

SEPTEMBER 2020

# Federal PROBATION

*a journal of correctional  
philosophy and practice*

## **SPECIAL ISSUE ON IMPLEMENTATION SCIENCE IN COMMUNITY CORRECTIONS: REDUCED RECIDIVISM & SOCIALLY SIGNIFICANT OUTCOMES BY DESIGN**

Fidelity to Evidence-based Practice: Our Obligation to Effective Supervision and Service Delivery

*By Kimberly Gentry Sperber*

The 10 Essential Principles of Implementation Leadership: Real-World Applications of Change Leadership Acumen

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Implementation Teams: The Missing Link for Scaling and Sustaining Effective Practice

*By Dean Fixsen, Melissa K. Van Dyke*

An Organizational Readiness Lens for Implementing the Risk-Need-Responsivity Model

*By Pam Imm, Aldrenna Williams, Joe Hyde, Abe Wandersman*

Performance Management as a Way to Improve Implementation Efforts: The Power of KIWs

*By Melissa A. Alexander, Bradley G. Whitley, Edward R. Cameron, Michael R. Casey*

Motivational Interviewing for Community Corrections: Expanding a Relationship-based Approach with Exemplar Implementation

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Using Implementation Science to Transform Policy into Practice: The Federal Probation and Pretrial Services System's Evidence-based Journey

*By Rachel Goldstein*

Peer Recovery Support Services in New York Opioid Intervention Courts: Essential Elements and Processes for Effective Integration

*By Elizabeth Burden, Erin Etwaroo*

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## **PUBLISHED BY**

*The Administrative Office of the U.S. Courts*

**James C. Duff**, *Director*

**John J. Fitzgerald**, *Chief*  
*Probation and Pretrial Services Office*

*Federal Probation* ISSN 0014-9128 is dedicated to informing its readers about current thought, research, and practice in criminal justice, community supervision, and corrections. The journal welcomes the contributions of persons who work with or study defendants and offenders and invites authors to submit articles describing experience or significant findings regarding the prevention and control of crime and delinquency. A style sheet is available from the editor.

*Federal Probation* is published three times yearly—in June, September, and December. Permission to quote is granted on the condition that appropriate credit is given the author and *Federal Probation*. For information about reprinting articles, please contact the editor.

Subscriptions to *Federal Probation* are available from the Superintendent of Documents of the Government Printing Office at an annual rate of \$16.50 (\$22.40 foreign). Please see the subscription order form on the last page of this issue for more information.

Federal Probation can also be accessed online at no charge at [www.uscourts.gov](http://www.uscourts.gov).

## **EDITORIAL STAFF**

**Charles Robinson**, *Executive Editor*  
**Ellen Wilson Fielding**, *Editor*

**Federal Probation**  
*Administrative Office of the U.S. Courts*  
Washington, DC 20544  
telephone: 202-502-1651  
fax: 202-502-1677  
email: [Ellen\\_Fielding@ao.uscourts.gov](mailto:Ellen_Fielding@ao.uscourts.gov)

**Postmaster:** Please send address changes to the editor at the address above.

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Opioid intervention courts (OICs) have shown early promise in addressing the needs of offenders with opioid use disorders. Using their experience, the authors present a framework for conceptualizing the adaptation and integration of Peer Recovery Support Services (PRSS) into court settings, identifying essential elements of comprehensive programs, essential integration processes, key program design factors, and drivers of success. The framework suggests that while the core elements remain the same, PRSS programs will vary from site to site.

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The articles and reviews that appear in *Federal Probation* express the points of view of the persons who wrote them and not necessarily the points of view of the agencies with which these persons are affiliated. Moreover, *Federal Probation*'s publication of the articles and reviews is not to be taken as an endorsement of the material by the editors, the Administrative Office of the U.S. Courts, or the Federal Probation and Pretrial Services System.

# Introduction to Special Issue on “Implementation Science in Community Corrections: Reduced Recidivism & Socially Significant Outcomes by Design”

Melissa K. Van Dyke, Guest Editor

International Expert Advisor for Implementation

University of Strathclyde, Glasgow, United Kingdom

Director, Active Implementation Research Network (AIRN), U.S.

**THE FIELD OF** implementation science is young, so there is still much to learn. However, in this special issue of *Federal Probation*, we draw together state-of-the-art practice examples that demonstrate the integration of the science of implementation into the fields of justice and community corrections. Many of the authors represented in this issue have been directly engaged for decades in efforts to implement the best available evidence in community corrections and other settings. Within this special issue, we are confident that you will find a collection of articles that will enhance your understanding of what is required to implement evidence-based and evidence-informed practice, fully and effectively, in your setting.

Our knowledge of “what works”—whether it relates to the Risk-Need-Responsivity Model, Motivational Interviewing, evidence-based assessments, core correctional practices, Drug Treatment Courts, or numerous others—is insufficient if we cannot establish and sustain professional environments that support and enable staff to deliver consistently these practices with quality. Given the number of persons under supervision that must be reached by these practices, it is essential that we embrace and act upon the overwhelming evidence that these practices *will only produce*

*the intended benefits* when coupled with sustained investment in effective implementation processes and the development of enabling contexts. (See graphic below.)

The expansion of our collective implementation knowledge is captured in the set of articles that follows. These authors interrogate many of the key implementation variables and functions that have been identified in research, related to effective innovations, effective implementation methods, and enabling contexts. The majority of the articles address the core implementation factors that “are required to produce, sustain, and improve the effectiveness and efficiency of innovation as they are used in practice” (Fixsen, Blase, & Van Dyke, 2019). The articles provide clear guidance and insight related to developing and sustaining a workforce capable of consistently delivering evidence-based and effective practices. Several

of the articles discuss the development of in-house implementation expertise, in the form of Implementation Teams, to support and guide the implementation process, as well as the essential role of formal leaders in creating the conditions for this type of change process to be sustained.

Kimberly Sperber’s article, “*Fidelity to Evidence-based Practice: Our Obligation to Effective Supervision and Service Delivery*,” offers a useful synthesis of the academic evidence that creates a compelling case for the essential role of fidelity assessment in the context of any effort to make use of evidence-based practices. She also highlights the growing evidence of the direct benefits of fidelity assessment to the organization and staff well-being! As a particularly valuable contribution to this issue, Sperber provides a practical guide to designing a fidelity evaluation process that

## Implementation Science Provides a Formula for Success



Fixsen, Naoom, Blase, Friedman, Wallace, 2008

is valid, reliable, and capable of supporting the development of staff members' competence and confidence.

In the article by Glenn Tapia and Alexandra Walker, "*The 10 Essential Principles of Implementation Leadership: Real-World Applications of Change Leadership Acumen*," the authors summarize the careful analysis of ten years of reflections on effective implementation leadership. Providing specific guidance to organizational leaders, Tapia and Walker recommend a shift away from more traditional "change management" approaches, which haven't proven effective in facilitating implementation efforts, towards a complexity and implementation-informed approach to meaningful and sustainable improvement. With attention to the required enabling context, Tapia and Walker outline a set of key principles that encourage organizational leaders to step into the messy, adaptive learning process that can produce organizational capacity capable of embedding itself into and improving effective practice and implementation and growing the next generation of effective organizational leaders.

Dean Fixsen and Melissa Van Dyke contributed "*Implementation Teams: The Missing Link for Scaling and Sustaining Effective Practice*," which describes the often overlooked but necessary organizational structure and functions of Implementation Teams. It continues to be common for organizational leaders to significantly underestimate the need for ongoing, organized expertise to guide, support, and sustain complex change processes. Although initially this capacity may be drawn from outside of the organization, there is growing evidence of the value of Implementation Teams within organizations to serve as "the container" for growing the necessary knowledge and skills to drive complex and ever-evolving change and improvement processes. This article makes a strong case for investing in the development of Implementation Teams and provides guidance on how to develop these Teams so they are capable of supporting an organization's full and effective use of effective practices.

Building upon more than two decades of experience with community-based initiatives and applied research on readiness for change, Pam Imm, Aldrenna Williams, Joe Hyde, and Abe Wandersman summarize their insights in "*An Organizational Readiness Lens for Implementing the Risk-Need-Responsivity*

*Model*." In this article, the authors highlight the essential work of actively building individual and organizational readiness to support effective implementation of innovations. Furthermore, they describe in detail the steps to develop a Readiness Building System within an organization, attending to the multiple and essential elements of readiness, including motivation and both general and innovation-specific capabilities. The work of Wandersman and his colleagues has provided practical and illuminating guidance for many of us involved in supporting real-world change in community, state, and national organizations.

In their article, "*Performance Management as a Way to Improve Implementation Efforts: The Power of KIWI's*," Melissa Alexander, Bradley Whitley, Edward Cameron, and Michael Casey describe the ten-year learning journey that has deepened their understanding of what is required by chiefs, deputy chiefs, supervisors, and officers to become even more sophisticated implementers of more effective practices. By redefining the roles and responsibilities of the existing workforce, Alexander and her colleagues outline an approach to establish sufficient coaching capacity to embed various evidence-based initiatives, along with meaningfully engaging staff in the usability testing and improving of new tools to support effective practice.

Michael Clark, Todd Roberts, and Teresa Chandler's article, "*Motivational Interviewing for Community Corrections: Expanding a Relationship-based Approach with Exemplar Implementation*," provides a valuable description of the journey of a group of committed trainers, invested in equipping practitioners with the skills and implementation supports needed for Motivational Interviewing to be delivered effectively—and not just for a few practitioners, but for thousands. Clark describes the essential processes necessary to develop sufficient implementation capacity to implement, scale, and sustain an innovation in a real-world setting with fidelity. As an added bonus, Clark describes beneficial insights related to recent efforts to adapt the implementation infrastructure to accommodate Covid-19 restrictions.

Next, in "*Using Implementation Science to Transform Policy into Practice: The Federal Probation and Pretrial Services System's Evidence-based Journey*," Rachel Goldstein summarizes the efforts undertaken by the federal probation and pretrial system over the

last ten years to make use of the best available evidence related to daily interactions with people under supervision. In an effort to take stock of the system's progress to date, Goldstein reports the key findings from the analysis of a set of 600 practice tapes, coded to measure fidelity to a defined practice, as well as a set of focus groups, comprising staff who have been involved in practice implementation efforts over the last decade. Guided by the Active Implementation Frameworks, Goldstein makes use of these data to inform and propose a set of next steps, which includes the development of a comprehensive practice framework, as well as the implementation infrastructure needed to spread and scale this practice with fidelity across the federal system.

Elizabeth Burden and Erin Etwaroo's article "*Peer Recovery Support Services in New York Opioid Intervention Courts: Essential Elements and Processes for Effective Integration*" provides insights into the adaptation of an existing model (Drug Treatment Courts) to a specific population of concern (Opioid users) through the careful integration of a program enhancement (Peer Recovery Specialists) to the existing model. The authors' description of the essential elements of Peer Recovery Support Services is particularly interesting, as it highlights the intersection of the values and principles of this non-professionally led innovation with the necessity to implement the approach with as much intentionality as any other well-defined, effective innovation requires. Finally, the authors summarize a set of key factors (which are relevant to many other initiatives) related to program design, the required implementation infrastructure, the importance of building readiness, and creating an enabling context.

It has been a pleasure and an honor to read and provide feedback on each of the manuscripts in this issue. The tremendous expertise and generous spirits of all the authors represented in this issue are greatly appreciated. The contributions to this issue give me great confidence in the direction of travel for the justice and corrections communities, as well as a sense of anticipation for all that is being realized in the practice of implementation in these critical real-world settings. Like me, I hope the readers of this issue find a plethora of useful material to consider and integrate into the important work that each of those involved in community corrections do.

# Fidelity to Evidence-based Practice: Our Obligation to Effective Supervision and Service Delivery

Kimberly Gentry Sperber  
Talbert House

**CORRECTIONAL AGENCIES FACE** increasing internal and external pressure to implement evidence-based practices to reduce recidivism. Internal pressures stem from an agency's desire to excel in the industry, to maximize positive individual and public safety outcomes, and to conduct business in an ethical and fiscally responsible manner. External pressures, on the other hand, have taken the form of outcomes-driven contracting, increased regulatory audits, mandatory participation in standardized program evaluations via the Correctional Program Assessment Inventory (CPAI) and the Evidence-Based Correctional Program Checklist (CPC), and attempts to mandate recidivism reduction through legislation. To meet these demands, correctional administrators often look to the empirical literature to tell them what services or practices work to reduce recidivism.

While necessary, knowledge of "what works" alone is not sufficient to sustain long-term change in an organization. Agencies also need effective implementation planning and execution skills and a comprehensive infrastructure designed to support and sustain evidence-based practices for the long term. Key to a robust implementation infrastructure are processes to ensure that the agency and staff are continually adhering to the organization's evidence-based practices, otherwise known as fidelity. This requires that agencies develop procedures to assess, monitor, improve, and maintain fidelity to evidence-based practices. Establishing and maintaining fidelity evaluation in real-world settings can be fraught with challenges, however. Agencies need a strong understanding

of their evidence-based practices, the role of fidelity in producing organizational outcomes, the benefits associated with fidelity evaluation, and the resources required to effectively implement fidelity evaluation in real-world settings.

## The Foundation of Evidence-Based Practice in Corrections

In a 1990 meta-analysis, Andrews and colleagues described and tested three principles of what they termed "appropriate correctional service" (Andrews, Zinger, Hoge, Bonta, Gendreau, & Cullen, 1990). Now well-established in the field of corrections, these principles are risk, need, and responsivity and are the foundation of the Risk-Need-Responsivity (RNR) Model. In short, these principles assert that: (a) correctional practitioners should identify individuals who have a higher probability of committing future crimes and reserve more intense services and supervision for those individuals; (b) correctional services should intentionally target for change those individual attributes that have been shown to be strongly correlated to criminal behavior (i.e., criminogenic needs); and (c) correctional programs should be based on cognitive-behavioral and social learning approaches while also attending to individual and organizational attributes that impact the individual's ability to respond to correctional interventions.

To test the principles of risk, need, and responsivity, Andrews et al. (1990) compared the performance of programs that adhered to these principles to the performance of programs that did not. Study results

demonstrated that appropriate programs produced recidivism reductions of 30 percent while inappropriate programs *increased* recidivism by 6 percent. Since the publication of these results, a number of subsequent meta-analyses have replicated the finding that programs that adhere to the principles of risk, need, and responsivity produce greater recidivism reductions than those programs that do not adhere to these principles. This pattern of findings has been demonstrated with an array of justice-involved populations, including adults, juveniles, females, individuals convicted of sex offenses, and individuals convicted of violent offenses (e.g., Brusman-Lovins, Lowenkamp, Latessa & Smith, 2006; Dowden & Andrews, 2000; Dowden & Andrews, 1999; Lipsey, 1999; Hanson, Bourgon, Helmus, & Hodgson, 2009; Lovins, Lowenkamp, & Latessa, 2009). Consequently, the RNR Model is now a well-established empirical framework for working with justice-involved individuals.

In the 30 years following the Andrews et al. (1990) meta-analysis, researchers and practitioners have made significant progress in operationalizing the RNR principles into concrete tools and strategies for implementation in real world settings. Examples include, but are not limited to: (1) an array of empirically validated criminogenic risk and needs assessment instruments available to help agencies identify the risk level of the individuals they serve so that they can appropriately triage supervision and treatment according to an individual's risk to re-offend (see James, 2015; Hanson & Morton-Bourgon, 2009; Hoge, 2002); (2) empirically established guidelines about the

appropriate level of treatment dosage to provide to correctional clients based on their criminogenic risk (e.g., Lipsey, Landenberger, & Wilson, 2007; Makarios, Sperber, & Latessa, 2014); (3) empirical guidelines related to the appropriate density of criminogenic needs to target for change in high-risk correctional clients (e.g., Gendreau, French, & Taylor 2002; Lowenkamp, Pealer, Smith, & Latessa, 2006); (4) a variety of cognitive-behavioral curricula to treat correctional clients across a variety of correctional populations and services settings, including cognitive-behavioral models of probation and parole supervision (e.g., Bourgon, Bonta, Ruggie, Scott, & Yessine, 2010; Gehring, Van Voorhis, & Bell, 2010; Lipsey, Landenberger, & Wilson, 2007; Lowenkamp, Hubbard, Makarios, & Latessa, 2009); and (5) identification of evidence-based practices within problem-solving courts (e.g., National Association of Drug Court Professionals, 2018a; National Association of Drug Court Professionals, 2018b).

### **Building an Infrastructure to Support and Sustain Evidence-Based Practices**

During this same time frame, researchers across disciplines in human services, social work, education, addiction science, mental health, and corrections have also made significant progress identifying the organizational practices that are required to promote the systematic uptake and integration of evidence-based practices into daily operations that are separate from the practices used by staff with correctional clients. Consequently, there is now empirical evidence to provide guidance to agencies on an array of topics related to effective, sustainable implementation of evidence-based practices. In addition to fidelity evaluation, examples of such practices include staff recruitment, staff training, staff supervision and coaching, organizational change management, quality improvement processes, and data and decision support systems, to name a few (e.g., Fixsen, Naoom, Blase, Friedman, & Wallace, 2005; Schoenwald, Sheidow, & Chapman, 2009; Durlak & DuPre, 2008; Lipsey, 2009; Landenberger & Lipsey, 2005; Lowenkamp & Latessa, 2002). While all these interdependent practices contribute to an organization's successful implementation of evidence-based practices and positive recidivism outcomes, a review of these practices is outside the scope of this paper. Rather, the focus of this paper is solely on fidelity evaluation.

### *The Impact of Fidelity on Correctional Client Outcomes*

It is important to note that there is evidence that both organizational-level adherence and individual staff-level adherence to the strategies specified by both the RNR model and implementation science affect client outcomes post-discharge from correctional programs. Research findings from early CPAI research illustrate the impact of organizational fidelity on these practices. The CPAI is an evidence-based tool developed to assess the extent to which correctional programs follow evidence-based practices. These practices include assessment and programming characteristics used with correctional clients as well as organization characteristics within the domains of program implementation, staff quality, and program evaluation. CPAI evaluators conduct site visits to gather evidence of adherence to an established set of criteria against which programs are scored. Programs achieving higher scores on the CPAI meet a greater number of the criteria than programs receiving lower scores.

The importance of the score is twofold: (1) it serves as a baseline or gauge against which programs can compare their performance in terms of evidence-based practice while also providing guidance on areas for improvement, and (2) research has shown that the scores produced from these assessments are correlated with post-discharge recidivism outcomes for clients served within these programs. For example, Lowenkamp, Latessa, and Smith (2006) examined data from 38 residential correctional programs for adults in order to examine the relationship between CPAI scores and program effectiveness. They found that CPAI scores were significantly correlated to reincarceration post-release from the programs. Programs achieving scores ranging from 0-49 percent demonstrated a 1.7 percent reduction in reincarceration compared to the comparison group programs, while programs achieving scores ranging from 50-59 percent demonstrated recidivism reductions of 8.1 percent. Programs achieving the highest scores, in the range of 60-69 percent, demonstrated the largest recidivism reductions of 22 percent.

While CPAI studies have assessed organizational-level fidelity to evidence-based practices, other studies have investigated the relationship between individual staff adherence to various evidence-based practices and post-program outcomes of justice-involved clients. Results of these types of

studies reveal the same trend—individual staff adherence, or lack thereof, is associated with client outcomes even after clients have left the program. Some clear examples of this include studies of adolescent treatment, cognitive-behaviorally based probation, and core correctional practices.

Studies of adherence to evidence-based family treatments for juveniles have shown that staff adherence to the treatment model predicts post-treatment client outcomes. For example, Schoenwald, Sheidow, Letourneau, and Liao (2003) examined the impact of staff fidelity to Multisystemic Therapy (MST) in a study involving 666 youth and families served by 217 therapists in 39 sites. Therapists in these sites were rated on the Therapist Adherence Measure, a scale comprising 26 items. The youth were assessed immediately following treatment on the Child Behavior Checklist for both internalizing and externalizing behavior problems as well as the Vanderbilt Functioning Index, which assesses such factors as antisocial behavior, problems at home, problems at school, and problems with peers. Therapist adherence to MST predicted successful completion of treatment and reductions in problem behaviors of the youth immediately following treatment. Therapist adherence was later shown to predict decreased recidivism four years post-treatment (Schoenwald, Chapman, Sheidow, & Carter, 2010). Similarly, Sexton and Turner (2010) reported results from a study of Functional Family Therapy (FFT) involving more than 900 families and 38 FFT therapists. Study results showed that high-adherent therapists demonstrated a 35 percent reduction in felonies for treated youth, a 30 percent reduction in violent crimes, and a 21 percent reduction in misdemeanors at 12 months post-treatment relative to a comparison group of juvenile probationers. Of particular importance was the finding that the highest risk families had a greater probability of successful post-treatment outcomes when assigned to high-adherent therapists.

In correctional supervision research, Latessa, Smith, Schweitzer, & Labrecque (2013) found that high-risk probationers assigned to probation officers with strong fidelity to the Effective Practices in Community Supervision (EPICS) model had incarceration rates that were 12 percent lower than high-risk probationers assigned to probation officers with low fidelity to the model. Finally, Dowden and Andrews (2004) used a meta-analytic approach to demonstrate that staff use of effective use of authority, appropriate modeling



and reinforcement, problem-solving with correctional clients, effective use of community resources on behalf of correctional clients, and quality rapport and communication with correctional clients (collectively known as “core correctional practices”) was associated with lower recidivism rates; this was especially true in programs that adhered to the RNR model, meaning that use of core correctional practices had the greatest impact on recidivism reductions in these programs.

While it is intuitive that programs and staff lacking in fidelity often produce inferior results compared to programs and staff with strong fidelity, studies that find increases in recidivism relative to no-treatment conditions are often surprising to practitioners and should be of particular interest given the public safety mission of corrections. Recall that as early as 1990, Andrews et al. demonstrated that programs that did not adhere to the RNR principles increased recidivism by six percent. Seeking to determine whether fidelity to RNR was just as important for supervision programs as it was for correctional treatment programs, Lowenkamp et al. (2006) found similar impacts on recidivism when fidelity was absent. They examined 66 community-based jail and prison diversion programs to determine the impact of organizational adherence to the risk and need principles. Programs in the study included intensive supervision probation, day reporting programs, substance abuse programs, electronic monitoring, and work release.

Results showed that programs that targeted higher risk offenders produced an average decrease in recidivism of five percent. Conversely, programs that did not primarily target higher risk offenders were associated with a two percent increase in recidivism on average. In addition, programs that varied the intensity of services by offender risk reduced crime on average by four percent, while programs that did not vary intensity by risk demonstrated no significant impact on recidivism. When examining adherence to the need principle, Lowenkamp et al. (2006) found that programs that provided more referrals for high-risk offenders compared to low-risk offenders reduced recidivism by seven percent, while those who did not meet this criterion only demonstrated a reduction in recidivism of 1 percent. When 75 percent of the referrals were treatment-oriented and targeted criminogenic needs, these programs reduced recidivism by 11 percent; however, when programs did not have this 3:1 ratio of

service referrals targeting criminogenic needs, they increased recidivism by 3 percent on average. Finally, when examining the cumulative impact of targeting higher risk offenders, varying services by risk, providing more referrals for high-risk offenders, and ensuring that 75 percent of referrals targeted criminogenic needs, Lowenkamp et al. (2006) found that programs that did not use any of these strategies increased recidivism by 13 percent.

A 2010 statewide study in Ohio also found relationships between organizational fidelity and client outcomes, where lack of fidelity was associated with increases in recidivism (Latessa, Brusman-Lovins, & Smith, 2010). Researchers assessed 64 adult halfway houses and Community-Based Correctional Facilities in the state and included more than 20,000 correctional clients in the study sample. The study used a matched comparison group to compare the outcomes of correctional clients receiving treatment services to individuals with similar characteristics who did not receive these services. Using a subsample of treatment completers, the evaluation also assessed each program on select evidence-based practices.

One of the practices assessed was the quality of the cognitive behavioral groups offered in each program. Evaluators went into each program, observed the groups offered, and rated each group on several key characteristics, such as the use of role-plays in group and the amount of time spent in cognitive-behavioral groups. Based on these ratings, the evaluation staff then created a Cognitive Behavioral Group Scale. Each program was assigned one negative point if cognitive behavioral groups were offered but did not contain any of the positive attributes assessed, zero points if they did not offer cognitive behavioral groups, and one point if they offered cognitive behavioral groups that were offered 4 or more hours per week or allocated at least 50 percent of group time to role-playing activities. Study results showed that programs that received a score of negative one increased recidivism by 1.4 percent compared to their matched comparison group. On the other hand, programs that did not offer cognitive behavioral groups at all demonstrated a 4.8 percent reduction in recidivism relative to their matched comparison group, meaning that programs that did not offer cognitive-behavioral groups produced better recidivism outcomes than programs that implemented cognitive-behavioral groups that likely did not provide sufficient dosage and did not attend to skill-building activities

that are a key ingredient within cognitive-behavioral interventions and have been shown to be important predictors of recidivism (e.g., Lowenkamp, 2004; Lowenkamp & Latessa, 2002; Sperber & Lowenkamp, 2017). Finally, programs that offered cognitive behavioral groups that met the fidelity criteria assessed in the study produced the best recidivism outcomes, with a 6.3 percent reduction in recidivism relative to their matched comparison group.

There is also research to suggest that individual staff non-adherence to evidence-based practices is associated with increases in recidivism. In one of the earlier studies to examine the association between individual staff competence in specific evidence-based models and post-treatment recidivism, Barnoski (2004) examined three groups of juvenile offenders who had participated in Functional Family Therapy in Washington State. These three groups of juveniles were those who had participated in Functional Family Therapy with therapists who had been deemed competent in the delivery of FFT, juveniles who had participated in Functional Family Therapy with therapists who had been deemed not competent or of borderline competence in the delivery of FFT, and a control group of juveniles who had not participated in FFT at all. Recidivism data were collected at 6 months, 12 months, and 18 months post-discharge from the program. At 18 months post-treatment, Barnoski (2004) found that the juveniles who had participated in FFT with therapists deemed not competent in the model had the worst recidivism outcomes, across three separate measures of recidivism. In other words, juveniles who had participated in an evidence-based intervention had higher recidivism rates than juveniles who had received no treatment at all. For example, 54 percent of juveniles assigned to non-competent therapists had committed either a new misdemeanor or new felony at 18 months, compared to 50 percent of untreated juveniles and 44 percent of juveniles treated by competent therapists. This same pattern also was observed for new felony offenses and new violent felony offenses at 18 months. At all three time points, juveniles treated by competent therapists demonstrated the lowest recidivism rates, followed by untreated juveniles, followed by juveniles treated by non-competent therapists.

#### *Impact of Fidelity Evaluation on Staff*

In addition to the impact on client outcomes, there is also evidence in the human services

literature that fidelity monitoring can have a positive impact on staff outcomes. For example, Aarons, Sommerfeld, Hecht, Silovsky, & Chaffin (2009) evaluated the impact of fidelity monitoring on children's services staff during a statewide implementation of an evidence-based model of care. Participating agencies were randomly assigned to one of four conditions: services as usual without fidelity monitoring, services as usual with fidelity monitoring, evidence-based practice model without fidelity monitoring, and evidence-based practice model with fidelity monitoring. Their analyses showed that evidence-based practice implementation paired with fidelity monitoring predicted greater staff retention relative to the other three study groups. Also of interest was that the highest turnover rate was found among staff assigned to the evidence-based practice model without fidelity monitoring condition. The study authors provided several possible explanations for this finding. The first was that implementation of evidence-based practices without fidelity support may be perceived by staff as just another change representing new demands. The second was that staff are less likely to develop a sense of mastery of a new practice when fidelity support is not provided to staff implementing new evidence-based practices. The third was that training staff in the evidence-based practice without fidelity staff to assist them with application of the model within the context of challenging cases may lead staff to view the new model simply as a mandate with no flexibility regarding how to best apply the model to a range of scenarios while still maintaining fidelity.

During the same study, Aarons, Fettes, Flores, & Sommerfeld (2009) examined the impact of assignment to the four study conditions on emotional exhaustion of staff. Aarons et al. (2009) defined emotional exhaustion as the "extent to which an employee feels that their emotional resources have been depleted (p. 2)." Results showed that the staff experiencing the highest levels of emotional exhaustion were in the service as usual with fidelity monitoring group. Their analyses also showed that there was no direct detrimental impact of fidelity monitoring on emotional exhaustion. In other words, fidelity monitoring did not demonstrate negative effects until it was paired with the service as usual condition. This led the authors to hypothesize that the increased oversight that accompanies fidelity monitoring in the absence of a clear rationale for that oversight

may have eroded staff's sense of control and autonomy, thereby increasing emotional exhaustion. Organizational attention to emotional exhaustion among staff is important, as it has been associated with both staff turnover and staff adherence to evidence-based treatment models (e.g., Schoenwald et al., 2010).

### **Practical Considerations for Designing Fidelity Evaluation Processes**

The empirical literature outlines clear benefits of monitoring and ensuring fidelity to evidence-based practices, in terms of both client and staff outcomes. However, there are a number of considerations agencies must take into account as they plan and develop a fidelity monitoring infrastructure. While not an exhaustive primer on operationalizing fidelity evaluation within correctional organizations, this section outlines issues and decisions agencies face when strategically planning fidelity evaluation initiatives.

#### *Fidelity Measurement*

Probably the first decision an organization must make is which elements of evidence-based practice to measure and monitor. This comes into play in two important ways. First, most organizations use multiple evidence-based practices that can cut across assessment practices, decisions related to triaging and brokering services, delivery of manualized curricula or models such as Cognitive-Behavioral Interventions, as well as non-manualized evidence-based approaches to working with clients, such as Motivational Interviewing. Few agencies have the resources to conduct comprehensive fidelity monitoring of numerous evidence-based practices simultaneously, thereby requiring agencies to prioritize which of its evidence-based practices to monitor at any point in time. Second, even within a single evidence-based practice, there may be multiple components that can be assessed. Fidelity evaluations of cognitive-behavioral models, for example, may focus on adherence to delivery of materials from a specific curriculum or may focus on specific techniques such as teaching a thought-behavior chain, teaching cognitive restructuring, facilitating role-plays, staff use of behavioral reinforcers, and so forth.

Once the components of an evidence-based practice have been chosen for assessment, an agency must have a method of measuring program and/or staff fidelity to the components. Because evidence-based practices vary

in the extent to which they come with pre-packaged measures of fidelity, agencies may find themselves needing to create measurement tools to conduct fidelity ratings. This requires having the necessary subject matter expertise to identify the "active ingredients" of the evidence-based practice (Herschell, 2010). Such ingredients are the core components of an intervention or practice that are responsible for producing the intended outcomes. Narrowing measures down to the active or core ingredients means that agencies can develop monitoring systems that focus on fewer elements of treatment and supervision, thereby simplifying the process.

#### *Fidelity Methods*

With fidelity measurement items identified, an agency can proceed to choose the methods to use to assess fidelity. These include both direct methods of assessment and indirect methods of assessment. Indirect methods of assessment include such things as staff self-report ratings of fidelity, client surveys of fidelity, and documentation reviews. Indirect methods are typically easier to implement and require fewer resources. This makes them an attractive starting point for agencies new to fidelity measurement and monitoring. Indirect methods can suffer from serious limitations, however, such as social desirability bias among staff completing self-assessments or lack of sufficient knowledge to recognize the occurrence or quality of program components by clients (Schoenwald, Garland, Chapman, Frazier, Sheidow, & Southam-Gerow, 2011). Direct methods of measurement that involve observation of staff use of evidence-based practices, on the other hand, are considered superior to indirect methods and should be the standard of measurement toward which agencies strive. While indirect methods may serve as a starting point and can be useful supplements to direct methods of measurement, they should not replace direct methods over the course of the long term (Herschell, 2010).

Direct methods involve fidelity raters directly observing staff while interacting with clients to rate their use of evidence-based practices in real-world settings using real clients rather than simulations. While these methods of measurement are preferred, agencies often face several challenges to implementing direct observation methods. The first set of barriers concerns challenges associated with having raters physically present during staff interactions. Examples include having raters sit in on individual or group treatment sessions,

individual treatment or case management sessions, or assessment appointments. The arguments against having live raters in the room for these activities are twofold: (1) they are perceived as disruptive to the clinical process and (2) having to be present at prescribed times creates time management inefficiencies with the process, especially within agencies that use supervisory or peer staff to perform fidelity observations. One viable solution to both challenges is to simply audiotape or videotape client sessions so that raters can view and assess the sessions remotely and at times most convenient to their schedules.

### *Fidelity Raters*

Selection of the evidence-based practice to evaluate combined with the type of fidelity measurement to be used should guide the selection of fidelity raters within agencies. There are a number of important considerations here. The first is the amount of subject matter expertise required of fidelity raters, as these individuals should be trained experts in the practice that they are evaluating on behalf of the agency. The second is the role of the fidelity raters within the organization. For example, some agencies opt to use supervisory staff and to integrate the fidelity rating function into the supervision process, while other agencies use peer raters. For both supervisory raters and peer raters, integration of this added responsibility into their existing job roles can be a challenge. A third model is to have staff or contractors who serve exclusively as fidelity monitors and/or fidelity coaches for the organization. There are several advantages to this model. First, staff assigned to work exclusively within an agency's fidelity program would not have competing tasks that interfere with their ability to perform fidelity functions as would supervisory or peer staff. Second, they would not face the conflicts of interest that supervisors and peers may face. For examples, supervisors may face pressure for their staff to look good while peer raters may worry about backlash from fellow peers over ratings perceived as negative. Third, creating specialized fidelity positions means that there are fewer raters within the organization, which serves to reduce challenges associated with interrater reliability. Fewer raters who do not have competing tasks related to other organization responsibilities also makes it easier for the organization to hold these staff accountable for conducting the required fidelity procedures. The complexity of the practice to be evaluated, the sophistication of the

fidelity measurement tools, expectations of fidelity raters to coach staff, and the level of experience of the fidelity staff with both the practices to be evaluated and the evaluation methodology all dictate the level and type of training that will be required for the staff chosen to implement fidelity procedures.

### *Logistical Considerations*

Implementing a formal system of fidelity measurement also requires agencies to have systems and procedures to code, store, analyze, and report fidelity data. This includes dedicated responsible parties for completing these tasks as well as the appropriate data storage systems and software. Agencies that opt to use technology, such as audiotapes and videotapes, will also need processes for storing, securing, and destroying tapes in a way that protects the confidentiality of staff and clients. Perhaps even more important is the need to have procedures for responding to the results of fidelity measurement. This means that agencies must have an a priori understanding of the purpose and goals of their fidelity efforts, including plans for how the agency will use the data generated from the process. Examples of decisions that agencies face include whether to include fidelity ratings in formal staff performance evaluations and whether ratings will be used only for individual staff development or will be aggregated at the program level to assess programmatic trends and improvement over time. Responses to both staff deemed proficient and demonstrating high fidelity and staff deemed not proficient and lacking in fidelity should be determined and communicated to staff prior to launching any formal fidelity initiatives.

Agencies should also incorporate workload metrics into front-end planning to determine the volume and frequency of fidelity evaluations the agency can realistically manage. Examples of such metrics include the number of staff to be evaluated, the number of fidelity evaluators available to conduct ratings, whether fidelity evaluators are expected to provide feedback and coaching to staff whom they have rated, the hours required for evaluators to completed fidelity-related tasks as well as any other competing tasks, and the frequency at which the agency expects staff to be evaluated. This information can then be analyzed to create a fidelity rating schedule for staff (e.g., monthly, quarterly, semi-annual, annual).

The final consideration is whether staff will have advance notice of fidelity observations.

This is a common practice in organizations currently assessing staff adherence to evidence-based practices. The primary limitation with this methodology, however, is that infrequent observations at pre-determined times simply provide evidence of a staff person's proficiency or competency in the model or practice. It does not provide evidence of fidelity. In other words, this methodology provides evidence of whether a staff person *can* perform the techniques observed but does not provide evidence of whether the staff person *does* routinely use the techniques in everyday interactions with clients. Alternative methodology can provide clearer evidence of fidelity. For example, agencies can require staff to videotape all sessions and then allow fidelity evaluators to randomly select tapes to review according to the agency's evaluation schedule (e.g., monthly). This would provide a more accurate sense of the staff person's routine use of the techniques while not requiring an increase in frequency or volume of ratings.

## **Conclusions**

To sum, many correctional programs are allocating a great deal of resources to implementing evidence-based practices/models in an effort to improve client outcomes. However, few programs are actively and systematically monitoring staff and organizational fidelity to these models. The result is often poor fidelity to the model and corresponding poor client outcomes. Given the implications for public safety, correctional organizations have an ethical responsibility to assess and support staff fidelity to evidence-based practices to the extent afforded by their organizational infrastructure and resources.

## **References**

- Aarons, G. A., Fettes, D. L., Flores, L. E., & Sommerfeld, D. H. (2009). Evidence-based practice implementation and staff emotional exhaustion in children's services. *Behaviour Research and Therapy*, 47, 954-960.
- Aarons, G. A., Sommerfeld, D. H., Hecht, D. B., Silovsky, J. F., & Chaffin, M. J. (2009). The impact of evidence-based practice implementation and fidelity monitoring on staff turnover: Evidence for a protective effect. *Journal of Consulting and Clinical Psychology*, 77, 270-280.
- Andrews, D. A., Zinger, I., Hoge, R. D., Bonta, J., Gendreau, P., & Cullen, F. T. (1990). Does correctional treatment work? A clinically relevant and psychologically informed meta-analysis. *Criminology*, 28, 369-404.
- Barnoski, R. (2004). *Outcome evaluation of*

- Washington State's research-based programs for juvenile offenders. Olympia, WA: Washington State Institute for Public Policy.
- Bourgon, G., Bonta, J., Ruge, T., Scott, T. L., & Yessine, A. K. (2010). The role of program design, implementation, and evaluation in evidence-based 'real world' community supervision. *Federal Probation*, 74, 2-15.
- Brusman-Lovins, L., Lowenkamp, C. T., Latessa, E. J., & Smith, P. (2007). Application of the risk principle to female offenders. *Journal of Contemporary Criminal Justice*, 23, 383-398.
- Dowden, C., & Andrews, D. A. (1999). What works in young offender treatment: A meta-analysis. *Forum on Corrections Research*, 11, 21-24.
- Dowden, C., & Andrews, D. A. (2000). Effective correctional treatment and violent reoffending: A meta-analysis. *Canadian Journal of Criminology*, 42, 449-467.
- Dowden, C., & Andrews, D. A. (2004). The importance of staff practice in delivering effective correctional treatment: A meta-analytic review of core correctional practices. *International Journal of Offender Therapy and Comparative Criminology*, 48, 203-214.
- Durlak, J. A., & DuPre, E. P. (2008). Implementation matters: A review of research on the influence of implementation on program outcomes and the factors affecting implementation. *American Journal of Community Psychology*, 41, 327-350.
- Fixsen, D. L., Naoom, S. F., Blasé, K. A., Friedman, R. M., & Wallace, F. (2005). *Implementation research: A synthesis of the literature*. National Implementation Research Network (FMHI Publication #231). <https://nirn.fpg.unc.edu/sites/nirn.fpg.unc.edu/files/resources/NIRN-Monograph-Full-01-2005.pdf>
- Gehring, K., Van Voorhis, P., & Bell, V. R. (2010). "What works" for female probationers? An evaluation of the *Moving On* program. *Women, Girls, and Criminal Justice*, 11, 6-10.
- Gendreau, P., French, S., & Taylor, A. (2002). *What works (what doesn't) revisited 2002: The principles of effective correctional treatment*. Unpublished manuscript, University of New Brunswick, St. John, New Brunswick, Canada.
- Hanson, R. K., Bourgon, G., Helmus, L., & Hodgson, S. (2009). The principles of effective correctional treatment also apply to sexual offenders: A meta-analysis. *Criminal Justice and Behavior*, 36, 865-891.
- Hanson, R. K., & Morton-Bourgon, K. E. (2009). The accuracy of recidivism risk assessments for sexual offenders: A meta-analysis of 118 prediction studies. *Psychological Assessment*, 21, 1-21.
- Herschell, A. D. (2010). Fidelity in the field: Developing infrastructure and fine-tuning measurement. *Clinical Psychology*, 17, 253-257.
- Hoge, R. D. (2002). Standardized instruments for assessing risk and need in youthful offenders. *Criminal Justice and Behavior*, 29, 380-396.
- James, N. (2015). *Risk and needs assessment in the criminal justice system*. Washington, DC: Congressional Research Service. [https://www.everycrsreport.com/files/20150724\\_R44087\\_0c47cc191ecc982888fa182c82ef0099a86eca8d.pdf](https://www.everycrsreport.com/files/20150724_R44087_0c47cc191ecc982888fa182c82ef0099a86eca8d.pdf)
- Landenberger, N., & Lipsey, M. (2005). The positive effects of cognitive-behavioral programs for offenders: A meta-analysis of factors associated with effective treatment. *Journal of Experimental Criminology*, 1, 451-476.
- Latessa, E., Brusman-Lovins, L., and Smith, P. (2010) *Follow-up evaluation of Ohio's community based correctional facility and halfway house programs—Outcome study*. Center for Criminal Justice Research. University of Cincinnati.
- Latessa, E. J., Smith, P., Schweitzer, M., & Labrecque, R. M. (2013). *Evaluation of the Effective Practices in Community Supervision Model (EPICS) in Ohio*. Final report submitted to the Office of Criminal Justice Services.
- Lipsey, M. (1999). Can intervention rehabilitate serious delinquents? *The ANNALS of the American Academy of Political and Social Science*, 564, 142-166.
- Lipsey, M. (2009). Primary factors that characterize effective interventions with juvenile offenders: A meta-analytic overview. *Victims & Offenders*, 2(4), 124-147.
- Lipsey, M. W., Landenberger, N. L., & Wilson, S. J. (2007). Effects of cognitive behavioral programs for offenders. *Campbell Systematic Reviews*, 6, 1-27.
- Lovins, B., Lowenkamp, C. T., & Latessa, E. J. (2009). Applying the risk principle to sex offenders: Can treatment make some sex offenders worse? *The Prison Journal*, 89, 344-357.
- Lowenkamp, C. T. (2004). *Correctional program integrity and treatment effectiveness: A multi-site, program-level analysis* (Order No. 3120848). Available from ProQuest Dissertations & Theses Global. (305201397). <http://search.proquest.com.proxy.libraries.uc.edu/docview/305201397?accountid=2909>.
- Lowenkamp, C. T., Hubbard, D., Makarios, M., & Latessa, E. J. (2009). A quasi-experimental evaluation of Thinking for a Change. *Criminal Justice and Behavior*, 36, 137-146.
- Lowenkamp, C. T., & Latessa, E. J. (2002). *Halfway house and CBCF findings: Program characteristics and outcome*. Center for Criminal Justice Research. University of Cincinnati.
- Lowenkamp, C. T., Latessa, E. J., & Smith, P. (2006). Does correctional program quality really matter? The impact of adhering to the principles of effective intervention. *Criminology & Public Policy*, 5, 575-594.
- Lowenkamp, C. T., Pealer, J., Smith, P., & Latessa, E. J. (2006). Adhering to the risk and need principles: Does it matter for supervision-based programs? *Federal Probation*, 70, 3-8.
- Makarios, M. D., Sperber, K. G., & Latessa, E. J. (2014). Treatment dosage and the risk principle: A refinement and extension. *Journal of Offender Rehabilitation*, 53, 334-350.
- National Association of Drug Court Professionals (2018a). *Adult drug court best practice standards: Volume I*. <https://www.nadcp.org/wp-content/uploads/2018/12/Adult-Drug-Court-Best-Practice-Standards-Vol-ume-I-Text-Revision-December-2018-1.pdf>
- National Association of Drug Court Professionals (2018b). *Adult drug court best practice standards: Volume II*. <https://www.nadcp.org/wp-content/uploads/2018/12/Adult-Drug-Court-Best-Practice-Standards-Vol-ume-2-Text-Revision-December-2018-1.pdf>
- Schoenwald, S. K., Chapman, J. E., Sheidow, A. J., & Carter, R. E. (2010). Long-term youth criminal outcomes in MST transport: The impact of therapist adherence and organizational climate and structure. *Journal of Clinical Child & Adolescent Psychology*, 38, 91-105.
- Schoenwald, S. K., Garland, A. F., Chapman, J. E., Frazier, S. L., Sheidow, A. J., & Southam-Gerow, M. A. (2011). Toward the effective and efficient measurement of implementation fidelity. *Administration and Policy in Mental Health and Mental Health Services Research*, 38, 32-43.
- Schoenwald, S. K., Sheidow, A. J., & Chapman, J. E. (2009). Clinical supervision in treatment transport: Effects on adherence and outcomes. *Journal of Consulting Clinical Psychology*, 77, 410-421.
- Schoenwald, S. K., Sheidow, A. J., Letourneau, E. J., & Liao, J. G. (2003). Transportability of multisystemic therapy: Evidence for multilevel influences. *Mental Health Services Research*, 5, 223-239.
- Sexton, T., & Turner, C. W. (2010). The effectiveness of Functional Family Therapy for youth with behavioral problems in a community practice setting. *Journal of Family Psychology*, 24, 339-348.
- Sperber, K. G., & Lowenkamp, C. T. (2017). Dosage is more than just counting program hours: The importance of role-playing on treatment outcomes. *Journal of Offender Rehabilitation*, 56, 433-451.

# The 10 Essential Principles of Implementation Leadership: Real-World Applications of Change Leadership Acumen

*Glenn A. Tapia*

*Director of Leadership and Organizational Intelligence  
Alliance for Community and Justice Innovation (ACJI)*

*Alexandra Walker*

*Director of Community Relations and Strategy  
Alliance for Community and Justice Innovation (ACJI)*

**IN THE AREAS** where human service, behavior change, leadership, and the public sector intersect, the rate of change is escalating. While public sector human service leaders are not strangers to change, the environment around and within organizations is getting more complex and fluid. In the criminal justice system, for example, contemporary organizational leaders have seen large-scale shifts in the specific means to the amorphous goals of public safety and justice. The same organizations that were originally founded and based on a moral and exclusive code of retributive justice are now moving beyond a period of theory-driven justice into an environment where science guides practice. The current evidence-based movement is bringing new opportunities for excellence in public administration, yet also additional complexity.

Common solutions to achieve organizational excellence have primarily been through ground-level implementation of evidence-based practices and programs and research-informed innovations. Federal, state, and local legislative bodies have invested impressive amounts of public funds in implementation projects and evidence-based methods toward improving outcomes. Yet, we see high rates of failure in the public sector when it comes to successful organizational

change. Globally, 70 percent of change initiatives fail to reach their desired mark (Beer & Nohria, 2000). The implementation science community offers compelling evidence that traditional change and implementation initiatives have even higher rates of failure when working to implement evidence-based solutions to improve organizational outcomes. As a result, leaders must equip the staff in their organizations with interdisciplinary knowledge, complex skills, and practice models, all delivered with the effective application of implementation science.

Decades of research have permeated the field with new innovations, novel perspectives, and feelings of promise for leaders. However, when we step away and look at macro-level results, we see disappointing data trends illuminating large-scale organizational failure. COVID-19 pandemic anomalies aside, jails and prisons are no less full than in the past; recidivism rates are not dropping at impactful levels; the size and scope of community supervision agencies have grown at historical levels with no corresponding change in outcomes. Rates of substance use disorders and lethality from dangerous drugs are at “crisis” levels; and the risk and need profiles of individuals are getting more complex for staff to address. Meanwhile, local and state budgets and tax

burdens get bigger and funding streams much more complicated. While new evidence-based direct service is penetrating the public sector, we cannot report any measured, proportional, or at least corresponding change in outcomes at the macro levels.

From the micro-level perspective, we experience similar trends of failure within single organizations. In times of pervasive implementation initiatives, agencies are impotent to build internal capacity to measure and focus on fidelity to evidence-based solutions. Many new change initiatives get off the ground, yet very few land, settle, and become deeply rooted in organizational culture and habits. One change initiative is eventually eclipsed by a new change initiative, which in turn is later overshadowed by yet a different one.

## **Change Elevation as the Culprit**

While new leaders are trying to reconcile the many competing demands of organizational excellence, organizations have become bigger, more bureaucratic, and ultimately more complex. As leaders and organizations face challenges in responding either to externally initiated (outside-in) or internally induced (inside-out) change, new leaders emerge without any intentional development and acumen

on implementation science, organizational change, and organizational development. While executive leaders invest in traditional leadership development for new members of management teams, these traditional and aging programs are often devoid of development in implementation and organizational sciences. Our traditional approach persists as we add new divisions, units, levels of staff, specialty positions, and management, all designed to influence organizational change. And it's not working.

An organization is a single body with many interdependent parts. As an organization grows in size and complexity, it is often starved of change acumen to nourish its growth. This is *change enervation*: that is, the gradual growth of organizations in size, scope, and complexity while the people within it are simultaneously deprived of tools and knowledge to support the change. The gap between what the organization needs to change and its actual capacity to lead change is the symptom of *change enervation*. The larger that gap, the more room for organizational change problems to penetrate like a hidden disease.

Far too often we misdiagnose implementation failure as innovation failure. It might not be the evidence-based practice that is not working. It may be impotent implementation strategy, an inhospitable organizational culture, or misapplied leadership strategy to our change work. The organizationally intelligent leader has the acumen to properly diagnose when the innovation itself is flawed, when the implementation is flawed, when the culture needs to change, and when the leadership approach is misapplied. Simply put, it is not just the innovations themselves that are failing; it is the implementation that is failing, because organizations are deprived of the necessary nutrients of change.

## Organizational Intelligence as a Framework for Change

The real world of change is arduous and unforgiving. Organizational outcomes perfectly reflect their degree of change enervation and, ultimately, their degree of organizational intelligence. Organizational intelligence is demonstrated when the leadership advances healthy perpetual change in the culture and habits of the organization. Organizational intelligence requires that we embrace and apply practically derived but empirically supported principles of organizational change *leadership* rather than change management. *Change management* implies that change is

something we can control and therefore manage. Organizational *ignorance* is displayed when change initiatives are implemented with traditional methods of classroom training, policy and procedure, legislation, or simple reorganization strategies. It involves senior leaders working to manage both change and people. The ignorant organization believes it needs to protect itself internally from change. In contrast, organizational *intelligence* is present when leadership believes it must work to perpetuate the change acumen of its members and emerging leaders. It involves senior leaders and staff performing the more difficult work of applying the principles and practices of implementation science and contributing to the always growing bodies of implementation and organizational research.

While there are eight unique domains within *Organizational Intelligence for Community and Justice Innovators*, this article will focus on the *change leadership acumen* domain, which is critical to effect authentic and lasting change. *Change leadership acumen* is the degree to which change leadership efforts are aligned with scientific principles and practices of effective organizational change. It is the specific, academically supported yet practically derived means by which organizational change goals are pursued, and it is embodied in the *10 Essential Principles of Implementation Leadership*. These principles make up change leadership acumen at their core and are a necessity to achieve organizational intelligence at sustained levels.

## The 10 Essential Principles of Implementation Leadership™

### *Principle 1: Trust the Vision*

The leadership mindset is contagious, and the leader is the contagion. Traditional leadership development programs have led us to believe that leadership and a vision for change are the bricks and mortar of effective change practices. Leaders are taught that we are to *manage* change, as if it were a phenomenon that we can somehow control and thus govern with management practices. This often leads to technocratic approaches that are inhospitable to adaptive change. What is left out of the traditional leadership formula is that a leader's mindset (thoughts, attitudes, emotions, values, and beliefs) is a contagious phenomenon that greatly affects how others approach implementation and change. Trusting the Vision means that change leaders must approach their work knowing that they are the mental acclimatizers of the organization and that

their attitude is more influential and contagious than their more explicit behaviors.

The neuroscience community continues to build a body of science about the phenomenon known as the emotional contagion. This science evolves around the limbic system of the human brain, which serves as our emotional center as well as our decision-making engine. Specifically, the limbic system operates on an open-loop structure where the brain manages internal emotions with external stimuli. In contrast to a closed-loop system that is self-regulating, our mammal brain in its open-loop format likes to be regulated by others' thoughts, emotions, and beliefs. The open-loop aspect of our limbic region explains why we can be stressed by others' stress as well as soothed by others. As mammals, we like to appropriate our feelings from those of others. Further, our brain's emotional regulation properties show up physiologically. Some of our physiological functions such as blood pressure, secretion of fatty acids and hormones, our immune system, sleep function, and even our cardiovascular system are dependent on how we regulate our emotions. Perhaps you have experienced this when walking into a tense meeting while you are in a good mood; you feel the emotional climate of the room, and react by moderating your own good mood to match the room. Or perhaps you have approached a group of people who are laughing while you are in a neutral mood; you find yourself somewhat involuntarily joining those interactions with smiles or your own laughter. Even a contagious yawn is evidence of the emotional contagion at work. Leaders can directly influence others' physiology and emotions through their own.

Furthermore, there are over two hundred studies showing that humans have a stronger implicit preference for negative mental experiences than positive ones (Schemer, 2012; Zak, 2015). We are wired to invest more emotional energy in bad news than good news, which has led to our survival as a species. This research is compellingly relevant to implementation settings, because the combination of the emotional contagion and the natural asymmetry of negative to positive experiences results in a palpable leadership challenge. Attitudes travel like electricity over a wireless network connecting human beings' individual and collective mindsets. That network does not discriminate between negative and positive mindsets, and leaders have a responsibility to transmit more positive and adaptive attitudes on that network. Implementation

in the real world is fraught with challenges and uncertainty, and how we think and act as leaders in these situations motivates others to think and act accordingly. Organizationally intelligent leaders practice the artful science of sharing an adaptive mindset to influence that of others.

### *Principle 2: Murphy Hates Us*

Natural organizational change includes the basic fact that things go wrong, especially in implementation settings. We experience turnover in key positions, must deploy new legislative requirements that consume our capacity, and are challenged by the impact on our own strategy when partner agencies change their policies. Murphy's Law (*what can go wrong, will go wrong*) applies to implementation because it applies to organizations. What can go wrong in implementation settings, very much will.

The natural human negativity bias can be of value to implementation leadership. Planning for challenges by tapping into our propensity to hyper focus on what could go wrong allows leadership and implementation teams to foresee both technical and adaptive problems and develop contingency plans for them. The value of this exercise is not so much in creating a plan, but in creating an environment where problems are welcome; followers then experience less stress when they occur. Planning for problems thus allows leaders to create a hospitable place to welcome problems not as the exception to implementation but as the rule. In such an environment, people will need to be more agile as they invite the fact that problems are natural rather than foreign to change. Organizationally intelligent leaders plan to fail. Implementation leadership compels us to plan for our failures and to consequently marginalize the gravity of failure when it occurs. This candid but authentic approach results in a much more adaptive mindset among organizational members. Organizationally intelligent leaders create a more hospitable environment for others to make mistakes with abundant grace.

### *Principle 3: Be Comfortable Being Uncomfortable*

There is no implementation in the comfort zone, and no comfort in the implementation zone. We cannot expect to change our practices, habits, culture, organizations, and outcomes without a corresponding change in our perceptions of what is comfortable. Many organizational change theorists have

given a nod to this notion yet have left us with linear change models that simply do not attend to the real world of modern people-serving systems.

For example, the Kübler-Ross change curve developed in the 1960s was intended to illustrate what a single person goes through when adapting to a major life change and was applied to organizational change management in the 1980s (Kübler-Ross, Wessler, & Avioli, 1972). The model proposed a stages-of-grief approach where individuals, and later organizations, go through sequential steps of gradually improving change over time until the change is *finished*. The same is true for other organizational change theorists such as John Kotter who, in the 1990s, postulated an award-winning 8-step approach to successful change (2012). Many believe that original change curves still offer potent models for change. The problem with these models is that they have unintentionally conveyed an illusion that change is predictable, comes in stages, and has a discernible stop and start, and that things get sequentially better over time. If that were the case, the modern community and justice sectors would have far better implementation outcomes than the 70 percent global failure statistic mentioned earlier.

In the real world, justice systems are in different stages of change for different innovations, some inspired and many imposed, at any given time. Change leaders are juggling several change initiatives at a time and have been conditioned to apply a concept of change resilience until the change is over and done with. There is no single change initiative, there is no discernible stop and start, and there certainly isn't a sequential evidence-based checklist for how change leaders go about effecting new results. Rather, there is chaos, and real-world community and justice leaders must find comfort in that chaos. Perhaps more importantly, they should model that notion to others.

The implementation science community has presented a more hospitable change model in the *Productive Zone of Disequilibrium* (Heifetz, Heifetz, Grashow, & Linksy, 2009). Originating in the adaptive leadership literature, it effectively establishes that change cannot happen in the same zone where we are comfortable and compels leaders to establish a firm commitment to work outside their own personal and organizational bubble of comfort. The model establishes a truth that change is not linear but is a very dynamic and rather unpredictable phenomenon.

Where linear change models imply that resilient leaders stand and take the punches of change until it's over, real change requires going beyond linearity and resilience into models that demand we move forward, sideways, and backward through always-changing levels of chaos and maintain the mental and practical fluidity to lead others through the swirling gauntlet of change. Real-world implementation leadership is perpetual and ongoing, with no real beginning, no real end, and very little relief from chaos. The organizationally intelligent leader is comfortable being uncomfortable and leads others to be the same.

### *Principle 4: Adapt or Die*

Many change initiatives that die on the vine do so, in large part, due to the leadership and problem-solving approaches that are chosen. Our impotent levels of change success are impeded by our own approach to problem-solving and, as change leaders, we are often working to solve the problems that we created with past solutions.

Change leaders are natural problem solvers. The organizationally intelligent leader is one who is a skilled problem diagnostician first. If we fail to accurately diagnose problems as either technical or adaptive, and then match our solution accordingly, we will experience *problem mutation*, which is the phenomenon that occurs when new inorganic problems arise because leaders have misapplied technical solutions to problems that are not technical. Technical solutions, when applied to adaptive problems, create more adaptive problems.

Technical problems are those that are easy to identify clearly, live in only a few places in the organization, and can often be solved quickly by an act of decisional authority. They are the black and white problems that, in turn, require black and white solutions. In stark contrast, adaptive problems are those that do not have an easy root cause, live in many places throughout the organization, and are often problems of the collective mindset of people. They are challenging to identify and thus easy to deny. Solutions to adaptive problems require experimentation, discovery, and time to implement and perfect. Adaptive problems require solutions that may be outside of current organizational norms and boundaries. They are the gray problems that require fluidity among even more shades of gray in the development of solutions.

Adaptive problems often show up as

symptoms in change situations. For example, staff may be resistant to new initiatives because these initiatives are labor intensive and different. That portrayal of a problem may actually be a shallow symptom of a deeper, larger, and more pervasive situation. Staff may feel mastery over their current work and consequently feel threatened by a new way of doing business. Staff may have preexisting negative attitudes about the change because it departs from the normal approach to their work. The staff may feel that the change will harm rather than help their work and experience attitudinal and emotional discord about the reason for the initiative itself. At their core, these are adaptive problems, packaged conveniently with symptoms, and show up as technical problems to an organizationally ignorant eye.

This situation is common in organizations. The result is often commanded or otherwise regulated compliance from leadership, which is a direct pathway to problem mutation. Policies, procedures, regulations, orders, and performance expectations are well within the norm of public sector justice agencies. Often hierarchical in culture, these organizations come with a predisposition to solve problems with rules. It is what we are used to and well within our boundaries, toolkits, and comfort. However, it is rare that a new policy, procedure, or set of rules (technical solution) changes a person's or a group's pre-existing mindset against the change (adaptive problem). When we apply a technical solution to an adaptive problem, it further aggravates and escalates pre-existing negative attitudes about the change. Change is exhilarating when done by us, exhausting when done to us, and new problems emerge when there is a mismatch in the solution. Organizationally intelligent leaders can discern between symptoms and problems and are adept at diagnosing problems as either technical or adaptive. They are the leaders that embrace the vague and uncertain potency of their experimental adaptive solutions.

#### *Principle 5: Fail Forward, Fail Often*

Failure is a virtue while perfection is a vice of organizational change. As individuals and communities, we are socially conditioned to believe that perfection is virtuous, and that failure is forbidden. Imagine an ambitious person interviewing for an important job. When asked what his strengths and weaknesses are, he explains that his weakness is his sense of perfectionism. Often, this tactic is a veiled attempt at showing a strength that is disguised as a weakness. The disguise is

only necessary because we have made failure an organizational taboo. Change leadership requires abundant and explicit permission to fail as a precedent to learning and requires that we make healthy failure an important part of human and organizational learning. As change leaders, we must not just give permission for others to fail in implementation settings but rather make failure an expected and explicit expectation of those who are carrying out the change on the ground level.

Imagine an intelligent organization with a culture committed to excellence, well beyond its reach, that made corresponding allowances for people to fail as they learn. Imagine an organization that harvested important learning moments by talking to staff explicitly about the importance of their failures and making an inventory of the learning that occurred in the process of failing forward. Imagine that organization as one that removes the implicit boundaries that nobody fails without consequence but rather rewards staff who can teach what they learned in the process of failing forward. This characterizes an intelligent organization with a culture that is hospitable to authentic change.

After a decade of applying implementation science to real-world justice settings, I have observed that when we punish and prohibit failure, we create a culture that is inhospitable to implementation and change. Far too often, technical and hierarchical leadership undermines what is needed for people to learn in a safe and healthy way. If people do not have explicit psychological safety to learn, then the organization itself will not learn. The most profound learning we experience is often preceded by failure. If we fear failure, we ultimately fear learning. If we fear learning, we fear change. If we fear change, we fear implementation. Real change occurs when failure and change are synonymous rather than in competition. Organizationally intelligent change leaders influence others to separate the notion that *experiencing* failure is far removed from *being* one.

#### *Principle 6: Culture is King*

All implementation and strategy are downstream from organizational culture. Anyone who neglects to diagnose and fully understand the organizational culture will become its victim. Culture in the criminal justice sector is king. In our environment, culture is the underlying eco-system of beliefs, thoughts, attitudes, perceptions, behaviors, traditions, and habits among the collective sum of

people in an organization. It is omnipresent, but is impalpable and invisible and thus, often neglected in organizational change efforts. In the public sector, and especially in criminal justice, it is more powerful than any budget, any leader, any policy, any strategy, any set of politics, and any law. That includes criminology and that includes implementation science.

Culture is a strange and rather elusive phenomenon, but its impacts are concrete. Implementation leaders have an explicit imperative to understand the organizational science behind culture and how it can inhibit change. Change enervation begins when leaders are deprived of intentional acumen to mindfully address culture and must instead compete with culture as a hopeless afterthought.

While the original source is unconfirmed, Peter Drucker is often famously credited with the statement "Culture eats strategy for breakfast," implying that most strategies for change will live and die at the hands of organizational culture. This abstract notion of culture is not new; for example, Ward Goodenough offered:

Culture consists of whatever it is one has to know or believe in order to operate in a manner acceptable to its members. Culture is not a material phenomenon; it does not consist of things, people, behavior, or emotions. It is rather an organization of these things. It is the forms of things that people have in mind, their models for perceiving, relating, and otherwise interpreting them. (Garvin, 1956, p167)

While organizational culture is a well-established phenomenon, the community and justice sectors have often lacked the acumen to measure, diagnose, understand, and change their own culture. The criminal justice field has unique attributes to its culture that make change even more arduous. There are competing goals within statutes, case law, practices, habits, and job descriptions. There is role conflict among the competing obligations of deterrence, rehabilitation, offender accountability, retribution/punishment, incapacitation, reparation of harm, and cost control. Imagine each of these competing goals as independent but competing colors of a Rubik's Cube puzzle. When solving one problem (e.g., punishment) we compete against the demand to support another (e.g., rehabilitation). We may work to address punishment while simultaneously disrupting



rehabilitation, while aggravating cost control, while also neglecting victim and community reparation. Change leaders are responsible for solving a complex puzzle of competitive demands; often they end up settling for the path of least resistance, which results in impotent implementation strategy and lethargic status quo outcomes.

Cameron and Quinn (2011) offer perhaps the most intellectually accessible tools and framework for organizational culture in the *Competing Values Framework* and the *Organizational Culture Assessment Instrument (OCAI)*. Their work contains compelling targets for justice leaders to consult and apply to their practice models for change. Culture change is not a technical phenomenon and thus cannot be approached technocratically with checklists and other mechanical approaches like regulation, policies, and procedures. It is an adaptive phenomenon that requires implementation and change acumen.

Change leaders need both implementation acumen and organizational acumen to be effective at their work. Culture is a jar that traps and limits our change initiatives, and leaders cannot read the label when they are inside the jar of their own culture and organizational boundaries. Imagine a leader who cannot discern the organizational culture because the leader is not just acclimated to it but also a product of it; this makes the culture invisible from the inside out. Organizationally intelligent change leaders have the knowledge, skills, and tools to identify, diagnose, understand, and change their organizational culture. They *can* read the label because they can get outside of the jar of their own culture with implementation leadership acumen.

#### *Principle 7: Lead the Hearts, Lead the Minds*

Traditional management education has focused on behavioral approaches to leading others. Technical leadership preoccupies itself with the rules and procedures of innovation, but people need to understand why they are being asked to do something beyond their comfort zone. Implementation leadership shifts the focus to the mindset so that those who carry out the change can be in governance of their own behaviors. When a change leader influences and inspires the mindset of others, that leader is liberated from the burdens of governing individual behavior.

Simon Sinek famously said that “people don’t buy what you do, they buy why you do it” (Sinek, 2009). Change leaders must spend

more time focusing on the reason for change (the *why*) before spending time on the *what* and *how* of change. This requires leaders to attend to the intellectual and emotional reasons for change beyond the skills and habits.

As human beings, we make decisions about change in the emotional regulation center within our brain. This occurs in the same region where we feel, and we feel based on what we think. Decisions are preceded by emotions, which are in turn preceded by thoughts. Our cognitive-behavioral brain decides, while our heart commands; when we neglect the connection between intellectual and emotional reasons for change, we will obtain indolent results. People at all levels start the process of change with willpower—a temporary and exhaustible resource. When things get real, willpower runs dry and status quo mindset creeps back into our brains, promising a return to comfort and an escape from the trials of change.

Guided by modern neuroscience and the emerging discipline of neuro-leadership, cognitive collaboration adopts the mindset that *we are smarter than me*. The novel and compelling concept of *cognitive collaboration* encourages us to access the neuro-functional cognitive differences among individuals within an organization to reach better decisions and change strategies. It requires that we use an outward mindset—looking beyond the boundaries of our own thinking preferences and addressing the needs, challenges, and objectives of other people who think very differently than we do (Arbinger Institute, 2016). Cognitive collaboration compels us to partner by virtue of the differences among the people we serve as leaders. When we lead the hearts and the minds, implementation becomes more inspired and less imposed. Organizationally intelligent leaders perpetually attend to the intellectual and emotional engagement of others as they go about the work of change.

#### *Principle 8: Be Intentionally Infinite*

The purpose of implementation is to perpetuate rather than to terminate organizational change. It is often said that implementation is a marathon rather than a sprint. Both the marathon and sprint metaphors, however, are fixed or finite analogs for change, since they both have an end with clear victors and losers. The objective is terminal in these metaphors; in other words, the goal is to stop the race. Real-world change is neither a marathon nor a sprint. Rather,

implementation is a commitment to ongoing agility. Implementation leadership requires a personal and collective mindset that is based in perpetual growth as opposed to change that is affixed to arbitrary deadlines. It is the explicit role of a change leader to influence the mindset of other leaders and followers and to understand that organizational change is not linear, is barely curvilinear, and has no discernible stop or start. To believe that change is terminal is evidence of a fixed leadership mindset that is harmful to change and likely responsible for the large-scale change failure in the justice system.

A finite leadership mindset perpetuates linear change models, condemns the organization to existing policies and perceived organizational boundaries, and thus nearly guarantees ultimate termination of successful change. Practically speaking, that means that change must occur within existing fixed rules, with fixed people, and fixed methods. Finite mindset, in its extreme, leads to fixed implementation planning. Sadly, the trials of applied implementation science, especially to the criminal justice sector, have illuminated a sobering reality that fixed implementation plans simply do not last long in the real world.

An infinite leadership mindset is one that cannot govern a time in which organizational change stops. The infinite mindset compels us to perpetuate the notion of ongoing change. It means that we lead in a constant state of agility and experimentation. In a fixed or finite mindset, exploring implementation with trial and error is against the norm. In an infinite mindset, trial and error is the prevailing method of change. Whereas a fixed mindset views the term implementation as a terminal project, an infinite mindset views implementation as a way of doing business that leads to organizational excellence. Leaders who apply the infinite mindset know that we must play the game of change with agile players, an agile plan, and flexible rules.

At its core, the finite leadership mindset is a form of technical leadership. This serves its purpose at times; but when used throughout the whole environment of change, it falls short of the real-world needs from organizational actors who carry out the change. The infinite mindset is an adaptive way of leading change that is far better matched to the real-world trials of implementation of evidence-based innovations. Organizationally intelligent change leaders are intentionally infinite in their thinking and they influence others to be the same.

### *Principle 9: Take the Leap*

The COVID-19 pandemic has illuminated compelling situations where justice system leaders must function in times of uncertainty and ambiguity and make decisions that are imperfect if not completely paradoxical. Imagine the leader who must decide between admitting a new violent detainee to jail while working to control further spread of the virus. Incarcerating a person to a contained jail or prison exposes staff and inmates to outside contagions while simultaneously protecting victims and communities from further harm—at least in theory. In a crippling paradox, doing the opposite creates other palpable and obvious problems. It's a nearly impossible decision, and the tension to make the *right* decision can paralyze technocratic leaders who are waiting for the perfect response to come to mind. If a change leader stalls in this space between certainty and uncertainty, that void becomes an abyss where healthy change can die permanently.

Far too often, change leaders spend their time worrying about the future impact of their decisions. A well-known cliché comes to mind here: *Worrying doesn't rid tomorrow of its problem but rather robs today of its joy.* The problem here is not the expenditure of time calculating the future. The problem is using the mind to worry rather than to imagine. Worrying is preparing for the worst-case scenario, which reinforces a negative mindset that we use to paint a picture of the very situation we do not want. Here, more than ever, perfectionism becomes a vice for change rather than a virtue. In these situations, change leaders should still allocate that time in mindfulness but to imagine the situation they do want. Worrying is simply a destructive use of the very same imagination that could be repurposed to facilitate creative, adaptive, unconventional, and experimental solutions that are naturally imperfect. The perfectionist thinker will wait until the risk-free solution comes to mind. And while waiting for that perfect solution, change will erode to its eventual termination and other emerging leaders will develop the same habit. Over time, this mental habit becomes the fabric within the organizational culture that reigns supreme over the best implementation and innovation strategies.

Effective change leadership requires catalyzing courage to break through *analysis paralysis*. The criminal justice system is far behind the curve of applying implementation science to its work and perhaps now, more

than ever, we need to discover new ways of change. Leaders cannot and must not seek to avoid risks in every situation of change. Rather, we must be comfortable with the discomfort and accept the certain risks of our uncertain decisions.

It is important to note that a courageous leader is also a scared one. Ask any courageous leader and they will tell you their courage was not the absence of fear. Intelligent courage is taking the leap into the chasm of uncertainty and into a known state of *conscious incompetence*. That is, a stage where you become aware of what you previously did not know you didn't know (*unconscious incompetence*) and that is a stressful and awkward place from which to operate. Effective change leaders can and should find comfort in that chaos.

Analysis paralysis is a signal to fail forward, not to stay inert. It simply means that we have exhausted all certain options and that none have guaranteed positive outcomes. Thus, instead of paralysis, we *take the leap* into uncertainty and learn what we need to learn. It is a leadership mindset of progress rather than one of perfection. It is a shift from distinct solutions to experimental ideas. Organizationally intelligent change leaders know when to start the analysis and when to suspend it and then take the courageous leap into uncertainty.

### *Principle 10: Savor the Journey*

The *10 Essential Principles of Implementation Leadership™* were gleaned from a personal leadership journal that covered 10 years of applied implementation science work to large criminal justice settings. The journal originated as random thoughts, observations, and illuminations of the best to the worst of real-world leadership experiences in this environment. One of the lessons from that decade-worth of learning was that real-world leadership requires a time to stop and reflect on what you have learned and to share that learning forward with others. This article is our savoring of the journey of applied implementation science and change leadership. Our ambitions are that we all work to further innovate on these principles. Savoring the journey means that leaders have a duty to inventory our experiences so that we can see tangibly what we have learned in the infinite pursuit of organizational intelligence. It is a focus on the learning and, more importantly, the abundant sharing of that learning with other leaders and followers in our collective environment. The trials of real-world change, if openly shared,

contribute to the greater body of knowledge about how to effect authentic change in a challenging and complex environment. In doing so, one ennobles the effort of organizationally intelligent change.

Savoring the journey means that we are candid, provocative, and transparent about real-world implementation and that we help others by sharing that truth. It is far better to embrace the trials that come from the real world rather than to camouflage them. Organizationally intelligent change leaders have the mindfulness to inventory and abundantly share their experiences to capitalize on learning as an organization.

## **The Organizationally Intelligent Leader**

Organizationally intelligent change leadership is less about creating better followers and ultimately about creating better change leaders. We have a moral imperative to help the emerging leaders in our system to be far better at their jobs than we ever were at ours. We can do powerful things in people-serving systems once we choose a higher commitment to excellence and simultaneously abandon our commitment to our individual and organizational boundaries of comfort. Simply put, we must be more loyal to the change than we are committed to our own comfort zone.

Change leaders are ambitious people. We are often accused of being more ambitious than the real world can manage. With high levels of ambition come equivalent levels of disappointment when things do not go well. We can easily reduce that disappointment simply by shrinking our ambition. Or we can aim higher and be willing to miss rather than aiming lower and hope that we hit the mark. We must not let the disappointments of change overshadow our ambition.

As intelligent change leaders, we become intoxicated by the thought of progressive change and innovation. As we start our applied implementation work, we then become sobered by the challenges of real-world change. While the trials of the real world must always sober us, we must simultaneously think, imagine, and lead with the uninhibited and intoxicated mindset of adaptive change and innovation. Organizationally intelligent leadership demands that both co-exist in conflict and in harmony. To abandon either mindset is to doom such leadership to ineffectiveness.

## References

- Arbinger Institute. (2016). *The outward mindset: Seeing beyond ourselves*. Berrett-Koehler Publishers.
- Beer, M., & Nohria, N. (2000). Cracking the code of change. HBR's 10 must reads on change. *Harvard Business Review*, 78(3), 133-141.
- Cameron, K. S., & Quinn, R. E. (2011). *Diagnosing and changing organizational culture: Based on the competing values framework*. John Wiley & Sons.
- Garvin, P. L. (1956). Report of the Seventh Annual Round Table Meeting on Linguistics and Language Teaching.
- Heifetz, R. A., Heifetz, R., Grashow, A., & Linsky, M. (2009). *The practice of adaptive leadership: Tools and tactics for changing your organization and the world*. Harvard Business Press.
- Kotter, J. P. (2012). *Leading change*. Harvard Business Press.
- Kübler-Ross, E., Wessler, S., & Avioli, L. V. (1972). On death and dying. *Jama*, 221(2), 174-179.
- Schemer, C. (2012). The influence of news media on stereotypic attitudes toward immigrants in a political campaign. *Journal of Communication*, 62(5), 739-757.
- Sinek, S. (2009). *Start with why: How great leaders inspire everyone to take action*. Penguin.
- Zak, P. J. (2015, January). Why inspiring stories make us react: The neuroscience of narrative. In *Cerebrum: the Dana forum on brain science* (Vol. 2015). Dana Foundation.

# Implementation Teams: The Missing Link for Scaling and Sustaining Effective Practice

Dean Fixsen

Director, Active Implementation Research Network (AIRN)

Melissa K. Van Dyke

Director, Active Implementation Research Network (AIRN)

## RESEARCHERS STUDYING BEHAVIOR

change in individuals on community supervision have promoted evidence-based approaches for decades, and meta-analyses by Andrews et al. (1990), Andrews and Bonta (2006), and Lipsey and colleagues (Lipsey, 1992, 2009; Lipsey & Wilson, 1998) identified key intervention factors that were associated with improved outcomes for this population. However, it has been generally acknowledged that using interventions in practice is difficult, and it is increasingly understood that the competence and confidence of the probation officers and other practitioners who work directly with the individuals on community supervision need to be actively supported to use innovation as intended. Furthermore, there is growing recognition that training only, even when carried out to a high standard, is insufficient. Lipsey described that “in some analyses, the quality with which the intervention is implemented has been as strongly related to recidivism effects as the type of program, so much so that a well-implemented intervention of an inherently less efficacious type can outperform a more efficacious one that is poorly implemented” (2009, p. 127). However, the organizational mechanisms required to build the competence and the confidence of probation officers, across 94 judicial districts, have seemed elusive. With implementation support increasingly recognized as essential to using innovations as intended, to produce intended outcomes reliably and repeatedly on a useful scale, interest is growing in exploring approaches to establish, scale, and sustain sufficient implementation

capacity (Fixsen, Blase, & Van Dyke, 2019; Fixsen, Naoom, Blase, Friedman, & Wallace, 2005). This article will describe the function and development of Implementation Teams within organizations and systems as a mechanism to scale and sustain implementation capacity (Brunk, Chapman, & Schoenwald, 2014; Fixsen, Blase, Timbers, & Wolf, 2007; Saldana & Chamberlain, 2012).

Over the years, Implementation Teams have been described as change agents, site developers, community development teams, facilitators, and so on (Blase, Fixsen, & Phillips, 1984; Flanagan, Cray, & Van Meter, 1983; Nord & Tucker, 1987; Seers et al., 2018). For example, Havelock and Havelock (1973, p. 59ff) noted that “Effective implementation requires reciprocal feedback systems in the context of reciprocal and collaborative relationships with a variety of stakeholders.” This work requires an effective change agent:

The change agent is a *catalyst* (prod and pressure, overcome inertia, create dissatisfaction, get things started), *solution giver* (know what and when, where, to whom to deliver it, technical proficiency), *process helper* (recognize and define needs, diagnose problems and set objectives, acquire needed resources, select or create solutions, adapt or install solutions, evaluate to determine progress), and *resource linker* (people, time, motivation, funds) (italics added for emphasis) (Havelock & Havelock, 1973, p. 59ff).

For a community development team (CDT), “the CDT facilitator is able to bring concerns or problems that particular programs are experiencing to the developers and problem-solve solutions that assist the program while maintaining adherence to the principles of the practice. Finally, during the CDT Sustainability phase, the emphasis shifts to monitoring and supporting the maintenance of a model adherent program via titrated technical assistance and peer support activities” (Saldana & Chamberlain, 2012, pp. 3-4).

As noted in these brief descriptions, Implementation Teams are active and take responsibility for encouraging and producing change with practitioners, organizations, and systems (Fixsen et al., 2019, Chapter 14). In this role, an Implementation Team works closely with the executive leadership of an organization to initiate and manage change. The team members are experts in identifying and developing usable innovations, experts in their own use of implementation best practices, and skilled at initiating, facilitating, and managing systemic change processes. Implementation Teams balance and negotiate the adaptive and technical work of complex change. Team members assess and engage with individual and organizational “will” (i.e., readiness, buy-in, motivation, commitment, urgency) for the new way of work. However, “will” without “skill” produces frustration and undermines actual practice change. Therefore, Implementation Teams also coordinate the installation of the infrastructure needed to

grow and improve the “skill” of individuals at each level of the system to be able to make full use of the new way of work (i.e., capability, adherence, competence, expertise).

Implementation Teams are not common in human services, but they need to be, so that effective innovations and interventions can be used as intended and produce benefits on a meaningful scale (Fixsen, Blase, & Fixsen, 2017; Fixsen, Blase, Metz, & Van Dyke, 2013). In the federal probation system, Implementation Teams are critically important, because outcomes depend on the interactions among people—probation officers and other practitioners who interact directly with individuals on supervision. If innovations are to be used effectively in each of the 94 districts, who will be there to ensure that each innovation is used as intended by probation officers and others so that good outcomes are achieved? Given the large numbers of people involved, their geographic distribution across the nation, and the turnover in probation officers and individuals on supervision, it is especially important to have expert Implementation Teams that can support staff as they learn to use more effective practices in their daily interactions with people on supervision. The haphazard supports currently intermittently available must be replaced by expert Implementation Teams, a permanent support for achieving excellent outcomes that can be sustained and replicated across locations.

### Implementation Team: Defined

Keeping in mind that implementation is for solving problems, achieving goals, and sustaining outcomes for whole populations, Implementation Teams are *teams* and not individuals who might occasionally work together. When an individual is the “change agent,” all of the learning and skill and institutional memory is gone when that person leaves the position. On the other hand, teams are sustainable (Klest, 2014; Walker, Koroloff, & Schutte, 2003), with sufficient critical mass to replenish themselves as staff turnover occurs in the team (Morgan, 1997). Structurally they are a unit within an organization that reports directly to senior leadership; their roles are part of the organization; their functions are included in policies and procedures; and their knowledge, skills, and abilities are regularly assessed.

The three to five individuals who are the Implementation Team are accountable for ensuring that the Implementation Drivers (selection, training, coaching, fidelity,

decision-support data systems, facilitative administration, systems intervention, and technical and adaptive leadership) are in place, are functioning as intended, and are improving with experience and data. Team members do not do all the work themselves, but they are accountable for seeing that it is carried out. In an aligned and integrated human service organization, people who work full time in other positions are purposefully prepared to provide sections of practitioner training workshops, do fidelity assessments, conduct selection interviews, re-write policies and procedures, and so on to ensure that each Implementation Drivers is done as intended with and for all practitioners and others in the organization. An organization may have 500 employees and an Implementation Team of 5 or 6 people who ensure that others are prepared to do their part as needed to support each practitioner (e.g., be trained as a trainer, be prepared to be a high reliability fidelity assessor).

### Implementation Team Preparation

Implementation Team members are carefully selected, trained, coached, evaluated, and supported. The knowledge, skills, and abilities required of team members have been identified and operationalized (Van Dyke, 2015). An Implementation Team member must:

- Know the intervention/strategy (formal and practice knowledge),
- Know implementation (formal and practice knowledge),
- Know improvement cycles, and
- Know systemic change.

The 10 core competencies are:

1. Relationship development.
2. Leadership engagement and guidance.
3. Implementation instruction.
4. Implementation facilitation.
5. Intervention operationalization.
6. Team development.
7. Data-informed decision-making.
8. Strategic analysis to support change.
9. Team-based project management.
10. Coaching.

Given the key role of Implementation Teams and the multiple functions of team members, members are selected using best practices. In an interview process involving discussion, scenarios, and role plays, Implementation Team members are selected for their general skills and abilities. The experience of candidates may have been successful or not; the important thing is that they have some experience doing something in each area.

An important consideration is to select Team members who have a variety of strengths, so the Team as a whole can be successful in the complex world of change. Each person can add to the “collective competency” of a Team (Zaccaro, Blair, Peterson, & Zazanis, 1995). Once a Team is formed, the shared competencies lead to redundant knowledge, skills, and abilities within a Team where the whole (group knowledge) is reflected in each part (individual Team member) (Morgan & Ramirez, 1983).

### Implementation Team Operations

Although Implementation Team members are accountable for ensuring the full and effective use of innovations, the members do not do all the work themselves. They do it, find it, or create it. For example, an innovation may not be well known to the team. In that case, they can access those who are experts in the innovation and include them in designing implementation supports for the innovation (e.g., content for training and coaching). Or an innovation may be a good idea that does not meet any of the Usable Innovation criteria; in this case the Implementation Team would operationalize the innovation so that it is teachable, learnable, doable, assessable, and scalable in practice (Fixsen et al., 2019). In this instance, the Implementation Team engages in usability testing (an Improvement Cycle) to create a Usable Innovation.

Implementation Teams are an essential part of an organization structure to support full and effective use of innovations within an organization or system. Implementation Teams are the creators of capacity and coherence in otherwise fragmented organizations and systems. In this process, Implementation Teams deal with contradictions and paradoxes. Creating capacity and coherence in otherwise fragmented organizations and systems requires constant adjustment while balancing between different approaches and objectives. Zink (2014, p. 130) describes some of the factors that must be balanced during times of change:

- Balancing the speed of change: There is a clear trade-off between the speed of change and the quality of change defined as shared ownership and understanding of decisions and policies.
- Balancing the different interests among key stakeholders (and system components): Inviting all stakeholders and giving them the possibility to integrate their own ideas makes balancing easier.

- Balancing the short term and the long term: Short-term results are necessary to foster motivation and involvement, but have to be aligned with long-term strategies.
- Balancing static and dynamic efficiency: Health systems demand a high level of productivity; to reach these results, individual and organizational learning are necessary.
- Balancing specialization and integration: In healthcare this is the balancing between standardized pathways and individual needs of patients.

An Implementation Team is designed to work with 20 or so practitioners in an organization. This ratio varies with population density, size of individual organizations, and geography (accessibility). The ratio can be used as a guide for planning expansion into additional organizations until all organizations are included. Implementation Team members specifically:

- Engage in Exploration Stage activities to create the will (readiness, motivation, buy-in, importance, commitment) to use an innovation and establish the implementation supports necessary to sustain and scale the benefits over time and locations.
- Develop (select, train, coach, assess, support) the skills (ability, competence, confidence) of leaders and practitioners to support effective use of innovations and outcomes.
- Conduct Implementation Capacity Assessments and facilitate action planning.
- Create or modify training materials, fidelity measures, and evaluation tools related to effective innovation methods that are being scaled up in the organization.
- Initiate and actively engage in continuous quality improvement cycles with leaders and staff.
- Engage in problem solving with the leaders to improve and align effective organization supports for practitioners using an innovation.

## Implementation Team Effectiveness

Although they are not common yet, Implementation Teams are essential to building effective, efficient, and sustainable capacity to use innovations as intended and for establishing contexts that are more enabling and less hindering. Implementation Team members do the work of implementation and are accountable for using implementation best practices with fidelity and good outcomes. Given the central role of Implementation

Teams, the selection, training, coaching, and fidelity assessment of teams is a critical part of implementation done well.

Implementation Teams have been developed on purpose since the 1980s (Blase, 2006; Blase et al., 1984). In recent years, the work has expanded into developing linked Implementation Teams (using Implementation Teams to create more Implementation Teams) in support of systemic change and the use of a variety of innovations (Fixsen et al., 2017; Fixsen et al., 2013). Data regarding the value of expert Implementation Teams indicate that an expert Implementation Team produces about 80 percent success in implementing a program or innovation in about three years (Fixsen et al., 2007; Saldana, Chamberlain, Wang, & Brown, 2012). Without the support of an expert Implementation Team, there is about 14 percent success in 17 years (Balas & Boren, 2000; Green, 2008). As they do their work, Implementation Teams accumulate knowledge. They engage in planned and purposeful activities (the Active Implementation Frameworks), see the immediate and longer term results, solve problems related to the use of innovations and use of implementation supports in organizations and systems, and use the experience to develop a revised plan for the next attempt.

## Implementation Supports in General

The knowledge, skills, and abilities needed to support the use of innovations in practice often are not discussed. Many descriptions fit the letting-it-happen and helping-it-happen categories of diffusion and dissemination approaches described by Hall and Hord (1987); Greenhalgh et al. (2004); and Fixsen, Blase, Duda, Naom, and Van Dyke (2010). These approaches describe the need for support without describing the competencies required or the need for creating permanent implementation capacity in organizations and systems. For example, Damschroder et al. (2009) propose that successful implementation usually requires an active change process aimed to achieve individual- and organizational-level use of the intervention as designed. Local champions or external change agents manage processes that are designed to produce the use of an innovation as intended. They identified four types of implementation leaders and other individuals involved in the active change process:

1. Opinion leaders who have formal or informal influence on their colleagues

with respect to knowledge of and use of innovations.

2. Champions who risk their reputation and status to actively support the use of an innovation and overcome any problems associated with its use in an organization.
3. Formally appointed implementation leaders (project manager or similar role) who have responsibility for ensuring use of an innovation as part of their work.
4. External change agents who are contracted to facilitate the introduction and use of an innovation in an organization.

In the ARC approach (Glisson & Schoenwald, 2005) a change agent's role is described in more detail. Change agents span organization and system boundaries to share information between individuals, groups, organizations, and communities; provide updates about innovation efforts; diagnose problems in the process of improving services; motivate community interest in innovation; create interpersonal networks that include community opinion leaders; reinforce efforts to improve services; and prevent discontinuance of improvement strategies that are working.

Aarons, Hurlburt, and Horwitz (2011) describe the extensive work required to assess a range of psychological characteristics of practitioners and managers and assess organizational fit, readiness, culture, and climate. In a framework component labeled "inter-organizational networks," Aarons et al. state: "A key extra-organizational feature that may encourage the implementation of EBPs is the network of organizations with which agencies are involved. When agencies or organizations interact with other organizations that employ EBPs, this has the potential to increase their own likelihood of exploring or adopting EBPs." This is followed by a statement that, "building expertise across an entire service system may require collaboration and building expertise across and between organizations to instantiate and sustain an EBP."

Chinman, Imm, and Wandersman (2004) emphasize the key role of a community coalition for planning successful implementation. A good plan provides a roadmap and a set of reminders of what is important when. Good planning can lead to improved use of an innovation, leading to improved innovation outcomes. A community coalition can make midcourse modifications as experience

is gained during the implementation process. Wandersman et al. (2008) identify innovation-specific support (innovation-specific capacity building) and general support (general capacity building) provided by community coalitions. Innovation-specific capacity building is assistance that is related to using a specific innovation. It can include activities such as providing information about an innovation before an organization decides if it wants to adopt and providing technical assistance once the innovation is in use.

Rycroft-Malone (2004) acknowledges the need for facilitation of implementation, and notes that the purpose of facilitation can vary from a focused process of providing help and support in achieving a specific task to a more complex, holistic process of enabling teams and individuals to analyze, reflect upon, and change their own attitudes, behaviors, and ways of working. As the approach moves toward holistic, facilitation is increasingly concerned with addressing the whole situation and the whole person. In these different situations, the skills and attributes required of the facilitator would be different. To fulfill the potential demands of the role, facilitators are likely to require a wide repertoire of skills and attributes. Skilled facilitators would be ones who could adjust their role and style to suit the demands of the different phases of an implementation or development project.

## Doing the Work of Implementation to Achieve the Desired Outcomes

As seen in these summaries, implementation researchers generally identify the need for action to support the use of innovations in practice. The complexity of the tasks is outlined along with some suggestions for finding self-appointed or somehow-organized groups who might take on these tasks. These recommendations leave a lot to chance and likely cannot be relied on for scaling to achieve socially significant outcomes.

Active Implementation specifies the need for Implementation Teams embedded in organizations and systems that intend to use innovations fully and effectively and sustain them on a socially significant scale (Fixsen et al., 2019). No one expects software to continue to run after a brief encounter with hardware, or cell phones to operate without supporting microwave towers and switching equipment. Implementation Teams play the same essential and continuing role for effective innovations (Fixsen et al., 2017).

Waiting for the right people to show up to do the work may take a long time and cannot be depended on, especially over the long run. Expert Implementation Teams are essential for successful and timely use of innovations and must be planned for and established as the work begins.

Commitment to research on effective interventions and the use of evidence has been a hallmark of policy and practice efforts in the field of criminal justice for decades. As described by Feucht and Tyson (2018, p. 182):

...viewed over more than 50 years of evolving knowledge about context and implementation, one can see all the countervailing forces and competing priorities not as impediments to progress, but instead as a call to continuous growth and improvement. From this point of view, one can more see 50 years of evidence-building as an ongoing (if not consistent) effort, marked by resilience and persistence even through times of turbulence and falling resources.

As the field continues to grow and improve in its efforts to make the best use of available evidence, focused attention on the development of local implementation capacity would seem to be an essential area for investment. By prioritizing and enabling the development of competent local Implementation Teams, the judicial system will be able to deliver on its commitment to produce measurable and meaningful improvements for individuals on community supervision, their families, and the community.

## References

- Aarons, G. A., Hurlburt, M., & Horwitz, S. M. (2011). Advancing a conceptual model of evidence-based practice implementation in public service sectors. *Administration and Policy in Mental Health, 38*(1), 4.
- Andrews, D. A., & Bonta, J. (2006). *The Psychology of Criminal Conduct* (4th ed.). Newark, NJ: LexisNexis.
- Andrews, D. A., Zinger, I., Hoge, R. D., Bonta, J., Gendreau, P., & Cullen, F. T. (1990). Does correctional treatment work? A clinically relevant and psychologically informed meta-analysis. *Criminology, 28*(3), 369-404.
- Balas, E. A., & Boren, S. A. (2000). Managing clinical knowledge for health care improvement. In J. Bommel & A. T. McCray (Eds.), *Yearbook of medical informatics 2000: Patient-Centered systems* (pp. 65-70).

Stuttgart, Germany: Schattauer Verlagsgesellschaft.

- Blase, K. A. (2006). *Developers, purveyors, and implementers of evidence-based programs*. Retrieved from National Implementation Research Network, University of South Florida:
- Blase, K. A., Fixsen, D. L., & Phillips, E. L. (1984). Residential treatment for troubled children: Developing service delivery systems. In S. C. Paine, G. T. Bellamy, & B. Wilcox (Eds.), *Human services that work: From innovation to standard practice* (pp. 149-165). Baltimore, MD: Paul H. Brookes Publishing.
- Brunk, M. A., Chapman, J. E., & Schoenwald, S. K. (2014). Defining and evaluating fidelity at the program level: A preliminary investigation. *Zeitschrift für Psychologie, 222*, 22-29. doi:10.1027/2151-2604/a000162
- Chinman, M., Imm, P., & Wandersman, A. (2004). *Getting to outcomes: Promoting accountability through methods and tools for planning, implementation, and evaluation*. Retrieved from Santa Monica, CA: RAND Corporation:
- Damschroder, L. J., Aron, D. C., Keith, R. E., Kirsh, S. R., Alexander, J. A., & Lowery, J. C. (2009). Fostering implementation of health services research findings into practice: A consolidated framework for advancing implementation science. *Implementation Science, 4*(50). doi:10.1186/1748-5908-4-50
- Feucht, T. E., & Tyson, J. (2018). Advancing "what works" in justice: Past, present, and future work of federal justice research agencies. *Justice Evaluation Journal, 1*(2), 151-187. doi:10.1080/24751979.2018.1552083
- Fixsen, D. L., Blase, K. A., Duda, M., Naoom, S., & Van Dyke, M. K. (2010). Implementation of evidence-based treatments for children and adolescents: Research findings and their implications for the future. In J. Weisz & A. Kazdin (Eds.), *Implementation and dissemination: Extending treatments to new populations and new settings* (2nd ed., pp. 435-450). New York: Guilford Press.
- Fixsen, D. L., Blase, K. A., & Fixsen, A. A. M. (2017). Scaling effective innovations. *Criminology & Public Policy, 16*(2), 487-499. doi:10.1111/1745-9133.12288
- Fixsen, D. L., Blase, K. A., Metz, A., & Van Dyke, M. K. (2013). Statewide implementation of evidence-based programs. *Exceptional Children (Special Issue), 79*(2), 213-230.
- Fixsen, D. L., Blase, K. A., Timbers, G. D., & Wolf, M. M. (2007). In search of program implementation: 792 replications of the Teaching-Family Model. *The Behavior Analyst Today, 8*(1), 96-110. doi:10.1037/h0100104
- Fixsen, D. L., Blase, K. A., & Van Dyke, M.

- K. (2019). *Implementation practice and science* (1st ed.). Chapel Hill, NC: Active Implementation Research Network.
- Fixsen, D. L., Naoom, S. F., Blase, K. A., Friedman, R. M., & Wallace, F. (2005). *Implementation research: A synthesis of the literature*. National Implementation Research Network, University of South Florida, www.activeimplementation.org.
- Flanagan, S. G., Cray, M. E., & Van Meter, D. (1983). A facility-wide consultation and training team as a catalyst in promoting institutional change. *Analysis and Intervention in Developmental Disabilities, 3*(2-3 SU), 151-169.
- Glisson, C., & Schoenwald, S. K. (2005). The ARC organizational and community intervention strategy for implementing evidence-based children's mental health treatments. *Mental Health Services Research, 7*(4), 243 - 259.
- Green, L. W. (2008). Making research relevant: If it is an evidence-based practice, where's the practice-based evidence? *Family Practice, 25*, 20-24.
- Havelock, R. G., & Havelock, M. C. (1973). *Training for change agents*. Ann Arbor, MI: University of Michigan Institute for Social Research.
- Klest, S. K. (2014). Clustering practitioners within service organizations may improve implementation outcomes for evidence-based programs. *Zeitschrift für Psychologie, 222*(1), 30-36. doi:10.1027/2151-2604/a000163
- Lipsey, M. W. (1992). Juvenile delinquency treatment: A meta-analytic inquiry into the variability of effects. In T. D. Cook, H. Cooper, D. S. Cordray, H. Hartmann, L. V. Hedges, R. J. Light, T. A. Louis, & F. Mosteller (Eds.), *Meta-analysis for explanation: A casebook* (pp. 83-127). New York: Russell Sage Foundation.
- Lipsey, M. W. (2009). The primary factors that characterize effective interventions with juvenile offenders: A metaanalytic overview. *Victims and Offenders, 4*, 124-147. doi:10.1080/15564880802612573
- Lipsey, M. W., & Wilson, D. B. (1998). Effective intervention for serious juvenile offenders: Synthesis of research. In R. Loeber & D. P. Farrington (Eds.), *Serious and violent juvenile offenders: Risk factors and successful interventions*. Thousand Oaks, CA: Sage Publications, Inc.
- Morgan, G. (1997). *Images of organization* (2nd ed.). Thousand Oaks, CA: Sage Publications.
- Morgan, G., & Ramirez, R. (1983). Action learning: A holographic metaphor for guiding social change. *Human Relations, 37*(1), 1-28.
- Nord, W. R., & Tucker, S. (1987). *Implementing routine and radical innovations*. Lexington, MA: D. C. Heath and Company.
- Rycroft-Malone, J. (2004). The PARIHS framework: A framework for guiding the implementation of evidence-based practice. *Journal of Nursing Care Quality, 19*(4), 297-305.
- Saldana, L., & Chamberlain, P. (2012). Supporting implementation: The role of community development teams to build infrastructure. *American Journal of Community Psychology, 50*(3-4), 334-346. doi:10.1007/s10464-012-9503-0
- Saldana, L., Chamberlain, P., Wang, W., & Brown, H. C. (2012). Predicting program start-up using the stages of implementation measure. *Administration and Policy in Mental Health, 39*(6), 419-425. doi:10.1007/s10488-011-0363-y
- Seers, K., Rycroft-Malone, J., Cox, K., Crichton, N., Edwards, R. T., Eldh, A. C., . . . Wallin, L. (2018). Facilitating implementation of research evidence (FIRE): An international cluster randomised controlled trial to evaluate two models of facilitation informed by the Promoting Action on Research Implementation in Health Services (PARIHS) framework. *Implementation Science, 13*(1), 137. doi:10.1186/s13012-018-0831-9
- Van Dyke, M. K. (2015). *Active implementation practitioner: Practice profile*. Retrieved from Chapel Hill, NC: Active Implementation Research Network: <https://www.activeimplementation.org/resources/active-implementation-practitioner-practice-profile/>
- Walker, J., Koroloff, N., & Schutte, K. (2003). *Implementing high-quality collaborative individualized service/support planning: Necessary conditions*. Portland, OR: Portland State University, Research and Training Center on Family Support and Children's Mental Health.
- Wandersman, A., Duffy, J., Flaspohler, P., Nonnan, R., Lubell, K., Stillman, L., . . . Saul, J. (2008). Bridging the gap between prevention research and practice: The interactive systems framework for dissemination and implementation. *American Journal of Community Psychology, 41*, 171-181.
- Zaccaro, S. J., Blair, V., Peterson, C., & Zazanis, M. (1995). Collective Efficacy. In J. E. Maddux (Ed.), *Self-efficacy, adaptation, and adjustment: Theory, research, and application* (pp. 305-328). Boston, MA: Springer US.
- Zink, K. J. (2014). Designing sustainable work systems: The need for a systems approach. *Applied Ergonomics, 45*(1), 126-132.



# An Organizational Readiness Lens for Implementing the Risk-Need-Responsivity Model

*Pam Imm, Wandersman Center  
Aldrenna Williams, JBS International  
Joe Hyde, JBS International  
Abe Wandersman, Wandersman Center*

## SECTION 1: INTRODUCTION

Picture a scenario like this:

*You just celebrated your one-year anniversary as the director of a large probation agency in an urban area that provides community supervision to those with substance use disorders. The job has not been easy and challenges have emerged. Some staff feel that their primary job is surveillance and you are concerned about their workload as caseloads are high. Recent research shows that the continued emphasis on surveillance and monitoring has resulted in higher rates of recidivism for those on probation, high jail costs, and prison admissions due to supervision revocations.*

*You know there are ways to work smarter not harder. Most of your staff are young, eager, and understand the concept of best practice. Some staff have learned about evidence-based practices, and in particular the Risk, Need, and Responsivity principles, at other agencies or in training. At recent meetings, you have discussed a more consistent and systematic adoption of RNR throughout the agency as an evidence-based approach that can reduce recidivism. The need to build organizational capacity and readiness for this new innovation will require a sustained commitment. Do we have the motivation (willingness) to carry this out? Do we have the capacity (ability) to adhere to the fidelity of the model?*

Large and small organizations are frequently interested in bringing something new

into their setting. We define “innovation” as a program, policy, practice, or process that is new to a setting. Successfully integrating an innovation into a new setting can be challenging and include a variety of factors that can hinder high-quality implementation. The degree to which an organization is “ready” to implement an innovation can determine the level of success.

In this article, we present a readiness building system based on three components of organizational readiness:  $R=MC^2$  where  $R$ =Readiness;  $M$ =Motivation, and  $C^2$  consists of both General Capacities and Innovation-Specific Capacities (Scaccia, et al., 2015). This model includes both capacities and motivation. Within each of the three readiness components are specific subcomponents that can be enhanced through readiness building. Table 1 (next page) is the  $R=MC^2$  readiness components and the definitions of the subcomponents.

The purpose of this article is to describe the organizational readiness building system and offer suggestions for how to assess and build readiness in Risk-Need-Responsivity (RNR) practice. Because organizational readiness exists on a continuum, it is conceptualized as being more than “ready or not” and may be enhanced by using intentional strategies to build readiness (Livet, Yannayon, Richard, Sorge, & Scanlon, 2020).

## Section II: OVERVIEW OF THE RISK-NEED-RESPONSIVITY MODEL

The Risk-Need-Responsivity (RNR) model is derived from decades of research demonstrating that the best outcomes are achieved in the criminal justice system when (1) the intensity of criminal justice supervision is matched to participants’ risk for criminal recidivism or likelihood of failure in rehabilitation (criminogenic risk) and (2) interventions focus on the specific disorders or conditions that are responsible for participants’ crimes (criminogenic needs). (Andrews, Bonta, & Wormith, 2006; Andrews, Zinge, Hoge, Bonta, Gendreau, & Cullen, 1990; Lipsey & Cullen, 2007; Lowenkemap, Latessa, & Smith, 2006; Smith, Gendreau, & Swartz, 2009; Taman & Marlowe, 2006). The RNR model, developed by researchers Donald A. Andrews and James Bonta, is based on three principles:

1) The risk principle asserts that criminal behavior can be reliably predicted and that treatment should focus on the higher risk offenders;

2) The need principle highlights the importance of criminogenic needs in the design and delivery of treatment; and

3) The responsivity principle describes how the treatment should be provided.

Applying the risk and need principles to community supervision means prioritizing the supervision and treatment resources for

**TABLE 1.**  
**Readiness Components and Subcomponents**

Subcomponent	Definitions
<b>Motivation</b>	<b>Degree to which the organization wants the new innovation to happen.</b>
Relative Advantage	The innovation seems more useful than what we've done in the past.
Compatibility	The innovation fits with how we do things.
Simplicity	The innovation seems simple to use.
Ability to Pilot	Degree to which the innovation can be tested and tried out.
Observability	Ability to see that the innovation is producing outcomes.
Priority	Importance of the innovation in relation to other things we do.
<b>Innovation-specific Capacity</b>	<b>What we need to implement the innovation.</b>
Innovation-specific Knowledge & Skills	Sufficient abilities to implement the innovation.
Champion	A well-connected person who supports and models the use of the innovation.
Supportive Climate	Necessary supports, processes, and resources to enable the use of the innovation.
Intra-organizational Relationships	Relationships within our site that support the use of the innovation.
Inter-organizational Relationships	Relationships between our site and other organizations that support the use of the innovation.
<b>General Capacity</b>	<b>The overall functioning of the organization.</b>
Culture	Norms and values of how we do things at our site.
Climate	The feeling of being part of this site.
Innovativeness	Openness to change in general.
Resource Utilization	Ability to acquire and allocate resources including time, money, effort, and technology.
Leadership	Effectiveness of our leaders at multiple levels.
Internal Operations	Effectiveness at communication and teamwork.
Staff Capacities	Having enough of the right people to get things done.
Process Capacities	Effectiveness to plan, implement, and evaluate.

higher risk offenders and focusing treatment on those criminogenic needs associated with criminal behavior as the way to reduce recidivism. Finally, responsivity addresses the need to tailor cognitive learning strategies and services to the person's individual characteristics, including culture, gender, and learning style. The responsivity principle guides choices of services and interventions for successful community supervision. This is summarized in Table 2 on the next page.

When adopting an innovation like RNR into a criminal justice setting, it is important for team members to be fully prepared for implementation. The RNR model requires changes in core ideologies from a focus on punishment and control to more therapeutic and rehabilitative philosophies. Existing research highlights the challenge of such culture shifts within correctional environments characterized by punishment ideologies. For

example, it may be that some probation officers do not believe that criminogenic needs can be changed or adequately addressed. This belief could limit their use of the need principle, which would lessen their use of the resources provided associated in the responsivity principle. The full adoption of the RNR model, including the simulation tool, may also present some concern for staff if the use of the "best fit" data are viewed as incorrect, faulty, or misleading when developing case plans. This suggests a strong need for adequate training, follow-up technical assistance, and guided practice and feedback.

### **Section III: OVERVIEW OF A READINESS BUILDING SYSTEM**

The Readiness Building System (RBS), developed at the Wandersman Center, includes assessment tools, feedback and prioritization processes, and readiness building strategies

(also known as change management strategies). The RBS has been used in a variety of projects including integrated primary health care (Scott et al., 2017), CDC Tobacco Control (Domlyn & Wandersman, 2019), and building organizational readiness for sexual assault prevention in ten sites for the Department of Defense (DoD). Given these and other experiences, this article describes how the RBS can be useful to organizations as they look to adopt effective policies to support the RNR model of community supervision.

The phases of RBS are illustrated in Figure 1 (next page) and include:

- Initial engagement.
- Deciding assessment options.
- Gathering feedback and prioritizing the subcomponents of readiness.
- Planning and implementing Change Management of Organizational Readiness (CMOR) strategies.

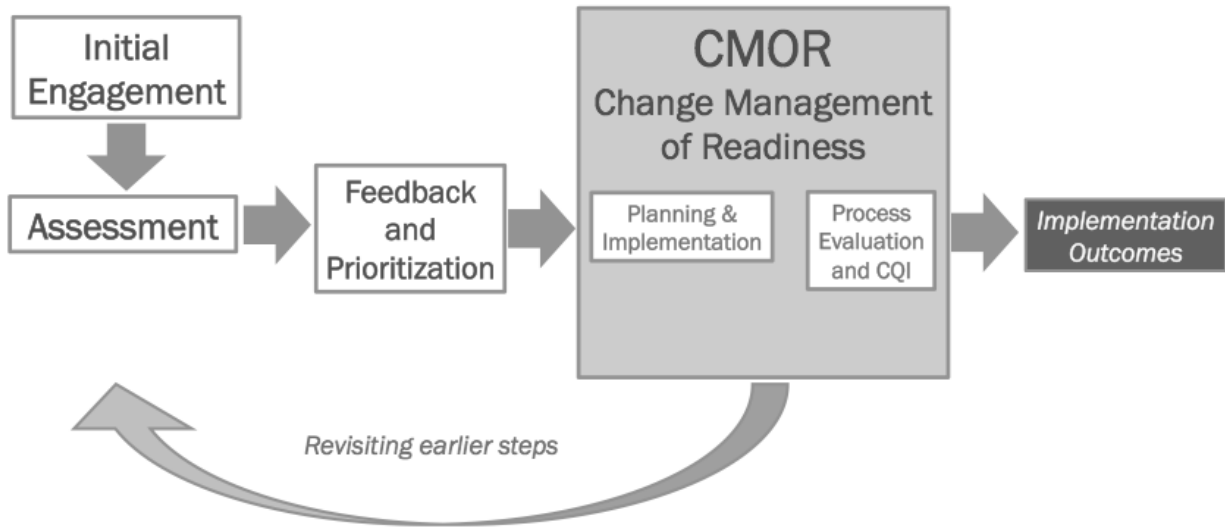
#### **Phase 1: Initial Engagement**

Successfully engaging a readiness team or a group of key stakeholders in a readiness-building process is important for success. When selecting individuals for an organization's readiness team, members should have a deep understanding of the strengths and challenges the organization faces to adopt the innovation. This may include knowledge of risk and protective factors for recidivism, relevant trend data, and historical knowledge of previous community supervision strategies implemented. In addition, this team will be asked to provide input into which readiness assessment tool will be used and to identify possible strategies for readiness-building. In general, the readiness team should be 8–12 members, depending on the size of the organization.

#### **Phase 2: Readiness Assessment**

The two primary readiness assessment tools to assess readiness are the Readiness Diagnostic Scale (RDS) and the Readiness Thinking Tool (RTT). Both are designed to assess organizational readiness using the R=MC<sup>2</sup> framework. Usually, leadership (in collaboration with the readiness team), determines which assessment tool is best for a specific organization. The RDS is administered electronically and takes about 20–25 minutes to complete. Respondents use a 7-point Likert scale to answer questions related to the 19 subcomponents listed in Table 1. Upon completion of the RDS, a readiness report is provided showing how the subcomponents are rated by the

**FIGURE 1.**  
Phases of the Readiness Building System (RBS)



**TABLE 2.**  
Principles and Application of the Risk, Need and Responsivity Model

Principle	Description	Application
<b>Risk</b>	<p><b>Likelihood</b> that a person who committed a crime will again engage in future criminal behavior.</p> <p><b>Based</b> on static risk factors that correlate with criminal behavior.</p> <p><b>Static</b> risk factors are associated with the individual’s prior history with the criminal justice system and cannot be changed. They include: age of first arrest, # of times arrested, # of times incarcerated, age and gender.</p> <p><b>Higher-risk</b> people are more likely to re-offend and recidivate than moderate or lower-risk people.</p> <p><b>High-risk</b> requires more community supervision.</p>	<p><b>Match</b> level of community supervision to risk and prioritize supervision and treatment resources for higher-risk individuals.</p> <p><b>Specifies:</b> <i>Who to Target</i></p>
<b>Need</b>	<p><b>Criminogenic</b> needs are linked directly to criminal behavior.</p> <p><b>Labeled</b> “dynamic” or “changeable” risk factors because unlike “static risk factors” they can change.</p> <p><b>Changes</b> are associated with likelihood/unlikelihood of person to recidivate.</p> <p><b>Central Eight Risk Factors and Indicators:</b></p> <ol style="list-style-type: none"> <li><b>*History of Antisocial Behavior</b> - Early involvement in antisocial activities (e.g., being arrested at a young age, a large number of prior offenses).</li> <li><b>*Antisocial Personality Pattern</b> - Impulsive, pleasure-seeking, involved in generalized trouble, and show a callous disregard for others.</li> <li><b>*Antisocial Cognition</b> - Identifying with criminals, negative attitudes towards the law and justice system, beliefs that crime results in rewards.</li> <li><b>*Antisocial Associates</b> - Associate with pro-criminal individuals and isolate from individuals who are anti-crime.</li> <li><b>Family/Marital Circumstances</b> - Poor-quality relationships between the child and the parent (in the case of juveniles involved in the criminal justice system) or spouses combined with lower expectations of non-criminal behavior.</li> <li><b>School/Work</b> - Low levels of performance, involvement, rewards, and satisfaction.</li> <li><b>Leisure/Recreation</b> - Low levels of involvement in and satisfaction from noncriminal leisure pursuits.</li> <li><b>Substance Abuse</b> - Abusing alcohol and/or other drugs.</li> </ol> <p><i>* Four factors most highly correlated with criminal behavior</i></p>	<p><b>Identify</b> criminogenic needs.</p> <p>Target and prioritize those needs with appropriate interventions and treatment to decrease the likelihood of future criminal behavior and recidivism.</p> <p><b>Specifies:</b> <i>What to Target</i></p>
<b>Responsivity</b>	<p><b>Programs</b> and interventions delivered in a style and mode that is consistent with the ability and learning style of the individual under community supervision.</p> <p><b>Identify</b> the individual characteristics (e.g., age, gender, personality, personal motivations, stages of change, etc.), along with other strengths which can inform “responsivity” factors for case planning.</p>	<p><b>Deliver</b> interventions and services in a manner consistent with the ability and learning style of the person(s) under community supervision.</p> <p><b>Match</b> and tailor the interventions and programming with the individual characteristics and “responsivity” factors for community supervision.</p> <p><b>Specifies:</b> <i>How to Target</i></p>

Source: James, Nathan (2018). *Risk and Needs Assessment in the Federal Prison System*.

organization's survey respondents. The RDS was developed to be a comprehensive readiness measure based on  $R=MC^2$  and designed for all phases of implementation. Early use of the RDS showed its utility as a diagnostic tool for identifying strengths and weaknesses across several content areas (e.g., community coalitions, schools, primary health care settings). Currently, studies are in process to rigorously test: 1) the survey item characteristics, 2) relationships between the survey items, and 3) latent factor structures for each subcomponent.

The RTT is a brief checklist-style rating about the readiness subcomponents. This tool is less formal and takes about five minutes to complete. Respondents rate each of the 19 subcomponents using a 1-4 scale of agreement (1=definitely no; 2=mostly no; 3=mostly yes; 4=definitely yes). There is no formal scoring of the RTT, and it is mainly used to prompt discussion among the team members. Regardless of which tool is chosen, an important follow-up action step is to ensure a facilitated discussion of the organization's readiness results. If the organization received a readiness report after completing the RDS, scores on the subcomponents and individual items are discussed. If the RTT is completed, there is an opportunity to have a similar discussion about the organization's perception of the subcomponents. Regardless of the tool chosen, the discussion is likely to take one to two hours, depending on the number of readiness team members participating in the discussion.

### Phase 3: Gathering Feedback and Prioritizing Readiness Subcomponents

The process of gathering feedback through the facilitated discussion is similar to a focus group. It allows input from all readiness team members, including information about the strengths and challenges for each subcomponent. The major goal of the feedback process is to determine which readiness subcomponents are most likely to impact implementation. As information is summarized, the team is asked to prioritize which readiness subcomponents to address. These are likely to be subcomponents with lower scores as well as those that emerge during the facilitated discussion. The RDS includes a series of questions to help complete the prioritization tool, including:

- Is a low score on this subcomponent likely to have a significant negative impact on successful implementation of our program,

practice, or policy?

- Do we have the resources (time and budget) to address this subcomponent?
- Does it make sense for us to address this subcomponent at this time given our other priorities?

We usually suggest that no more than three readiness subcomponents be addressed at one time. These subcomponents will be included in the readiness-building plan as priority areas in which to focus when preparing to implement a RNR model of community supervision.

### Phase 4: Planning & Implementing Change Management of Readiness (CMOR) Strategies

Once the readiness subcomponents are prioritized, CMOR strategies can be selected to develop the readiness-building plan. Having a written plan to increase capacities and motivation for change helps to:

- Keep the entire team on the same page and moving in the same direction.
- Monitor progress with the plan.
- Make adjustments to the plan when needed.

After the readiness-building plan is developed, it is time to carry out the specific readiness-building tasks. Those skilled in providing readiness-focused technical assistance should meet regularly with the team to provide guidance on the plan. Key components of the readiness-building action plan template include: specific readiness-building tasks, person responsible, and timeline. This template is organized by the prioritized subcomponents identified by the readiness team. The readiness team should meet frequently enough so that problems can be identified early, but not so frequently that there is little progress occurring between meetings.

### Section IV: USING THE READINESS BUILDING SYSTEM TO IMPROVE PRACTICES RELATED TO RISK-NEED-RESPONSIVITY

The ability (capacity) and willingness (motivation) to implement an evidence-based practice requires understanding what factors will promote or detract from the organization's readiness to implement RNR principles. Several factors likely to support the successful implementation of these principles include:

- Recognition by leadership and decision-makers of the ineffectiveness of surveillance

and monitoring alone in the successful completion of community supervision and recidivism reduction.

- Understanding the cost of supervision revocation and inappropriate supervision of low-risk individuals in state and local jurisdictions.
- Parole, probation, and pretrial services agents who are open to new approaches and system changes that will support them in being more effective with community supervision.
- Dissemination of research supporting the effectiveness of using evidence-based practices in reducing recidivism and improving the outcomes related to community supervision that agencies have sought to achieve.
- Use of the RNR Simulation Tool developed by the Center for Advancing Correctional Excellence to determine an individual's level of risk and criminogenic needs related to those selected for community supervision.

The web-based RNR Simulation Tool operationalizes the RNR model by providing information to make decisions when matching a person's needs with recommended programs and services. It also displays the array of services that are provided in the jurisdiction. Used by probation agencies and jurisdictional leadership, the tool can also identify local treatment and programming resources based on the populations they serve. The overarching aim of this computer portal is to help criminal justice agencies better understand the resources available to them and to foster responsivity to specific risk-need profiles. The RNR Simulation Tool provides an example of how probation agencies may operationalize an evidence-based practice (EBP) if they are ready to move forward with effectively assessing those on probation for risk, need, and responsivity.

When considering applying a readiness-building system to prepare for a model such as RNR, the organization must evaluate both the existing capacities and motivation for implementing the innovation. General capacities have been conceptualized as the global skills and characteristics of a setting associated with the overall functioning of the group (Flaspohler, Duffy, Wandersman, Stillman, & Maras, 2008). While these capacities are not specific to a particular innovation (e.g., RNR), they include foundational capacities/structures that are necessary to implement an innovation. Certainly, each subcomponent has a variety of characteristics or skills that

comprise the subcomponent. Table 3 provides examples of some characteristics of general capacities and motivation that are important for an organization to be ready to implement the RNR model. General capacities such as effective organizational leadership as well as a history of innovativeness and a favorable climate for implementing an evidence-based practice are important to have. Lower scores on these subcomponents suggest that a readiness-building plan may want to prioritize enhancing those important general capacities.

In a similar way, the defining characteristics for the motivation subcomponents related to RNR are also presented in Table 3. Recent data suggest that the motivation component is most relevant when preparing to adopt an innovation (Domlyn & Wandersman, 2019). Specifically, once the innovation becomes part of standard practice, motivation subcomponents become less relevant. This is consistent with previous findings that motivation for a new innovation is critical for the initial persuasion of adoption (Rogers, 2003).

We provide more detailed examples of the innovation-specific subcomponents to demonstrate how they may be applicable to RNR. Table 4 (next page) includes each readiness subcomponent, potential organizational challenges, and sample CMOR strategies that may be useful. Certainly, these examples are not exhaustive and are highlighted as potential CMOR strategies to be considered, based on the identified challenges.

### Section V: CONCLUSION

As criminal justice organizations have begun to examine evidence-based practices to reduce recidivism, integrating the RNR model is one policy that is usually considered. The model includes a validated assessment tool as part of a larger data system to ensure the selection and provision of appropriate services and interventions. As described in the R=MC<sup>2</sup>, it is important to have sufficient capacities and motivation for successful implementation of an innovation.

To demonstrate the importance of all of the subcomponents for a probation agency, the following paragraph is presented by a content expert in criminal justice policies (including RNR), and we suggest the primary readiness subcomponent throughout the paragraph (in italics). This highlights the broad categories of the organizational readiness issues to the “typical” challenges of adopting a RNR model.

**TABLE 3.**  
**General Capacities and Motivation Subcomponents and Examples**

General Capacities	Positive Examples of Subcomponents
Culture	Organizations recognize better outcomes when evidence-based practices are implemented.
Climate	High morale among staff.
Leadership	Leadership is effective in communicating and promoting positive change.
Innovativeness	Organization has history of positive change efforts.
Resource Utilization	Good connections with state and community providers and with contracted service providers.
Process Capacities	Organization has strong internal monitoring system and evaluation.
Staff Capacities	Organization has adequate ratio of probation agents to cases.
Internal Operations	Organization has written communication plan.
Motivation	
Simplicity	RNR implementation is at an acceptable level of complexity.
Compatibility	RNR is consistent with operating procedures.
Priority	RNR principles are a priority in their current scope of work.
Relative Advantage	Outcomes obtained from RNR are better than current practices.
Observability	Likely to see positive results in the short term.
Ability to Pilot	Able to test feasibility of RNR with a sample of probation officers.

#### *Probation Agencies: Readiness to Adopt Use of RNR Model*

Many probation agencies recognize that transformation (*innovativeness*) is necessary to reduce recidivism and the support (*supportive climate*) of counties and state leaders is needed (*leadership*). There are actions agency leaders need to take (*champion*) to move this transformation forward (*priority*). Probation agency personnel consist of more than probation officers (*staff capacities*). In addition to community supervision, probation agencies consist of challenging, multiple systems (*inter-organizational relationships*) where operational and administrative staff have time-consuming responsibilities (*internal operations, process capacities*). In addition to having leadership at all levels (*intraorganizational relationships*) involved in this major change (the RNR innovation), staff should be involved in the process (*knowledge and skills*) from the beginning (*priority*), and remain patient in the process (*ability to pilot*). There are also other

professionals in law enforcement and social services who play critical roles in the community supervision process (*resource utilization*). Collaboration is key. Each has a vested role to ensure the success of probation agencies (*relative advantage*) in reducing recidivism, reoffending, and relapse. Leadership can help to create “small wins” (*observability*) and support by educating stakeholders and personnel about the alignment (*compatibility*) necessary for successful community supervision.

As agencies begin to consider adopting new policies for community supervision, they would be well suited to consider the full readiness building system, which includes assessment, prioritization, and CMOR strategies. Clearly, the importance of the three readiness components and specific subcomponents are relevant to many agencies as they look to implement any new evidence-based program, practice, or policy to reduce recidivism.

**TABLE 4.**  
**Sample Challenges and Readiness-Building Strategies by Subcomponent**

Innovation-Specific Readiness Subcomponent	Sample Challenges to Implement RNR Community Supervision Model	Sample Readiness Building Strategies to Implement RNR Community Supervision Model
Knowledge and Skills for RNR	<ul style="list-style-type: none"> <li>• Many behavioral health and criminal justice professionals misconstrue risk, need, and responsivity concepts.</li> <li>• RNR requires comprehensive assessment so services are customized for the right person at the right time.</li> </ul>	<ul style="list-style-type: none"> <li>• Transfer research terms into familiar concepts for practitioners.</li> <li>• Share successful RNR models to increase knowledge of effective RNR community supervision practice.</li> <li>• Increase actions to promote skill-building (e.g., training, supervision) and updated RNR practices.</li> </ul>
Program Champion for RNR	<ul style="list-style-type: none"> <li>• Leadership is unclear about their role in championing and implementing evidence-based practices in using the RNR model (e.g., comprehensive assessment, etc.) for community supervision.</li> </ul>	<ul style="list-style-type: none"> <li>• PC communicates the effectiveness of RNR when done correctly.</li> <li>• PC identifies best practices and brings them forward.</li> <li>• PC gets commitment from all partners to support high-quality implementation of RNR.</li> </ul>
Supportive Climate for RNR	<ul style="list-style-type: none"> <li>• Various levels of leadership support for RNR.</li> <li>• Agency leadership has competing priorities.</li> <li>• Leadership at state, local, and jurisdictional levels are unwilling to commit the resources required to implement new approaches.</li> <li>• Leadership has little experience with evidence-based practices and unaware of fidelity monitoring strategies.</li> </ul>	<ul style="list-style-type: none"> <li>• Leadership is accepting of RNR model including modifications in assessment and use of data to determine appropriate levels of community supervision.</li> <li>• Agency leadership understands the commitment of evidence-based RNR strategies and uses resources well to support high-quality implementation.</li> <li>• Policies are modified to ensure that the RNR model can be implemented fully (e.g., use of appropriate tools, use of a data-informed system for community supervision).</li> </ul>
Intraorganizational Relationships	<ul style="list-style-type: none"> <li>• Parole and probation agents responsible for conducting community supervision have high caseloads and can feel overwhelmed for system and culture change.</li> <li>• All levels of leadership are unwilling to support an evidence-based RNR model.</li> </ul>	<ul style="list-style-type: none"> <li>• Leadership understands the need for policy changes to begin reducing the caseloads and turnover of probation staff.</li> <li>• All agency staff implementing RNR recognize the need for changes in the practice of community supervision.</li> </ul>
Interorganizational Relationships	<ul style="list-style-type: none"> <li>• Larger criminal justice system does not fully embrace implementing RNR principles.</li> <li>• Ongoing training, data collection, and evaluation of RNR requires that new practices be embraced by partners involved in the cultural change.</li> </ul>	<ul style="list-style-type: none"> <li>• Communicate specific RNR strategies and the effectiveness of the menu of community supervision practices.</li> <li>• Conduct site visits to locations where RNR is successful.</li> <li>• Jointly plan with partners specific programs that will meet the needs of those receiving community supervision (e.g., education-based, skill-based, etc.).</li> </ul>

## References

- Andrews, D. A., & Bonta, J. (2007). The Risk-Need-Responsivity Model of assessment and human service in prevention and corrections: Crime-prevention jurisprudence. *The Canadian Journal of Criminology and Criminal Justice*, 49, 439-464.
- Andrews, D. A., Bonta, J., & Wormith, J. S. (2006). The recent past and near future of risk and/or need assessment. *Crime & Delinquency*, 52(1), 7-27.
- 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.
- Domlyn, A., & Wandersman, A. (2019). Community coalitions readiness for implementing something new: Using a Delphi methodology. *Journal of Community Psychology*, 1-16. <https://doi.org/10.1002.jcop.22>
- Flaspohler, P., Duffy, J., Wandersman, A., Stillman, L., & Maras, M. (2008). Unpacking prevention capacity: An intersection of research-to-practice models and community-centered models. *American Journal of Community Psychology*, 41, 182-196.
- James, N. (2018). *Risk and needs assessment in the federal prison system*. CRS Report. Congressional Research Service. <https://fas.org/spp/crs/misc/R44087.pdf>
- Lipsey, M., & Cullen, F. (2007). The effectiveness of correctional rehabilitation: A review of systematic reviews. *Annual Review of Law & Social Science*, 3, December 2007, Available at SSRN: <https://ssrn.com/abstract=1060781>
- Livet, M., Yannayon, M., Richard, C., Sorge, L., & Scanlon, P. (2020). Ready, set, go!: Exploring use of a readiness process to implement pharmacy services. *Implementation Science Communications*, 1:52, <https://doi.org/10.1186/43058-020-00036-2>.
- Lowenkamp, C. T., Latessa, E. J., & Smith, P. (2006). Does correctional program quality really matter? The impact of adhering to the principles of effective intervention. *Criminology & Public Policy*, 5, 575-594.

- Rogers, E. M. (2003). *Diffusion on innovations* (5th ed.). New York: Free Press.
- Scaccia, J., Cook, B., Lamont, A., Wandersman, A., Castellow, J., Katz, J., & Beidas, R. (2015). A practical implementation science heuristic for organizational readiness: R=MC<sup>2</sup>. *Journal of Community Psychology*, 43(4), 484-501.
- Scott, V. C., Kenworthy, T., Godly-Reynolds, E., Bastien, G., Scaccia, J., McMickens, C., Rachel, S., Cooper, S., Wrenn, G., & Wandersman, A. (2017, April 10). The Readiness for Integrated Care Questionnaire (RICQ): An instrument to assess readiness to integrate behavioral health and primary care. *American Journal of Orthopsychiatry*. Advance online publication. <http://dx.doi.org/10.1037/ort0000270>.
- Smith, P., Gendreau, P., & Swartz, K. (2009). Validating the principles of effective intervention: A systematic review of the contributions of meta-analyses in the field of corrections. *Victims and Offenders*, 4(2), 148-169.
- Taman, F., & Marlowe, D. (2006). Risk, Needs, and Responsivity: In action or inaction. *Crime and Delinquency*, 52(1), 3-6.
- The Center for Advancing Correctional Excellence (ACE) at George Mason University. (2013). *Risk, need, and responsivity (RNR) simulation tool* [Brochure]. Retrieved from [https://tools.gmuace.org/files/RNR\\_Practitioner\\_Pub\\_FINAL\\_2.12.13.pdf](https://tools.gmuace.org/files/RNR_Practitioner_Pub_FINAL_2.12.13.pdf).

# Performance Management as a Way to Improve Implementation Efforts: The Power of KIWIs

*Melissa A. Alexander*

*Bradley G. Whitley*

*Edward R. Cameron*

*Michael R. Casey*

*U.S. Probation Office, Middle District of North Carolina*

**THE LAST DECADE** has seen an explosion in community corrections practices that, at least in theory, can contribute to more successful outcomes. However, the field has been plagued with difficulties in implementing these various tools with fidelity and at a scale to truly make a difference. In our own federal system, the two biggest implementation challenges have been the use of risk assessment (at both the pretrial and post-conviction stages) and the use of Staff Training Aimed at Reducing Rearrest (STARR) skills (and other evidence-based interventions) during supervision contacts. Although both the Post Conviction Risk Assessment (PCRA) and the Pretrial Risk Assessment (PTRA) are being completed at very high rates, research has shown that the actual use of the information to drive decisions is poor. Regarding STARR, the nationwide usage rate for the first six months of 2020 is a measly 6.8 percent (AO DSS report, June 2020). Of course, in addition to risk assessment and STARR, our system continues to implement many other policies and programs, all of which have been beset by implementation challenges.

We are all aware of the challenges to implementation, including staff buy-in, workload, and many other obstacles. Yet we are still tasked with trying to improve our system by implementing the latest research-based tools. How do we do that? As outlined in the article “Applying Implementation Research to Improve Community Corrections” (Alexander, 2011),

both drivers and stages impact implementation. Drivers are components that interact with one another to promote change and include Staff Competency, Organizational Supports, and Leadership. Stages indicate the various processes needed for successful implementation (Fixsen et al., 2005; Fixsen et al., 2019). For this article, we are focusing on leadership and how performance management can impact both staff competency and organizational supports to help drive implementation efforts.

While the focus of this article is mainly on performance management, we do want to touch on how our understanding of leadership has enhanced our implementation efforts. Despite outward commitment from most of our staff on our EBP initiatives, we still found ourselves getting stuck in unexpected ways. We have been influenced by the Direction-Alignment-Commitment model<sup>1</sup> (Drath et al., 2008) as a way to help us figure out “where” we were getting stuck. This model focuses on leadership as a social process, where interactions between people create:

1. Direction—agreement on what we are trying to achieve.
2. Alignment—effective coordination and integration of efforts towards the agreed-upon direction.
3. Commitment—making the success of the collective a personal priority.

While we have focused heavily on articulating our “why” when making unit and district decisions, we found the “intent” of our messages was often not having the “intended impact.”<sup>2</sup> This is important when you’re trying to move managers, officers, and units toward the pursuit of change and new initiatives. In addition to increased focus on intent and impact, we started being more intentional in clearly communicating Direction, to ensure better Alignment, and obtain collective Commitment from our managers and staff. A more intentional focus on communication using intent and impact calibration, and increased use of Direction, Alignment, and Commitment, allowed us to then move forward with performance management as a means to improve implementation.

Performance management has been a challenge for probably as long as there have been organizations, but the past several years have seen an intense focus on the performance evaluation process within the federal government. All agencies struggle with the best way to evaluate performance; pretrial and probation offices are no different in this respect. In our own district, the traditional performance evaluation process was universally disliked, despite the various tweaks we made over the years. We tried having a behaviorally based system to reduce perceived supervisor

<sup>1</sup> For a practical read on the DAC model, see <https://www.ccl.org/articles/leading-effectively-articles/make-leadership-happen-2/>

<sup>2</sup> For more on intent vs. impact see <https://www.ccl.org/articles/leading-effectively-articles/closing-the-gap-between-intent-and-impact/>



judgment/bias, a number range within each category to delineate performance within the “meets” category, shorter evaluations, longer evaluations—you name it! Regardless of the changes, the feedback was usually the same—the evaluations took too long for supervisors to do, staff felt they were unfair or only focused on what was “wrong,” and no one felt motivated by the process.

In our quest to find a better way, we stumbled upon two books that completely changed our philosophy on performance management and how to use the process to improve implementation. In *Next Generation Performance Management* (Colquitt, 2017), Alan Colquitt cites numerous reasons why traditional evaluation processes fail, all of which lead to a dislike of the process and demotivation of employees. He notes significant research that suggest the accuracy, reliability, and validity of ratings can be affected by many factors. For example, supervisors can fail to rate employees accurately because of anchoring (giving more weight to the first information received and/or the most recent information), status quo (once labeled a certain way, hard to change), justifying past choices, seeking information that confirms what they suspect and ignoring information that is inconsistent, and attributing good outcomes to skill and bad outcomes to other circumstances or bad luck. It should be noted that these aren’t necessarily “intentional” choices by supervisors; rather, they are more often unconscious biases. Colquitt also provides compelling research suggesting that pay for performance structures don’t broadly improve performance or productivity, don’t improve retention, and can actually hurt creativity and innovation. Finally, he references Edward Deci’s research on intrinsic motivation, focusing on the importance of people’s innate needs for Competence (need to gain mastery of tasks and learn different skills), Relatedness (sense of belonging and attachment), Autonomy (feeling in control of their own behaviors and goals), and Purpose (being part of something bigger than themselves). He suggests that focusing performance management on these items will lead to higher motivation and better performance than traditional rating systems. His Performance Management 2.0 philosophy can be summed up with the statement: “give them something worth working for and they will.” He further suggests that using direction and context (goals, purpose, meaning) can motivate performance.

Colquitt’s focus on goals ties in nicely with

the work of John Doerr, as explained in the book *Measure What Matters* (2018). Doerr is a venture capitalist who opens the book with the story of how he came to Google in 1999, when it was still a start-up company. Doerr states that “Ideas are easy. Execution is everything” (p. 6), then goes on to describe how he brought the philosophy of Objectives and Key Results (OKRs) to Google and subsequently to many other companies and non-profit organizations. He describes OKRs this way:

An Objective is simply what is to be achieved, no more and no less. By definition, objectives are significant, concrete, action oriented, and (ideally) inspirational...Key Results benchmark and monitor HOW we get to the objective. Effective KR’s are specific and time-bound, aggressive yet realistic. Most of all, they are measurable and verifiable (p. 7).

Doerr spends the rest of the book giving practical examples from numerous organizations about how the process of OKRs helped drive their performance. He also provides a process framework for conversations, feedback, and recognition (what he calls CFRs) that help champion transparency, accountability, empowerment, and teamwork. Thus, the process becomes quarterly goal setting, with short 15-minute check-ins every couple of weeks to gauge progress and keep employees on track. All employee goals should be connected to larger unit/district goals, which keeps Direction and Alignment on track.

Given our continued frustration with our evaluation process, we decided to give the concept of OKRs a try. However, we chose to call them KIWI’s, an idea developed by the New Zealand company Allbirds. KIWI stands for Keep Improving With Intent. We love the message that this acronym sends – no matter where you are in your position or career, you can improve in some way. This intentional shift from evaluating past behavior/performance to forward-focused performance has been critical. We have been pleasantly surprised to see how moving to this performance management process encouraged a growth mindset (see Carol Dweck’s work on this concept) and has helped the district continue to move forward in a number of ways—skill development, specific projects, policy changes—you name it!

What does this process look like in real life? Developing KIWI’S first flows from the

larger unit/district goals. Once those are agreed upon by management, KIWI’S become a collaborative process between the supervisor and employee. The KIWI’S should benefit both the staff member and the district and can include both personal and organizational development goals/interests that create alignment with the district’s established direction. Objectives may include items such as development of interventions to address dynamic risk factors (organizational), improving the balance of high-risk personal contacts performed in the office and community (personal and organizational), implementing healthy stress management techniques to avoid burnout (personal), increasing leadership visibility among peers (personal), or developing a model for expanded use of the PCRA (organizational). These objectives allow the officer to focus on increasing personal performance while contributing to the organization. The process allows the officer and supervisor to identify areas of interest while considering both personal and organizational needs. Key results are then developed to achieve the objective.

The KIWI process takes the focus of the performance evaluation process away from a scoring and justification system and replaces it with a “coaching” system. During “check-ins” the supervisor and officer discuss progress, understanding, obstacles, and adjustments that need to be made in achieving key results. The supervisor can problem solve, reinforce, and provide feedback on progress toward the key result and ultimately the larger objective. Unlike the traditional performance evaluation process, where supervisors rate and justify an officer’s performance, usually annually, the focus is on performance in real time, with an emphasis on professional development and growth. At the end of each quarter, the supervisor and staff member reflect on what was achieved, celebrating successes, understanding missteps/failures, and most importantly focusing on knowledge/skills gained that can be used for future performance. What follows are some practical examples of how moving away from a formal evaluation process to a continuous performance management process has jump-started our implementation efforts in many ways.

A little background on our district. We have been involved in implementing EBP since 2010, when our current chief was appointed. The chief is well-versed in both PCRA and STARR, having been involved in their development while working at the

Administrative Office (AO). We began our EBP journey focused on these two initiatives. While we have had substantial success in implementing them, we still found ourselves struggling at times. We've also struggled with implementing other initiatives, including some innovative work within our presentence unit. Some of this we attributed to staff buy-in and began thinking that it would become "easier" once certain staff had retired. We currently have a tremendous management team, with each of them being well-versed in and committed to EBP, and on the supervision side all of them have expertise and are recognized nationally for their work. Implementation for us should be easy, right? Not so fast.

In this section we'll focus on the role of the deputy chief in the development of our EBP supervision practices. From a deputy chief standpoint, KIWI's have been instrumental in helping with team development, individual development, and mindset change (i.e., unit thinking vs. individual supervisor (SUSPO) and/or office thinking). Our goal was to move our EBP initiatives forward to improve caseload management, change work, and risk management.

Our view of the deputy position has evolved from the traditional "operations" role to a coaching approach that would focus on intentionally growing supervisor knowledge and skills, particularly as they relate to implementation. We are fortunate that our deputy had experience with the AO's Post-Conviction Supervision Working Group and the Federal Judicial Center's Supervising Officers in an Evidence Based Environment Program (SOEBE); in addition, he was focused on bringing the "coaching approach" he used as a SUSPO to the role of the deputy chief. While operational oversight is still critical, equally important is ensuring that supervisors and their teams are focused on growing replacements (e.g., the next chief, deputy chief, or SUSPO) to sustain current practices but also keep them moving forward. Since we had already been involved with EBP for years and now had the "ideal" SUSPO team, we expected this to be "easy" for us; our deputy quickly learned it was not. We realized that despite the SUSPOs' EBP knowledge and commitment, each was still an individual with varying experience, age, challenges, and beliefs. We also needed to focus on building individual relationships with each other, so that we could establish trust within the team before we moved into our individual growth and unit initiatives. To that end, we made clear that our

expectation is for them to be the models of a "Coaching SUSPO." The SUSPO must evolve from the historical compliance-based, policy-knowing, product reviewer, to an active, engaged, innovative, evidence-driven skill developer. For the individual SUSPOs and the team as a whole, the expectation is to embrace this and keep our units and the district moving forward. Following the DAC model noted above, this "Direction" provided the foundation on which we aligned our work.

After providing a vision (Direction), it was time to work on both Alignment and Commitment. While coaching and building the collective mindset required for commitment, we needed to simultaneously coach these SUSPOs to foster their growth and development and somehow find a way to keep our district's innovation and initiatives moving forward. The time was right to implement the use of KIWI's. KIWI's became the tool to bring application and action to our vision and goals to continuously develop staff, improve operations, increase skills, and utilize better practices.

We started by trying to connect individual strengths and interests with the various initiatives we wanted to implement. If used effectively, KIWI's can connect managers and staff to activities that tap into the innate needs noted earlier, growing them personally while also moving unit and district initiatives forward. Below are examples for both supervisor and line officer KIWI's.

#### *Example Supervisor KIWI: EBP "Playbook"*

As I'm sure many other districts have experienced, we have implemented numerous interventions over the years, constantly growing the officers' "tool belt" for supervision. After 10 years of pursuing and collecting EBP knowledge and skills, it was time to organize our tool shed. What tools do we have? Are we using them effectively? Do we need to revisit how to use the tool? When do we use one tool versus another in our change work process? When do we introduce the various tools to new staff? What tools/skills do we want to pursue in the future and when? We wanted to provide a structured "playbook" that would help officers connect all the tools into a larger model of effective supervision (notably, it has been a KIWI for the deputy chief to develop this model). The model incorporates caseload management, change work, and risk management. The first assignment was to have a supervisor (one of our early adopters

for STARR and a nationally recognized EBP leader) develop the "change work" section. Playing to strengths and interests, this project was assigned to a SUSPO who is a nationally known EBP practitioner/presenter and faculty for the FJC's SOEBE program. He is a wealth of knowledge and truly enjoys being a player and coach on the front lines of district and national initiatives. Despite his interest and passion for this project, for months he had been "stuck" trying to create the plan for our district with little progress. Once our district implemented the KIWI process, setting Objectives and Key Measures helped the supervisor make progress quickly (see Chart 1, next page). One benefit of the KIWI process was that the playbook was clearly aligned with a larger objective of growing our EBP team's capacity to help teach and share innovation and change work knowledge across the district. The development of the change work playbook became a key result to the larger objective, which helped motivate the supervisor to set aside time to develop our district's playbook or plan. The supervisor also knew that he would be having regular check-ins (every 2-3 weeks) with the deputy chief to discuss his progress. With this new process in place and expectations clearly defined, the playbook began to take shape quickly. What had taken months to get off the ground was now being developed within weeks. The supervisor and deputy chief met not only to discuss progress but also to clarify expectations and calibrate vision alignment. Our district's change work playbook has quickly taken shape and is now being implemented.

#### *Example Officer KIWI: Creation of Worksheets*

One intervention we have developed is the Awareness Light, which was created to provide officers with an additional tool to deepen discussions, improve decision-making, and increase awareness of possible risks (peers, relationships, free time, locations, etc.) for individuals under supervision. The intervention had been used by a few officers in our district, but there was room for additional implementation throughout the district. An "early-adopter" officer took on the KIWI of improving implementation of the Awareness Light. The key result was the creation of multiple worksheets. The regular check-ins with the supervisor allowed the officer to discuss her progress, which fueled her creativity and confidence in creating the worksheets. Ultimately, the district will benefit from

worksheets that can assist officers in addressing Dynamic Risk Factors and other risks by providing additional dosage toward positive behavioral change.

*Example Officer KIWI:  
Time Management*

Although this article is mainly focused on how KIWIs improve implementation overall, we also want to point out how KIWIs can assist in implementing individual performance needs.

One officer wanted to improve in submitting case plans on time, which is a known struggle for officers locally and nationally. For years prior to our KIWI implementation, the SUSPO and the officer collaborated on a number of failed strategies to improve in this area. Some examples included establishing “quiet” hours, setting mutually agreed-upon deadlines, joint review of various Decision Support System (DSS) reports, and directives. The SUSPO has since recognized that

these strategies failed because they only focused on the outcome, which was to get case plans submitted by their established due date. Implementing KIWIs with this officer required that we meet and determine the “drivers” for why case plans were a struggle. Some obstacles/barriers (“drivers”) identified included, “I do not think case plans are that valuable,” “I do not have the PCRA(s) updated in time,” and “I run out of time before the end of the month.” The identified “drivers” allowed us to develop key measures, specific for this officer, to help him improve in meeting deadlines (the overall objective). For this officer, it was not a training deficit or an inability to complete the associated tasks. The key measures developed addressed the root causes of the problem, which moved the officer to better organization, prioritization, time management, and an improved understanding of case plans (thinking more about purpose). The key measures created a plan for the officer (looking ahead) to use various tools to organize and initiate getting the PICTS done at the beginning of the month (previously noted barrier), intentionally schedule time on the officer’s calendar to work on case plans (previously noted barrier), review DSS reports bi-weekly (serves as a reinforcer of work already completed and a reminder of work to be completed), and implement coaching/feedback about content to include in the case plan (previously identified barrier about understanding, as the officer was including excessive detail in the case plan, thus losing efficiency). The check-ins provided opportunities to discuss each key measure, progress, and any barriers. As noted in Chart 3, we have also recently incorporated more specific questions in the reflection section, to further encourage understanding and long-term growth.

For the first time ever, the officer has submitted all delinquent and current case plans. More importantly, the officer developed sustainable skills to improve job performance, thus reducing the likelihood of “getting behind” in the future. The officer shared the following:

I have confidence that the new strategies I have implemented will help me stay on top of it moving forward. I also appreciate [my SUSPO] for pushing me and holding me accountable in order to help me grow.

Finally, we want to provide feedback from staff on what the “real” deal is regarding our

**CHART 1.  
Example Objective/Key Measures for a KIWI**

**Objective**  
Develop EBP team to grow capacity to share innovation within the district

- Key Measures
1. Develop Change Work Playbook outline.
  2. Identify/solicit STARR coaches for assistance.
  3. Meet with prospective team to share vision and start development of implementation plan.

**CHART 2.  
Example KIWI with End of Quarter Notes**

**Objective**  
Improve upon Awareness Light Intervention Implementation and Usefulness

- Key Measures
1. Create a rough draft worksheet to supplement officers’ use of Awareness Light.
  2. Have three officers review and suggest edits of worksheets.
  3. Review worksheet progress and finalize worksheet with SUSPO during KIWI meetings.
- Wrap-up: For each note whether it was full achieved, partially achieved, modified, abandoned. Also note key lessons learned based on reflection on the goals.
1. Achieved and modified. The USPO has developed a worksheet for use of Awareness Light addressing Social Networks. What she has developed thus far has exceeded all expectations. However, she would like to develop the worksheet further and then create other worksheets for locations, free time, dates/times, etc. USPO also incorporated some elements of behavioral analysis in the worksheet. USPO would like to further develop this KIWI and it will carry over to the next quarter.
  2. Achieved and modified. The USPO incorporated the feedback of other officers into her worksheet. The USPO would like to further develop this KIWI. She plans to solicit user feedback from officers outside this satellite office.
  3. Achieved. The worksheet has evolved from its inception, and this SUSPO is excited about what USPO has created. She has been able to incorporate elements of behavioral analysis into the worksheet. The worksheet will become a great homework resource and should help officers navigate this intervention. The USPO noted that she approaches the Awareness Light differently and more deliberately now. She noted that the conversation is much more detailed and longer now, which provides additional information into social networks.

**CHART 3.  
Example KIWI with Reflection Questions**

**Objective 1**  
Improve/maintain efficiency in case plans (thus, meeting due dates).

- Key Measures
1. Update PICTS/PCRA’s in advance by using PACTS action list and automated email generated at the beginning of the month.
  2. Intentionally plan time in schedule/calendar during the month to complete case plans.
  3. Run DSS Report 1224 bi-weekly to monitor progress in case plan submissions/due dates.
  4. Ensure case plan is accurate, but not overly detailed (think about efficiency and purpose).

*Second Quarter Reflections (Objective 1)*  
This objective was: Fully Achieved Partially Achieved Modified Abandoned  
Thinking back to your initial conversation with your supervisor about his objective, why was this objective set?  
What skills and/or knowledge was developed from this objective?  
How will these skills/knowledge transfer into other areas of your work and self-development?  
Were there any challenges or difficulties faced in pursuing this objective? If so, how did you navigate those?  
What did you find rewarding in pursuing this objective?

new performance management process. This next section is a supervisor's perspective on KIWI:

As I approach my mid-career point working for the U.S. Probation Office, I have reflected on my personal and professional growth, or lack thereof, over the last 11 years. One thing that stands out is the fact that I have "endured" a lot (I mean, a lot) of different performance evaluations over the years, but the results did not vary. No matter what tool we used, or revisions made to the evaluation instrument, my performance, motivation, and feedback remained the same. To me, this suggests that the former evaluations merely affirmed that I was a "good" worker and was doing my job but did not influence my future potential. There was little to no direction for forward thinking about personal and professional development. Instead of looking back, we should have been looking ahead to foster creativity and growth. We needed more than a new tool. Instead, we needed a new mindset and process that provided a roadmap, which aligned with our district goals.

Admittedly, when the KIWI concept was initially introduced, I was a little reluctant, thinking, here we go again...another performance evaluation. I could not have been more wrong. The KIWI process is so much more and given the successes I've observed, I believe that the formal scoring, ratings, and underappreciated text and data of previous evaluations are history in our district.

As a middle manager, I have been on both sides of the KIWI conversation, as a subordinate employee and as a supervisor. As a direct report to our deputy chief, I participate in the collaborative process of establishing objectives and key measures related to job performance, district initiatives, focused

coaching efforts with subordinates, leadership, and self-development. The deputy chief and I established two KIWI objectives specific to larger district initiatives: 1) Re-vamp our Evidence Based Practices Discussion Group (program and curriculum) for new hires; and 2) Develop a Caseload Management "Playbook" for our district. Specific key measures were established for each objective, designed to get me started, engaged, and moving toward the final objectives. In the first quarter (90 days), I was able to accomplish each key measure in re-vamping our curriculum, ultimately completing the project. The KIWI process was beneficial because I was able to "chunk out" smaller action items into achievable pieces, which felt "good" to discuss (and celebrate) with my supervisor during periodic check-ins. The check-ins focused more on the front windshield than what was in the rear-view mirror. The check-ins also supported our "coaching" culture. The specificity of the KIWI process held me accountable (motivated me), yet still allowed for creativity in how and when I would complete the tasks. Since establishing the objectives and key measures was collaborative, I had buy-in. As to the second KIWI objective, I took an idea that has been circulated for several years now, and in 90-120 days, helped grow the concept into fruition, a tangible product. Again, having specific key measures helped move me towards the larger goal. Every 2-3 weeks, I met with my supervisor to discuss progress and barriers, which I found helpful and rewarding. Remarkably, since abandoning our previous evaluation system and implementing our new KIWI process, I am still a "good" employee. The difference now is that in addition to being a "good" employee, I pushed myself to accomplish two larger district objectives and am already focused on what's next.

As with anything, this process continues to evolve for us, but we have been extremely pleased with how this process has not only improved implementation but also improved our evaluation process overall. Both line staff and supervisors report finding this process much more motivating and satisfying. If this model intrigues you, we highly recommend reading both Alan Colquitt and John Doerr's books. We spent several months as a management team discussing the concepts and figuring out what they would look like in practical terms in our office and encourage you to do the same. Finally, we are always available to help anyone who decides to follow us on this journey.

## References

- Alexander, M. (2011). Applying implementation research to improve community corrections: Making sure that "new thing" sticks! *Federal Probation*, 75(2).
- Colquitt, A. (2017). *Next generation performance management: The triumph of science over myth and superstition*. Information Age Publishing, Inc., Charlotte, NC.
- Doerr, J. (2018). *Measure what matters. How Google, Bono, and the Gates Foundation rock the world with OKRs*. Penguin, New York, NY.
- Drath, W. H., McCauley, C. D., Paulus, C. J., Velsor, E. V., O'Connor, P. M. G., & Maguire, J. B. (2008). Direction, alignment, commitment: Toward a more integrative ontology of leadership. *Leadership Quarterly* (19), 635-653.
- Fixsen, D. L., Naoom, S. F., Blase, K. A., Friedman, R. M., & Wallace, F. (2005). *Implementation research: A synthesis of the literature*. National Implementation Research Network, University of South Florida, www.activeimplementation.org.
- Fixsen, D. L., Blase, K. A., & Van Dyke, M. K. (2019). *Implementation practice and science* (1st ed.). Chapel Hill, NC: Active Implementation Research Network.
- Lovins, B. K., Cullen, F. T., Latessa, E. J., & Jonson, C. L. (2018). Probation officer as a coach: Building a new professional identity, *Federal Probation* 82(1).

# Motivational Interviewing for Community Corrections: Expanding a Relationship-based Approach with Exemplar Implementation

*Michael D. Clark,<sup>1</sup> MINT member, Director—Great Lakes Training, Inc.*

*Todd A. Roberts, MINT member, Department of Correctional Services, State of Iowa*

*Teresa Chandler, MINT member, Department of Corrections, State of Michigan*

**THE RELATIONSHIP BETWEEN** research and practice remains a contested area. Many implore researchers to make their work more useful and relevant to direct practice, while a parallel appeal calls practitioners to embrace research in their day-to-day work. Research findings are not often written in practitioner-friendly language, and so much of what improves practice work with offenders is “lost in translation.” Practitioners can be wary of researchers who claim superior knowledge and can discount firsthand experience and qualitative narratives of direct field applications—which only seems to continue needless mediocrity.

How can it be that “what is known is not what is adopted”? This article actively seeks to detail firsthand experiences from our group of training purveyors who provide technical assistance for implementation of Motivational Interviewing (MI). MI has been labeled a “natural fit” for community corrections (Iarussi & Powers, 2018), and our group<sup>2</sup> has spent a dozen years implementing MI by facilitating training-of-trainer (ToT) initiatives, with over 30 large-scale projects for Community

Corrections (CC) departments across the United States. The Michigan Department of Corrections (MICH DOC) is our latest MI implementation project. To date, this ToT initiative has accredited 36 MI trainers who have trained MI to 2,400 staff. This DOC continues its commitment to train all 12,000 community corrections, prison, and administrative staff to make MI its “base of service” (Clark, 2018).

We hope to shed light on what we believe benefits CC groups if they adopt MI, the implementation route of training-of-trainers, and our belief in “bottom up” implementation efforts to increase staff motivation going forward. We close by speaking to training and implementations’ response to the 2020 COVID-19 pandemic (Carlos, 2020) and CC’s introduction to social distancing. We also glance at new competency development using computer avatars to simulate client interviews, providing the end-user with guidance and feedback—all without close human assistance.

## **The Decision to Adopt: The Risk-Need-Responsivity Model**

Many departments have already adopted the Risk-Need-Responsivity (RNR) model—and for good reason, as the RNR model (Bonta & Andrews, 2017) is currently the premier approach in corrections, providing empirically validated methods for reducing recidivism.

However, RNR is not a perfect solution. Further work on the principle of Responsivity documents that one must retain a focus on

the person in order to apply any empirically-based model effectively (Lowenkamp et al., 2012). Even the best approaches will fail if the offender is uninterested and does not want to participate. Start with client engagement, or forget starting at all. Here again, research points the way for CC to reduce recidivism.

## **The Decision to Adopt: Blending Care and Control with Motivational Interviewing**

The research we list below is quite clear: Effective officers establish a working alliance via warm, high-quality officer-offender relationships, and these relationships improve the delivery of RNR. There is a blend of control and connections that has been found to be predictive of success on supervision (Lovins et al., 2018). Descriptions from research are plentiful:

- The “synthetic” officer—surveillance and rehabilitation to establish a “working alliance” (Polaschek, 2016; Viglione, 2017; Skeem & Manchak, 2008; Klockars, 1972, 41).
- Warm but restrictive relationships (Bonta & Andrews, 2017).
- Firm, fair, and caring—respectful, valuing of personal autonomy (Kennealy et al., 2012).
- “Hybrid” or “synthetic” approach to probation, combining a strong emphasis of both social work and law enforcement (Grattet, Nguyen, Bird, & Goss, 2018).

<sup>1</sup> Corresponding author at: 872 Eaton Drive, Mason, Michigan 48854-1346, USA. Email address: mike.clark.mi@gmail.com

<sup>2</sup> Great Lakes Training, Inc. is a Michigan-based (USA) training and technical assistance group that trains Motivational Interviewing to community corrections departments, courts, and adjunct treatment agencies.

- Motivational communication strategies and Motivational Interviewing (Viglione, Rudes, & Taxman, 2017).
- Open, warm, enthusiastic communication, mutual respect (Dowden & Andrews, 2004).
- Blending care with control through a “dual relationship” (Skeem, Louden, Polaschek, & Camp, 2007).

Punishment or rehabilitation. Law enforcement or social work. Hard or soft. These “either/or” dichotomies have grown stale, while research points to the inclusiveness of “both/and.” To embrace outcome research is to concentrate on the middle ground—an area that could represent a “Goldilocks principle” of “just the right amount” of both control and a working alliance.

This call for a dual relationship raises a “good news”/“bad news” contrast. The good news is that multiple studies find the quality of the officer-offender relationship predicts success on supervision and determines whether programs actually reduce new crimes (Keannealy et al., 2012; Lovins et al., 2018). The bad news is that many researchers worry about the difficulty that line officers will encounter in balancing the dual roles of law enforcement with alliance (Paparozzi & Guy, 2018; Skeem et al., 2007; Kennealy et al., 2012).

MI has been called a “natural fit” for CC (Iarussi & Power, 2018), and certainly one important reason is that MI offers the methods and strategies for negotiating this blending of control with a working alliance. These relational skills emerge from the MI community—informing supervising officers how to carry out these dual roles. Polaschek (2016) states, “Not all officers may actually have high levels of skill in forming a constructive relationship with offenders, and others may have views about how to relate effectively that are misguided” (p. 6). The methods and strategies are available and within reach for probation and parole staff who seek to negotiate control with alliance. Consider the titles of various subsections in a new publication that focuses on the application of MI to community corrections (Stinson & Clark, 2017):

- Addressing Violations and Sanctions
- Explaining the Dual Role
- When Goals Don’t Match—Clarifying your Role
- Adherence to Core Correctional Practices
- Muscle vs. Meekness
- Understanding Control vs. Influence
- “Power with” vs. “Force Over” to Facilitate Change

Here is a “deep-dive” into negotiating this dual role. Administrators and researchers alike have found that Motivational Interviewing can transform mechanical and depersonalized offender models and add important core counselling skills, realizing all the while that offender engagement is a critical first-step. As a result, some of the most widely accepted RNR programs within the last decade, EPICS, STARR, and The Carey Guides, have all recommended and/or taught Motivational Interviewing as an important component to better facilitate a climate of behavior change (e.g., EPICS, University of Cincinnati Correctional Institute; STARR, Robinson, Vanbenschoten, Alexander, & Lowenkamp, 2011; see Gleicher, Manchak, & Cullen, 2013, The Carey Group Training Information, Carey, & Carter, 2019).

It is our experience that when agencies understand “just the right amount” they turn to Motivational Interviewing (MI) to increase RNR’s effectiveness (Clark, in press/a). Note that the Carey Guides trains MI and refers to it as “...a communication style that *provides the groundwork for the professional alliance* [emphasis added] that is so critical to helping offenders address skill deficits and implement risk reduction strategies” (Carey & Carter, 2019).

### Implementation of Motivational Interviewing

While research tells us what can improve our practice with offenders, it is of little use if implementation science can’t turn this “know” into “know-how.” As a technical assistance group, we have been fortunate to implement the practice of MI, and we add some reasons why MI is a boon to training efforts:

- “MI appears to be the exception to the often-cited gap between research and practice...a result of highly successful dissemination activities of its founders” (Hall et al., 2015, p. 1144).
- MI rises above many other interventions, because its procedures are clearly specified and measurable with fidelity monitoring systems (Weisner & Satre, 2016).
- There has been a large empirical examination of training methods in MI:
  - MI has unique literature about effective mechanisms for training MI.
  - MI’s procedures are well specified and defined.
  - Adherence and competence can be quantified and measured through the use of treatment integrity and

fidelity coding systems (Hall et al., 2015).

- MI is an EBP with a strong evidence base and relatively low costs compared with other interventions” (Williams et al., 2014).

The main authorities for this approach can be found within the Motivational Interviewing Network of Trainers (MINT), an international organization established in 1997 as a professional community of practitioners and trainers (see Tobutt, 2010). Here is a unique asset for implementation—an international community of professionals committed to the improvement, training, and dissemination of MI. The MINT has grown to over 1,500 members and spread across 52 different countries. The spread of MI is truly notable because we estimate (Clark, 2020) that over 20 million people have been trained worldwide in MI—in 38 different languages. It is important that CC departments can discern quality for their training contracts by requiring purveyors to be members of the MINT community with resumes that document extensive large-scale implementations across corrections.

### Why ToT Implementation

Those who specialize in ToT initiatives want to leave MI trainers in their wake—all to enable in-house sustainability. Our group had witnessed two large waves of expert-led MI training come and go in the CC field; the first in the 1990s and the second in the mid 2000s.<sup>3</sup> We did not want to be part of any third wave that would not prove to be any more sustainable or enduring. Here’s where our practice reached concordance with research. A systemic review of 30 years of MI dissemination noted, “... The adoption of skills is rarely maintained by practitioners without extended contact through follow-up consultation or supervision” (Hall et al., 2015, p. 1148). The issue of “extended contact” and follow-up was what these training waves had certainly been missing. But if not through more training, how do we support skill retention and continued use?

As good fortune would have it, in 2007, the MINT organization gave consent for

<sup>3</sup> The first wave occurred in the 1990s as MI had become known and was gaining popularity in the CC. The second seemed to have a specific prompt. In 2004, the National Institute of Corrections (NIC) issued a publication entitled “Implementing Evidence-Based Practice in Community Corrections” and noted eight principles of effective intervention. One principle, “enhance intrinsic motivation,” cited MI—by name. The second spiral of training was soon underway.

interested MINT members to begin developing a “second circle” of trainers through training-of-trainers (ToT). Our TA group began offering ToT initiatives at that time, and over the next decade, interest in ToT implementation spiraled in corrections. Training by outside experts is expensive and many CC departments wanted to enable training and sustainability via in-house MI trainers. I (MC) remember a manager’s frustration, “I understand sustainability as well as the next Chief, but with my budget, I can’t keep hiring outside experts for more rounds of training.”

Avoiding advertisement or promotion, it’s hard to grasp how much implementation help a professional body like the MINT community can extend to its members. Consider the “MINT Forum,” an annual international gathering of all MINT members. Alternating between American and European destinations, the 2010 Forum was held in San Diego, California, where implementation expert Dean Fixsen gave the keynote address. The timing of this keynote brought to mind the adage, “When the student is ready the teacher will appear.” Since that time, MI training and implementation projects have increased in corrections to eventually realize MI implementation in all 50 states within the United States, with large-scale implementation initiatives achieved by multiple State Department of Corrections groups (Clark, 2018).

Why Training-of-Trainers? Simply, it works. Research caught up to practice as one of the first studies of ToT in MI by Martino et al. (2010), who reported, “This study provides the first evidence that program-based trainers, prepared adequately to teach MI, can help staff to learn MI with training outcomes similar to those achieved by an expert” (p. 439). The answer to the frustrated probation chief was realized. We could offer him an option, something that could rival the quality he was getting from outside experts—that would not drain future budgets. How to “prepare staff adequately to teach MI” is to build from the bottom up.

### “Bottom Up” Implementation

When agencies first contact us, they’ve already made the decision to adopt MI. We begin initial engagement by recommending meetings with all supervision/management to discuss installation tasks and timelines. There is a secondary agenda to these meetings—we seek to solidify their adoption decision by reviewing the benefits they will realize when MI is their “base of service” (Clark, in press).

We’ve made a recent change to build from the bottom up; so we now convene meetings to address line-staff as well as management. We were often frustrated that management had not considered staff buy-in before contacting us. Management generally makes the decision of what to import—often neglecting to consider the mind-set and motivation of line-staff.

When we started in 2007, almost all change within an organization’s routines emanated from management as top-down efforts. This was made apparent by the grumbling heard from staff in our initial training sessions—distracting us from important training content to try and work through their reluctance or resistance. A new study (Arbuckle et al., 2020) notes, “The spirit of MI is a ‘bottom-up’ model of quality improvement that develops collaboration as opposed to requesting change using confrontation and authority” (p. 5). Research-to-practice validates a new “bottom-up” approach to consider staff attitudes, buy-in, decisions, and readiness to change (Salisbury et al., 2019).

Our group has aligned ourselves to this inverted pyramid concept—using “roll-out” meetings with line staff that now run parallel with meetings we provide to management. Iarussi & Powers (2018) speak to considering staff readiness: “Providing information about the approach and evidence supporting its use can help develop trainee buy-in prior to arriving for the training” (p. 33). In our pre-training meetings, the benefits we speak of are many:

1. *MI is complementary to both the RNR model and Cognitive Behavioral Treatment (CBT).* When MI is added to RNR and/or CBT, both become more effective—and the effect sizes are sustained over a longer period of time (Miller, 2018). Two reasons for this empowerment: first, with MI in place, offenders are, first, more responsive to participate, and second, more likely to complete what is intended by the tandem EBP treatment. Add MI to empower outcomes.
2. *MI empowers the principle of responsivity.* Conditions that give power to offender treatment are well-known: engagement, intrinsic motivation, responsivity, readiness for change, and readiness for treatment. These conditions are both the focus and yields of MI practice.
3. *MI can stand the heat.* MI was created for

those who are more resistant, angry, or reluctant to change (Miller & Rollnick, 2013). MI has been used successfully as an alternative to torture (O’Mara, 2018), improving interrogation techniques with detainees (Surmon-Böhr et al., 2020) and has recently been applied to counter-terrorism policing and de-radicalization efforts (Clark, 2019). Ramping up coercion and toughness is paradoxical—the more you do it, the worse it gets.

4. *MI is suited for busy caseloads.* MI has been designated as an evidence-based practice for increasing both engagement and retention in treatment (NREPP, 2013). This type of engagement is as rapid as it is durable. MI has been called an “effective tool” for use within compressed time frames (Forman & Moyers, 2019).
5. *MI crosses cultures well.* Research found the effect size of MI is *doubled* when used with minority clients (Hettema, Steele, & Miller, 2005). Some treatments do not cross cultures well—yet the effects of MI are significantly larger for minority samples.

Viglione, Rudes, & Taxman (2015) note, “Rather than presenting a reform simply as a task change, better models of technology transfer must emphasize benefits of the reform and how reform can enrich work processes” (2015, p. 280). These benefits lend more reasons that MI has been called a “natural fit” for CC (Iarussi & Power, 2018).

### ToT Implementation: Convene an MI Implementation Team

Creating an Implementation team (Imp team) is another “win” we’ve realized from the research-to-practice stream. Implementation science suggests building a team to help the initiative with changes and trouble-shooting via all levels and layers. Fixsen states that this team’s primary mission is “Not to research—but to fix” (Fixsen, 2010). Higgins, Weiner, & Young (2012) note, “Large-scale reform often requires changes at all organizational levels, so an implementation team would be responsible to ensure that individuals across and down the organization—with competing interests—implement a team’s strategic plan” (p. 366). Teams help with multiple changes that pop up and need to be empowered to change policy and staffing patterns to keep the initiative progressing. We didn’t use these Imp teams in our early work—and

our outcomes suffered. Now when we review many changes the departments can expect, it is often enough to tip the decisional balance towards forming a team. Salisbury et al. (2019) cautions to look beyond competency attainment and realize that organizational supports in community corrections are just as important—if not more so—to drive the change forward. At least on this occasion, it seemed like “research” was speaking, and this “practice” group was listening.

### ToT Implementation: Selection of ToT Candidates

We know that supervisors can often walk down staff hallways and point out the offices of staff who have natural abilities to engage offenders. With that knowledge, we ask the Imp team and administration to consider our philosophy of “best in = best out” for selecting candidates. We ask all of our agencies to think beyond traditional roles (i.e., most senior staff, officers with prior counseling experience, personnel in their training division) and base selections on those with the natural skills called for by MI. We offer a screening tool to help selection. Some criteria we ask them to consider:

- Those who relate best with the offenders in your agency. These are the staff members who excel at establishing helping relationships.
- Those with innate talents for empathic regard and a collaborative demeanor.
- Those who are above average in their use of reflective listening skills.
- Those who use many open-ended questions and work to fully understand the problem from the offender’s perspective before moving forward.
- Those who are admired and respected by their colleagues.
- Those who voluntarily express interest in the initiative.
- Those who are likely to stay with your agency, as you want to invest your resources wisely.
- Those who demonstrate certain skills necessary to be a good trainer. These include an outgoing personality, high energy level, and the desire to lead others and take initiative to drive agency change.

In Michigan, the DOC Imp team issued a state-wide notice that they were seeking individuals who were interested in becoming coaches and trainers in MI. Nearly 200 staff responded to the call. The team added to our screening items to include availability,

agency classification, and geographic location. Further, all interested parties were required to submit an application detailing their qualifications, motivation for applying, and understanding of their Michigan DOC’s reentry goals. It is noteworthy that one of their open-ended screening questions was, “What is punishment?” Answers that were not even-handed or balanced seemed to reveal applicants who were not in sync with the “Spirit of MI.”<sup>4</sup> With screening completed, the Imp team creating a pool of 96 staff to begin training.

The 2017 book *Motivational Interviewing with Offenders* (Stinson & Clark) includes a whole chapter on “Implementation and Sustainability,” with one section entitled “Implementation comes in many sizes” (p. 212); the message of that chapter is that starting numbers can be large or small, varying by department size and scale. Regarding scale, some groups elect to implement in only one region or office out of many; others (like Michigan DOC) seek a state rollout. Regardless of scale, we always start with more candidates than are expected to complete. This is due to (a) attrition, as the ToT numbers often reduce as the process evolves and (b) use of the extra numbers to populate the coaching ranks (discussed in a coming section).

### ToT Implementation: With Selection Completed—Start Training

With ToT candidates selected, training begins. How much we train is made easy, as Martino et al. (2008) state, “Given the advancements in MI’s empirical testing, theoretical base, and training materials, research on MI has moved towards the most effective means of disseminating MI...” (p. 38). The extensive MI research took away the “guess-work” and established our format (Miller & Mount, 2001; Miller & Rollnick, 2002; Miller et al., 2004). We start with two days of MI-Fundamentals, followed by a four-to-six-week break for on-the-job practice, and then return for an advanced two-day session. Training is a mix of didactic lecture with discussions, small group, and full room exercises. “Watch one, do one, repeat” is our training maxim for skills-development.

### ToT Implementation: Stop to Assess Proficiency

After the two sessions of training concludes, candidates enter the fidelity phase. Our adage is simple: “To call anyone a piano teacher, you must first be able to play the piano—and *play it well.*” We use this maxim to justify obtaining objective ratings of MI abilities, where candidates tape and submit “live” demonstrations of their offender interviews. With the wide availability of “smart phones,” the ease of taping a session and submitting it has improved considerably.

Madson et al. (2013) state, “An additional strength in the research on MI is the abundance of observational measures available to assess MI fidelity” (p. 330). There are several instruments of varying complexity:

- Motivational Interviewing Skills Code (MISC; Miller et al., 2003).
- Motivational Interviewing Assessment: Supervisory Tools for Enhancing Proficiency (MIA-STEP; Martino et al., 2006).
- Motivational Interviewing Supervision and Training Scale (MISTS; Madson et al., 2005).
- Motivational Interviewing Competency Assessment (MICA; Jackson et al., 2015; Vossen, Burduli, & Barbosa-Lieker, 2018).
- Motivational Interviewing Treatment Integrity Code (MITI; Moyers et al., 2005).

While we know some who use the MIA-STEP, and also hear that many like the newer MICA, we use the most recent version of the MITI, which is designed to be used both as a treatment integrity measure and also as a means of providing feedback. It is an empirically-validated instrument that has met rigorous reliability and validity testing. It is the most widely used quality assurance instrument for testing MI and has been called the “gold standard” of MI competence assessment (Margo Bristow, personal correspondence, June 3, 2020). This is critical when training trainers—you must have the ability to assess skills—to know if a candidate is using MI (competence) and to what quality they’re using it (proficiency).

Scoring of our version of the MITI runs on a 1-100 scale, with a score of 75 representing beginning proficiency, yet we set the score of 85 as the entry benchmark for any candidate to continue in the ToT process. A candidate submits a tape, and results (scoring and feedback) are returned in a spreadsheet where a member of the MINT, trained in MITI coding, delivers a 20-minute telephone coaching

<sup>4</sup> The MI spirit is a mind-set (heart-set) that must accompany the skill-sets of this approach. It runs by the acronym PACE: Partnership, Acceptance, Compassion, and Evocation.



session based on their scoring results.

Our experience is that if the candidate will follow through to receive coaching, and resubmit a next tape, the candidate's scores generally rise to meet the required benchmark. A ToT initiative is difficult—you strive to end up with the best content experts possible, all within a 12-month window. It can be done but it's no easy task. With that in mind, we are fortunate that the MITI allows feedback and coaching to ready these candidates. Our use of time and efforts must be methodical and deliberate, so we use the fidelity assessment phase to ensure that more learning occurs, and use the MITI because feedback and coaching can be built in.

### **ToT Implementation: Developing Curriculum**

Those candidates who reach the fidelity benchmark now continue to the final ToT session. In this next step, they are given an assignment to develop five training modules that make up the core of MI. A random draw will pair them with a co-trainer and a second random draw will decide which module they are to present. Obviously, because they do not know what module will be selected ahead of time, they must come ready to present *all five modules*. We allow one week of preparation per module, so the break between the coding/fidelity assessment and the final TOT session is 5 to 6 weeks. The MI Implementation Team has already secured “agency time” so candidates can prepare their modules while at work. Here is another episode of learning to reach the goal of developing content experts. In our ToT model, candidates submit to evaluation while actively training. We are concerned when this is reversed and we see candidates being placed in passive, recipient roles (i.e., sitting in the back) while being “taught how to train.”

To help this process, we can extend trainer resources that include all of the content that the candidates were trained with. This involves presentation slides, videos, audio clips, participant handouts, as well as the all-important presenter notes. We believe the familiarity with the training content is helpful. We caution candidates that they must know the material, as reading from notes while presenting is unacceptable.

The development of an MI curriculum can take years. Delivering so many ToT sessions means training is constantly scrutinized and evaluated through subsequent practice samples of trainees. A student's skill

acquisition is being scored and graded—both immediately and constantly—over time. Here is another reason MI is an exemplar for implementation. Curriculums can be improved to “best-in-practice” levels. Consider that data compiled by our author group (TC) found an unprecedented 21 tapes scored 100 percent on independent MITI evaluations (Chandler, 2019).

### **TOT Implementation: Coaches are Needed**

For sustainability, any agency will need both in-house trainers and coaches. Candidates who fail to score the entry benchmark from the MITI metric are not removed or dismissed. They continue through this process—with the new goal to become MI *coaches*. They have experienced several training sessions and tape submissions with feedback and coaching. These staff continue to represent a resource, so instead of being turned away, they are invited to the TOT session to observe and continue their learning.

Here again, the volume of MI research is so helpful. MI has found the amount of training we recommend our MI trainers deliver is enough to change staff behavior, but post-training coaching and feedback is needed to change *client behavior* (Miller & Mount, 2001; Stinson & Clark, 2017). Ongoing coaching and feedback must be built in, so we enter these trainer initiatives with an eye for developing *coaches* as well.

### **TOT Implementation: Final Trainers Session**

After the random draws that pair the candidates with a co-trainer and assign the module to be presented, each pair takes turns presenting to a mock audience. A member of our technical assistance group observes and evaluates each trainer—as do their peers—based on accuracy of content (knowledge) and engagement of the audience through their training abilities (skills). A safe learning environment is established so that critiques and analysis can be extended—and *accepted*.

The last portion of the session is set aside to help the group to coalesce as a consulting body. We asked them to name themselves to increase their sense of unity/identity and to develop lines of communication. Their first order of business is to meet with management and the Imp team to offer their insights on timelines and protocols for training agency staff. We remind them that management is free to accept or reject their advice, but it is

our hope that any pending implementation initiative will not fail because *they did not offer their advice*.

### **TOT Implementation: The “Extinction Effect” of Skills**

Known by many names—diminished skills, practice drift, competence drain, or skill erosion—the “extinction effect” (Clark, 2016) is a very real problem in implementation of MI. Learned skills can diminish over time, and people will also change important components of their practice, either replacing learned methods with preferred variations, or simply forgetting or disregarding important elements of the practice as was taught.

The extinction of skills and the need for boosters and coaching/feedback is a prime reason for agencies to engage in ToT initiatives. Yet, the fight against the extinction effect also occurs *within the initiative itself*. We have learned over the years that keeping an eye on the timeline is just as important as the next step that needs to be accomplished. Skill drain can occur at almost any juncture; waiting too long in between the two training sessions, too much time between the end of the training sessions and the first tape submission, dragging heels and taking too long between tape submissions, as well as preparing for the final training session. It doesn't stop there. Management has lagged in scheduling first presentations by their new trainers. We are mindful of one large jurisdiction that waited seven months for a pair of new trainers to deliver their first MI fundamentals training. Practice skills or training skills are all affected and in need of “exercise” and renewal.

### **ToT Implementation: Coaching Training and MITI Coding Training**

Coaching and feedback are so important that some forward-looking agencies will import a two-day training in coaching skills. Selection for attendance is usually worked out between agency management, the Implementation team, and the MI trainers. With staff attrition, there is wisdom in ensuring that an agency has enough trained MI coaches to work in tandem with the MI trainers, avoiding overload with either group. Another option chosen is to import MITI coding training. Any reason a CC agency would convene a ToT is a reason to train coders to be able to provide cost-effective, in-house fidelity checks, to keep skill-building durable.

## The 2020 Pandemic: MI Is Exemplar for Web-based Training Delivery

The 2020 Pandemic (Carlos, 2020) has sent training environments into flux and seemingly stalled learning initiatives. Many management teams easily embrace technology and internet-based learning options, while others have been reluctant and seem only to trust on-site classroom training. Consider that empirical comparisons of classroom and distance learning often find that both modalities enjoy similar rates of learning, and both can be equally motivating (e.g., Bernard et al., 2004; Clark, Bewley, & O'Neil, 2006). Anyone can readily recall an in-person (on-site) training that was painfully boring or held little value. The same can be said for internet-based distance education. If there are differences in learning outcomes, the discrepancies can be traced to engagement with the audience and accuracy of the content—not the medium used to deliver the instruction. In simple terms, it's not the medium that carries the message, it's the way the message is crafted (Clark, 1994, 1999; Clark & Mayer, 2007; Mayer, 2005).

MI is well-suited to respond to the changes in training mediums by way of options for safe and responsible internet-based training. Again, these multiple distance options make MI an exemplar for implementation—now through distance education. Space prohibits a full account, yet MI content is available through two far-reaching mediums as listed:

### *Web-training*

The 2020 pandemic has given many CC staff an introduction to online distance learning. These are web-based trainings via computers, using free or fee-based subscription services, already in use by many CC organizations (e.g., Zoom®, WebEx®, Go-To-Meetings®, Microsoft Skype®, etc.), some of which protect and encrypt conversations and transmissions. Web-training options allow a Motivational Interviewing trainer to meet and train full-day or multiple-day content with any number of learners in a real-time, collaborative format.

Web-training software platforms allow trainers to share their computer screens. This allows an outside consultant or the in-house trainer to share presentation slides, whiteboards, images, or training videos with learners—all while interacting with students onscreen via video, voice, and online chat features. Another feature allows the trainer to section off staff into “rooms” for small group

discussions before bringing them back to the large audience.

Webinars are similar—with some exceptions. Webinars usually differ from web-training in three ways; first, they are generally shorter in duration (1-2 hours); second, they are generally positioned as “open-group” and offered for anyone to attend (e.g., “coast-to-coast”); and third, they are scheduled and presented according to the host or presenter's schedule, not necessarily for those attending. Web-training is longer, often daylong or multiple days, and is normally geared for a closed group (agency-only) or where attendance is calculated by agency management, such as one's own agency staff and adjunct community partners. With web-training, management is also in control to set the days/times to fit their agency schedules.

With both formats, most software will allow the ability to “record” these presentations. The bad news is that recorded sessions do not allow real-time abilities to have question/answer interplay or be able to interact with the trainer(s). The good news is that they can be recorded and archived to form a topic library for future reference and “new hire” viewing.

### *Web-based Course Work*

Web courses are another form of distance learning that, when used efficiently, can offer great yields for competency development. Many MI web courses are sequential and require learners to successfully pass an exam at the end of the session before being able to access the next course and thus continue the series. Yet these courses can be forgiving by allowing unlimited access, enabling staff to retake any course at any time so that completing an extensive series is simply a matter of application and diligence. Courses are not shared among learners, but rather access is gained by password and entry codes, so only the student of record can access his or her own account. Each course allows a “certificate of completion” to be downloaded and printed, to provide evidence of completion/progress for administrative purposes.

First-generation web courses were general text-based slides, followed by true-false or multiple choice exams. They suffered from “learn wrong-do wrong” as they had no options for correcting mistakes or feedback. Newer software offers constant interaction and corrective feedback. Learners are often quizzed and assessed, yet now they are told why their answers were right or wrong, with

additional explanations to further improve learning transfer.

Additionally, with new technologies for web courses, participants are seldom passive. Learners may be called upon to decide, answer, interact, or compose responses, attending to the screen and doing something active on each new screen that appears. Selecting and choosing between clips of Motivational Interviewing dialogue, matching planks, decision trees, drag-and-drops, prompts to fill-in-the-blank and tasks to “rate that MI response,” are all new interactions that keep the learner active and focused.

Web courses do a wonderful job of learning transfer, but they cannot build skills. With that in mind, some web courses include “companion booklets” where communities-of-practice can be convened to reinforce the content and enable skill-building. These small group resources generally sync off the content of each web course to allow small groups to skill-build in tandem with the web-course learning for exercises, discussions, and skills practicing.

## A Look to the Future: Bot Training and Automatic Conversational Agents

When we think of web-based aids, we can easily bring to mind home-based tools (“smart speakers”) such as Amazon's “Alexa” or Google “Home”—web-based assistance that can play music, open your garage door, or converse with you in short clips of question/answer. These commercial “smart speakers” are types of “bots.” The term “bot” is short for Chatbot, which refers to a computer program that operates to serve its purpose via a conversational interface (Mugoye et al., 2019). In the training world, bots are powered by a mixture of artificial intelligence (AI)<sup>5</sup> and natural language processing (e.g., machine learning algorithms) to engage in short verbal interchanges or typed-text for human-like conversation with an end-user.

New help for CC is being developed by way of “conversational agents (CA),” which are much more complex computer programs, using language processing algorithms to help provide training to staff in counseling methods. Here, CA uses a form of “artificial

<sup>5</sup> We hope the reader will allow the term “AI” to suffice, albeit poorly used for brevity, rather than lead you into “Generative Pretrained Transformer 2 architecture” as well as “seq2seq Implementation” and “embedding based metrics of vector extrema,” with “Adam optimizer with weight decay.” (!)

intelligence,” derived from vast databases of counseling interchanges, to be able to teach counseling techniques to a user/learner—without close human supervision. Although quite new, initial work in this area (Tanana et al., 2019) is tremendously encouraging. Researchers present a system that implements an artificial standardized “client” that interacts with a staff person and provides trainees with real-time feedback on their use of specific counseling skills.

Members of the MINT community have been an integral part of this new vanguard of implementation technology (Pérez-Rosa, Mihalcea, Renisow et al., 2016; 2017). Fifteen years ago, a MINT member developed the Video Assessment of Simulated Encounters-Revised (VASE-R; Rosengren et al., 2005, 2008). This MI skill assessment uses video to present brief vignettes of actors portraying clients speaking to the camera about alcohol or drug use history along with problems and attitudes about change. Respondents enter timed paper and pencil responses, certainly another step of technology use but still needing close human supervision for coding and grading.

Within the last 10 years, members of the MINT community were already developing the next-generation tool, the Computer Assessment of Simulated Patient Interviews (CASPI; Baer et al., 2012). The CASPI dispensed with paper and pencil answers, using technology wherever someone might have a web-connected personal computer. With this upgrade, staff could offer responses to video segments of a “client,” spoken into a computer microphone, in real time. There are no recordings to submit and no paper/pencil answers that often suffer from issues of legibility, nor any consideration of voice tone or inflection when rating respondent’s replies.

While the 2020 pandemic has certainly brought limitations, we should not underestimate innovation. This next generation of computerized MI training will be both 24/7 and accessible with greater ease of use. Chatbot programs are already here (Park et al., 2019) in health care, where the respondent can text type-in responses to Bot “client” conversation and be rated (and corrected) in their delivery of MI. However, the horizon looms large with the development of client-like conversational agents to train basic counseling skills to officers. Systems are in development to provide an artificial standardized client that interacts with the counselor and gives trainees real-time feedback on their use of specific counseling skills, by offering

suggestions on the type of skills to use (Ken Renisow, personal communication, August 10, 2020). Such systems will make possible practice on-demand, immediate correction and feedback, and 24/7 availability, all without close human supervision. Those interested may soon be able to access exemplar implementation possibilities made possible by members of the Motivational Interviewing Network of Trainers.

## Summary

MI is an exemplar practice for CC implementation. As a practice method, it offers probation and parole officers the skills needed to establish “dual relationships” between officers and offenders—the “just right” mix that research calls for to lower recidivism. MI implementation is empowered by a unique, worldwide organization of experts that conducts and disseminates extensive research (“know”) combined with decades of application (“know-how”) to respond to CC departments.

As a result, MI offers feasible, effective, and cost-effective ToT models that make possible in-house training and ongoing coaching for model sustainability. Finally, MI can continue to be implemented in unusual circumstances like the 2020 COVID-19 pandemic, as MI training purveyors can deliver diverse training methods through safe and responsible distance-learning. Further, in the future new-age “bot clients” and “conversational agents” will be able to train people in MI through computer simulation of human dialogue. All of these factors make MI an important part of the vanguard for present—and future—EBP implementation.

## References

- Arbuckle, M. R., Foster, F. P., Talley, R. M., Covell, N. H., & Essock, S. M. (2020). Applying motivational interviewing strategies to enhance organizational readiness and facilitate implementation efforts. *Quality Management in Health Care*, 29(1), 1–6. doi: 10.1097/QMH.0000000000000234.
- Baer, J. S., Carpenter, K. M., Beadnell, B., Stoner, S. A., Ingalsbe, M. H., Hartzler, B., Rosengren, D. B., & Drager, Z. (2012). Computer Assessment of Simulated Patient Interviews (CASPI): Psychometric properties of a web-based system for the assessment of motivational interviewing skills. *Journal of Studies on Alcohol and Drugs*, 73(1), 154–164. <https://doi.org/10.15288/jsad.2012.73.154>
- Bernard, R. M., Abrami, P. C., Lou, Y., Borokhovski, E., Wade, A., Wozney, L.,

- Wallet, P. A., Fixet, M., & Huant, B. (2004). How does distance education compare with classroom instruction? A meta-analysis of the empirical literature. *Review of Educational Research*, 74, 379–439.
- Bonta, J., & Andrews, D. A. (2017). *The psychology of criminal conduct* (sixth ed.). New York, NY: Routledge.
- Carey, M., & Carter, M. (2019). Carey Group training information. Retrieved from The Carey Group website: <https://thecareygroup.com/documents/Training-Sequence-and-Curricula-Descriptions-2019.pdf>
- Carlos, R. C. (2020). Pandemic. *Journal of the American College of Radiology*, 17(6), 691–692. <https://doi.org/10.1016/j.jacr.2020.04.017>
- Chandler, T. (2019). [Michigan Department of Corrections – MI training records]. Unpublished raw data.
- Clark, M. D. (2016). Using implementation science to turn “research into practice”: Lessons learned from integrating motivational interviewing. *Advancing Corrections: Journal of the International Corrections and Prisons Association*, 2, 54–66.
- Clark, M. D. (2018). [Great Lakes Training, Inc.- MDOC Technical Assistance records]. Unpublished raw data.
- Clark, M. D. (2019). Motivational Interviewing for deradicalization: Increasing the readiness to change. *Journal for Deradicalization*, 20, 47–73.
- Clark, M. D. (2020). [MINT statistics compilation: MINT Forums 2018-2019]. Unpublished raw data.
- Clark, M. D. (in press/a). Community corrections, heal thyself. The case for motivational interviewing to improve probation and parole. *Journal for Advancing Justice*.
- Clark, M. D. (in press/b). Empowering risk reduction: Increasing responsiveness with motivational interviewing. *Advancing Corrections Journal*.
- Clark, R. E. (1994). Media will never influence learning. *Educational Technology Research and Development*, 42(2), 21–30.
- Clark, R. E. (1999). Yin and yang cognitive motivational processes operating in multimedia learning environments. In van Merriënboer, J. (Ed.), *Cognition and multimedia design*. Herleen, Netherlands: Open University Press, 73–107.
- Clark, R. C., & Mayer, R. E. (2007). *e-Learning and the science of instruction*. San Francisco: Pfeiffer.
- Clark, R. E., Bewley, W. L., & O’Neil, H. (2006). Heuristics for selecting distance or classroom settings for courses. In H. O’Neil & R. Perez (Eds.), *Web-based learning: Theory, research and practice* (pp. 133–142). Mahwah, NJ: Lawrence Erlbaum Associates.
- Cincinnati Corrections Institute. (n.d.). The

- EPICS model. Retrieved from <http://www.uc.edu>.
- Dowden, C., & Andrews, D. A. (2004). The importance of staff practice in delivering effective correctional treatment: A meta-analytic review of core correctional practice. *International Journal of Offender Therapy and Comparative Criminology*, 48(2), 203–214. <https://doi.org/10.1177/0306624X03257765>
- Fixsen, D. (2010). Conference plenary—Implementation science. Symposium conducted at the 2015 International meeting of the Motivational Interviewing Network of Trainers - MINT Forum. San Diego, California, USA.
- Forman, D. P., & Moyers, T. P. (2019). “With odds of a single session, motivational interviewing is a good bet.” *Psychotherapy* 56(1), 62–66. ProQuest. Web. 26 Dec. 2019.
- Gleicher, L., Manchak, S. M., & Cullen, F. T. (2013). Creating a supervision tool kit: How to improve probation and parole. *Federal Probation*, 77(1), 22. Administrative Office of the United States Courts.
- Grattet, R., Nguyen, V., Bird, M., & Goss, J. (2018). Probation's changing role in California: Challenges and opportunities for hybrid supervision. *Federal Probation*, 82(1), 20–25, 60. Retrieved from <http://ezproxy.msu.edu/login?url=https://search-proquest-com.proxy1.cl.msu.edu/docview/2113734068?accountid=12598>
- Hall, K., Staiger, P. K., Simpson, A., Best, D., & Lubman, D. I. (2015). After 30 years of dissemination, have we achieved sustained practice change in motivational interviewing? *Addiction*, 111(7), 1144–1150. <https://doi.org/10.1111/add.13014>
- Herzog-Evans, M. (2016). Law as an extrinsic responsivity factor: What's just is what works! *European Journal of Probation*, 8(3), 146–169. <https://doi.org/10.1177/2066220316678750>
- Hettema, J., Steele, J., & Miller, W. R. (2005). Motivational Interviewing. *Annual Review of Clinical Psychology*, 1, 91–111.
- Higgins, M., Weiner, J., & Young, L. (2012). Implementation teams: A new lever for organizational change. *Journal of Organizational Behavior*, 33(3), 366–388. Retrieved August 10, 2020, from [www.jstor.org/stable/41415760](http://www.jstor.org/stable/41415760)
- Iarussi, M. M., & Powers, D. F. (2018). Outcomes of motivational interviewing training with probation and parole officers: Findings and lessons learned. *Federal Probation*, 82(3), 28–35, 44. Criminal Justice Database; Psychology Database; Research Library.
- Jackson, C., Butterworth, S., Hall, A., Gilbert, J. (2015). Motivational Interviewing Competency Assessment (MICA). Unpublished manual.
- Kennealy, P. J., Skeem, J. L., Manchak, S. M., & Eno Loudon, J. (2012). Firm, fair, and caring officer-offender relationships protect against supervision failure. *Law and Human Behavior*, 36(6), 496–505. [doi:http://dx.doi.org.proxy2.cl.msu.edu/10.1037/h0093935](http://dx.doi.org.proxy2.cl.msu.edu/10.1037/h0093935)
- Klockars, C. (1972). A theory of probation supervision. *The Journal of Criminal Law, Criminology, and Police Science*, 63(4), 550–557. <https://doi.org/10.2307/1141809>
- Lovins, B. K., Cullen, F. T., Latessa, E. J., & Jonson, C. L. (2018). Probation officer as a coach: Building a new professional identity. *Federal Probation*, 82(1), 13–19, 60. Retrieved from <http://ezproxy.msu.edu/login?url=https://search-proquest-com.proxy1.cl.msu.edu/docview/2113734196?accountid=12598>
- Lowenkamp, C. T., Holsinger, A. M., Robinson, C. R., & Cullen, F. T. (2012). When a person isn't a data point: Making evidence-based practice work. *Federal Probation*, 76(3), 11. Administrative Office of the United States Courts.
- Madson, M. B., Campbell, T. C., Barrett, D. E., Brondino, M. J., & Melchert, T. P. (2005). Development of the motivational interviewing supervision and training scale. *Psychology of Addictive Behaviors*, 19(3), 303–310. APA PsycArticles®. <https://doi.org/10.1037/0893-164X.19.3.303>
- Madson, M. B., Mohn, R. S., Zuckoff, A., Schumacher, J. A., Kogan, J., Hutchison, S., Magee, E., & Stein, B. (2013). Measuring client perceptions of motivational interviewing: Factor analysis of the Client Evaluation of Motivational Interviewing scale. *Journal of Substance Abuse Treatment*, 44(3), 330–335. <https://doi.org/10.1016/j.jsat.2012.08.015>
- Martino, S., Ball, S. A., Nich, C., Canning-Ball, M., Rounsaville, B. J., & Carroll, K. M. (2010). Teaching community program clinicians motivational interviewing using expert and train-the-trainer strategies. *Addiction*, 106(2), 428–441. <https://doi.org/10.1111/j.1360-0443.2010.03135.x>
- Martino, S., Ball, S. A., Nich, C., Frankforter, T. L., & Carroll, K. M. (2008). Community program therapist adherence and competence in motivational enhancement therapy. *Drug and Alcohol Dependence*, 96(1), 37–48. <https://doi.org/10.1016/j.drugalcdep.2008.01.020>
- Martino, S., Ball, S. A., Gallon, S. L., Hall, D., Garcia, M., Ceperich, S., Farentinos, C., Hamilton, J., & Hausotter, W. (2006). *Motivational interviewing assessment: Supervisory tools for enhancing proficiency*. Salem, OR: Northwest Frontier Addiction Technology Transfer Center, Oregon Health and Science University.
- Mayer, R. E. (Ed.). (2005). *The Cambridge handbook of multimedia learning*. New York: Cambridge University Press.
- Miller, W. R. (2018). Conference Plenary—Motivational Interviewing: A metamorphosis. Symposium conducted at the 2018 International meeting of the Motivational Interviewing Network of Trainers—MINT Forum. New Orleans, Louisiana, USA.
- Miller, W. R., & Rollnick, S. (2013). *Motivational interviewing: Helping people change* (3rd ed.). New York, NY: Guilford Press.
- Miller, W. R., & Mount, K. A. (2001). A small study of training in motivational interviewing: Does one workshop change clinician and client behavior? *Behavioural and Cognitive Psychotherapy*, 29, 457–471.
- Miller, W. R., & Rollnick, S. (2002). *Motivational interviewing: Preparing people for change* (2nd ed.). New York, NY: Guilford Press.
- Miller, W. R., Yahne, C. E., Moyers, T. B., Martinez, J., & Pirritano, M. (2004). A randomized trial of methods to help clinicians learn motivational interviewing. *Journal of Consulting and Clinical Psychology*, 72(6), 1050–1062. APA PsycArticles®. <https://doi.org/10.1037/0022-006X.72.6.1050>
- Moyers, T., Martin, T., Catley, D., Harris, K., & Ahluwalia, J. (2003). Assessing the integrity of motivational interviewing interventions: RELIABILITY of the motivational interviewing skills code. *Behavioural and Cognitive Psychotherapy*, 31(2), 177–184. [doi:10.1017/S1352465803002054](https://doi.org/10.1017/S1352465803002054)
- Moyers, T. B., Martin, T., Manuel, J. K., Hendrickson, S. M. L., & Miller, W. R. (2005). Assessing competence in the use of motivational interviewing. *Journal of Substance Abuse Treatment*, 28(1), 19–26. <https://doi.org/10.1016/j.jsat.2004.11.001>
- Moyers, T. B., Rowell, L. N., Manuel, J. K., Ernst, D., & Houck, J. M. (2016). The Motivational Interviewing Treatment Integrity Code (MITI 4): Rationale, preliminary reliability and validity. *Journal of Substance Abuse Treatment*, 65, 36–42. <https://doi.org/10.1016/j.jsat.2016.01.001>
- Mugoye, K., Okoyo, K., & Mcoyowo, S. (2019). Smart-bot Technology: Conversational agents role in maternal healthcare support. 2019 Innovation-Science-Technology, Africa, IST-Africa Week Conference (1–7). <https://doi.org/10.23919/ISTAFRI-CA.2019.8764817>
- NREPP. Motivational Interviewing. Intervention summary retrieved on April 15, 2013, from the Substance Abuse and Mental Health Services Administration's National Registry of Evidence-based Programs and Practices, <http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=130>
- O'Mara, S. (2018). The captive brain: Torture and the neuroscience of humane interrogation, *QJM: An International Journal*

- of *Medicine*, 111(2), 73–78. <https://doi.org/10.1093/qjmed/hcx252>
- Paparozzi, M. A., & Guy, R. (2018). Everything that is old is new again—old again—new again . . . *Journal of Contemporary Criminal Justice*, 34(1), 5–12. <https://doi.org/10.1177/1043986217752160>
- Park, S., Choi, J., Lee, S., Oh, C., Kim, C., La, S., Lee, J., & Suh, B. (2019). Designing a chatbot for a brief motivational interview on stress management: Qualitative case study. *Journal of Medical Internet Research*, 21(4), e12231–e12231. PubMed. <https://doi.org/10.2196/12231>
- Pérez-Rosa, V., Mihalcea, R., Renisow, K., Singh, L., Singh, S., & An, L. (April 2017). Predicting counselor behaviors in motivational interviewing encounters. Symposium conducted at the meeting of the European Association for Computational Linguistics (EAACL 2017), Valencia, Spain.
- Pérez-Rosa, V., Mihalcea, R., Renisow, K., Singh, L., An, L., & Singh, S. (June 2016). Building a motivational interviewing dataset. Symposium conducted at the Annual Conference of the North American Chapter of the Association for Computational Linguistics. San Diego, California. USA.
- Polaschek, D. L. (2016). Do relationships matter? Examining the quality of probation officers' interactions with parolees in preventing recidivism. *The New Zealand Corrections Journal*, 4(1), 1–12.
- Robinson, C. R., Vanbenschoten, S., Alexander, M., & Lowenkamp, C. T. (2011). A random (almost) study of staff training aimed at reducing re-arrest (STARR): Reducing recidivism through intentional design. *Federal Probation*, 75, 57–63. Administrative Office of the United States Courts.
- Rosengren, D. B., Baer, J. S., Hartzler, B., Dunn, C. W., & Wells, E. A. (2005). The video assessment of simulated encounters (VASE): Development and validation of a group-administered method for evaluating clinician skills in motivational interviewing. *Drug and Alcohol Dependence*, 79(3), 321–330. <https://doi.org/10.1016/j.drugalcdep.2005.02.004>
- Rosengren, D. B., Hartzler, B., Baer, J. S., Wells, E. A., & Dunn, C. W. (2008). The video assessment of simulated encounters-revised (VASE-R): Reliability and validity of a revised measure of motivational interviewing skills. *Drug and Alcohol Dependence*, 97(1), 130–138. <https://doi.org/10.1016/j.drugalcdep.2008.03.018>
- Salisbury, E. J., Sundt, J., & Boppre, B. (2019). Mapping the implementation landscape: Assessing the systemic capacity of statewide community corrections agencies to deliver evidence-based practices. *Corrections*, 4(1), 19–38. <https://doi.org/10.1080/23774657.2018.1522279>
- Skeem, J. L., Manchak, S. (2008). Back to the future: From Klockars' model of effective supervision to evidence-based practice in probation. *Journal of Offender Rehabilitation*, 47(3), 220–247. <https://doi.org/10.1080/10509670802134069>
- Skeem, J. L., Loudon, J. E., Polaschek, D., & Camp, J. (2007). Assessing relationship quality in mandated community treatment: Blending care with control. *Psychological Assessment*, 19(4), 397–410. doi:<http://dx.doi.org.proxy2.cl.msu.edu/10.1037/1040-3590.19.4.397>
- Stinson, J., Clark, M. D. (2017). *Motivational interviewing with offenders: Engagement, rehabilitation, and reentry*. New York, NY: The Guilford Press.
- Surmon-Böhr, F., Alison, L., Christiansen, P., & Alison, E. (2020). The right to silence and the permission to talk: Motivational interviewing and high-value detainees. *American Psychologist*, <https://doi.org/dx.doi.org.proxy1.cl.msu.edu/10.1037/amp0000588>
- Tanana, M. J., Soma, C. S., Srikumar, V., Atkins, D. C., & Imel, Z. E. (2019). Development and evaluation of ClientBot: Patient-Like conversational agent to train basic counseling skills. *Journal of Medical Internet Research*, 21(7), e12529–e12529. PubMed. <https://doi.org/10.2196/12529>
- Tobutt, C., Motivational Interviewing Network of Trainers (MINT): MINT forum and Train New Trainers (TNT), San Diego, California, USA, October 2010. (2010). *Advances in Dual Diagnosis*, 3(3), 40–46. Psychology Database; Sociology Database. <https://doi.org/10.5042/add.2010.0752>
- Viglione, J. (2017). Street-level decision making: Acceptability, feasibility, and use of evidence-based practices in adult probation. *Criminal Justice and Behavior*, 44(10), 1356–1381. <https://doi.org/10.1177/0093854817718583>
- Viglione, J., Rudes, D. S., & Taxman, F. S. (2017). Probation officer use of client-centered communication strategies in adult probation settings. *Journal of Offender Rehabilitation*, 56:1, 38–60. <http://doi.org/10.1080/10509674.2016.1257534>
- Vossen, J., Burduli, E., Barbosa-Leiker, C. (2018). Reliability and validity testing. Washington State University. Motivational Interviewing Competency Assessment (MICA). Available at: [www.micacoding.com](http://www.micacoding.com).
- Weisner, C., & Satre, D. D. (2016). A key challenge for motivational interviewing: Training in clinical practice. *Addiction*, 111(7), 1154–1156. <https://doi.org/10.1111/add.13182>
- Williams, J. R., Blais, M. P., Banks, D., Dusablon, T., Williams, W. O., & Hennessy, K. D. (2014). Predictors of the decision to adopt Motivational Interviewing in community health settings. *The Journal of Behavioral Health Services & Research*, 41(3), 294–307. <https://doi.org/10.1007/s11414-013-9357-8>

# Using Implementation Science to Transform Policy into Practice: The Federal Probation and Pretrial Services System's Evidence-based Journey

Rachel Goldstein

Probation and Pretrial Services Office  
Administrative Office of the U.S. Courts

**MORE THAN A DECADE** ago, evidence-based practices (EBP) were introduced to the federal probation and pretrial services system. In 2018, the *Guide to Judiciary Policy*, Volume 8: Probation and Pretrial Services, Part E: Post Conviction Supervision, underwent major revisions to support EBP practices and programming. Additionally, beginning two years ago, the Probation and Pretrial Services Office (PPSO) began qualitatively evaluating programming through focus groups and by coding the quality of the officers' recorded use of one EBP, effective use of disapproval. In 2019, PPSO dedicated additional resources to assess current programming using implementation science, practices, and frameworks. Using an implementation science lens to analyze results from the focus groups and the coding of tapes yielded insights into areas where PPSO and the system can increase motivation/readiness and improve messaging (enabling context); help evaluate how well a skill or practice is being used (fidelity); and identify the needed capacity and supports to ensure sustainability of the practices/programming (implementation infrastructure).

## Part I: Where We Are

### Background

In response to an increasing body of research in community corrections that identifies

evidence-based practices that can reduce recidivism, a major objective of the Probation and Pretrial Services Office (PPSO) is to incorporate EBP into the federal probation and pretrial services system. The federal probation and pretrial system consists of 112 decentralized federal probation and pretrial services offices. Each office has specific circumstances, structure, and needs. Since the federal probation and pretrial services system committed to adopt EBPs, the system has been investing in educating and training thousands of officers in EBP. Additionally, PPSO and the system are working to integrate evidence-based practices in policy, procedure, and day-to-day supervision activities. The theoretical constructs of EBP in community corrections that 40 years of research have produced include the risk, need, and responsivity principles; cognitive behavioral therapy techniques; and social learning theory. The research supporting these concepts has influenced the development of core correctional practices. Based on the principles and practices noted above, PPSO has created four evidence-based programs/tools: Pretrial Risk Assessment (PTRA), Post-Conviction Risk Assessment (PCRA), Staff Training Aimed at Reducing Rearrest (STARR), and The Criminogenic Needs and Violence Curriculum (CNVC). Using different methodologies and with differing degrees

of success, PPSO has attempted to train and sustain each of these innovations, which have been separately introduced. The success of the training and the sustainability of the innovation has fallen on local districts.

### *Revised Guide in Post-Conviction Supervision*

Between 2016-2018, Part E of the *Guide To Judiciary Policy*, Post-Conviction Supervision, was revised to incorporate EBP into federal probation and pretrial policy, thereby promoting the alignment of procedures with policy, which encourage staff to be guided by EBP in their everyday interactions with persons under supervision. Some of the new wording and concepts include:

- **Evidence-Based Practices as Guiding Framework for Supervision:** Probation offices provide supervision services in accordance with evidence-based practices. Probation offices should consider the principles of risk, need, responsivity, fidelity, and measurement when providing supervision services.
- **Evidence-Informed Methods to Guide Supervision:** All probation offices should provide supervision services in accordance with "evidence-informed methods," integrating (1) evidence-based practices; (2) other available evidence (e.g., from new

and promising research or from other academic disciplines such as education, medicine, and implementation science); (3) the probation officer's professional judgment; and (4) the probation office's own evidence, which includes data on outcomes at the district level.

- **Replacement of Term “Offender” with “Person under Supervision”:** Adopting the term “person under supervision” in lieu of “offender” recognizes that the label “offender” may negatively affect the working relationship between officers and persons under supervision and result in unintended consequences, including increased recidivism.
- **Monitoring, Restrictions, and Interventions Model:** The changes to the *Guide* move policy from a model of “controlling” and “correctional” strategies to a model of “monitoring, restrictions, and interventions.” Under this model, “monitoring” is defined as “the probation office’s collection of information about the behaviors of a person under supervision, to the degree required by the conditions specified by the court or paroling authority, to stay informed and report to the sentencing court about the person’s conduct and condition.” “Restrictions” is defined as “the restriction of liberty placed on a person under supervision to the degree required by the conditions specified by the court or paroling authority.” Finally, “interventions” is defined as “the delivery of services by the probation office or service provider, which are not inconsistent with the conditions specified by the sentencing court or paroling authority, to: (1) aid the person on supervision; and (2) bring about improvements in his or her conduct and condition.”
- **“Lawful Self-Management” as a Goal of Supervision:** The changes to the *Guide* add “lawful self-management” as a goal of supervision. This term is defined as “the person’s demonstrated ability to not commit a crime during the period of supervision and beyond.”
- **Probation Officers as “Change Agents”:** The changes to the *Guide* suggest that probation officers are the primary change agents and decision-makers in providing supervision services. In the “change agent” role, officers not only perform case management, but actively engage in facilitating change in the person on supervision.

Following approval of these revisions,

PPSO has begun updating procedures to reflect and support the policy updates.

#### *STARR Focus Groups*

To promote core correctional practices (CCP) in federal community supervision and thereby reduce recidivism among persons under supervision, PPSO developed a program of evidence-based skills and techniques called Staff Training Aimed at Reducing Rearrest (STARR). PPSO then adopted a peer coaching model to support the training of probation officers in STARR.

PPSO piloted STARR with early adopter probation offices, yielding positive outcome measures linked to a reduction in recidivism (Lowenkamp, Holsinger, Robinson, & Alexander, 2012). Since this initial wave of pilot districts, PPSO has struggled to replicate the link between STARR training and reductions to recidivism. Despite the federal system’s difficulties in replicating these outcomes, research conducted over the past 30 years with programs like STARR shows a positive correlation between use of CCP programs and a reduction in recidivism when officers use CCP programs with fidelity (Andrews & Carvell, 1998).

As part of the recent reevaluation process, PPSO conducted two focus groups from the field to gather input on training and use of STARR. The focus groups addressed five categories: implementation, leadership, coaching, measurement, and training. Participants from both groups described the challenges around accountability, support, knowledge, fidelity, implementation, and staffing.

Twelve individuals were selected to participate in focus groups. They were charged with examining their experience and involvement in STARR both locally and nationally to better understand the strengths and challenges of the program. All members of the focus groups have participated in STARR, but in varying staff or leadership roles. Staff members from PPSO listened to the focus groups’ audio recordings and generated notes, which were coded and discussed to identify themes and key findings. The key findings identified the challenges and common themes from the field regarding STARR.

Qualitative analysis revealed three overarching themes across the two focus groups, with subsequent subthemes.

1. Finding: Lack of effective national supports and incentives for districts to implement/sustain STARR skills and interventions.

Competing initiatives commonly named by participants from the focus groups are district office reviews, policy/procedure, and workload formulas that are used to determine allotment of funds to each district. Mandated periodic office reviews score district performance in different policy areas. They “provide PPSO with a condensed view of office processes—highlighting areas in which they excel and areas that need improvement. With each office review, PPSO staff also gain insight into ways in which we can help offices at a national level” (Sheil, 2019). The workload formula, which determines how much money an individual probation and pre-trial services office receives, is modified every five years based upon daily tasks and times recorded for them within the probation and pretrial services office. Most participants in the focus groups argued that STARR skills must be incorporated into one or all of these areas to create incentives for learning and employing these skills and help with long-term sustainability. As workload increases, there needs to be movement towards efficiency and removal of activities that do not align with district goals and policy/procedure.

2. Finding: Most staff lack understanding of how the use of STARR skills fits into a comprehensive supervision model.

Feedback from focus group members reflects that most staff members lack understanding of how STARR fits into overall supervision practices. Members identified this lack of comprehension as a training issue, as well as a deficit in how districts incorporated STARR into risk assessment (PCRA) and case planning after training. All these factors affect STARR implementation. Focus group participants concluded that closing this knowledge gap is necessary for STARR skills to be built into existing supervision practices.

3. Finding: Districts struggle to build internal capacity to support STARR and its sustainability.

Both middle management (supervisors) and executive management (chiefs, deputy chiefs, and assistant deputy chiefs) play an integral role in motivating and leading staff to participate in STARR. Most focus group members identified that executive management play a different role than supervisors (middle managers), but both are vital to supporting officers.

Focus group members related

different experiences in implementing STARR. They also offered ideas for improving elements of implementation. Although implementation occurs within individual districts, PPSO still exercises national influence. Consistent struggles exist at both the national and local level in understanding the next steps needed in implementation. Introducing benchmarks and qualitative measurement of STARR skill usage will help build positive morale in moving forward with implementation efforts.

Probation and pretrial services officers have emotionally taxing jobs. Officers act as a sounding board for many of the persons under their supervision, see the way people live when they conduct field visits, and must always stay aware of their surroundings for safety reasons. Management that participated in the focus groups alluded to an increase in workload and national/local initiatives that make it difficult to recruit the qualified coaches that focus group participants see as key players in the success of STARR implementation. Participants further noted that in some cases officers volunteer to be coaches only to seek promotional opportunities, and many of the best coaches become supervisors, which impacts STARR's sustainability.

### *Coding of Effective Disapproval Tapes*

In the spring of 2020, to assist in a data science project, PPSO staff members coded tapes of officers using effective use of disapproval. The tapes were extracted from the STARR Information Tracking System (SITS), which allowed coders to review tapes from any district that uses SITS. PPSO staff reviewed 660 tapes with 60 duplicate tapes. To review the tapes, coders used a STARR proficiency tool for effective use of disapproval that had been developed by the Middle District of North Carolina.<sup>1</sup> The review instrument assigns performance on the tool to one of three categories: excellent; satisfactory, and needs improvement. Of the 600 tapes, 51 percent were scored as needing improvement.

Staff who coded the tapes discussed their observations of many officers struggling to effectively communicate with persons under supervision. The intent of the skill use did not come across in most interactions. In fact, in some interactions the way the officer

used the skill centered around blame, guilt, and failure. This experience highlighted the importance of fidelity and of creating a sound tool for evaluating skill use that can then be used by coaches.

### *Analysis of Where We Are*

The system's ongoing growth and development in use of EBP reflects its openness to continuously assessing its strengths, weaknesses, and outcomes. The revised policy has laid the foundation for future advancement, in addition to supporting the current evidence-based programming that includes PTR/PCRA, STARR, and CNVC. Operationalizing this revised policy and evidence-based programming into practice has proven to be difficult in a decentralized system. When assessing these challenges with implementation in mind, three main themes arise: enabling context, fidelity, and implementation infrastructure.

In their book *Implementation Practice and Science*, Dean Fixsen, Karen Blase, and Melissa Van Dyke introduce a Formula For Success (Figure 1). This formula's components add up to socially significant outcomes. In the federal probation and pretrial system, the specific goals include executing the sentence, increasing community safety, and providing meaningful opportunities for change by fostering lawful self-management. These objectives should produce the desired outcome of a reduction in recidivism.

In considering this formula within the system, I will present the components of the formula in a different order, beginning with enabling context, then effective innovation, and last effective implementation.

### *Enabling Context*

Those thinking about "enabling context" as part of the formula for implementing an effective, usable innovation should carefully consider the current progress of the system, readiness for and sustainability of further

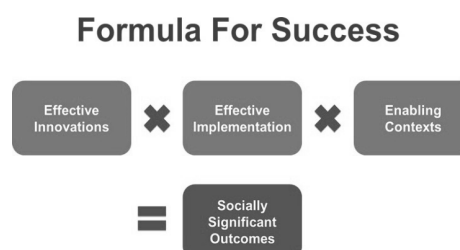
change, and messaging about change. To test-drive all aspects of implementing an innovation in a manageable situation, and therefore identify all the variations and considerations, the system should use local pilots so that all implementation needs can be addressed going forward.

Implementation is inseparable from context. By context, we mean the set of circumstances or unique factors in which implementation takes place, for example, an organization, a community, or the wider system. The influence of context explains the variation in implementation success. (Pfadenhauer et al., 2017; see <http://implementation.effektiveservices.org/context/implementation-in-context>, July 31, 2020.)

Local factors must be considered when conducting pilots. When a person under supervision commences supervised release, the person's supervision officer must assess readiness and motivation to change. If the person lacks motivation around the goals of supervision, the officer should engage the person under supervision to learn about what intrinsically motivates that person to want to change current aspects of decision making and lifestyle. This work mirrors that of enabling context and the importance of preparing for change.

Within the current system, confusion exists about how policy works together with PCRA, STARR, and CNVC in a comprehensive evidence-based supervision framework. One reason for this lack of understanding of our system's various programs and initiatives occurs in part because of segmented training. For example, the PCRA provides a risk level and violence category, in addition to identifying criminogenic needs, elevated criminal thinking styles, and responsivity factors. The results of the PCRA provide a diagnosis that forms a prescription. That prescription directs what supervising strategies (including monitoring, restrictions, and interventions) are needed to help the person under supervision successfully complete supervision and avoid recidivism. This information transforms into a relapse prevention plan or case plan for the change agent and the person under supervision to work as a team to reduce the supervisee's risk of reoffending under supervision. Many officers fail to incorporate the PCRA results into post-supervision planning

**FIGURE 1.**



(*The Formula for Success*. Fixsen, Naoom, Blase, Friedman, & Wallace, July, 2008.)

<sup>1</sup> Developed by U.S. Probation Middle District of North Carolina, v2.0 (original May 2013, revised Sept. 2014, July 2015).



and do not know how to connect PCRA with other evidence-based programs like STARR and CNVC. Additionally, the STARR focus groups disclosed that local districts feel as though PPSO has competing initiatives at the national level and that it is hard for districts to juggle all that is being asked of them. As a result, many feel overwhelmed: Officers feel that the expectations of them continue to increase, and no other tasks are being taken away. The ongoing feedback from officers and from management doing the day-to-day work has strongly influenced action for a revised plan.

Additionally, feedback from STARR focus groups revealed a lack of consistent messaging and focus on quantitative measures. For example, national programming has emphasized EBP, but it is not viewed as a policy area in the office review process described earlier in this article. Desiring a favorable review, districts then must make decisions about where best to focus time and energy. Recently, our national workload formula was updated based on daily tasks of all employees in the probation and pretrial services offices. This new formula includes authorized workload units for a full-time EBP coordinator and, in bigger districts, potentially more than one coordinator. This change in the formula is intended to help districts begin to build the local infrastructure needed to better support EBP.

### *Effective Innovations—Fidelity*

Innovations must be teachable, learnable, doable, and assessable in practice. Practice profiles are tools used to assist in operationalizing an innovation. Examples include a clear description of the innovation, clear essential functions that define the innovation, operational definitions of essential functions, and evidence of effectiveness such as a practical performance assessment (Fixsen, Blase, & Van Dyke, 2019, p. 69).

Based upon the results of coding STARR disapproval tapes, shortfalls exist around fidelity. This makes it difficult to know how well the programs are being used. Many people ask questions such as: Does STARR or CNVC work? Has PPSO been able to replicate the original STARR study? Although outcomes are supposed to show what works and what does not work, we need to consider specific variables that contribute to the outcomes themselves. For example, if we look at recidivism rates across the system, and outcomes show a reduction in recidivism, what caused the reduction? Was it because officers

continuously used their STARR skills? Or was it because the person under supervision had a great 12-step program sponsor or a great job that was keeping him or her busy? Just as PPSO teaches officers that each person is an individual and has specific needs, so what impacts recidivism is also specific to each case. If PPSO and the system want to achieve the objectives and desired outcomes, which include reducing recidivism, there must be a uniform fidelity instrument that assesses the EBP practices and programming. The lack of a consistent fidelity tool makes the current EBP practices/programming fall short of the criteria needed to create a “usable innovation.”

### *Implementation Infrastructure:*

To help build infrastructure for an innovation, the Active Implementation Frameworks provide an actionable summary of the evidence related to implementing practice and policy effectively (Blase, Fixsen, & Van Dyke, 2019).

These frameworks include having a usable innovation, building implementation teams at different levels of the system (national, regional, and local), attending to the key activities aligned to each implementation stage (exploration stage, installation stage, initial implementation, and full implementation), implementation drivers (competency, organization, and leadership) and ongoing improvement cycles (plan, do, study, act).

Attempts to implement these innovations have fallen short of desired results not because of the innovations themselves, but in part because the system currently lacks the needed infrastructure. This infrastructure does not exist at any level in the system unless individual districts have taken the initiative to build local implementation capacity through hiring outside consultants. For example, during Wave 1 of the implementation of STARR, all new coaches were assigned a national coach. They worked with the coach and reached a certain level of proficiency before coaching users (officers in their districts). As demand grew, the system did not have enough capacity or national coaches to support the new coaches. The result was that new coaches did not have the necessary experience or proficiency to coach new users. In order to build a sound implementation infrastructure, our system will need to make a significant effort to build the foundational support needed to fulfill the expectations in policy. An important aspect of this infrastructure is the crucial role of coaches.

## **Part II: The Vision for Next Steps**

### *Comprehensive Supervision Framework*

In order to address problems noted during focus group feedback and coding, and using concepts from implementation science, two substantial modifications to implementing our programming must be considered. Instead of thinking of and presenting PCRA, STARR, and CNVC as separate entities that have independent effects on supervision outcomes, PPSO has created a draft for an integrated, comprehensive supervision framework. The framework includes components that incorporate the current programs. Having a single framework should propel the system's efforts to put policy into practice and therefore transform all of the programs and practices into a formula of how to effectively supervise persons under supervision.

The other needed modification is to develop and test a practical fidelity assessment that incorporates each component of the comprehensive supervision framework. This will promote consistency in expectations and encourage the supervision framework to be used as intended, providing a usable innovation for our system. Figure 2 (next page) depicts a draft comprehensive supervision framework, along with a key.

### *Enhancing Positive Outcomes Through Evidence-Based Supervision and Training*

#### **Change Agent Practice (Inner Circle):**

- Develop core correctional skills/techniques
  - Active listening, giving feedback, role clarification, effective use of reinforcement/disapproval, and effective use of authority/punishment.
- Develop the ability and knowledge to make evidence-informed decisions.
- Develop relationships, build engagement and accountability to support the person under supervision's lawful self-management and compliance with conditions.
- Evaluate supervision components and persons under supervision skill development.

#### **Supervision Process (Outer Circle):**

##### *Supervision Components:*

- Risk Assessment (*Risk*)
  - PCRA 2.0, behavioral analysis, and acute risk.
- Collaborative Case Planning (*Need*)
  - Supervising targets (criminogenic needs), identifying reinforces/punishers and protective factors and creating a relapse prevention plan.

- Supervision Strategies (*Responsivity*)
  - Monitoring
  - Restrictions
  - Interventions (Client Skill Development)
    - COG model, problem solving, and structured skill building.

**Foundations:**

*Fidelity:*

- Measure “how well” change agents carry out practices and supervision processes.
- Positive Intended Client Outcomes:*
- Lawful self-management.
  - Successful completion of supervision.
  - Reduce risk/ lessen likelihood of recidivism.
- Policy, Procedure, and Suggested Practice Implementation Infrastructure.*
- Ensures organizational readiness, capacity, sustainability and needed improvements to support the desired outcomes of the framework.

In preparing our system’s introduction to one consistent framework, creating an enabling context will be key. Ongoing engagement will be needed to receive feedback that provides information on how to best motivate and build excitement for implementing this cohesive, singular framework. Additionally, it

is important to assess readiness and pick pilot sites that are eager to try an integrated supervision framework and implementation plan.

*Implementation Infrastructure*

The implementation infrastructure acts as a foundation for the comprehensive supervision model, which in turn enables the intended positive outcomes. These are socially significant outcomes not just for society, but for the person under supervision. The Active Implementation Frameworks will inform the planning of the next steps in this process (Blase, Fixsen, & Van Dyke, 2019).

In order to build implementation infrastructure, PPSO will use Active Implementation Frameworks. The first objective will be to build national and regional capacity by creating Implementation Teams comprising PPSO staff and temporary duty officers. These teams will be trained in implementation science, practices, and frameworks and in the comprehensive supervision model, which will prepare them to support the local pilots. Each pilot site will in turn create a local Implementation Team. This local team will work alongside the regional team to learn how to build readiness, capacity, coaching

infrastructure, support from leadership and feedback loops and to engage in ongoing improvement cycles.

Implementation Teams will work closely with management to help integrate and embed Implementation Drivers that can support the comprehensive supervision framework. The drivers focus on three main areas: competency of staff, coaching, and hiring; organization of decision-support data systems, facilitative administration, and system interventions; and technical and adaptive leadership (Fixsen & Blase, 2008).

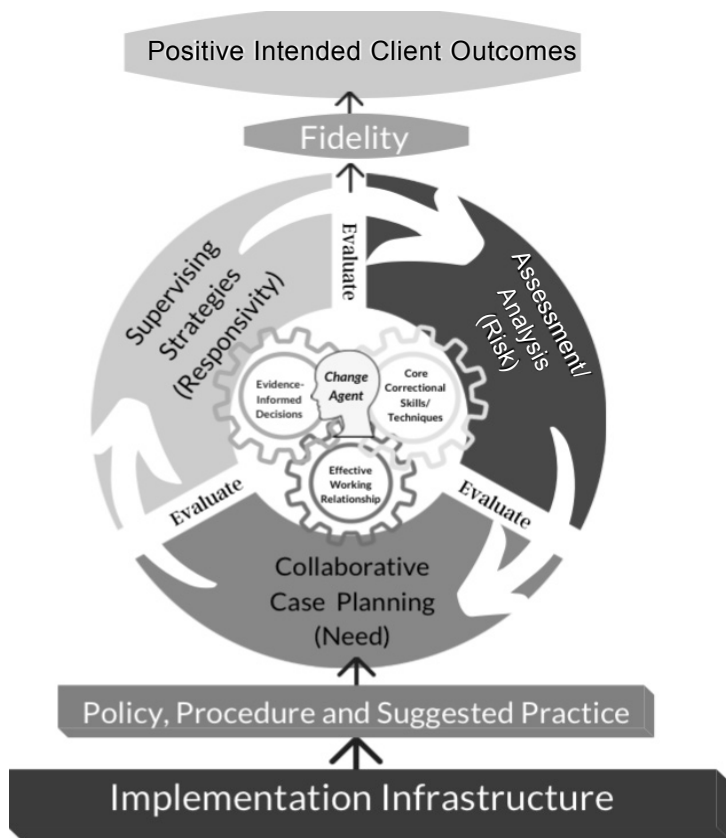
These interactive processes are **integrated** to maximize their influence on staff behavior and the organizational culture. The integrated Implementation Drivers also **compensate** for one another so that a weakness in one component can be overcome by strengths in other implementation components. (AIRN, <https://www.activeimplementation.org/frameworks/implementation-drivers/>, accessed July 31, 2020).

Focusing on Implementation Drivers will strengthen local districts’ processes and help districts better achieve community safety by providing persons under supervision with meaningful opportunities for change.

Pilot sites will use improvement cycles (plan, do, study, act) to make continual improvements to their implementation plan. These cycles allow staff to review data about implementation processes to determine when improvement is necessary in order to make full and effective use of the usable innovation. The local team will work to incorporate improvements into their overall implementation approach so that, when they expand to the next group of change agents, they can assess the new changes through the next improvement cycle. The improvement cycle also includes a quality assurance component, with persons under supervision participating in surveys about their supervision. This will promote collaboration and further aid the change agents in building an effective working relationship.

Building a solid foundation for an innovative practice takes patience, flexibility, and time. This process will be slow and intentional to ensure that Implementation Teams can address the unique circumstances of each local district in the implementation plan. The Full Implementation Stage is reached when at least 50 percent of the practitioners in an

**FIGURE 2**  
**The Federal Supervision Framework**



organization meet fidelity criteria. The 50 percent criterion is a benchmark established by the Active Implementation Research Network (AIRN) as an indicator of Full Implementation (Blase, Fixsen & Van Dyke, 2019). Although 50 percent may seem low, this benchmark considers the effect of turnover in organizations, in addition to changes in leadership.

### Conclusion

Committed to the use of evidence-based practice in probation and pretrial services, the federal probation and pretrial services system continues to assess the progress toward improving the outcomes of persons under supervision and revisiting and adjusting the processes, methods, and procedures used to do so. PPSO’s qualitative work has generated key findings that can be addressed through implementation science, practices, and frameworks. The three components in the Formula For Success—enabling context, creating a comprehensive supervision framework with sound fidelity assessments, and building the needed implementation infrastructure to support the framework—will guide our improvement efforts (Fixsen, Naoom, Blase, Friedman, & Wallace, 2008). The vision for next steps focuses on intentional, methodical, effective implementation to progress in a sustainable way toward the system’s desired goals and outcomes, which include increasing community safety by providing persons under

supervision with meaningful opportunities for change by fostering lawful self-management and reducing recidivism.

### References

Active Implementation Research Network (AIRN)(n.d). Frameworks: Implementation drivers. <https://www.activeimplementation.org/frameworks/implementation-drivers/>, accessed July 31, 2020.

Administrative Office of the U.S. Courts. (2017). Criminal Law Committee Agenda introducing approved policy changes (Agenda item December 2017), Tab F.

Andrews, D. A., & Carvell, C. (1998). Core correctional treatment. *Core correctional supervision and counseling: Theory, research, assessment and practice*. Ottawa, ON: Carleton University.

Blase, K. A., Fixsen, D. L., Naoom, S. F., & Wallace, F. (2005). Operationalizing implementation: Strategies and methods. Tampa, FL: University of South Florida, Louis de la Parte Florida Mental Health Institute.

The Centre for Effective Services. (n.d.). *The CES guide to implementation*. <http://implementation.effectiveservices.org/context/implementation-in-context>, accessed July 31, 2020.

Fixsen, D., Blase, K., & Van Dyke, M. (2019). *Implementation practice and science*. Chapel Hill, NC: Active Implementation Research Network.

Fixsen, D. L., Naoom, S. F., Blase, K. A., Friedman, R. M., & Wallace, F. (2005). Imple-

mentation research: A synthesis of the literature. The National Implementation Research Network.

Fixsen, D., Naoom, S., Blase, K., Friedman, R., & Wallace, F. (July, 2008). The formula for success. Accessed Sept. 10, 2020 on <https://mimtsstac.org/sites/default/files/Documents/Presentations/Coaching%20Conference%202013/Printable%20Presentation.pdf>

Lowenkamp, C. T., Holsinger, A., Robinson, C. R., & Alexander, M. (Dec., 2012). Diminishing or durable treatment effects of STARR? A research note on 24-month re-arrest rates, *Journal of Crime and Justice*.

National Implementation Research Network (NIRN)(n.d.). Active implementation hub. <https://nirn.fpg.unc.edu/ai-hub>

Pfadenhauer, L.,Gerhardus, A., Mozygemba, K., Lysdhal, K. B., Booth, A., Hofmann, B., Wahlster, P., Polus, S., Burns, J., Brereton, L., & Rehfeuss, E. (2017). Making sense of complexity in context and implementation: The Context and Implementation of Complex Interventions (CICI) framework, *Implementation Science, 12*(21), <https://implementationscience.biomedcentral.com/articles/10.1186/s13012-017-0552-5>

Probation and Pretrial Services Office, Administrative Office of the U.S. Courts. (2020). STARR Focus Group Report.

Sheil, J. (2019). Districts show significant improvement in office reviews, *News and Views*, Administrative Office of the U.S. Courts.

### APPENDIX A: Current Evidence-Based Programming in the Federal Probation and Pretrial System

Program Name	What Type of Tool/Program	Officer Skills Introduced in Training	Interventions	Training
Pretrial Risk Assessment (PTRA)-2010	Assessment that predicts risk of failure to appear, new criminal arrest, and technical violations.	Knowledge and proper use of scoring rules	None	Complete an e-learning module and yearly certification
Post- Conviction Risk Assessment (PCRA)-2009	Assessment that predicts the likelihood/risk of re-offending. It also identifies criminogenic needs, responsivity factors, violence category, and elevated criminal thinking styles.	Knowledge and proper use of scoring rules	None	Attend a three-day initial user training and a yearly certification
Staff Training Aimed at Reducing Rearrest (STARR)-2009	A program centered in core correctional practices that teaches officers how to communicate effectively and address risk, need, and responsivity. Also introduces two interventions.	Active listening, giving feedback, role clarification and effective reinforcement, disapproval, authority and punishment	Cognitive model and problem solving	Attend a three-day initial user training. Attend ongoing local booster sessions run by local coaches. One-on-one feedback meetings with coach.
Criminogenic Needs and Violence Curriculum (CNVC)-2016	A manualized curriculum that does not need to be completed in order and addresses each PCRA domain, including violence. Manuals exist for officers, persons under supervision, a peer support person, and treatment providers creating a common language and understanding.	Active listening, giving feedback and role clarification	Building motivation/ engagement, thinking, thought process/content interventions, and structured skill building	Attend a three-day initial user training. (This program has only been implemented with TDYs and a handful of demonstration sites.)

# Peer Recovery Support Services in New York Opioid Intervention Courts: Essential Elements and Processes for Effective Integration

Elizabeth Burden  
Erin Etwaroo  
Altarum

**THE OPIOID EPIDEMIC** has had devastating consequences across the United States, with more than 67,000 Americans dying from drug overdose in 2018 (Hedegaard, Miniño, & Warner, 2020). Heroin, prescription pain relievers, and synthetic opioids like fentanyl have contributed to this growing epidemic. In New York State, there was a 200 percent increase in the number of opioid-related overdose deaths between 2010 and 2017 (New York State Department of Health, 2019). Effectively addressing the epidemic—including preventing opioid use morbidities and mortalities—requires a collaborative and comprehensive approach across systems.

Increasingly, peer recovery support services are being incorporated into programs in a variety of settings as a part of comprehensive efforts to address opioid use disorders. The New York State Office of Court Administration is working to integrate peer support into its Opioid Intervention Courts, as it scales this new model for saving lives. As a part of those efforts, a conceptual framework was developed to assist the courts in successfully conceptualizing, planning, and integrating peers into their work. This article describes the innovation, the framework components, and early lessons learned.

## Emergence of New Court Model: The Opioid Intervention Court

Since the late 1980s, treatment courts,

problem-solving courts, or specialty courts have developed into a widely used approach to addressing the needs of offenders with substance use disorders (SUDs) and/or mental health issues. By working to resolve the underlying personal issues related to justice involvement, these courts disrupt the cycle of relapse, crime, and reincarceration (Shaffer, 2011; Mitchell et al., 2012). The first—and arguably most well-known—of these courts were drug treatment courts, launched in Dade County; family courts, mental health courts, and veterans courts followed. There are now more than 3,000 such courts in the U.S., serving approximately 120,000 individuals annually (Office of National Drug Control Policy, 2011). In this article, we refer to these courts by the emerging term *treatment and recovery courts* (TRCs), which reflects their overarching purpose.

Opioid intervention courts (OICs) are the newest addition to the TRC contingent. OICs are an opportunity to address the opioid epidemic and prevent overdose deaths by rapidly linking participants to evidence-based treatment, including medication-assisted treatment (MAT) and recovery support services. OICs differ from drug courts in several ways: they are pre-plea; they are voluntary, in that they do not rely on legal leverage; they focus on stabilization and crisis intervention; and they are short-term and time-limited. Drug courts are analogous to a hospital, providing long-term support for court-involved

individuals with substance use disorders: OICs are the emergency rooms, offering short-term services to individuals with OUDs to prevent overdoses, reduce other harms, and encourage early steps toward recovery. The country's first OIC was launched in Buffalo, New York, in 2017. Since then, other states have adopted the model, which relies on day-of-arrest intervention, OUD treatment, daily judicial supervision, and wrap-around services. The Center for Court Innovation (2019) described the Buffalo OIC operations:

Prior to arraignment, court staff go to the jail to interview defendants, using a brief survey developed by the court to identify those at risk of opioid overdose. Individuals identified to be at high risk are administered a bio-psychosocial screening by an onsite team of treatment professionals and case coordinators immediately following arraignment. Based on the results, each consenting individual is transported to an appropriate treatment provider, where most begin medication-assisted treatment with buprenorphine, methadone, or naltrexone. The process of initial interview, arraignment, bio-psychosocial screening, and transfer to treatment is completed within 24 hours of arrest.

Once connected with a treatment provider, the participant receives a

comprehensive clinical assessment and an individualized treatment plan. OIC staff provide daily case management for participants, including helping with transportation, doing curfew checks, and linking participants with a primary medical doctor and a range of recovery support services. Participants must return to the opioid court every business day for 90 days to see the judge for progress updates. Participants are randomly tested for drugs to monitor their clinical needs. The court does not sanction participants for positive drug tests; rather the results of the toxicology test are used to make adjustments to the participant's treatment plan, such as increasing treatment intensity or changing medications, and to help the court recognize when a participant is in danger.... While a defendant is participating in the Buffalo Opioid Court, the prosecutor's office suspends prosecution of the case.

The Buffalo OIC has shown some early promise. As a result, the NYS Office of Court Administration (OCA) is developing OICs in every judicial district. The goal is to disperse this new model of collaborative care across the state, prioritizing interventions for offenders at high risk of overdose.

In February 2019, the NYS OCA's Office of Policy and Planning, in cooperation with the Center for Court Innovation, released the first state guidelines that defined this new problem-solving court based on the Buffalo model. The Center then worked with court and treatment experts to draft national guidelines published in *The Ten Essential Elements of Opioid Intervention Courts* (Center for Court Innovation, 2019), with the support of the U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Assistance (BJA); and the Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Treatment (CSAT). The essential elements include a focus on broad legal eligibility, immediate screening for risk of overdose, informed consent after consultation with defense counsel, suspension of prosecution during stabilization, rapid clinical assessment and immediacy of medication for opioid use disorder (MOUD), the use of evidence-based treatment for opioid and poly-substance abuse, frequent judicial supervision and intensive case management, and performance evaluation to identify service gaps and

to make program improvements. *An additional essential element of OICs is recovery support services, including peer recovery support services (PRSS)—non-clinical social supports provided by persons with lived experience of addiction, recovery, and criminal justice involvement.*

According to the Centers for Medicare & Medicaid Services (CMS), peer support services are an evidence-based model of care in which a qualified peer support specialist assists individuals with their recovery from substance use and mental health disorders (CMS, 2007). Research findings to date tentatively speak to the potential impact of PRSS across a number of settings, on outcome measures including reduced substance use and SUD relapse rates, improved relationships with treatment providers and social supports, increased treatment retention, and greater treatment satisfaction (Eddie et al., 2019). Research suggests PRSS in community-based programs may lead to reductions in substance use (Kelley et al., 2017), increased use of detoxification programs and residential SUD treatment (Deering et al., 2011), and reduced rehospitalization rates following treatment (Min et al., 2007). For individuals needing inpatient or outpatient treatment for SUD and co-occurring mental disorders, research into PRSS integrated into other settings suggests they may improve outcomes, including getting individuals to SUD treatment faster following SUD treatment referral (James, Rivera, & Shafer, 2014), reducing substance use (Rowe et al., 2007; O'Connell et al., 2017), increasing SUD and medical treatment adherence (Tracy et al., 2011), reducing the frequency of inpatient readmission (O'Connell et al., 2017), and reducing criminal behavior and recidivism (Rowe et al., 2007). PRSS have also been shown to improve relationships with treatment providers, increase treatment retention, increase satisfaction with the overall treatment experience, and decrease substance use (Bassuk et al., 2016; Reif, Lyman, et al., 2014).

Over the past several years, engagement and employment of peer supporters in TRC programming have grown, partly at the behest of funders, but this is not yet well-researched. Two studies show promise. The first indicates that recovery support groups may help address racial disparities in graduation rates (Gallagher & Wahler, 2018), and the second found that recidivism for court graduates who were matched with peer supporters was reduced by half (Belenko, LaPollo, Gesser, & Peters, 2018; Belenko, LaPollo, Marlowe, Rivera, & Schmonsees, 2019; Belenko et al., 2019).

## Adding Peer Recovery Support Services to Treatment and Recovery Courts

In theory, adding PRSS to TRCs is a simple undertaking: Just add peer recovery supporters to the existing multidisciplinary teams composed of judges, prosecutors, defense attorneys, court administrators, behavioral health clinicians, social workers, and other court staff. In practice, it is more complex because of the nature of peer relationships, the variety of roles and tasks that peer workers can have, and the range of possible peer supports.

The term peer identifies a single person with a particular lived experience that positions the person as distinct from others. PRSS programs are grounded in a set of principles that have emerged from the experience of people in long-term recovery. The primary principle is keeping recovery first, for both the peer supporter and the individual seeking support. A second core principle is meeting individuals "where they are." In practice, this means being supportive rather than directive, and focusing on strengths and resiliencies. Other foundational principles relate to the authority and expertise of lived experience, mutuality and reciprocity, relationships built on respect and trust, and self-efficacy and empowerment (White, 2009a; Reif et al., 2014; Eddie et al., 2019).

In combining their lived experience of addiction, recovery, and criminal justice involvement with technical knowledge, specialty training, and certification, peer supporters bring a unique philosophy and specific values and methods to supporting individuals on their path to recovery—known as peer practice. Peer practice arose to address the limitations of the acute care model for treating addiction; it supports individuals along their path of recovery before, during, after, or *instead of* treatment (White, 2009a). This approach may conflict with that of other specialties on the TRC multidisciplinary team, especially ones that are medically focused.

Peer supporters have many different titles and roles, depending on setting and context. In the SUD realm, the most well-known is that of peer recovery coach, but there are others including forensic peer recovery specialist, peer navigator, or crisis interventionist, summarized in Table 1 (next page). The core body of knowledge is the same across the roles, but the focus of the core competencies varies in different contexts.

PRSS are person-centered: Through recovery (goal) planning and resource sharing, a

peer practitioner assists others to build a life in recovery—a process of making healthful choices, creating or recreating a meaningful life, and being of service to family, friends, and community. There are four categories of social support: (1) emotional, (2) instrumental, (3) informational, and (4) affiliational (Cobb,

1976; Salzer, 2002). Under this schema, a wide array of PRSS can be offered. Examples for each category are provided in Table 2.

The multifaceted nature of PRSS leads to their adaptability for a variety of settings. However, successful integration takes careful forethought. NYS OCA approached the

Training and Technical Assistance Center for PRSS, funded by BJA to assist new and emerging OICs. Together, we developed a conceptual framework, summarized in Figure 1 (next page), that courts can use to conceptualize, plan, and integrate PRSS successfully.

**TABLE 1.**  
Examples of Peer Recovery Specialist Roles

Title/Role	Key Tasks	Locations
Peer Recovery Coach	Guide and mentor person seeking or in recovery; help identify, remove obstacles and barriers; support connections to the recovery community, other resources useful for building recovery capital.	Recovery community centers, correctional settings, inpatient and outpatient SUD treatment programs, behavioral health clinics, community-based settings, recovery residences.
Forensic Peer Specialist	Support people involved with criminal justice system as mentor, guide, and/or resource connector while incarcerated, on probation or in lieu of probation, or in reentry process.	Jails, prisons, jail diversion programs, drug courts, community-based programs.
Recovery/ Crisis Interventionist	Provide support and guidance to person at early (crisis) intercept point along recovery support continuum, linking person to treatment or other recovery support services as requested.	Hospital emergency rooms, police and fire departments, community-based street outreach or harm reduction programs, crisis centers.
Peer Navigator	Provide support and guidance in accessing appropriate services from complex medical, treatment, and social service systems, including application process for health insurance and other entitlement benefits.	Community-based street outreach or harm reduction programs; community health clinics; public health departments.

**TABLE 2.**  
Types of Peer Recovery Support Services

Type of Support	Description	PRSS Examples	Tech-assisted PRSS Examples
Emotional	Demonstrate empathy, caring, or concern to bolster self-esteem and confidence.	<ul style="list-style-type: none"> <li>One-on-one peer mentoring or coaching.</li> <li>Peer-led support groups.</li> </ul>	<ul style="list-style-type: none"> <li>Telephone recovery support.</li> <li>Video recovery check-ins.</li> <li>“Zoom” support groups.</li> </ul>
Informational	Share knowledge and information and/or provide life or vocational skills training.	<ul style="list-style-type: none"> <li>Discussing therapeutic court process.</li> <li>Training for job readiness.</li> <li>Offering wellness seminars or classes.</li> <li>Training on self-advocacy.</li> <li>Offering parenting classes.</li> </ul>	<ul style="list-style-type: none"> <li>One-time webinars.</li> <li>Learning communities.</li> <li>Self-directed learning modules.</li> </ul>
Instrumental	Provide concrete assistance to help accomplish tasks; increase access and opportunities; reduce barriers.	<ul style="list-style-type: none"> <li>Accessing community health and social services.</li> <li>Providing housing or child-care vouchers.</li> <li>Providing public transportation passes.</li> </ul>	<ul style="list-style-type: none"> <li>Tech on loan.</li> <li>Paperwork clinic.</li> <li>Online resource bulletin board.</li> </ul>
Affiliational	Facilitate contacts with other people to promote learning of social and recreational skills, create community, and foster a sense of belonging.	<ul style="list-style-type: none"> <li>Arranging outings or activities, such as sober sports, alcohol and drug-free dances, movie nights.</li> <li>Celebrations and rituals.</li> </ul>	<ul style="list-style-type: none"> <li>Community coffee breaks.</li> <li>Live-streamed group activities (e.g., meditation, yoga, fitness).</li> <li>Game playing sessions.</li> </ul>

### Essential Elements of Peer Recovery Support Services in Treatment and Recovery Courts

Following the example of the report *The Ten Essential Elements of Opioid Courts* (Center for Court Innovation, 2019), NYS OCA sought to define the essential elements of peer supports in OICs. Three primary methods were used to identify potential elements: (1) review of relevant academic research, (2) examination of publications by court professional organizations, and (3) an audit of practices of court-affiliated PRSS programs across the country. What emerged were essential elements of peer supports in TRCs in general that can be applied to or adapted for OICs. These elements are described below.

### Certified Peers

With the increasing interest in and expansion of peer supports, peer credentialing emerged in the early 2000s with state-recognized certification programs for mental health peer supporters. Certification standardizes the core body of knowledge and core competencies for the role at entry level; candidates demonstrate their proficiency in meeting the requirements through an examination and/or other competency assessment. In many states, it also provides access to a reliable funding stream, as services provided by certified peers become Medicaid-billable. In the TRC context, it is essential to select and hire certified peers, or partner with an agency that hires them, such as an SUD treatment provider, social service agency, or recovery community organization.

Nationally, peer recovery support specialist is an overarching term that refers to persons with lived experience who are supporting others along their path of recovery. In NYS, *certified peer specialist* is a term that is reserved for mental health peers; SUD peers whose services are Medicaid-reimbursable are called *certified recovery peer advocates* (CRPAs). CRPAs have practice-specific education, profession-specific ethics, and role-specific certification. They “bridge the gap between clinical prevention-treatment providers and relevant multidimensional resources in the community,” through “purposeful conversations using role modeling, motivating,

problem solving, and resourcing” (Alcoholism and Substance Abuse Providers of New York State, 2019). In NYS OICs, CRPAs are an integral part of the multidisciplinary opioid court team, providing support to participants during a very challenging time; their roles and tasks are summarized in the boxes in Figure 2.

### Pre-court/Early Engagement with Peer Recovery Specialists

Peer recovery specialists have the ability to engage people outside the formal structures of the court and clinical practice. This provides an opportunity to fill critical gaps to keep

individuals from disconnecting or withdrawing from treatment and/or services. Research suggests outreach by peer specialists may increase individuals’ self-awareness of problematic substance use (Boyd et al., 2005) and lead to greater use of services among those needing treatment (Deering et al., 2011).

NYS OICs incorporate CRPAs into the court process as early as possible to engage individuals in a meaningful way. In several NYS courts, the CRPA is the first person that individuals who are considering participation in the OIC speak with. Court administrators stated that having the first engagement be

with a peer rather than court staff changes the dynamic. Individuals appear to be more receptive to information received from a peer, because of the peer’s lived experience; they perceive the CRPA as helping them to make an autonomous decision to participate in the court programming and treatment.

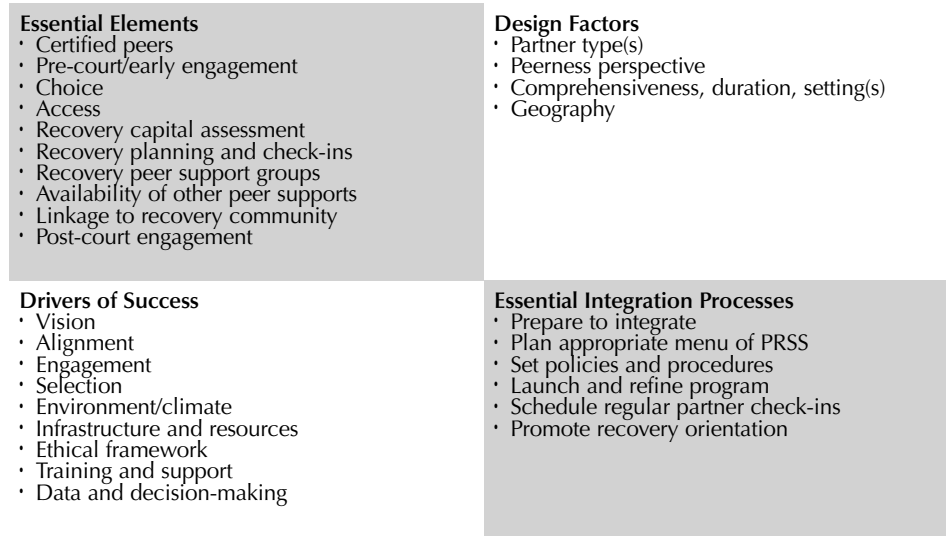
### Choice

Choice, self-direction, and empowerment are foundational values of PRSS. These are put into practice in several ways: supporting many pathways to recovery; assuming that the person seeking recovery is fully capable of making informed choices; and respecting an individual’s goals, objectives, and preferences (SAMHSA CSAT, 2009). In the general court context, it means that an individual should be able to choose whether to participate in peer supports. Since OICs are voluntary, the choice is whether to engage with the court at all. This re-emphasizes the early role of the peer supporter and points to the need for harm reduction and recovery supports if the individual elects to not pursue OIC.

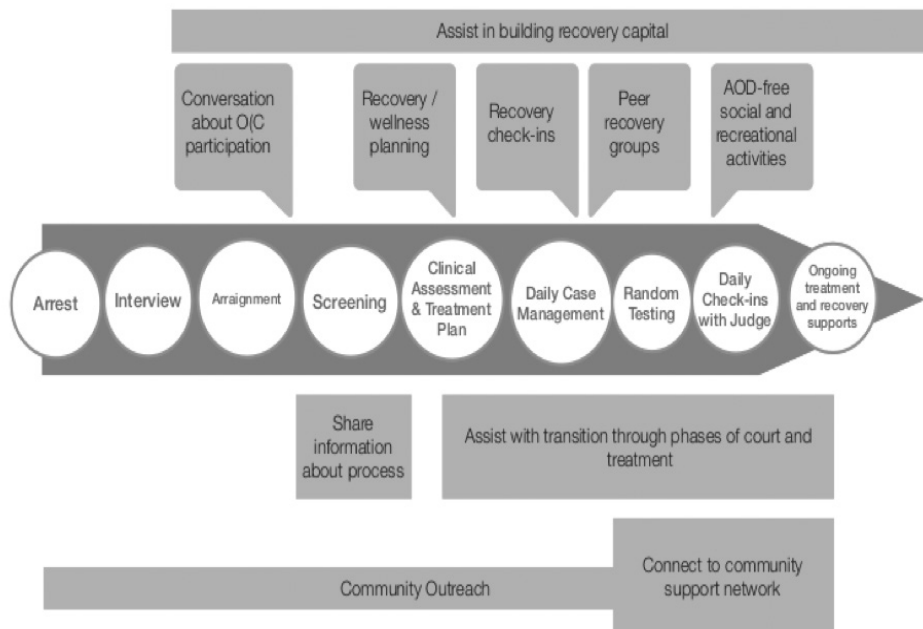
### Access

Peer supports and peer supporters need to be highly and easily accessible to court participants, in terms of location and time of day, so that supports are available when and where needed. There are several strategies for facilitating access: having peer specialists at the court during its hours of operation, offering mobile support, providing access to peers in community-based settings, or offering technology-assisted (phone, text, web-based) peer supports. One respondent noted that a CRPA is available to their OIC participants 24 hours a day for crisis support and to offer recovery supports between traditional service appointments. Another noted that CRPAs can be effective in helping prevent relapse: When a participant shares that he or she feels like using, the CRPA can offer guidance (e.g., strategies for dealing with urges to use) and direct support (e.g., taking the person to a treatment center). Access is also important for peer specialists to effectively do their work. According to respondents, CRPAs gauge the level of contact needed. The barriers they may have in connecting with participants—initially and on an ongoing basis—need to be assessed and addressed within the program design.

**FIGURE 1.**  
Conceptual Framework for PRSS Integration



**FIGURE 2.**  
Opioid Intervention Court Activities and CRPA Tasks



### Recovery Capital Assessment

Recovery is a journey that involves the growth of recovery capital, which is the sum of the

strengths and supports—both internal and external—that are available to help someone initiate and sustain long-term recovery from addiction (Cloud & Granfield, 2008; White, 2008; Hennessy, 2017). Stable recovery is best predicted on the basis of recovery assets, not pathologies (White & Cloud, 2008; Cano, Best, Edwards, & Lehman, 2017). A recovery capital assessment is a strengths-based tool to measure the strengths, resources, motivation, and aspirations that court participants have that can support them in their recovery journey (Groshkova, Best, & White, 2013). It is also a tool that programs can use to quantify individual-level (Laudet & White, 2008; Sánchez, Sahker, & Arndt, 2020) and program-level recovery outcomes (as opposed to treatment outcomes).

TRCs can also play an important role in expanding community recovery capital by partnering to create physical, psychological, and social spaces in the community within which recovery can thrive (White, 2008; White 2009; Evans, Lamb, & White, 2013; Altarum Institute, 2017). In doing so, programs can also use the aggregate results of recovery capital assessments to assess changes in community recovery capital.

### *Recovery Planning and Recovery Check-ins*

A recovery capital assessment is a strengths-based tool to chart growth and change; the recovery plan is a roadmap that takes into account the specific strengths, desires, and motivations of the individual. Recovery planning assists individuals to (a) articulate and visualize the kind of life they would like to have in recovery, (b) outline their personal recovery goals, and (c) develop action steps to achieve their goals related to the essentials for sustained recovery: a safe and affordable place to live; steady employment and job readiness; education and vocational skills; life and recovery skills; health and wellness; sense of belonging and purpose; community and civic engagement; and recovery support networks.

Recovery check-ins improve the likelihood of sustained sobriety and engagement in a recovery program (Scott & Dennis, 2003). They provide an opportunity for participants to reflect on progress toward the goals they set in their recovery plan, talk about challenges and barriers, and identify resources (Braucht, n.d.). The check-in can also serve as a reminder of the next scheduled court, treatment, or social services appointment.

The practice of recovery planning and

check-ins will vary, depending on both individual and program factors. For one NYS OIC, there are three built-in meetings (mandatory check-ins): (1) overdose awareness workshop (first month), (2) medication management workshop, and (3) discharge planning workshop. The program also encourages participants to check in with their recovery coach every time that they appear in court. Another has a different schedule: In the initial stages of the engagement, the CRPA works on wellness plans with each participant. They schedule check-ins based upon the goals participants identify they want to achieve. The wellness plan determines the number of check-ins that are necessary. Regardless of site, recovery check-ins are scheduled at regular intervals, more frequently in early recovery and at transition points in recovery, less frequently as time progresses and as participants become more established in their recovery.

### **Recovery Peer Support Groups**

In addition to one-on-one support, peer-facilitated or peer-led groups are another type of resource to help individuals with their recovery. Research has shown that such groups, in combination with other peer services, can increase abstinence, reduce relapse, and increase satisfaction with treatment (Tracy & Wallace, 2016). Groups can be structured or semi-structured, educational or for emotional support, or have mixed components. They can be formed around shared identity, such as belonging to a common cultural group or gender, or shared experience related to building a life in recovery. Group educational activities often focus on a specific subject or skill set, and may involve the participation of a subject matter expert. Peer support groups also offer unique advantages to engaging underserved or difficult-to-engage populations (Rowe et al., 2007; Tracy et al., 2011).

### **Availability of Other Peer Supports**

Working with a peer supporter on recovery capital assessments, recovery planning, and recovery check-ins strengthens desire, motivation, and coping skills for change, all of which are important. So are opportunities to practice new skills in safe and supportive contexts offered by extended classes, workshops, and social and recreational activities (O'Connell et al., 2017; Page & Townsend, 2018; Best et al., 2020). These extended informational and affiliational supports may be difficult to offer within the TRC setting; therefore, partnering

to provide access to those resources can support meaningful and lasting change.

### *Linkage to Broader Recovery Community*

It is said that the opposite of addiction is not sobriety, it is connection. Leamy et al. (2011) posited that the essential elements of recovery are connectedness, hope, a positive sense of identity, meaning, and empowerment. Research indicates there are two social factors—social learning and social control—that impact long-term recovery. Making the transition from peer groups focused on drug use to those that are recovery-focused is also key (Best, Irving, & Albertson, 2017). Linking participants to a broader recovery community assists them in building a life and sustaining recovery for three key reasons: (1) it can offer a positive sense of identity, belonging, and purpose; (2) it builds prosocial, recovery-oriented networks; and (3) it increases opportunities to access the community recovery capital (White, 2009b; Best et al., 2012; Kelley et al., 2017; Best, Musgrove, & Hall, 2018).

### **Post-court Engagement**

TRCs facilitate treatment initiation and support participants in their early steps to recovery, often for a year or more. However, research tells us that, on average, a person's recovery progresses in stages across several years (Dennis, Foss, & Scott, 2007). Peer support can assist individuals throughout their entire recovery journey. In the OIC setting, post-court engagement is crucial, given that these are short-term programs. In NYS, some OICs allow for voluntary continuation of the program after 90 days, or a referral to post-plea drug-treatment courts. Post-court engagement allows for participants to continue their check-ins with a peer supporter—though perhaps less frequently—and receive encouragement, guidance, and assistance with accessing resources as needed.

The 10 essential elements of PRSS define a comprehensive model for peer support in TRCs. Not all programs will have all of the elements at their initiation; they are aspirational. Nor do TRCs need to provide these alone; as with other programming, the role of court staff is to ensure that all of the elements are met through effective, strategic partnerships. Last, the elements are flexible, in that there is room for each court to adapt them to reflect local conditions, resources, and constraints.



## Essential Processes for Integrating PRSS

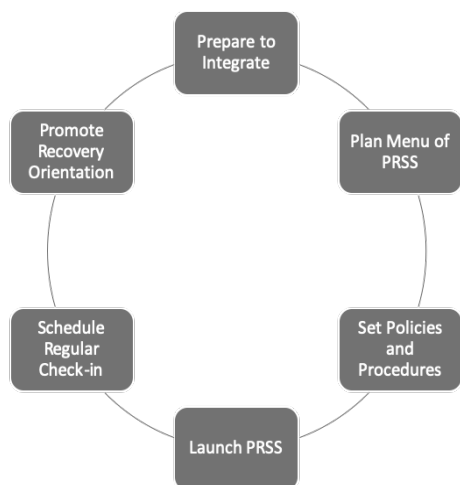
The essential elements offer guidance on what comprises an effective PRSS program; the essential processes describe how to develop such a program. The core processes are shown in Figure 3.

Our thinking on these processes was informed by research related to organizational development, diffusion of innovations (Rogers, 2005), implementation science (Motes & Hess, 2007; Dearing, 2009; Ehrhart, Aarons, & Farahnak, 2014; Weiner, 2020), our experiences with integration of PRSS in other settings, and the practices of the emerging NYS OICs.

### *Prepare to Integrate Peers into Court Processes*

Preparing to integrate peers increases staff and organizational readiness for the launch of PRSS. This process provides a foundation for exploring staffing, workflow, decision-making, communications, and other practices, and for building a commitment to making the changes necessary for peer work to be effective. It also encourages a focus on the questions: Do we know what it will take to implement this change effectively? Do we have the resources to implement? Can we implement given the current situation? Key preparation tasks include conducting an organizational self-assessment, identifying the specific roles and expectations that the program has for peer staff, clarifying whether and how peer specialists will be integrated into collaborative court case staffing, and negotiating roles and expectations of partners.

**FIGURE 3.**  
Processes for Effective Integration



### *Plan Appropriate Menu of PRSS*

The overarching purpose of peer support is to help individuals build and sustain a life in recovery. SAMHSA defines *recovery* as a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential (SAMHSA, n.d.). An appropriate menu of peer services and supports helps individuals with each of these dimensions. Some may be provided directly by the TRC; others may be offered by or in collaboration with community partners. The key is to ensure that a full range of services is available to program participants, across many pathways to recovery, with the intensity and length of time necessary for the individual to establish a stable path to recovery.

The menu should include one-on-one supports (e.g., recovery capital assessment, recovery planning, recovery coaching) and group supports (e.g., classes from which all participants can benefit, groups that further the recovery process, group social activities) and should also include a consideration of where supports will be offered.

### *Set Policies and Procedures*

Organizational policies impact the nature and quality of PRSS. Some impacts may be due to restrictive policies, or those written without peer practice in mind. Other impacts come from the absence of policies (e.g., transportation, workload, self-care). Policies reflect the organizational culture, which shapes the structure and functioning of a peer support program. While peer support approaches need to be tailored to the characteristics of a specific court and its culture, it is also necessary to create new policies and procedures—and to review and adapt existing ones—to guide the work of all staff.

Workflows will also need to be revised. Procedures should describe key tasks and associated tools (e.g., recovery plan, recovery capital assessment), offer approaches to addressing common situations that a peer supporter may encounter, and provide guidelines on when to ask for help from a supervisor or relevant team members. Procedures also need to be in place to monitor and capture information about how well the program is working.

Policies and procedures do not have to be perfect or voluminous. There needs to be enough documentation and detail on paper so that all staff, partners, and participants can be clear and have something to reference.

### *Schedule Regular Check-ins with Partners*

After preparing, planning, and policy-setting, new PRSS programs should be prepared to launch. It is important to build in a process for partners and stakeholders to meet to review how things are going. This may need to be more frequent at the beginning of a program but should continue throughout its life, as changes and adaptations often need to be made due to changing community conditions. One respondent noted:

When the meetings are set up in advance, it doesn't become "uh-oh, we have to have this meeting." It becomes a routine. Get as many stakeholders available that can come and just sit down and say, "Okay, how's it working, what do we need to tweak, what are some of the issues?" Communication issues, safety issues, best practices.

The early NYS OICs used both informal and formal partner check-ins, which help to (a) inform appropriate resource allocation, (b) identify potential problems and prevent them from escalating, and (c) as necessary, make moderate adjustments or adaptations to work flows and roles of peers. It is an ongoing process of change and adaptation.

These check-ins also serve as a forum to assess early progress and to answer important questions about program operations, including: Are the CRPAs reaching the intended participants? How are other personnel, materials, space, time, and organizational/partner supports contributing to the program? Are the program components being delivered as intended? What have been the challenges or barriers for participants?

### *Promote Recovery Orientation Among Stakeholders*

Recovery is not only an individual, personal transformation process; it happens within systems of care that are recovery-oriented and communities that are recovery-rich. This means that it is important to prepare community partners and stakeholders to do the institution- and community-focused work that will set a context in which personal recovery can happen. The better the understanding of recovery—and the role that PRSS can play in that process—the better the chances for the successful launch and continuation of PRSS in your community. Successful strategies include: hosting meetings that mix treatment

providers, allied professionals, individuals and family members in recovery, and grassroots community organizations; conducting ongoing focus groups, town meetings, and other listening forums; hosting recovery celebration events and recovery conferences; visibly promoting community recovery successes; mapping recovery capital by zip code; conducting recovery prevalence surveys; and establishing recovery-focused performance benchmarks (Evans, Lamb, & White, 2013).

### Adapting Peer Supports for NYS Opioid Courts: Early Observations About Design Factors, Drivers of Success, and Situational Factors

The NYS OICs across all 13 judicial districts are relatively new. As noted above, the first began in 2017; others started shortly thereafter, and a few are still in the start-up phase in 2020. We have identified design factors, drivers of success, and unique situational factors that affect their initiation.

#### Design Factors

The roles and task variations of CRPAs are related to different aspects of program design. The first aspect is the *type of partner* that is responsible for the hiring of the CRPA and the delivery of the PRSS. Most are working with SUD treatment providers that are licensed by the NY Office of Addiction Services and Supports (OASAS); some of these providers are conventional outpatient programs, others specialize in MAT. A few of the OICs are partnering with social service agencies that have a harm-reduction approach to the provision of peer supports. Other options for peer support partners that are not yet in practice include public health departments that employ community health workers (public health-focused peer supporter) or a peer-led Recovery Community Organization.

The second aspect could be called *peer-ness perspective*. This is related to partnership but also relates to the court's view of the role of the CRPA, whom they serve, and for what purpose. Peer workers can be viewed as an adjunct (i.e., as a junior counselor, junior case manager) who is hired to support and reduce the work of other staff; or as an entry-level supplement to the behavioral health workforce whose job it is to complete routine tasks; or as an autonomous new role focused on participant engagement and progress. These perspectives are neither discrete nor fixed. As the program operations become more

established, as the peer role becomes clearer, as peer supporter contributions become more apparent, and as staff and partners assess the program, perspectives may shift. One respondent noted:

Staff were tentative about bringing peers on board. Once they saw them at work, they recognized the value almost immediately. Seeing how the peers interact with participants and the success they have had in engaging them and keeping them going—that changes people's views. You gain more buy-in from staff.

A change in perspective can be particularly impactful among defense attorneys: As they learn that peer supporters can work in the constitutionally protected environment, defense counsel often allow greater access to their clients.

Other program design aspects leading to variations include the duration of the court, the settings in which peer supports are offered, and community size and location.

**TABLE 3.**  
**Drivers of Successful Peer Programs**

Driver	Summary
Vision	Defining how peer supports will benefit court participants; general role of peer supporters.
Alignment	Ensuring compatible court philosophy, partner philosophies, and core philosophies of peer practice.
Engagement	Fostering deep participation of persons with lived experience in planning and refining program design.
Selection	Recruiting, hiring, and onboarding of individuals who can use lived experience as a tool for inspiring hope, engendering empathy and compassion; finding the right persons for the positions.
Environment/ climate	Organizational context, setting, and culture can have a profound effect on nature and quality of peer support. Creating safe environment in which positive, trusting, peer-to-peer relationships can thrive. More successful when peers meet other places than court—stigma of criminal justice involvement.
Infrastructure and resources	Ensuring infrastructure and resources necessary for effective peer practice (including supervision).
Ethical framework for service delivery	Comprises the certification domain related to ethics, the NY Certification Board Ethical Code of Conduct, the organization-specific ethics guidelines, and the program-specific code of ethics. Regular supervision and check-ins on ethics and boundary issues that arise (e.g., one-on-one problem-solving during supervision; group problem-solving with other CRPAs). Appropriate boundaries (peer-to-peer, and CRPA to court).
Training and support (including supervision)	Building and enhancing competencies of peer supporters, program supervisors, court and partner staff, including an introduction to the criminal justice system; 10 key components of drug courts and best-practice standards; court observation to get familiar with the criminal justice system.
Data and decision-making	Collecting and using data to support and inform; measurements that are recovery- and recovery-capital oriented rather than solely focused on abstinence or recidivism.

#### Drivers of Success

In addition, there are several other potential drivers of success that were ascertained from interviews with NYS OCA court administrators, summarized in Table 3.

#### Situational Factors

**Fostering Organizational Readiness: The Unifying Role of NYS OCA.** The NYS OCA has committed to developing the infrastructure needed for the integration of PRSS into each of the judicial districts. They have taken an active role in ensuring effective integration occurs, offering court system training and access to technical assistance resources. NYS OCA has demonstrated an enduring commitment to improving justice systems to better serve the communities across the state. The office has history and experience with developing, maintaining, and improving new services, which research indicates is needed to support sustained changes in practices (Van Dyke & Naoom, 2016).

To ensure that courts have the necessary resources, the NYS OCA has developed strategic partnerships with the NYS Office of Addiction Services and Supports (OASAS) and

the Alcoholism and Substance Abuse Providers of New York State (the State Peer Certification Board). These partners are actively engaged in the OIC initiative, supporting early training and TA for court administrators. OASAS has also provided direct funding to its treatment providers for hiring CRPAs, dedicating a portion of SAMHSA State Opioid Response funds to the effort.

**Positive Experiences with Peers.** Several of the judicial districts have existing peer programs in their other treatment courts. As they launch their OIC, they are determining how to adapt the existing PRSS to fit the new intervention. This approach will increase the likelihood of successful integration. One respondent noted:

We started integrating peers on a [previous] grant and the population we are working with had some significant challenges getting through the court process. When we brought the peers on, we found it to be really supportive and impactful. They offered a huge benefit to the participants, not only at the time of first engagement, but also throughout that process. We learned that they provide support that we had to add into every project.

**External Factors.** Two significant external factors have slowed program implementation. In 2020, newly enacted reforms to the NYS bail system went into effect; individuals arrested for low-level offenses are now issued a “desk ticket” to appear in court at a future date. This effectively eliminates the initial contact point for OICs—post-arrest detainments at which immediate screening for overdose risk and conversations about the program occurred. OICs have seen significantly decreased participation—and more significantly, are reporting that individuals are returning to the community and overdosing before they can be reached. The COVID-19 epidemic has exacerbated the problem; OICs stopped all in-person appearances—and it is unclear how social distancing will impact future operations.

Both of these external factors lead the OICs to consider how to enhance early contact and engagement strategies—approaches for which peer supporters are uniquely suited—and how PRSS might be expanded with community resources. This requires even more collaboration in an already collaborative model.

## Conclusion

The ongoing opioid epidemic challenges health, human services, and criminal justice systems to develop innovative, comprehensive approaches to save lives. OICs are one innovation that holds great promise, connecting those at high risk of overdose to evidence-based treatment and intensive judicial supervision. With the addition of peer supports, there is the potential for greater impact.

The experiences of early NYS OICs offered insights into what may be required to successfully adapt and integrate PRSS into court settings. In the conceptual framework presented in this article, we posit four dimensions derived from their experiences and from an examination of the broader field: (1) essential elements of comprehensive programs—core components which are grounded in current research about PRSS; (2) design factors—significant conditions that impact program design; (3) essential integration processes—noteworthy activities that are linked to commitment, capacity, and efficacy for change; and (4) drivers of success—aspects of program structure and environment that affect PRSS integration.

The framework suggests that while the core elements remain the same, PRSS programs will vary from site to site. In that, it parallels peer support itself.

## References

- Altarum Institute. (2017). *Three stages of recovery-ness in communities: A framework*. Unpublished manuscript.
- Alcoholism and Substance Abuse Providers of New York State. (2019). *Connecting to recovery oriented services: The role of the Certified Recovery Peer Advocate*. [http://www.asapnys.org/wp-content/uploads/2019/05/ASAP-NYCB.PR-overview-May-2019.one-pager\\_Page\\_1.jpg](http://www.asapnys.org/wp-content/uploads/2019/05/ASAP-NYCB.PR-overview-May-2019.one-pager_Page_1.jpg)
- Bassuk, E. L., Hanson, J., Greene, R. N., Richard, M., & Laudet, A. (2016). Peer-delivered recovery support services for addictions in the United States: A systematic review. *Journal of Substance Abuse Treatment, 63*, 1–9.
- Belenko, S., Lapolloa, A. B., Gesser, N., & Peters, A. (2018). *Integrating peer recovery support specialists into the Adult Drug Court: Lessons learned from a randomized experiment*. All Rise: NADCP Annual Training Conference, Houston, Texas.
- Belenko, S., LaPollo, A. B., Marlowe, D., Rivera, R., & Schmonsees, M. (2019). *Peer recovery specialists in the Adult Treatment Court: Impacts on participant outcomes and models for integration*. All Rise 19: NAD-CP Annual Training Conference, National Harbor, MD.
- Belenko, S., LaPollo, A. B., Weiland, D., Peters, A., Gesser, N., Fox, G., & George, A. (2019). *PROSPER: Results of a feasibility and acceptability study of the integration of peer recovery support into a drug court setting*. APHA's 2019 Annual Meeting and Expo, Philadelphia, PA.
- Best, D., Honor, S., Karpusheff, J., Loudon, L., Hall, R., Groshkova, T., & White, W. (2012). Well-being and recovery functioning among substance users engaged in posttreatment recovery support groups. *Alcoholism Treatment Quarterly, 30*(4), 397–406.
- Best, D., Irving, J., & Albertson, K. (2017). Recovery and desistance: What the emerging recovery movement in the alcohol and drug area can learn from models of desistance from offending. *Addiction Research & Theory, 25*(1), 1–10.
- Best, D., Musgrove, A., & Hall, L. (2018). The bridge between social identity and community capital on the path to recovery and desistance. *Probation Journal, 65*(4), 394–406.
- Best, D., Higham, D., Pickersgill, G., Higham, K., Hancock, R., & Critchlow, T. (2020). Building recovery capital through community engagement: A hub and spoke model for peer-based recovery support services in England. <https://doi.org/10.1080/07347324.2020.1787119>
- Boyd, M. R., Moneyham, L., Murdaugh, C., Phillips, K. D., Tavakoli, A., Jackwon, K., Jackson, N., & Vyavaharkar, M. (2005). A peer-based substance abuse intervention for HIV+ rural women: A pilot study. *Archives of Psychiatric Nursing, 19*(1), 10–17.
- Braucht, G. (n.d.). *Individual recovery check-ins*. [http://brauchtworks.com/yahoo\\_site\\_admin/assets/docs/Individual\\_Recovery\\_Check-ins\\_150720.261202637.pdf](http://brauchtworks.com/yahoo_site_admin/assets/docs/Individual_Recovery_Check-ins_150720.261202637.pdf)
- Cano, I., Best, D., Edwards, M., & Lehman, J. (2017). Recovery capital pathways: Modeling the components of recovery well-being. *Drug and Alcohol Dependence, 181*, 11–19.
- Center for Court Innovation. (2019). *The ten essential elements of opioid intervention courts*. [https://www.courtinnovation.org/sites/default/files/media/documents/2019-07/report\\_the10essentialelements\\_07092019.pdf](https://www.courtinnovation.org/sites/default/files/media/documents/2019-07/report_the10essentialelements_07092019.pdf)
- Center for Substance Abuse Treatment, Substance Abuse and Mental Health Services Administration. (2009). *What are peer recovery support services?* <https://store.samhsa.gov/product/What-Are-Peer-Recovery-Support-Services-/SMA09-4454>
- Center for Medicare and Medicaid Services. (2007). Letter to state Medicaid directors. Retrieved from <https://downloads.cms.gov/>

- cmsgov/archived-downloads/SMDL/downloads/SMD081507A.pdf
- Cloud, W., & Granfield, R. (2004). A life course perspective on exiting addiction: The relevance of recovery capital in treatment. *Nordic Council for Alcohol and Drug Research, 44*, 185-202.
- Cloud, W., & Granfield, R. (2008). Conceptualizing recovery capital: Expansion of a theoretical construct. *Substance Use & Misuse, 43*(12), 1971-1986.
- Cobb, S. (1976). Social support as a moderator of life stress. *Psychosomatic Medicine, 38*(5), 300-314. <https://doi.org/10.1097/00006842-197609000-00003>
- Dearing, J. W. (2009). Applying diffusion of innovation theory to intervention development. *Research on Social Work Practice, 19*(5), 503-518.
- Deering, K. N., Kerr, T., Tyndall, M. W., Montaner, J. S. G., Gibson, K., Irons, L., et al. (2011). A peer-led mobile outreach program and increased utilization of detoxification and residential drug treatment among female sex workers who use drugs in a Canadian setting. *Drug and Alcohol Dependence, 113*, 46-54. <https://doi.org/10.1016/j.drugalcdep.2010.07.007>
- Dennis, M. L., Foss, M. A., & Scott, C. K. (2007). An eight-year perspective on the relationship between the duration of abstinence and other aspects of recovery. *Evaluation Review, 31*(6), 585-612.
- Ehrhart, M. G., Aarons, G. A., & Farahnak, L. R. (2014). Assessing the organizational context for EBP implementation: The development and validity testing of the Implementation Climate Scale (ICS). *Implementation Science: IS, 9*, 157.
- Eddie, D., Hoffman, L., Vilsaint, C., Abry, A., Bergman, B., Hoepfner, B., Weinstein, C., & Kelly, J. F. (2019). Lived experience in new models of care for substance use disorder: A systematic review of peer recovery support services and recovery coaching. *Frontiers in Psychology, 10*, 1052.
- Evans, A. C., Lamb, R., & White, W. (2013). The community as the patient: Recovery-focused community mobilization in Philadelphia, PA (USA), 2005-2012. *Alcoholism Treatment Quarterly, 31*(4), 450-465. <https://doi.org/10.1080/07347324.2013.831672>
- Gallagher, J. R., & Wahler, E. A. (2018). Racial disparities in drug court graduation rates: The role of recovery support groups and environments. *Journal of Social Work Practice in the Addictions, 18*(2), 113-127.
- Groshkova, T., Best, D., & White, W. (2013). The assessment of recovery capital: Properties and psychometrics of a measure of addiction recovery strengths. *Drug and Alcohol Review, 32*(2), 187-194.
- Hedegaard, H., Miniño, A. M., Warner, M. (2020). Drug overdose deaths in the United States, 1999-2018. NCHS Data Brief, no 356. Hyattsville, MD: National Center for Health Statistics. 2020. Retrieved from <https://www.cdc.gov/nchs/data/databriefs/db356-h.pdf>
- Hennessy, E. A. (2017). Recovery capital: A systematic review of the literature. *Addiction Research & Theory, 25*(5), 349-360.
- James, S., Rivera, R., & Shafer, M. S. (2014). Effects of peer recovery coaches on substance abuse treatment engagement among child welfare-involved parents. *Journal of Family Strengths, 14*(1), 6.
- Kelley, A., Bingham, D., Brown, E., & Pepion, L. (2017). Assessing the impact of American Indian peer recovery support on substance use and health. *Journal of Groups in Addiction Recovery, 12*, 296-308. <https://doi.org/10.1080/1556035X.2017.1337531>
- Laudet, A. B., & White, W. L. (2008). Recovery capital as prospective predictor of sustained recovery, life satisfaction, and stress among former poly-substance users. *Substance Use & Misuse, 43*(1), 27-54.
- Leamy, M., Bird, V., Le Boutillier, C., Williams, J., & Slade, M. (2011). A conceptual framework for personal recovery in mental health: Systematic review and narrative synthesis. *British Journal of Psychiatry, 199*, 445-452.
- Mitchell, O., Wilson, D. B., Eggers, A., & MacKenzie, D. L. (2012). Assessing the effectiveness of drug courts on recidivism: A meta-analytic review of traditional and nontraditional drug courts. *Journal of Criminal Justice, 40*, 60-71. <https://doi.org/10.1016/j.jcrimjus.2011.11.009>
- Min, S. Y., Whitecraft, J., Rothbard, A. B., & Salzer, M. S. (2007). Peer support for persons with co-occurring disorders and community tenure: A survival analysis. *Psychiatric Rehabilitation Journal, 30*(3), 207-213.
- O'Connell, M. J., Flanagan, E. H., Delphin-Rittmon, M. E., & Davidson, L. (2017). Enhancing outcomes for persons with co-occurring disorders through skills training and peer recovery support. *Journal of Mental Health. https://www.tandfonline.com/doi/shareview/10.1080/09638237.2017.1294733*
- Office of National Drug Policy (2011). Drug Courts: A smart approach to criminal justice. Retrieved from <https://obamawhitehouse.archives.gov/ondcp/ondcp-factsheets/drug-courts-smart-approach-to-criminal-justice>
- Motes, P., & Hess, P. (Eds.). (2007). *Collaborating with community-based organizations through consultation and technical assistance*. New York: Columbia University Press. <https://doi.org/10.7312/mote12872>
- New York State Department of Health. (2019). *Opioid annual report 2019*. Retrieved from [https://www.health.ny.gov/statistics/opioid/data/pdf/nys\\_opioid\\_annual\\_report\\_2019.pdf](https://www.health.ny.gov/statistics/opioid/data/pdf/nys_opioid_annual_report_2019.pdf)
- Page, J., & Townsend, J. (2018). The role of recreation and recreational therapists in developing a recovery-oriented identity for people with substance use disorders. *Alcoholism Treatment Quarterly, 36*(2), 238-254.
- Reif, S., Braude, L., Lyman, D. R., Dougherty, R. H., Daniels, A., Ghose, S. S., ... Delphin-Rittmon, M. E. (2014). Peer recovery support for individuals with substance use disorders: Assessing the evidence. *Psychiatric Services, https://doi.org/10.1176/appi.ps.201400047*
- Rogers, E. M. (2005). *Diffusion of innovations, 5th Edition*. New York: Free Press.
- Rowe, M., Bellamy, C., Baranoski, M., Wieland, M., O'Connell, M. J., Benedict, P., Davidson, L., Buchanan, J., & Sells, D. (2007). A peer-support, group intervention to reduce substance use and criminality among persons with severe mental illness. *Psychiatric Services, 58*(7), 955-961.
- Sánchez, J., Sahker, E., & Arndt, S. (2020). The Assessment of Recovery Capital (ARC) predicts substance abuse treatment completion. *Addictive Behaviors, 102*, 106189.
- Salzer, M. (2002). Best practice guidelines for consumer-delivered services. Unpublished paper developed for Behavioral Health Recovery Management Project, an initiative of Fayette Companies, Peoria, IL; Chestnut Health Systems, Bloomington, IL; and the University of Chicago Center for Psychiatric Rehabilitation.
- Scott, C. K., & Dennis, M. L. (2003). Recovery management checkups: An early re-intervention model. Chicago, IL: Chestnut Health Systems.
- Shaffer, D. K. (2011). Looking inside the black box of drug courts: A meta-analytic review. *Justice Quarterly, 28*, 493-521. <https://doi.org/10.1080/07418825.2010.525222>
- Substance Abuse and Mental Health Services Administration (n.d.). *Recovery and Recovery Support*. Retrieved from <https://www.samhsa.gov/find-help/recovery>
- Tracy, K., & Wallace, S. P. (2016). Benefits of peer support groups in the treatment of addiction. *Substance Abuse and Rehabilitation, 7*, 143-154.
- Tracy, K., Burton, M., Nich, C., & Rounsaville, B. (2011). Utilizing peer mentorship to engage high recidivism substance-abusing patients in treatment. *American Journal of Drug and Alcohol Abuse, 37*(6), 525-531.
- Van Dyke, M. K., & Naoom, S. F. (2016). The critical role of state agencies in the age of evidence-based approaches: The challenge of new expectations. *Journal of Evidence-*

- Informed Social Work*, 13(1), 45–58.
- Weiner, B. J. (2020). A theory of organizational readiness for change. In P. Nilsen & S. A. Birken (Eds.), *Handbook on implementation science* (pp. 215–233). Northampton, MA: Edward Elgar Publishing.
- White, W., & Cloud, W. (2008). Recovery capital: A primer for addictions professionals. *Counselor*, 9(5), 22–27.
- White, W. L. (2009a). *Peer-based addiction recovery support: History, theory, practice, and scientific evaluation*. Great Lakes Addiction Technology Transfer Center and Philadelphia Department of Behavioral Health and Mental Retardation Services.
- White, W. L. (2009b). The mobilization of community resources to support long-term addiction recovery. *Journal of Substance Abuse Treatment*, 36(2), 146–158.
- White, W. L., & Evans, A. C. (2013). The recovery agenda: The shared role of peers and professionals. *Public Health Reviews*, 35(2), 4.

# CONTRIBUTORS

## *To This Issue*

### **Melissa A. Alexander**

Chief, U.S. Probation Office, Middle District of North Carolina. Ph.D., University of Texas Southwestern Medical Center. Co-author of "Drug Testing and Community Supervision Outcomes," *Criminal Justice and Behavior*, (2020).

### **Elizabeth Burden**

Technical Assistance Director/Senior Specialist, Altarum. M.S., University of Arizona.

### **Edward R. Cameron**

Supervisory U.S. Probation Officer, Middle District of North Carolina. B.A., University of North Carolina at Charlotte.

### **Michael R. Casey**

Supervisory U.S. Probation Officer, Middle District of North Carolina. B.A., University of North Carolina at Wilmington. Co-author of "Coaching: The True Path to Proficiency, From an Officer's Perspective," *Federal Probation* (2013).

### **Teresa Chandler**

Owner-consultant and training specialist, Motivation Matters Training Services LLC. Bachelor's degree, Spring Arbor University. Previously, Human Resource Developer-Specialist, Michigan Dept. of Corrections.

### **Michael D. Clark**

Director, Great Lakes Training, Inc. M.S.W., Michigan State University. Co-author of *Motivational Interviewing with Offenders: Engagement, Rehabilitation, and Reentry* (2017).

### **Erin Etwaroo**

Analyst, Altarum. M.A., The Chicago School of Professional Psychology.

### **Dean Fixsen**

Director, Active Implementation Research Network (AIRN). Ph.D., University of Kansas. Co-author of *Implementation Practice and Science* (2019).

### **Rachel Goldstein**

Probation Administrator, Probation and Pretrial Services Office, Administrative Office of the U.S. Courts. Previously, U.S. Probation Officer, District of Colorado. M.P.A., University of Illinois.

### **Joe Hyde**

Senior Technical Expert Lead, JBS International, Inc. Co-author of *A Guide to Integrated Motivational Interviewing and Cognitive Behavioral Therapy (ICBT) for Adults with Substance Use and Co-Occurring Mental Disorders*, JBS International, Inc. (2020).

### **Pam Imm**

Community Psychologist, Wandersman Center. Ph.D., University of South Carolina. Co-author of Dissemination of Evidence-Based Prevention Interventions and Policies (pp. 367-383). In Z. Sloboda, H. Petras, E. Robertson, & R. Hingson (Eds.), *Advances in Prevention Science: Prevention of Substance Abuse*. Heidelberg, Germany.

### **Todd A. Roberts**

Executive Officer, Sixth Judicial District, State of Iowa. M.A., Bellevue University. Contributor to *Motivational Interviewing with Offenders* (2017).

### **Kimberly Gentry Sperber**

Research Director, Talbert House, Center for Health and Human Services Research. Ph.D., University of Cincinnati. Co-author of "Exploring the risk-dosage relationship in male offenders classified as neurotic," *Journal of Community Corrections*, 27(5), 2018.

### **Glenn A. Tapia**

Director of Leadership and Organizational Intelligence, Alliance for Community and Justice Innovation (ACJI). M.P.A., University of Colorado at Denver.

### **Melissa K. Van Dyke**

Director, Active Implementation Research Network (AIRN), and International Expert Advisor on Implementation, University of Strathclyde. Ph.D., University of South Florida. Co-author of *Implementation Practice and Science* (2019).

### **Alexandra Walker**

Director of Community Relations and Strategy, Alliance for Community and Justice Innovation (ACJI). Ph.D., Colorado State University.

### **Abraham Wandersman**

President, Wandersman Center. Ph.D., Cornell University. Co-author of "Readiness and relationships are crucial for coalitions and collaboratives: Concepts and evaluation tools," in A. W. Price, K. K. Brown, & S. M. Wolfe (Eds.), *Evaluating Community Coalitions and Collaboratives. New Directions for Evaluation* (2020).

### **Aldrenna Williams**

Technical Expert Lead, JBS International, Inc. Ph.D., George Washington University. Author of "Reentry of substance abusing female ex-offenders from prison to an urban community" (Doctoral dissertation, The George Washington University, 2012).

### **Bradley G. Whitley**

Deputy Chief U.S. Probation Officer, Middle District of North Carolina. B.S., Wingate University, Wingate, North Carolina. Co-author of "Driving Evidence-Based Supervision to the Next Level: Utilizing PCRA, 'Drivers,' and Effective Supervision Techniques," *Federal Probation* (2014).

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