

elements of change

HIGHLIGHTING TRENDS AND ISSUES IN THE CRIMINAL JUSTICE SYSTEM

ors

office of research & statistics
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We are faced with the paradox of non-evidence-based implementation of evidence-based programs (Drake, Gorman and Torrey, 2002).

Evidence-Based Practices Implementation for Capacity (EPIC)

The Colorado Commission on Criminal and Juvenile Justice is mandated by statute to make recommendations to improve “the effective administration of justice.”¹ Some of its earliest recommendations included *investing in evidence-based programs and practices* and *training for criminal justice professionals*.² These recommendations, combined with funding from the Justice Assistance Grant (JAG) program, resulted in the development of a groundbreaking training initiative designed to improve the capacity of five state entities and their affiliates to implement evidence-based practices (EBP) in corrections.

EPIC (Evidence-Based Practices Implementation for Capacity) is a collaborative effort by the following agencies to increase skill levels among those who work with the offender population:

- Department of Public Safety/Office of Community Corrections
- Department of Human Services/Division of Behavioral Health
- Department of Corrections/Parole
- Department of Corrections/Institutions
- Judicial Branch/Division of Probation Services

EPIC has a staff of seven professionals (Transformation Team) dedicated to the effective implementation of the selected EBPs and is housed in the Executive



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¹ C.R.S. 16-11.3-101.

² See the Commission's web site for more information on its activities: <http://cdpsweb.state.co.us/ccj/>.

Some of the original agencies participating in EPIC

- Adams County Probation
- Adams County Parole
- Adams Community Corrections – Time to Change
- Adams Behavioral Health – Community Reach
- El Paso County Probation
- El Paso County Parole
- El Paso Community Corrections
- El Paso Behavioral Health – Bridge to Awareness
- Larimer County Probation
- Larimer County Parole
- Larimer Community Corrections
- Larimer County Alternative Sentencing Division
- Buena Vista Correctional Facility
- La Vista Correctional Facility

Without guided and directed implementation, only 14% of new scientific discoveries (EBP's) enter day-to-day clinical practice (Balas & Boren, 2000:65).

Director's Office of the Department of Public Safety because the Executive Director of CDPS is the chairperson of the Commission on Criminal and Juvenile Justice.

Implementation science

Ultimately, EPIC seeks to change the way correctional agencies conduct daily business by changing the ways that correctional staff interact with offenders. EPIC's work is based on three decades of research which shows that the use of evidence-based correctional practices can reduce recidivism. Implementation science, a relatively new field of study, acknowledges that major gaps exist between what is known to be effective practice (theory and science) and what is actually done (policy and practice). Fixsen and his colleagues (2005:2) have summarized the implementation science literature because "[t]here is broad agreement that implementation is a decidedly complex endeavor, more complex than the policies, programs, procedures, techniques, or technologies that are the subject of the implementation efforts." This issue has been acknowledged by the Surgeon General (1999; 2001), the National Institute of Mental Health (2001), the Institute of Medicine (2001), and others. These entities call for the development and application of empirical evidence to maximize the successful implementation of evidence-based practices. EPIC's use of **Communities of Practice** for trainees to work together to share wisdom, debate ideas, and nurture and build skills is an example of EPIC's use of implementation science (see Figure 1).

EPIC's use of an **Implementation Team** (the EPIC Transformation Team and its Advisory Committee) is also an evidence-based practice. Fixsen et al. (2001) performed a 15 year study to evaluate the effectiveness of replicating an evidence based program in group homes. They found that sites with an implementation team providing services such as training, on-site consultation, participant selection guidance, facilitative administrative supports, and routine evaluation, were much more likely to successfully implement the new program and also become sustainable over time. Only 17% of sites with implementation teams failed after 5 years while comparison sites without an implementation team had a failure rate of 85%.

Organizational change is required to introduce and reinforce the application of new skills for the purpose of promoting the offender's success in the community. Implementation success has been found to be associated with a range of contextual, organizational, and purveyor (in this case, the purveyor is EPIC) variables and with fidelity to the evidence-based practice or program. Over time, the innovation becomes accepted practice, more staff become skilled, and the procedures and methods become routinized (Fixsen et al., 2005:17).

However, this requires the **facilitative leadership** of the EPIC trainees and their agency managers. This means that supervisors, program managers, and agency administrators must actively support the development of this new way

of interacting with offenders. Agency managers and officials are required, for the successful long-term and organization-wide implementation of EBPs, to enthusiastically support and model for the trainees this new way of doing business. While agency administrators may not necessarily build skills in a selected modality, they must promote the new organizational vision if EPIC's work is to change daily business practices. It is their responsibility to establish structures and processes within their agencies that support and actively remove barriers to successful implementation.

Selected interventions

EPIC is educating professionals in Mental Health First Aid, Motivational Interviewing®, and identifying and addressing criminogenic needs. These interventions are designed to improve the interaction skills of criminal justice professionals who are responsible for supervising or providing therapeutic services to offenders living in the community, thereby improving the outcomes of offenders on their caseloads.

Mental Health First Aid

Often compared to CPR or first aid training, the Mental Health First Aid training program is a 12-hour interactive session which introduces participants to the following topics:

- The potential risk factors and warning signs for a range of mental health problems, including depression, anxiety/trauma, psychosis, eating disorders, substance use disorders, and self-injury
- An understanding of the prevalence of various mental health disorders in the U.S. and the need for reduced stigma in their communities
- A 5-step action plan encompassing the skills, resources and knowledge to assess the situation, to select and implement appropriate interventions, and to help the individual in crisis connect with appropriate professional care
- The evidence-based professional, peer, social, and self-help resources available to help someone with a mental health problem.

Five published studies in Australia show that the program saves lives, improves the mental health of the individual administering care *and* the one receiving it, expands knowledge of mental illnesses and their treatments, increases the services provided, and reduces overall stigma by improving mental health literacy. One trial of 301 randomized participants also found that Mental Health First Aid improved the mental health of the training participants themselves!

EPIC has combined efforts with Mental Health First Aid Colorado, a statewide initiative that combines public and private partnerships to train people in detecting emotional crises. MHFA Colorado is now a national leader, having just

Agency managers and officials are required, for the successful long-term and organization-wide implementation of MI and other EBPs, to enthusiastically support and model for the trainees this new way of doing business. It is their responsibility to establish structures and processes within their agencies that support and actively remove barriers to successful implementation.

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Congratulations to EPIC for its contributions to the national award conferred upon Mental Health First Aid of Colorado!

won the 2012 Best Community Impact Award from Mental Health First Aid USA, to be presented in April at the National Council Mental Health and Addictions Conference in Chicago.

For years, Colorado had only two trainers who were certified to promote Mental Health First Aid. Today Colorado has 136 instructors in its program — more per capita than anywhere else in the United States — and they have trained more than 3,000 others across the state, including people in law enforcement, fire departments, prisons and community centers. EPIC staff trained 43 of the new instructors, who in turn, trained over half (approximately 1,900) of the total number now certified in MHFA in Colorado, greatly expanding the ability of corrections professionals to identify individuals on their caseloads who are struggling with mental illness. Congratulations to EPIC for its contributions to the national award conferred upon Mental Health First Aid of Colorado!

Motivational Interviewing (MI) and corrections in 21st century

Motivational Interviewing (MI) is a method or strategy of interaction that is used to engage the offender and enhance the offender's motivation to change, while also providing the corrections professional (the EPIC trainees) with opportunities for modeling prosocial behaviors. While engaging the offender, enhancing the offender's motivation to change, and modeling prosocial behaviors play important roles in the offender rehabilitation process, they have not been part of traditional training or practice in the corrections community.

MI is a specific set of interviewer behaviors that seeks to elicit the interviewee's intrinsic motivation to change. EPIC's training is designed to provide probation, parole, prison staff, community corrections staff, and behavioral health professionals with new knowledge and skills to enhance the offender's willingness to engage in the process of personal change. Deciding to change lifestyle behaviors and personal attitudes and beliefs that lead to criminal behavior is critical to prevent a return to criminal behavior.

Research shows that becoming proficient in MI skills requires coaching with a skilled MI practitioner (Miller, Yahne, Moyers, Martinez, & Pirratano, 2004). Trainees tape face-to-face interactions with offenders, and MI coders listen to audio tapes of practitioner-client interaction, code (quantify) the interaction on a data collection instrument, and then coaches use the quantitative information to talk with the trainee about skill development. For example, MI suggests the use of open-ended questions rather than questions that elicit only yes or no responses; it encourages the use of positive affirmations ("you showed courage by discussing your concerns with your mother") and reflective listening ("you are saying that it is difficult to cope with your cravings for alcohol"); it discourages confrontations and offering unsolicited advice. These and other exchanges are coded by the coaches so that the feedback during a coaching session can be very specific and, in that way, the coaching process fosters skill building.

A critical aspect of the MI training, then, involves providing one-on-one coaching by an MI proficient coach, and repeating the audio-taping, coding and coaching until the trainee reaches proficiency. Part of this process includes monthly “Communities of Practice” where trainees meet together to work on their new skills (see Figure 1).

Figure 1. The training and coaching process

Following the EPIC’s introductory meeting with corrections professionals, the group is provided with a timeline for trainings and taping interview sessions. The sequence of events is as follows:

Baseline Audio Tape:

- Trainee provides an audio-taped session with a consented offender/ client.
- Tape is coded by trained MI coder to assess level of MI-adherence; data entered into EPIC project database. Tape critique provided to trainee.

First 2-day MI training:

- Time 1 Audio Tape. Trainee provides an audio-taped session with a consented offender/ client.
- Tape is coded by trained MI coder to assess level of MI-adherence; data entered into EPIC project database. Tape critique provided to trainee.
- Telephone coaching with trainee occurs to review tape critique and provide mentoring and coaching on MI techniques.
- Face-to-face coaching session occurs with consented offender/client. Coach observes and codes interaction during the interview and then provides feedback to trainee following the interview using MI-adherent techniques. Coach later codes data into EPIC database.

Second 2-day MI training:

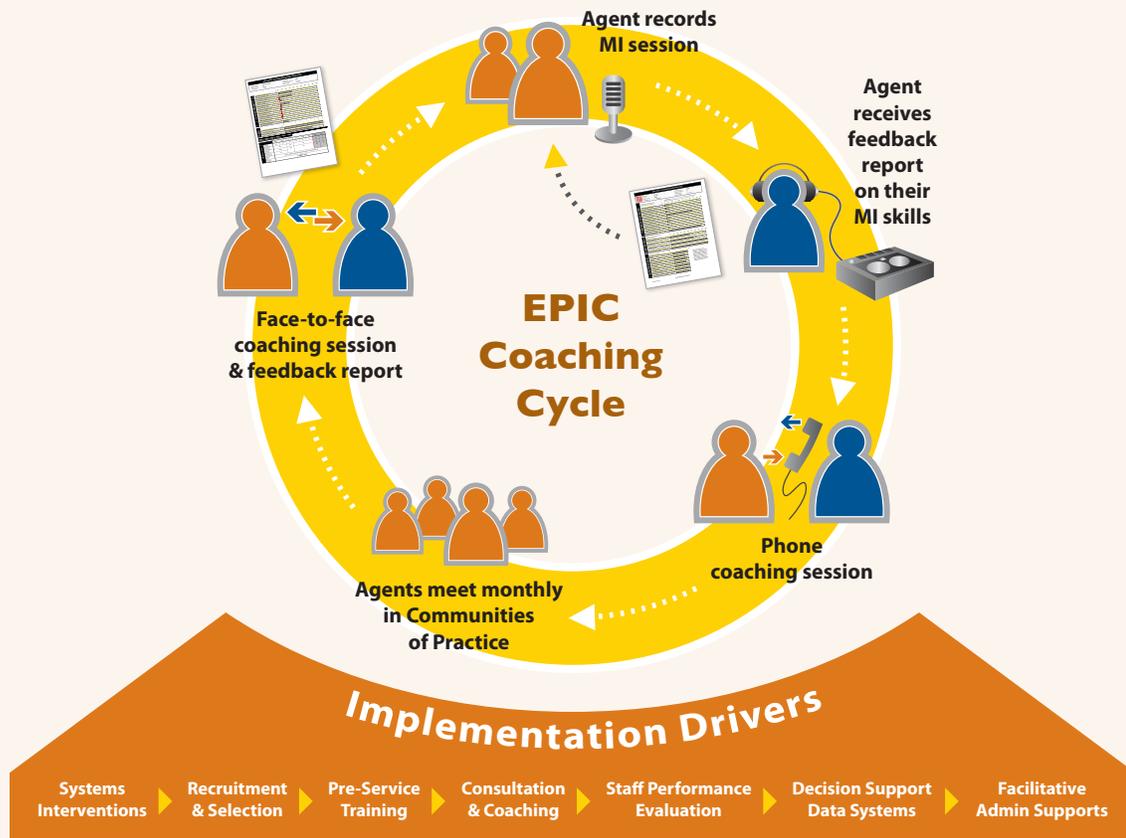
- Time 2 Audio Tape. Trainee provides an audio-taped session with a consented offender/ client.
- Tape is coded by trained MI coder to assess level of MI-adherence; data entered into EPIC project database. Tape critique is provided to trainee.
- Telephone coaching with trainee occurs to review tape critique and provide mentoring and coaching on MI techniques.
- Face-to-face coaching session occurs with consented offender/client. Coach observes and codes interaction during the interview and then provides feedback to trainee following the interview using MI-adherent techniques. Coach later codes data into EPIC database.
- Trainee practices with fellow trainees in Communities of Practice sessions.

The above described process of taping, coaching, and Communities of Practice continues as needed (usually 4 or 5 tapes) and as resources allow until trainees reach competency. Communities of Practice continue indefinitely as a skill maintenance activity.

Figure 1 continued next page.

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Figure 1. The training and coaching process (Continued from previous page)



Building rapport and engaging the offender’s interest in the process of their own personal change has traditionally been viewed as outside the job description of those in corrections. But research into how people change has identified that individuals experience five “stages of change” (Prochaska, DiClemente & Norcross, 1992) (see Figure 2). Individuals move back and forth through these stages as they implement life changes (or not). Understanding these stages of change, providing encouragement based on this understanding, and mindfully interacting with clients with the intention of affecting these stages is becoming the role of the modern probation and parole officer.

Motivational Interviewing is designed to build client motivation and strengthen commitment to change. Its use with people engaged in addiction treatment has been the subject of significant study (for a review, see the meta-analysis

conducted by Burke & Dunn, 2004), and is considered an evidence-based practice in both the addictions and mental health fields. In recent years MI has gained considerable traction in the field of corrections (Clark, 2005; 2006; Clark & Walters, 2006) as well. Recently McMurrin (in press:2) systematically reviewed 19 studies of offenders in the criminal justice system and concluded that “MI improved overall retention in treatment, enhanced motivation to change, and reduced offending, although there were variations across studies.”

MI is a strategy to build rapport between the supervising officer and the offender and engage the offender in the process of personal change. Miller and Rollnick (2009:137) define it as “a collaborative, person-centered form of guiding to elicit and strengthen motivation for change.” It helps clients explore and resolve ambivalence, and find the best possible solution to the problems in their lives.

Figure 2. Stages of change

Stage of change	Description
1) Pre-contemplation	A person has not yet identified an issue as a problem
2) Contemplation	A person begins to identify an issue as a problem
3) Preparation for action	A person seeks out information, support and alternatives for making a change
4) Action	A person begins making the changes in his/her life
5) Maintenance	A person sustains the change

Source: Adapted from Prochaska J., DiClemente C. & Norcross J. (1992). In search of how people change – applications to addictive behaviors, *American Psychologist*, 47, 1102-1114.

In the criminal justice field, the use of stages of change and MI requires that supervising officers hold offenders accountable *and* serve as a traditional case manager who encourages self-autonomy and change. Figure 3 links stages of change to the use of MI in a correctional setting. Rather than simply “ordering” clients to attend treatment, the new paradigm requires the corrections professional to use their role to empower the offender and support the offender’s autonomy in the process of engaging in the personal change process. This requires skill-based training of correctional staff in Motivational Interviewing techniques.

Figure 3. Stages of change and Motivational Interviewing

Stage of change readiness	Correctional officer role as case manager
Pre-contemplation: No intent to change	MI to elicit problem recognition
Contemplation: Thoughts about change	MI to elicit expression of concern
Preparation: Small behavioral changes	MI to elicit intention to change
Action: Modify behavior and the environment	MI to elicit optimism about change and develop plan
Maintenance: Consolidate gains and effort	MI to maintain optimism, and monitor relapse prevention plan

Source: Adapted from Birgden, A. M. (2002). Therapeutic jurisprudence and "good lives:" A rehabilitation framework for corrections. *Australian Psychologist*, 37: 180-186.

MI is a specific set of interviewer behaviors that seeks to elicit the interviewee's intrinsic motivation to change. Deciding to change lifestyle behaviors and personal attitudes/beliefs that lead to criminal behavior is critical to prevent a return to criminal behavior. EPIC training is designed to provide probation, parole, and community corrections officers, and behavioral health (treatment providers) professionals with new knowledge and skills to enhance the offender's willingness to engage in the process of personal change.

Identifying and addressing criminogenic needs

EPIC's primary focus to date on MI is strategic in that it acts as a gateway skill set to enhance the effectiveness of other complementary EBPs. In fact, MI was selected as the initial intervention to be disseminated across agencies because of its focus on foundational communication skills and its ability to strategically elicit and focus on conversations that address criminogenic needs. Preliminary research from Canada found that when professionals focus on criminogenic needs in supervision as opposed to non-criminogenic needs (including terms and conditions), recidivism rates are significantly lower (Bonta et al., 2010). EPIC training and coaching supports correctional staff to use MI in strategically targeting these needs. In fact, coaching feedback reports include data on not only MI skill use, but also the content of the conversation in relation to criminogenic needs addressed.

Once the practice of MI has been implemented to scale and is reaching the criminal justice population in a meaningful and measurable way, the EPIC implementation team is further equipped to integrate other effective practices such as risk/need assessment and cognitive-behavioral interventions. Research from the addictions field shows that blending MI with other effective modalities such as CBT and assessment can increase the efficacy of each of the interventions alone (Miller et al., 2009).

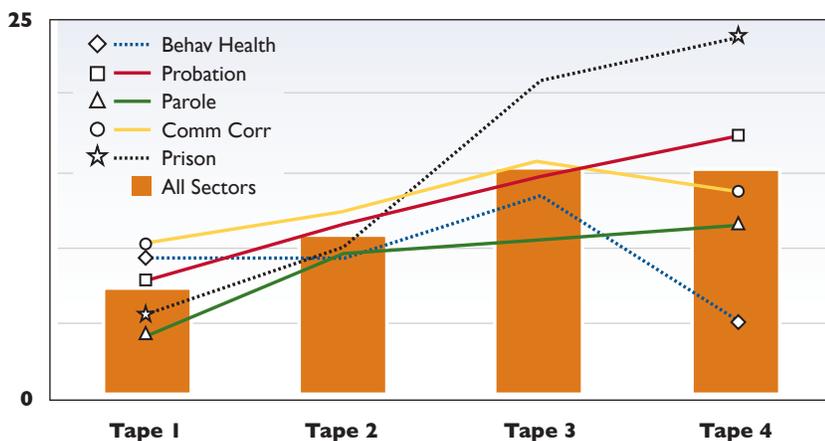
What has EPIC accomplished so far?

EPIC initially identified five sites which included 17 local offices based on logistics, size of supervised population, and the interest of criminal justice stakeholders to embrace these new practices. The project has since expanded statewide to include 27 additional communities. EPIC works with J-SAT (Justice System Assessment & Training), located in Boulder, to build on the success J-SAT has had in training and coaching corrections professionals in other states. As this goes to press, EPIC has trained nearly 1900 professionals working with criminal justice involved populations in Mental Health First Aid and nearly 300 are being trained and coached in MI. In addition, 34 have been trained as MI coaches and 33 have been trained to be MI trainers, building the capacity of probation and parole officers, behavioral health treatment providers, community corrections case managers, and prison staff to assist in the training efforts.

The data collected and coded for the coaching sessions is analyzed regularly to determine the level of skill acquisition and MI proficiency. Figure 4 shows, among Trainees, the average increase in “change talk” voiced by offenders, from the baseline (pre-MI training) audio tape to their 4th audio tape. This interim finding is particularly powerful as MI literature reveals that client change talk is directly correlated with behavioral change (Amrhein, Miller, et al., 2003). Figure 5 shows the dramatic decline in the use of multiple sequential questions, which tend to increase defensiveness of the client. These findings suggest that trainees are indeed implementing MI-approved practices, and research suggests that this will eventually lead to behavior changes in the offenders.

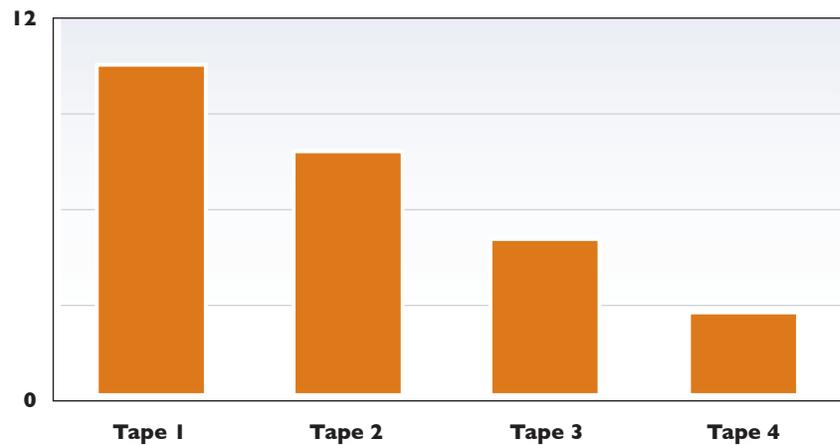
Within the context of training and coaching, then, EPIC encompasses a structure that can be used to efficiently implement a variety of evidence-based practices.

Figure 4. Number of change talk utterances elicited from client



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Figure 5. Officer 3 questions in a row violations per hour



Ultimately, EPIC's goal is to reduce recidivism. The Division of Criminal Justice's Office of Research and Statistics is working with researchers at Judicial and the Department of Corrections and Dr. Jeffery Lin at the University of Denver to evaluate the long term impact of EPIC. Preliminary findings of short term recidivism measures (revocation, rearrest) are anticipated by the end of the calendar year. Look for a subsequent Elements of Change newsletter to publish the preliminary findings.

Goals of the training/coaching process

Goals of the training/coaching process include trainees reaching a designated standard of competency in the in the following skills:

- Open-ended questions
- Affirmative responses
- Reflective listening and
- Strategic use of summarization

As the above ideal skills increase over time, the following ineffective skills are decreased through coaching and feedback:

- Persuasion
- Overreliance on the use of closed-ended questions
- Confronting
- Unsolicited advising and
- Lecturing



References

- Alexander, M., & Walters, S. T. (2008). Motivational interviewing training in criminal justice: Development of a plan. *Federal Probation, 72*, 61–66.
- Amrhein, P.C., Miller, W.R., Yahne, C.E., Palmer, M., & Fulcher, L. (2003). Client commitment language during motivational interviewing predicts drug use outcomes. *Journal of Consulting and Clinical Psychology, 71*, 862–878.
- Birgden, A. M. (2002). Therapeutic jurisprudence and “good lives:” A rehabilitation framework for corrections. *Australian Psychologist, 37*, 180-186.
- Balas, E.A., & Boren, SA. (2000). Managing Clinical Knowledge for Health Care Improvement. *Yearbook of Medical Informatics 2000: Patient-centered Systems*. Stuttgart, Germany: Schattauer, 65–70.
- Bonta, J., Bourgon, G., Ruge, T., Scott, T.-L., Yessine, A. K., Gutierrez, L., & Li, J. (2010). *The strategic training initiative in community supervision: Risk-need-responsivity in the real world* (User Report No. 2010-01). Ottawa, Ontario: Public Safety Canada.
- Burke, B. L., Dunn, C. W., Atkins, D. C., & Phelps, J. S. (2004). *Journal of Cognitive Psychotherapy, 18*, 4, 309-322.
- Clark, M. D. (2005). Motivational Interviewing for Probation Staff: Increasing the Readiness to Change. *Federal Probation, 69*, 1-9.
- Clark, M. D. (2006). Entering the Business of Behavior Change: Motivational Interviewing for Probation Staff. *Perspectives* (Winter), 39-45.
- Clark, M. D. & Walters, S. (2006). Importance, Confidence and Readiness to Change: Motivational Interviewing for Probation and Parole. *Perspectives, 37*-45.
- Drake, R.E., Gorman, P., & Torrey, W.C. (2002). Implementing adult “tool kits” in mental health. Paper presented at the NASMHPD Conference on EBPs and Adult Mental Health, Tampa, FL, as cited in Fixsen, D.L., Nacom, F.S., Blase, K.A., Friedman, R.M., Wallace, F. (2005). *Implementation Research: A Synthesis of the Literature*. Tampa, Florida: University of South Florida.
- Fixen, D.L., Blasé, K.A., Timbers, G.D., & Wolf, M.M. (2001). In search of program implementation: 792 replications of the Teaching-Family Model. In G.A. Bernfeld, D.P. Farrington, & A. W. Leschied (Eds.), *Offender rehabilitation in practice: Implementing and evaluating effective programs* (pp. 149-166). London: Wiley.
- Fixsen, D.L., Nacom, F.S., Blase, K.A., Friedman, R.M., Wallace, F. (2005). *Implementation Research: A Synthesis of the Literature*. Tampa, Florida: University of South Florida.
- Institute of Medicine – Committee on Quality of Health Care in America. (2001). *Crossing the quality chasm: A new health system for the 21st century*. Washington, DC: National Academy Press.
- McMurrin, M. (in press). Motivational interviewing with offenders: A systematic review. *Legal & Criminological Psychology*.
- Miller, W.R., & Rollnick, S. (2002) *Motivational interviewing: Preparing people for change*. New York: Guilford.
- Miller, W. R., Yahne, C. E., Moyers, T. B., Martinez, J., & Pirratano, M. (2004). A randomized trial of methods to help clinicians learn motivational interviewing. *Journal of Consulting and Clinical Psychology, 72*, 1050-1062
- Miller, W. R., & Rollnick, S. (2009). Ten Things That Motivational Interviewing Is Not. *Behavioural and Cognitive Psychotherapy, 37*, 129-140.
- Miller, W., & Rose, G. (2009). Toward a theory of motivational interviewing. *American Psychologist, 64*, 527-535.
- National Institute of Mental Health Council Workgroup on Child and Adolescent Mental Health Intervention Development and Deployment. (2001). *Blueprint for change: Research on child and adolescent mental health*. Washington, DC: National Institute of Mental Health.
- Prochaska J., DiClemente C., & Norcross J. (1992). In search of how people change – applications to addictive behaviors, *American Psychologist, 47*, 1102-1114).
- U.S. Department of Health and Human Services. (2001). *Mental health: Culture, race and ethnicity – A supplement to Mental Health: A Report of the Surgeon General*. Rockville, MD, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, National Institutes of Health, National Institute of Mental Health.

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