Advancing Uptake of EBPs through Sound Organizational Change Processes

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Center for Advancing Correctional Excellence!
http://gemini.gmu.edu/ebct
Uptake of EBPS in CJS

The long and winding road
What factors affect uptake?

Expectation that Good Ideas are worthwhile enough to influence practice

Use by Staff

Idea

Time ........

Accept

Feasibility

Uptake

Routinize

What factors affect uptake?
The Challenge: Adopting EBPs

The Greater Challenge: Implementation

- Standardized risk assessment
- Standardized substance abuse assessment
- Addressing co-occurring disorders
- Treatment duration of 90 days or longer
- Continuing care or aftercare
- Use of graduated sanctions and incentives
- Systems integration
- Use of drug testing in treatment
- Use of techniques to engage and retain clients in treatment
- Assessment of treatment outcomes
- Family involvement in treatment
- Availability of qualified treatment staff
- Developmentally appropriate treatment

<table>
<thead>
<tr>
<th>Setting</th>
<th>Mean EBPs Adopted</th>
</tr>
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<tbody>
<tr>
<td>Adult Prison</td>
<td>5.6</td>
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<td>Adult Jail</td>
<td>3.9</td>
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<tr>
<td>Adult CC</td>
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<td>Juvenile Res.</td>
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<tr>
<td>Juvenile CC</td>
<td>4.8</td>
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<tr>
<td>Drug Court</td>
<td>5.6</td>
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</tbody>
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Less than 1/3 adopted
% of Respondents Providing EBPs

- HIV/AIDS testing*
- Medications*
- Developmentally appropriate tx^,~
- Treatment orientation*
- 90 day duration*
- Graduated sanctions*
- Family involvement
- Co-occurring disorders
- Risk assessment tool*
- Engagement techniques

* = Treatment directors were not assessed on this item
^ = Facility administrators were not assessed on this item
~ = Adult program treatment directors/facility administrators not assessed on this item
Should Screen for...

Criminal Justice Risk
- Actuarial based Models
- Historically used to determine sanction
- Main Factors
  - Age of first arrest
  - Number of arrests and/or convictions
  - Number of failed attempts on probation (or parole)
  - Number of incarcerations
  - Number of escapes
  - Substance Abuse
- Main Tools:
  - Composite Score of Criminal History
  - Wisconsin Risk/Needs**
  - Level of Service Inventory
  - Other Tools (Specialized)

Substance Abuse
- Screen for SA Problem (Based on DSM-IV)
- Triage Method
- In CJ, used to refer to clinical assessment
- Many tools exist:
  - CSAT’s SSI
  - ASI**
- Co-Occurring Disorders
Actuarial Risk Tools: Few In Place

% NO Risk Tool
% use LSI-R
% use WRN

Dr Tx Prison  Generic Prison  Jail  Community Corrections
Standardized SA Tool is More Prevalent

Dr Tx Prison: ASI (55%), TCUDS-II (39%)/Generic Prison: SASSI (39%), TCUDS-II or ASI (33%)/Jail: ASI (58%), MAST (29%)/State Comm Corr: SASSI (58%), ASI (47%)/Local Comm Corr: SASSI (46%), ASI (43%)

Chi-Square=17.8, p<.01 for Use of SA Tool by setting
Tx Practices in “Practices”

- 20% report the use of Cognitive Behavioral Treatments; few use manuals

Taxman, Perdoni & Harrison, 2007; Young, Dembo, & Henderson, 2007
Uptake of EBPS in CJ S

The long and winding road
Training for organizational change

- One session is ineffective-less than 10 percent uptake on knowledge, even less utilization

- Knowledge will not lead to utilization

- A mental model of the “vision” increases utilization

- Training methods (see meta-analysis by Agunisis & Kraiger, 2009)
  - Most effective “training programs” involve cognitive and interpersonal skills, followed by psychomotor skills or tasks
  - Training focused on mental models (conceptual) with rehearsal of tasks increases declarative knowledge and task performance
  - Training should include declarative knowledge ("what", facts, meaning of terms), procedural knowledge ("how"), strategic knowledge (when to apply the technique)
Transfer...the problem

- Transfer methods allow for “generalized to the job context and maintained over a period of time” (Baldwin & Ford, 1988:63).
  - **Individual Level Characteristics**: motivation to transfer, perceived utility/value, anxiety, self-efficacy, organizational commitment
  - **Training and Transfer Methods**: clear goals and objectives in the materials that are job specific, establish proximal goals for utilization of training materials, designs focused on feedback, reinforcement and remediation, overlearning (*i.e.*, repeated practice)
  - **Environment**: supportive climate, social network support (peers and colleagues), opportunities to use new knowledge/skills

- Failure to get management support undermines adoption and implementation
- Lacks of mental model/conceptual framework reduces success: RNR principles is a conceptual model

**Overall agencies will keep with old familiar models unless they are challenged to move ahead**

see Burke & Hutchins, 2007
Technical Assistance Efforts in USA

- Model 1: Let the agency request based on their needs
- Model 2: Have one “declarative **knowledge** event” followed by agency-requested assistance
- Model 3: Drug Court Model
  - Funding Stream: Plan—Implement—Enhance
  - **Core** Sanctions and Incentive Curriculum (NADCP)
- Model 4: NIC Model (evolving)
  - Select Sites
  - Focus on organizational development/benchmarks; long term

*Most models lack well-defined skill building components, mental model, or transfer applications*
What Matters in Adoption of EBPS?
Overview of NCJTP Findings

Qualities of Leaders
1. Community Setting
2. Administrator:
   • Human Services
   • Increased Knowledge of EBPs
   • Supports Rehabilitation
   • Pursue Reforms from Clinical Perspective
3. State Executive Support (even for county)

Organizational Culture & Climate
Learning
Performance
Emphasis Quality
Tx
State Support*

Training Resources
Secure Physical Facilities
Internal Support
Training Resources

Network Connections
Integration


What does it take for caseworkers to: 1) develop a *case plan* based on the risk of an individual and their criminogenic needs? 2) to refer/place the person in appropriate services and use appropriate controls?
Juvenile Assessment, Referral, Placement, and Treatment Planning: The JARPP Project

**Outcomes**

**Enhanced Site Conditions**
- Organizational Commitment (Staff/Mgrs)
- Site Conditions
- Skill Enhanced
  - Sessions
  - Skill-Enhanced
- Building 1-Day Session
  - Refresh, Clarify
  - Goals
  - Skills
- Building 3-Day Session
  - Rapport
  - Use of Risk 
  - & Need Tools
  - Case Planning

**Decrease in:**
- Rearrests
- No impact

**Increase in:**
- Organizational Commitment (Staff/Mgrs)
- Goal Cohesion
- Service Utilization
  - (Staff/youth)
- Case Planning
  - (Staff)

*Management Initiative to Support RNR Goals*

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Enhanced key components

- Juvenile Justice Specialists: Create in-house experts on techniques and application
- Booster Sessions were focused on combination of applied skills and case conferencing
- Social networks where consultant had monthly phone sessions, easy access; quarterly meetings
- Address time management, multitasking, reconcile agency priorities
- Focus on value clarification and organizational commitment
What type of role should the probation officer have in their use of risk and needs assessment to manage offenders in the community?
Behavioral Management Strategies in Supervision

- Unclear rules
- Discretionary procedures
- CJ Procedures
- Focus on Conditions, not goals
- Outlaw persona

- Deportment/Respect
  - Office Decorum
  - Citizen persona

- Social Learning Model
  - Mutually Develop Plan Tied to Criminogenic Traits
  - Feedback on Risk/Need, Supervision Plan, Progress
  - Focus on Prosocial Networks
  - Tie to Stages of Supervision
  - Positive Reinforcers

- Clarify Expectations for Success
Behavioral Management Strategies

- Reduced Recidivism
- Reduced Technical Violations
- Increased Access to Treatment
- Increased Retention in Treatment

\[ \text{Rearrest Rates}^* \]

\[ p < .01 \]

• 38% Reduction in Odds of Rearrest Rates
What did we do in MD PCS project?

Model: Declarative Knowledge intertwined with Procedural Knowledge and Skills, followed by job-specific rehearsal, overlearning, and organizational support

• Phase 1:
  – Design the PCS Model (Mental Model with Proximal Goals)
  – Market the PCS Model in the Agency (Leadership, Team, Supervisors)
  – Learn MI modified for Probation Environment
  – Practice
  – Have Supervisors Measure Skills (QCS)

• Phase 2:
  – Learn Risk, Need, Responsivity (mental model)
  – Learn and Practice Level of Service Inventory-R (over learning)
  – Learn and Practice Case Planning (over learning)
  – “Book Club” (reinforcement)
  – Measure Outcomes of Case Plans (proximal)

• Continued Organizational Development
  – Train Supervisors in Coaching Skills
  – Conferences, Meetings, etc.
Organizational Change Processes

Knowledge

Social Messages

Refine Practice

Procedures/Processes/

Social Structure/Peer Support/Internal Coaches/Fidelity and Adherence

Impact
Transforming the Field

• **Political and Management Support of the New Concept:** Make sure leadership supports in spirit the new concept.

• **Mental Models based on Conceptual Framework:** Build a picture of how EBPs will improve operations; work on the same foundation of a vision for the field.

• **Reinforce Clinical Orientation:** a focus on more clinical aspects improves uptake (Henderson, Oser & Taxman, 2009) (culture and values).

• **Enhance staff “soft skills” in job:** use reinforcement tools.

• **Focus on strategic transfer where structured after training experiences reinforce the mental models.**

• **Build internal coaches and expertise.**
Reference

**White Paper on Change**

**Technology Transfer of Evidence-based Practice in Substance Abuse Treatment in Community Corrections Settings: A White Paper**

Steven Belenko, Faye Taxman, & Harry Wexler

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