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Applying Implementation Research to Improve Community Corrections: Making Sure That "New" Thing Sticks!

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OVER THE PAST SEVERAL years the idea of evidence-based practice (EBP) has exploded within community corrections, and in the federal probation and pretrial services system in particular. For most, the idea of evidence-based practice focuses on using evidence to determine effective programs and practices for defendants and offenders. However, evidence-based practice is really a more expansive concept: it is the idea of using evidence (research) in all operations. This article focuses on using the concept of EBP in the implementation of any program, practice, or change within a system. In other words, what does the research tell us about how to effectively implement change?

The Science of Implementation

Many may be surprised to learn that there is a significant literature documenting implementation strategies and their effectiveness. In fact, there is a comprehensive synthesis of the literature on implementation (Fixsen, Naoom, Blase, Friedman, and Wallace, 2005) that provides guidance to those hoping to effectively implement change in their organization. First, it must be recognized that implementation is a process that will take several years to accomplish. How do you know when you have achieved implementation? The National Implementation Research Network (NIRN), part of the University of North Carolina at Chapel Hill (http://www.fpg.unc.edu/~nirn/default.cfm), suggests that new ways of working are fully implemented when 50 percent of staff meet performance criteria for a specific skill, and the program or practice has reached scale when 60 percent of the population who could benefit are actually receiving the service (Van Dyke, 2011, personal communication). Of the many interventions that have come into the federal system over the past several years (risk assessment, cognitive-behavioral interventions, workforce development programs, reentry courts, etc.), only a scant few would meet the NIRN criteria for being fully implemented and "scaled up."

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Why is It so Hard to Implement?

Effective implementation requires at least three components: fidelity, sufficient scale, and sustainability. First, the program/practice must be implemented with fidelity. In other words, are you doing it right? The answer to this question may seem relatively straightforward for some

issues (such as scoring a risk assessment correctly) but may be quite complex for others, such as cognitive-behavioral interventions (CBI). To truly measure the fidelity of something like CBI, you have to listen to the conversation, either in person or via audio/videotape, and code whether the officer/contract vendor is following the components of CBI. Few districts currently have the capacity for that level of measurement. Even if a district can determine that a program or service is being administered with fidelity, it is often only a few officers who do it, or a few contract vendors that provide the service, thus making it difficult to provide the program or service to at least 60 percent who would benefit from the service. Finally, it is difficult to sustain programs or services due to staff turnover, changes in contracts, decreased interest, or other factors. All of these issues merge to make effective implementation a difficult endeavor.

What Doesn't Work for Implementation?

As with the literature on offender programming, so in the area of implementation there is more information on what doesn't work than on what does. Typically, changes in the correctional system seem to be mandated (by the Administrative Office, judges, chief probation officers), and research demonstrates that mandating change in and of itself is ineffective. What else is ineffective? Two of the most common practices in our system: providing information and training! Research consistently shows, throughout a multitude of human service industries, that these two components without the additional supports outlined below will not lead to any significant, sustained changes in programs or services (Fixsen, Naoom, Blase, Friedman, and Wallace, 2005).

Effective Implementation: Using Drivers and Stages

In order to increase the likelihood of effectively implementing a new program or practice, the implementation must be comprehensive and well thought out. Fortunately, NIRN has also provided a significant amount of resources to assist this endeavor. NIRN describes two major components that lead to effective implementation: Drivers and Stages.

Drivers are specific components that interact with one another to promote change. The three main categories of drivers are Staff Competency, Organizational Supports, and Leadership.

1. **Staff Competency:** Competency can be achieved through a combination of selection, training, and coaching.

    a. **Selection:** Are you able to select individuals more likely to embrace and become proficient in the intervention? One must start thinking about what criteria are used in interviewing, selecting, and promoting officers. While it may be possible to begin hiring only those officers who have the skill you are looking for, it is likely that your criteria will change over the years. Additionally, once staff are hired it is often difficult, if not impossible, to terminate them, except in extreme circumstances. Thus, it may be more important to begin evaluating applicants for "coachability"—are they willing to receive feedback, and able to incorporate that feedback and do something different? In our district we began interviewing officer candidates for coachability by asking about specific activities they had done recently to improve their skills, and their thoughts on audiotaping contacts for coaching and feedback. Such questions helped gauge candidates' willingness to continue learning new ways of working.

    b. **Training and Coaching:** Research in a number of fields has consistently demonstrated that training will not lead to skill retention and regular use of the new skill on the job unless such training is followed by on-the-job coaching and feedback. For example, a study of teachers demonstrated that no teachers changed their behavior in the classroom following a training program that included lecture and demonstration by the trainer, and only 5 percent did so if they had to demonstrate the skill themselves in the training. In contrast, 95 percent of teachers used the new skill in their classroom if the training was followed by coaching and

feedback in the classroom (Joyce and Showers, 2002). Similarly, research on Motivational Interviewing (MI) shows that most do not reach proficiency in MI if they do not receive follow-up coaching (Miller & Mount 2001). A study of MI with federal probation officers indicated that coaching by an expert trainer (versus coaching by a peer) was significantly associated with officers becoming more proficient in MI as measured by the Motivational Treatment Integrity (MITI) coding system (Lowenkamp, 2011, personal communication).

2. **Organizational Supports:**

   a. **Decision Data Support Systems:** Data must be readily available to measure what you are doing. More important, the data must be reviewed regularly, and decisions must be made based on the data. For example, many districts have begun using a report that delineates the number of contacts by risk (RPI score, see Figure 1). This report gives valuable feedback about how officers are spending their time and resources by risk level. This process of giving districts and officers feedback should encourage the evidence-based practice of seeing high-risk offenders more than low-risk offenders. In our district, we began by sharing the report with all officers and supervisors monthly. After seeing no change in contacts for a few months, we began requiring officers to include the RPI score on their field sheets, thereby increasing their awareness of the risk level of the offenders, and allowing supervisors a quick review of how officers were spending field time. Since that time, we have seen a significant change in contact levels; those scoring RPIs of 8–9 are now being seen more than twice as often as those scoring 0–1 (see Figure 2).

   b. **Facilitative Administration:** District leadership must do all it can to ensure that barriers to implementation are minimized. For example, do field contact policies support focusing on high-risk clients, or are officers expected to see all clients within a geographic area, regardless of risk level? Policies and procedures must be aligned with the new program or service, and feedback from the "front line" needs to be solicited and changes made to address issues that are raised. For example, in our district we regularly utilize anonymous surveys to solicit feedback from officers, and also have a Line Officer Committee whose sole purpose is to provide feedback and ideas to management.

   c. **Systems Intervention:** Districts must also work with collateral systems to ensure that they are on board with changes and support implementation efforts. For instance, educating the court, the U.S. Attorney's Office, and the Federal Public Defender's Office is essential in order to avoid any barriers to implementation or to address barriers quickly (see Chapter 6 of the Crime and Justice Institute's *Implementing Evidence-Based Policy and Practice in Community Corrections*, 2nd edition).

3. **Leadership:** Strong, visible support is essential to conveying the message that the new program/practice is important and necessary. Chief Probation Officer Tom Tarr (New Hampshire) has modeled such leadership in his district's implementation of the Strategic Training Aimed at Reducing Rearrest (STARR) program. Both he and his deputy chief have participated in every coaching call with their officers and continuously ensure that their officers have the tools and resources necessary to fully implement STARR, such as bringing in ex-offenders to role play and providing additional training through local universities.

Stages describes the various processes organizations must go through to ensure effective implementation. They include Exploration, Installation, Initial Implementation, and Full Implementation. One of the first issues to acknowledge is the amount of time it will take to reach full implementation. Research consistently shows that implementation takes two to four years to complete (Fixsen, Naoom, Blase, Friedman, and Wallace, 2005). Issues to be addressed at each stage are outlined below.

- **Exploration stage:** Management and staff must be given the time and opportunity to fully explore the options available that will best fit the district's needs. At times this can be challenging, especially if the program/practice is a mandate that cannot be changed

(such as the use of the Post Conviction Risk Assessment, PCRA). However, even in such situations it is important to talk through issues, as it allows staff time to "get ready" for change. Many are familiar with Prochaska and DiClemente's Stages of Change (Prochaska et al., 1985) which suggests that individuals may be at different points of willingness to change, from those in Precontemplation (don't see a need for change) to Action (those ready to change now). Prochaska, Prochaska, and Levesque (2001) suggest that a significant portion of individuals in an organization (up to 80 percent) may not be ready to change. The Exploration stage helps staff get "ready" for change by guiding discussion of what the change will mean for all involved. One useful tool to consider using is included in Figure 3, developed by NIRN. The tool helps staff discuss six broad areas that need to be considered when evaluating a new program or practice:

1. The needs of the organization

2. How the program/practice "fits" with other organizational issues

3. What resources exist and will be needed

4. The evidence for the program/practice

5. Others' experience with implementation

6. The organization's ability to implement the program/practice

- **Installation stage:** During installation the district should begin preparing for implementation, which includes planning training, anticipating policy changes, setting up measurement tools, and identifying the broader district issues that may need to be addressed. For example, the new risk assessment is significantly longer than the current one in use, indicating a need to consider how the increased time will be handled. Our district looked at multiple ways to increase available time for the officer, including more use of administrative or low-risk caseloads and revamping our intake procedure to make it more efficient. We also trained the supervisors on the tool first, and required them to complete at least two assessments, so they would fully understand the time and scoring issues involved with the new tool. Doing so allowed them to think through all the potential issues that might arise when we trained officers. We also experienced an unexpected benefit: several supervisors realized the new assessment was neither as difficult nor as time consuming as they expected, so they began talking it up to officers and informally exposing officers to the tool, such as explaining an item and potential scoring when staffing a case. They became "champions" for the tool before it was implemented! We also decided to delay our training of officers due to workload issues, which resulted in another benefit—we had a small group of officers who wanted to go ahead and train on the initially scheduled dates, who then also became champions as they realized that it was easier than they expected. The innovation diffusion literature calls these people the "early adopters" (Rogers, 1962) and suggests that these adopters can significantly influence others to become involved in the innovation. These early adopters are also able to assist in streamlining implementation, by identifying potential scoring issues and helping resolve those issues (such as clarifying score rules) before the training of all staff occurred. Working out such "bugs" helps ease the implementation for later adopters.

- **Initial Implementation:** This is where the work begins! Training starts and officers need to begin actually doing something different. Oftentimes, this is where the process can get stalled, as staff struggle with a new way of doing business. I've termed this time the "messy middle," and officers have described to me feeling anxious about their skills and feeling uncertain about what to do; they find themselves questioning all they do, and may at times feel paralyzed. Leadership is key during this difficult part of change. Leaders must reinforce that the new program/practice is worth doing, that the progress they are making is good (even though it may feel slow), and that you as a leader do not expect them to be competent in new skills yet. Leaders must realize that new skills take time and practice, and set realistic goals for skill attainment. For example, we first began teaching officers cognitive behavioral interventions (CBI) in October of 2010. By May 2011 many of our officers were routinely trying to use the intervention skill, and some are quite good at it. But they are not all fully competent in CBI, nor do I expect them to be. By acknowledging this and encouraging officers to continue to try, we build not only

skill level, but confidence to continue trying something new.

- Full Implementation—Reaching this stage is a long process. How will you know when you are there? In addition to the definition given earlier (50 percent of staff are doing it well, and 60 percent of clients are receiving the program/practice), ask yourself these questions:

    - Are the components integrated and fully functioning?

    - Is the program/practice being skillfully done by front line staff and supervisors?

    - Are changes in policy reflected in actual practice?

    - Would we be comfortable being evaluated on outcomes based on our new practice?

After seeing all that effective implementation entails, you might be wondering who will do all this work. This is where an implementation team comes in. Districts should be thoughtful in determining the members of a team; the team needs to understand not only the program/practice to be implemented, but also the research on effective implementation. Unfortunately, most of our staff do not know this research. In order to overcome this obstacle, our district arranged for NIRN to be involved in our first implementation team meeting for implementation of the risk assessment tool. We asked team members to read some basic information from NIRN before the meeting, then had NIRN staff consult as the team talked through issues. The NIRN staff member was able to point out to the team when their plans were consistent with the research on effective implementation and suggest alternatives when what they suggested was not in line with the research.[1] We then tasked the team with planning for needed structural/functional changes, devising a plan for coaching, officer support, and measurement of fidelity, and becoming the conduit for communication issues/barriers to the management team. The implementation team has continuously revised the implementation plan in response to feedback.

After all this work, and once you've achieved full implementation, you're finished, right? Wrong! The hallmark of EBP is that you continuously assess, evaluate, and improve what you do. Some call these "improvement cycles." The message is the same—you should never be "satisfied" with where you are, but instead should be looking to continuously improve your organization's efficiency and effectiveness. In fact, research from the Washington State Institute for Public Policy (http://www.wsipp.wa.gov/) and others consistently shows that not doing interventions well will lead to no changes in recidivism, and potentially increases recidivism. Improvement cycles force the organization to continuously improve by actively studying the change and making adjustments as needed.

In summary, implementing any change can easily fail unless districts follow evidence-based practices for effective implementation. By understanding the drivers and stages of implementation, districts can ensure that the infrastructure is in place to support implementation and match organizational activities to guide the change process. Only in following the research can a district strategically implement changes that will endure for the long term.

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Endnotes
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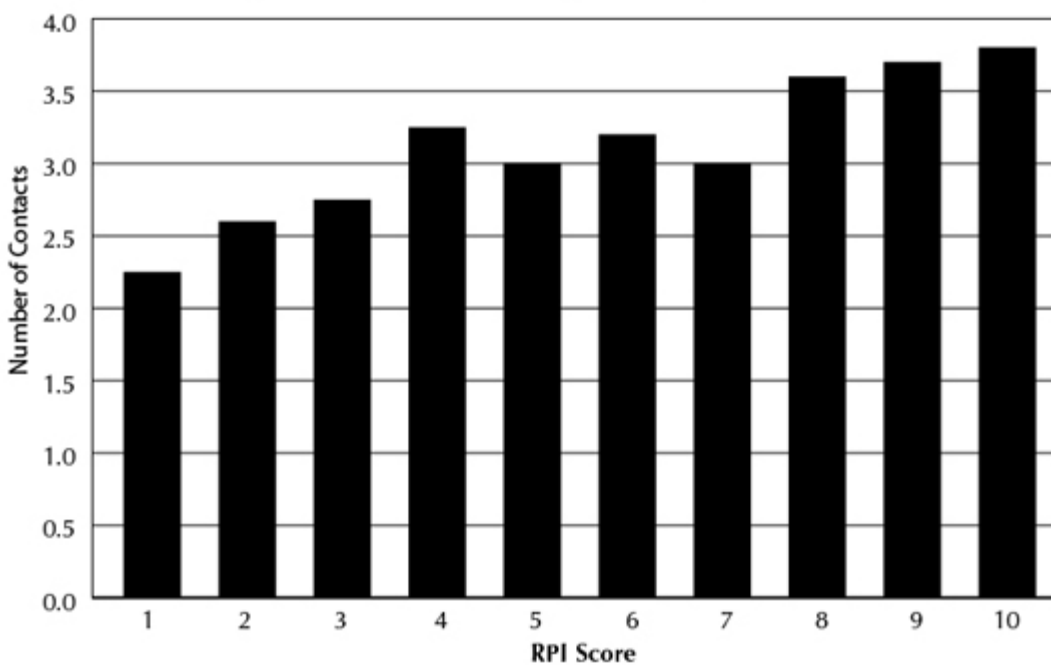
Figures

Figure 1.

Figure 1.
Average contacts by RPI Score Prior to Management Emphasis and Intervention.
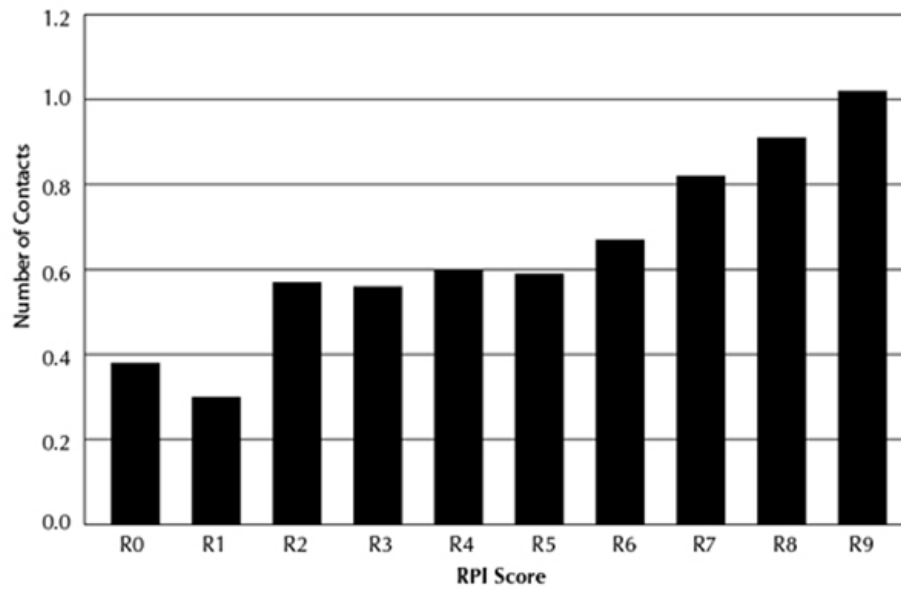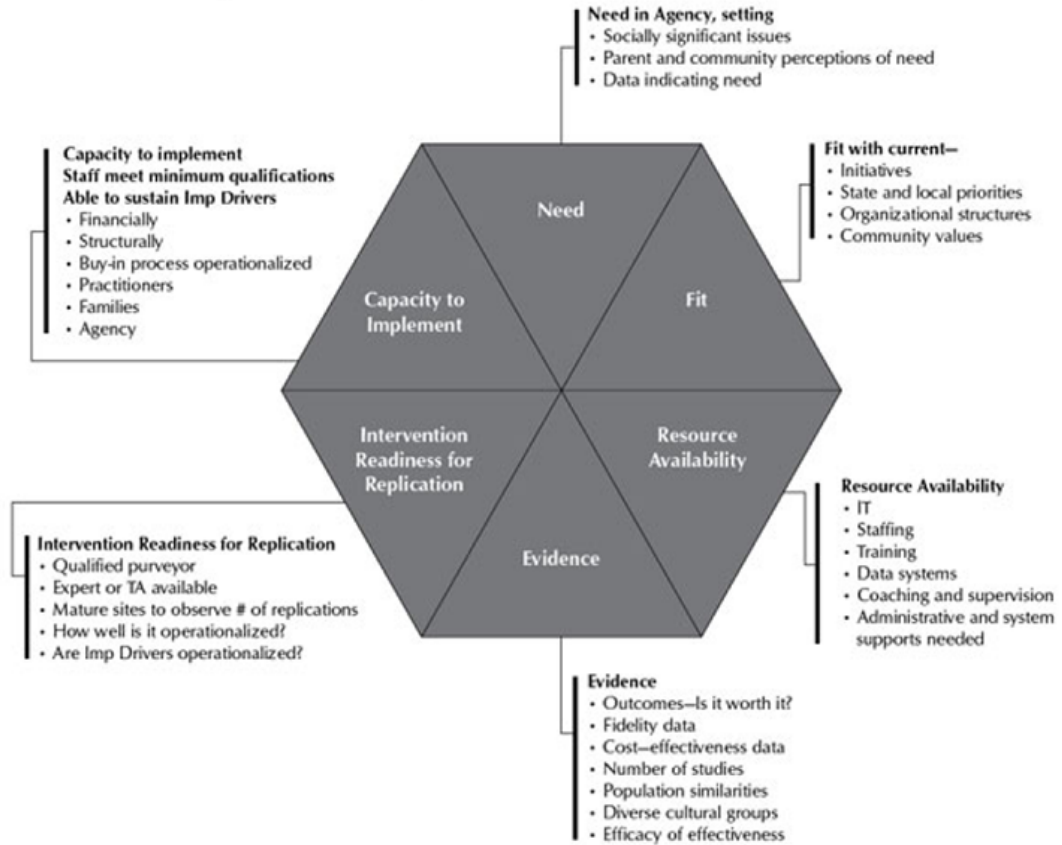
Figure 2.

Figure 2.
Average contacts by RPI Score Following Management Emphasis and Intervention.

Figure 3.

Figure 3.
Discussion Tool for Assessing Evidence-based Programs and Practices

Need in Agency, setting
- Socially significant issues
- Parent and community perceptions of need
- Data indicating need

Capacity to implement
Staff meet minimum qualifications
Able to sustain Imp Drivers
- Financially
- Structurally
- Buy-in process operationalized
- Practitioners
- Families
- Agency

Fit with current—
- Initiatives
- State and local priorities
- Organizational structures
- Community values

Intervention Readiness for Replication
- Qualified purveyor
- Expert or TA available
- Mature sites to observe # of replications
- How well is it operationalized?
- Are Imp Drivers operationalized?

Resource Availability
- IT
- Staffing
- Training
- Data systems
- Coaching and supervision
- Administrative and system supports needed

(Hexagon labels: Need, Fit, Capacity to Implement, Resource Availability, Intervention Readiness for Replication, Evidence)

Evidence
- Outcomes—Is it worth it?
- Fidelity data
- Cost—effectiveness data
- Number of studies
- Population similarities
- Diverse cultural groups
- Efficacy of effectiveness

EBP:	5 Point Ratings Scale: High = 5; Medium = e; Low = 1. Midpoints can be used and scored as a 2 or 4.		
	High	**Medium**	**Low**
Need			
Fit			
Resources Availability			
Evidence			
Readiness and Replication			
Capacity to Implement			
	Total Score:		

18. Thirteen (13) programs have more than one team.

19. Survey Question 30. If a range of time was reported, the lower end was used for the time estimate.

20. Survey Question 41.

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1. NIRN staff recently provided similar training to chief probation officers via a Webinar, and resources are available to members of federal probation and pretrial services on the Administrative Office of the U.S. Court's Evidence-Based Practice website.

A Random (Almost) Study of Staff Training Aimed at Reducing Re-arrest (STARR): Reducing Recidivism through Intentional Design

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1. Two districts would not allow their officers to be randomly assigned. The analysis reported in this article included all the officers. Analysis with and without those officers was conducted and revealed only slight differences in the findings. These differences do not impact the overall trends reported or the conclusions of this article.

2. Criminal record checks for the post-conviction sample were run on December 21, 2010.

3. The Risk Prediction Index (RPI) was introduced in 1997. The RPI uses 8 mostly static items to predict the likelihood of re-arrest while on supervision (Lombard, Hooper, Rauma, 2001).

4. The research on diffusion of innovation and implementation is voluminous. Interested readers should see Rogers, 2003 and Fixsen, Naoom, Blasé, Friedman, & Wallace, 2005.

5. Participation in the booster training events was voluntary.

6. PACTS (Probation/Pretrial Services Automated Case Tracking System) is an electronic case management tool used by probation and pretrial services officers in all 94 federal districts to track federal defendants and offenders. At the end of each month, districts submit case data into a national repository that is accessible to the Administrative Office of the U.S. Courts (AO), Office of Probation and Pretrial Services.

7. Data on arrests were gathered from record checks that include a search of the National Crime Information Center and the National Law Enforcement Telecommunications System which, together, include data on federal and local charges.

8. The study began with 88 officers and asked each of them to submit a taped interaction pre-training.

9. All of the districts included in this study were part of the Research-2-Results project, which provided funding for districts to use assessment and services for higher-risk offenders.

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