rather than just that he or she contemplate, *why* he or she is at the contemplative stage rather than just that he or she is at the contemplative stage” (Burrowes, Needs 2009, p. 42). According to critics, TTM does not provide more insight into why a person is at a given stage of change and thus has limited usefulness in diagnosing of readiness for change among the offenders.

Multifactor Offender Readiness Model (MORM)

The importance of readiness for change in the process of offenders’ social rehabilitation is also underlined by the Multifactor Offender Readiness Model (MORM) created by Tony Ward and co-workers (Ward et al. 2004). This model points out that readiness is equally a property of the offender’s internal disposition, the context in which the process of social rehabilitation takes place and the therapeutic environment. The authors propose the following definition of readiness: “readiness is the presence of characteristics (states and predispositions) either within a person or in a therapeutic situation, which can support commitment to therapy and thus improve the therapeutic change” (Howells, Day 2003, p. 321; Ward et al. 2004, p. 650; Day et al. 2010, p. 6, Muskała 2016, p. 82). Offenders who are ready for change have some psychological predispositions that allow them to participate well in social rehabilitation programmes. The authors list a number of factors that make up the readiness for change (more in: Muskała 2016, p. 82–87). The first group consists of internal factors of readiness: cognitive factors (attitudes, beliefs, thinking patterns), emotional factors (emotions), behavioral factors (skills and social competences), voluntary factors (intentions), and the second group consists of external factors of readiness: circumstances (personal situation

of the individual), location (prison, open environment), opportunities (availability of therapies and social rehabilitation programmes), resources (qualified staff, physical resources, quality of programmes), support (presence of supporters who wish the offender well).

The Multifactor Offender Readiness Model shows that the combination of internal (personal) and external (context) factors increases the probability of more effective participation of offenders in therapeutic programmes. People who show readiness will be better involved in the process of social rehabilitation and will more often successfully complete therapeutic programmes. An important element is also the fact that the offenders who want change, not only recognize their involvement in crime as a problem, but also make a decision to seek help from others. This presupposes a conviction that, on its own strength, a prisoner is not capable of renouncing crime. Only when a person is sincerely convinced that he or she wants to abandon the criminal road, can he or she acquire the social skills and competences needed to achieve this goal. To sum up, we can say that readiness for change occurs when a person is motivated (they want, have the will to change), is able to respond appropriately (they can), recognizes the importance (they are involved), have the ability (are able) to successfully go through the social rehabilitation program (Day et al. 2010, p. 11).

Readiness, as described in the Multifactor Offender Readiness Model, can be understood as a dynamic rather than static phenomenon: the offender is ready for something. In the case of social rehabilitation (therapy), the offender is ready to engage in a process (therapy) that will lead to behavioral changes (giving up on a criminal lifestyle). The authors emphasize that the degree of commitment that is achieved in the process of social rehabilitation depends on the intentions of the offender. It can be assumed that both internal and external factors, at any point of the process, may weaken or amplify it. The will is therefore more than just one aspect of the internal motivation of the participants: it is a mechanism thanks to which the incentive for change is maintained (Casey et al. 2007, p. 1437).

On the basis of the Multifactor Offender Readiness Model, several questionnaires have been developed to assess the readiness for change. At this point we will only describe two instruments prepared by the model's creators. The first one is *The Corrections Victoria Treatment Readiness Questionnaire* (CVTRQ), which consists of 20 items. The questionnaire distinguishes 4 scales: attitudes and motivations ("Programs do not work"), emotional reactions ("I feel guilty because of crimes committed"), criminal thinking ("Other people should be blamed for my crime") and the effectiveness of action ("I hate when someone tells me what to do"). The answers are ranked according to Likert's 5-degree scale. Results lie within the range 20–100, and the higher the score, the greater the readiness. The psychometric value of the questionnaire showed high internal consistency and reliability. The value of Cronbach's alpha individual scales is as follows: the scale of attitude and motivation measures attitudes and beliefs regarding social rehabilita-

tion programs and the desire for change ($\alpha = 0.84$), the scale of emotional reactions relates to the approach to criminal behavior ($\alpha = 0.79$), the scale of criminal thinking measures beliefs about personal responsibility for crime ($\alpha = 0.73$), the scale of effectiveness measures the individual ability to participate in social rehabilitation programmes ($\alpha = 0.60$).

The second tool is a modification of the first one in order to diagnose the readiness of violent offenders: *The Violence Treatment Readiness Questionnaire* (VTRQ). Although the psychometric results of these questionnaires are promising, further studies are needed to confirm the usefulness of the model in the process of offenders' social rehabilitation.

Since the readiness in MORM view is a dynamic phenomenon, two more considerations concerning its estimation have to be taken into account. Firstly, the readiness may change over time. A person who is ready to change before starting a social rehabilitation (therapeutic) programme may lose it in the impact process, e.g. because of the fear of group work, the fear that the treatment will not be confidential or will be ineffective. Secondly, the comprehensiveness of the concept requires the use of many methods of estimating the readiness. Meanwhile, most of the available diagnostic tools focus mainly on estimating internal or external factors of the readiness for change (Mossiere, Serin 2014, p. 388).

Readiness to Change Framework (RCF)

One more model of readiness to change deserves the attention. It is called the Readiness to Change Framework (RCF). According to the authors, this is not a complete theory, but rather a model or a framework that offers a broader conceptualization of the term of readiness to change and identifies the key elements of the process (Burrowes, Needs 2009). When describing readiness to change, the authors use a river metaphor to show that change is a dynamic phenomenon over which we do not have a total control. The change is not an event "before and after" or a simple sum of components, it is a complex reality which we can control.

The proposed Readiness to Change Framework is made up of two models. The first one is the Context of Change Model which identifies contextual (situational) factors of change, while the second one is the Barrier to Change Model which contains 10 obstacles in the process of the change.

The Context of Change Model identifies the key components of change: the internal context of the person, the catalysts of change and the environment (surrounding) of change. These elements may affect the readiness for change directly or interact with one another to modify it. The individual (internal) context assumes that a person entering the process of change has his or her expectations, has a certain self-assessment, recognizes specific social norms, has his or her life goals and strategies of coping with life. Moreover, demographic factors such as

age, gender, culture, education and financial resources influence the process of change. Each individual factor or their combination may influence the readiness to change. In the case of offenders, for example, the past experiences of ineffective social rehabilitation programmes or the feeling of being too old may reduce the level of readiness to change. Catalysts give the drive to change. These may be events, relations, relationships or therapeutic programs. In the latter case, elements such as the way in which programs are implemented, the purpose and length of the program, or the attitude of the therapist (educator) can be of great importance. Finally, the environment of change creates an external context in which it takes place. In the case of penitentiary social rehabilitation, it is the prison building itself, its internal rules, prison staff and overcrowding or co-prisoner terrorism that play a significant role in motivating for a change. Moreover, relationships with family and friends are important. The authors identify also the fourth component, which they define as a general social and cultural context. The social rehabilitation of offenders is not carried out in a vacuum, but is influenced by a wider social and cultural context. This concerns the impact of society, politics, economics and law. For example, conditions of leaving the penitentiary unit may vary depending on changes in law or pressure on the primacy of social rehabilitation in an open environment. Thus, catalysts for change may depend on political trends, the physical environment of the prison, staff and prison rules (Burrowes, Needs 2009, p. 43).

The Barrier to Change Model identifies 10 obstacles that may appear on its path. Their definition is also a guide to the estimation of readiness to change.

The first barrier is the significance of change in comparison to life goals that are in conflict with the law. People are oriented towards achieving goals, so it is important to identify the most important ones for them. Since people can achieve only some of their goals, they estimate the benefits of achieving one at the expense of the other. For example, offenders may find it more important to deal with needs which do not provoke a crime (e.g. finding a job or housing) than to limit the criminal behaviors. Moreover, prisoners may also have certain priorities that are not compatible with the social rehabilitation process: for example, maintaining relationships with colleagues may obstruct undertaking treatment. The contradictory objectives are therefore a major obstacle to engaging in the process of change.

The second barrier is the perception of the need for change. If people do not see any discrepancies between the current situation (crime) and future life according to norms, they will not see the need for change. The reason for this may be an incorrect assessment of the current situation or low awareness of one's own position. Prisoners are reluctant to admit that they have a problem related to criminality. Sex offenders often justify their criminal behavior by the fact that their behavior was normal, because the victim experienced pleasure.

The third barrier is the perceived level of personal responsibility for change. Some offenders admit that they have a problem that requires a change, but are

unable to recognize that they themselves, at least in part, are responsible for initiating it. Usually, the causes of the problem lie outside, e. g. in the society, the unfair administration of justice or cruel fate. Moreover, offenders tend to perceive themselves as victims of bad education or victims of the social system in general. It should be noted, however, that this is about taking responsibility for change and not for the past acts. In some cases, taking full responsibility for one's own criminal acts can be harmful, as it can lead to a sense of hopelessness, which effectively inhibits the attempts to constructive change (Maruna, Mann 2006).

The fourth barrier is the perceived analysis of costs and benefits resulting from this change. In case of offenders, there are many benefits of criminal activity, such as financial gain, drug-related experiences or prestige among colleagues. This profits should be balanced with the costs resulting from such activities, such as fear of being arrested, imprisonment, fines and financial penalties. Likewise, there are also benefits and costs of giving up on a crime. Potential costs include a lack of financial income, the need to avoid criminal colleagues and the fear of who the former criminal will become. While the potential benefits are a stable home life and improved employment conditions. Ultimately, this perceived balance between total costs and benefits has the greatest impact on readiness to change.

The fifth barrier is perceived as an immediate necessity for change. People can see the need and necessity for change and the benefits of it, but at the same time they can delay it. According to the R-N-R model assumptions, social rehabilitation programmes should be addressed primarily to offenders with a high probability of recidivism who have committed serious crimes and are most often convicted of long sentences. They do not always feel an urgent need for change, as they think about it more often only at the end of the sentence.

The sixth barrier is the perception of personal ability to change. It is mainly about the level of one's own effectiveness in achieving it. People are often convinced of their inability to change, which results from lack of competence and possessing appropriate resources, whereas this conviction of their effectiveness in action determines how much effort they put into the process of change and how long they will overcome the accumulating problems.

The seventh barrier highlights the perception of personal predisposition to maintain change. Offenders can be sure that they will be able to achieve a change in the short term, but they have serious concerns about whether they will be able to persist in a good behavior for longer.

The eighth barrier is related to the perception of the costs associated with the measures needed for change. The above mentioned obstacles emphasize the individual willingness of offenders to change their behavior. They answer the question whether they want to invest their energy in the process of change. Sometimes the change is made only because of the will of the person, while other times appropriate methods and tools are needed to facilitate the change, which in the presented model are described as the measures needed for change. For offenders,

the cost of participating in therapeutic programmes may be, for example, reluctance to work in groups, a sense of the loss of autonomy, discomfort due to the necessity to talk about their past in the presence of others.

The ninth barrier is the usefulness and effectiveness of the measures needed for the change. Where measures serving the change are available, they must still be seen by people as useful and effective. Offenders often have their own theories about what the change is, which in turn influences the willingness to join the social rehabilitation programmes. For example, if an offender believes that the process of change is done only thanks to their own efforts, they will be reluctant to participate in any social rehabilitation or therapeutic programme because they will not see its usefulness. This situation may be strengthened by the participation in programmes which have not brought the expected change and were inefficient.

The tenth barrier is the realities of change. This refers primarily to the real situation of the person. These are personal limitations (physical, cognitive, intellectual), poorly chosen measures (schemes that do not take into account learning styles or education) or practical problems such as lack of finance, health problems, childcare problems or time constraints.

According to the authors' assumption, the change is made by reducing the impact of barriers on human activity. These limitations are dynamic, may increase and decrease, which means that the change is also a dynamic process. Moreover, each individual obstacle can limit the readiness to change, therefore all obstacles must be taken into account and addressed. It is not enough, for example, to carry out some therapeutic programme, but one should also take into account internal cognitive factors and practical barriers to change.

The authors also note that there is a hierarchy of changes. This means that some elements are easier to be changed than others. Thus, behavior and attitudes are more flexible and open to change, while self-esteem and roles fulfilled are more rigid and therefore more difficult to implement. Barriers relating to human self-esteem are more resistant to change, while barriers relating to attitudes are less stable and easier to be changed. Therefore, long-term change requires transformation within the social roles fulfilled as well as self-esteem (Burrowes, Needs 2009, p. 44–47).

The authors of the Readiness to Change Framework have not yet developed a specific tool to estimate the readiness to change in accordance with the proposed assumptions. The only thing we know is that estimation of the level (intensity) of barriers can be researched with the use of other psychometric tools that estimate for example attitudes. It is also necessary to evaluate this framework through empirical research.

Taking into account that the individual models differ in theoretical assumptions and methods of estimating the readiness to change as well as in the population of respondents, further on we will present studies testing the Multifactor

Offender Readiness Model, which is most relevant to the population of offenders and uses a tool positively assessed due to its psychometric features.

Estimating the readiness to change in empirical studies

As mentioned above, the Multifactor Offender Readiness Model indicates that the readiness to change is conditioned by the presence and interaction between both internal and external factors. This means that the model can be used to identify the factors (internal and external) required to involve offenders in the social rehabilitation process, to participate in therapeutic programmes. Thus, it is possible to identify which factors hinder the successful completion of therapeutic programmes and contribute to a low level of involvement in the process of change. However, failure to complete the proposed therapeutic and social rehabilitation programmes is associated with a higher rate of return to crime.

Sturgess and his colleagues attempted to identify the reasons why offenders quit therapeutic programmes (Sturgess et al. 2016). After analyzing the literature, they firstly identified 2,827 articles dealing with this issue. However, when the evaluation criteria were clarified, they identified only 13 studies which were analyzed due to the factors of change identified in MORM. Six studies concerned residents of hospitals under supervision, while seven were carried out in penitentiary institutions. In total, 730 participants were examined, of which 34.25% were women, 58.22% were men, while the lack of data was indicated in case of 7.53% of respondents.

The overall results of the research confirmed theoretical findings of the MORM model that the readiness to change is not only the result of the impact of internal factors, individual factors, but also external, contextual factors and their interactions. Among the internal factors that showed low involvement of individuals the following were distinguished: 1) cognitive factors: low effectiveness, negative evaluation of staff, of the programme itself, effects and other group members, mechanisms of denial; 2) affective factors – stress, anxiety, low level of managing emotions; 3) behavioral factors – poor mental health, learning difficulties, non-compliance with rules. These factors mean that therapeutic programs are not at the heart of the problem, because they are either too complicated and incomprehensible for individuals, which contributes to a decrease in awareness of one's own efficiency and thus in readiness to change.

Among the voluntary factors the following were emphasized: low motivation for change, lack of ability to set goals, discrepancy between personal goals and goals set by the therapeutic programme, strong attachment to criminal identity, perceived lack of choice and control over one's own life.

Among the external factors, firstly those that strengthen the commitment to change were identified. This includes above all the feeling of support, the avail-

ability of therapeutic programmes and a sense of security. Offenders considered the relationship with staff as extremely important in the process of achieving their goals. On the contrary, negative relationships with staff or peers contributed to quitting the treatment. Other factors encouraging to participation in therapeutic programmes include the transfer to an institution located closer to the place of residence, request for treatment (Sturgess et al. 2016, p. 1880–1884).

On the basis of the conducted analyzes the authors pointed out several implications for the social rehabilitation practice. Firstly, some offenders find it difficult to separate themselves from the criminal past, from criminal thinking, criminal identity and lifestyle, which means that they do not see therapeutic purposes as their own. It is therefore necessary, especially in therapeutic wards, to teach convicted people how to perceive themselves as patients rather than offenders, which can significantly increase their motivation to change. Secondly, the lack of involvement in the process of change results from negative experiences related to a therapy. Therefore, the preparatory work should be carried out before therapeutic programmes are introduced in order to increase the offenders' awareness of the programme, particularly of its objectives. This will allow to estimate the level of readiness to change, find out about learning styles and the ability to identify needs. Thirdly, involvement in the process of change accelerates strongly when a convicted person implements his or her own needs for change towards a pro-social lifestyle. Therefore, short sessions should be introduced, such as motivational interviews, which increase the readiness to change and strengthen one's own effectiveness. Moreover, convicted persons are more willing to pursue the goals they set themselves. Hence, staff should cooperate with criminals in setting pro-social goals and lead to their implementation. In this way, imprisoned people will not only have a sense of achieving their own goals, but also the staff will be confident that the objectives of the social rehabilitation process will be compatible, which will reduce the abandonment of therapeutic programmes. Fourthly, setting and agreeing common goals between therapist and client contributes to the development of the therapeutic covenant. The aim should be to establish such a relationship from the very beginning of the process of change and to support the involvement of convicted people. Finally, research shows that offenders value the internal sense of security in the process of involvement in therapy. It is therefore the staff's task to organize their activities in such a way that there are no dangerous situations, inappropriate behaviors that cause anxiety and thus reduce the willingness to participate in programmes (Sturgess et al. 2016, p. 1890–1892).

Also noteworthy are the research conducted by Bosma and his co-workers (Bosma et al. 2015, p. 1–17). The authors attempted to investigate readiness to participate in the program Prevention of Recidivism, which is equivalent to the Polish programme of preparing for release. A total of 92 convicted people were examined, 60 of which completed the programme, 17 did not participate in the

programme, 6 did not successfully complete the programme and 17 were still participating in the programme during the research. The Dutch version of CVTRQ has been used, which measures the readiness of offenders to participate in social rehabilitation programmes. The Dutch version rejected 1 item that did not correspond to the current situation of the respondents and therefore the overall results were in the range of 15–95. The authors of the questionnaire indicate that achievement of the result of 72 indicates a readiness to participate in the programmes. The lower result indicates a lack of readiness.

Analyses of Dutch research indicate that the average result of the tested population amounts to 61.2 and 79.3% of respondents are not ready to participate in social rehabilitation programmes. The lowest scores were obtained on the scale of emotional reactions, which may mean that lack of readiness for change may result from low level of emotional reactions of offenders, such as a sense of guilt and shame. Moreover, the results of readiness classification carried out by curators on the basis of individual diagnoses were compared with the results obtained by means of a standardized CVTRQ questionnaire. The results are convergent, which confirms the high predictability of a questionnaire based on MORM to investigate the readiness of offenders.

Two other conclusions can be drawn from the Dutch study. Firstly, offenders who achieved a higher level of readiness measured by the CVTRQ questionnaire more often successfully completed the rehabilitation programme. Secondly, the results obtained with CVTRQ are more precise than the clinical diagnosis used so far in penitentiary practice in the Netherlands.

Since there are first tests showing the usefulness of CVTRQ in diagnostic practice, they cannot be compared to other tests based on the same tool. A pilot research conducted for the first time in Poland will be presented below with reference to the results of Dutch research.

Own studies

The aim of the conducted research was to diagnose readiness to change in the population of convicted men and women. Since these were pilot studies, another important objective was to use the CVTRQ questionnaire to test readiness to change for the first time in our country and to adapt it to Polish conditions. The research problem was the question: what is the level of readiness to change convicted women and men? In addition to the diagnosis of general readiness to change, the attention has also been paid to many variables that can distinguish the group of people ready for change and those who are not ready, such as: gender, education, the level of penalty and the time of served punishment. The research was carried out in the Penitentiary in Nowa Huta and in the Detention Center in Kraków. The surveyed population consisted of 100 people, 74 of whom were men, while 26 of

respondents were women. The average age of respondents was 37.5 years (37.4 among men and 38 among women).

The CVTRQ questionnaire was used in one's own translation verified by an English translator. As mentioned above, the questionnaire consists of 20 questions and measures the willingness of convicted people to participate in social rehabilitation programmes. The following 4 distinguished scales: attitudes and motivation, emotional reactions, criminal thinking and effectiveness of action indicate the potential areas of deficits, which should be compensated in order to increase the effectiveness of social rehabilitation effects.

The answers are ranked according to Likert's 5-degree scale. Results lie within the range 20–100, and the higher the score, the greater the readiness. The authors of the questionnaire indicate that achievement of the result of 72 indicates a readiness to participate in the programmes. The lower result indicates a lack of readiness. Psychometric research showed the internal consistency of the Polish version of CVTRQ, as evidenced by the Cronbach's alpha value of 0.69.

Table 1. shows the results of readiness among the convicted men and women. In the female population ($N = 26$), 19 people were diagnosed with readiness, while 7 were diagnosed with lack of readiness. In case of men ($N = 74$) 46 people show readiness while 28 do not show readiness. The average overall result is 74.28, above the level determining the readiness. The average score for women is 75.8, while the average score for men is 73.7. Comparing the two populations with the use of Mann-Whitney's U test for the two independent groups, no significant statistical differences were found, which may result from too small group of tested women.

Table 1. Results of readiness to change of women and men

	Women ($N = 26$)	(Men $N = 74$)
Readiness	19	46
Lack of readiness	7	28

Source. own research.

Taking into account the individual scales of the questionnaire, it should be noted that there is a statistically significant difference between the group of "ready" and "not ready" people in two out of four scales. This means the scale of emotional reactions ($p < 0.001$) and criminal thinking ($p > 0.001$). In case of scale of attitude and motivation there is a difference at the limit of significance ($p < 0.06$). Detailed data is presented in Table 2.

The results of the research confirm the data obtained by Bosma and co-workers that emotional reactions, such as a sense of guilt or shame, may differentiate the level of readiness to change of offenders (Bosma et al. 2015, p. 10).

In the case of the scale of criminal thinking, research results confirm, among other things, the theory of Glenn D. Walters (2002), who claims that the people undertaking criminal behavior have a specific way of thinking, reflected in eight styles of thinking, which have a defensive function in relation to the image of the Self. Many authors, as shown above, emphasize to the need to strengthen the motivation of convicted persons to participate in the process of their social rehabilitation, which may take the form of preliminary preparation before proposing specific rehabilitation programmes.

Table 2. Mann-Whitney's U Test for two independent groups (ready-not ready): questionnaire scales

Variable	U	Z	p	Z improve	p
Attitudes and motivation	884.000	1.92093	0.054741	1.92945	0.053676
Emotional reactions	482.500	-4.80413	0.000002	-4.82670	0.000001
Criminal thinking	644.500	3.64080	0.000272	3.67007	0.000243
Effectiveness	937.500	-1.53675	0.124356	-1.55686	0.119506

Source: own research.

When examining the differences between the group of people "ready" for social rehabilitation impacts and the group of "not ready" people, the attention was also drawn to such factors as: education, length of the sentence and the sentence passed so far. Detailed data is presented in Table 3.

Table 3. Mann-Whitney's U Test for two independent groups (ready-not ready: age, education, sentence and punishment)

Variable	U	Z	p	Z improve	p
Age	1028.500	-0.88327	0.377091	-0.88409	0.376648
Education	1074.000	0.55653	0.577847	0.70808	0.478899
Sentence	763.500	-2.78625	0.005332	-2.78938	0.005281
Sentence passed	874.500	-1.98915	0.046685	-1.99449	0.046100

Source: own research.

When analyzing the data contained in Table 3, it should be stated that a significant difference between the two groups occurs only in the case of the length of the sentence ($p < 0.01$) and the length of the sentence passed so far ($p < 0.05$). Prisoners ready for change are sentenced with higher penalty than not ready

prisoners. Moreover, the length of their stay in a penitentiary institution is higher than in case of not ready prisoners. According to J. Górski, the greatest vulnerability to social rehabilitation influences occurs at the beginning of the sentence when the convicted person needs our help, and at the end of the sentence when he wonders what he is going to do at large (Machel 2003, p. 59). An analysis of the Spearman's r correlation between different scales of the questionnaire and variables was also carried out: the amount of the penalty, the number of months served and age. A positive correlation was found between the level of punishment and the scale of emotional reactions as well as attitudes and motivation ($p < 0.05$). Negative correlation occurs between age and a scale of attitude and motivation ($p < 0.05$). This means that the higher the sentence, the higher the level of emotional reaction and readiness to change, as well as the older the person, the less motivation to change.

Conclusion

The willingness of the criminal to change or participate actively in the process of social rehabilitation is a relatively new concept in our country. Apart from the theoretical description of the phenomenon, there have so far been no studies on readiness in the population of convicted criminals. However, the usefulness of this category is demonstrated not only by creators of both the theory and research tools, but also by researchers from the Antipodes and the Netherlands. The presented fragment of the first readiness studies in Poland may contribute to a better selection of candidates for participation in rehabilitation programmes, which may increase the effectiveness of their completion and change of life. According to Wiesław Ambrozik, the difficulty is the apparent design, creation and implementation of rehabilitation programmes in penitentiary units. The lack of proper diagnosis and evaluation of programmes is also a drawback, which means that the proposed activities “do not reach the essence of life problems or personal problems of the convicts, do not touch upon the problem of committed criminal acts and the situation of their victims or participation in criminal culture” (Ambrozik 2016, p. 106).

It is also important to improve the level of readiness to change of the convicts. This concerns the following three components: the convict, the programmes and the external environment in which social rehabilitation is carried out. The level of readiness for change can be increased by modifying one or all of the three components. In the case of a convict, it is mainly about increasing the motivation to change cognitive, emotional and behavioral factors. The motivational dialog method is most often used here. Modification of the applied programmes concerns a better selection of measures applied to a specific group of convicts. Modification of the environment, on the other hand, focuses on the choice of lo-

cation (prison institution, freedom situation) or resources (qualified staff, physical resources necessary to carry out the programme). Raising the level of readiness to change in criminals is therefore an important factor in the process of social rehabilitation. However, it is also important for the staff to be able to implement the programme and to correct and respond to the changing needs of the criminal.

Diagnosing the criminal's readiness to change is one of the important prerequisites for effective social rehabilitation and calls for widespread use in penitentiary practice. Hence the need for further research on the readiness of criminals to change, first through further validation of the CVTRQ questionnaire, then through extensive analysis of larger populations of convicted persons in the context of their detention.

Literature

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