

# National Institute of Corrections National Reentry Symposium

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## What Works

Effective Recidivism Reduction and Risk-Focused Prevention Programs

A Compendium of Evidence-Based Options for Preventing New and Persistent Criminal Behavior

Prepared for the Colorado Division of Criminal Justice

RKC Group  
Roger Przybylski  
February, 2008

# IMPLEMENTING EVIDENCE-BASED PRACTICES

# EBPs

JUSTICE RESEARCH AND STATISTICS ASSOCIATION

DECEMBER 2014  
(REV. JANUARY 2015)



# Why are EBPs Important?

- Funding sources are increasingly using EBP incentives/mandates
- We can no longer afford to do business as we have in the past
  - Must focus on programs/practices that are proven to be effective and cost-beneficial
- Given **proper targeting and implementation**, EBPs are effective at preventing/reducing crime

# Approaches for Being Evidence-Based

- Use “certified” brand-name programs (i.e., MRT<sup>®</sup>, DBT<sup>®</sup>, T4C)
  - Must deliver with fidelity to program model
- Use effective generic interventions (i.e., mentoring, cognitive behavioral therapy)
  - Most programs are home-grown variants of generic interventions
  - Incorporate key program elements when known
- Follow practice guidelines/principles derived from science

# National Research Council Report: Parole, Desistance from Crime, and Community Integration

- Time period immediately following release from prison is the riskiest
- Supervision alone does not reduce recidivism; supervision integrated with treatment does
- Work, family ties, reduced consumption of drugs are important factors in desistance
  - People who desist are those who are better integrated into pro-social roles in family, workplace and community

# Evidence Concerning Effectiveness of Treatment in Reducing Recidivism

- Research refutes “nothing works” thesis
  - Rehabilitation programs can and do work
  - Average reductions in recidivism of around 20%
  - Average reduction in violent offending of 7-8%
- Small reductions in recidivism can translate into substantial public safety benefits

# 3 Key Recidivism Reduction Services

- Education and vocational training
  - Education, employment and crime are linked
  - One of the most important conditions that leads to less offending is a strong tie to work
- Substance abuse treatment
  - After-care is important for long-term results
  - Process for linking offenders with appropriate after-care services in the community is not well defined
- Services for offenders with mental illness
  - Unemployment and homelessness are common, many have co-occurring substance abuse disorders
  - Treatment, medication, supported employment and housing

# Desistance Research

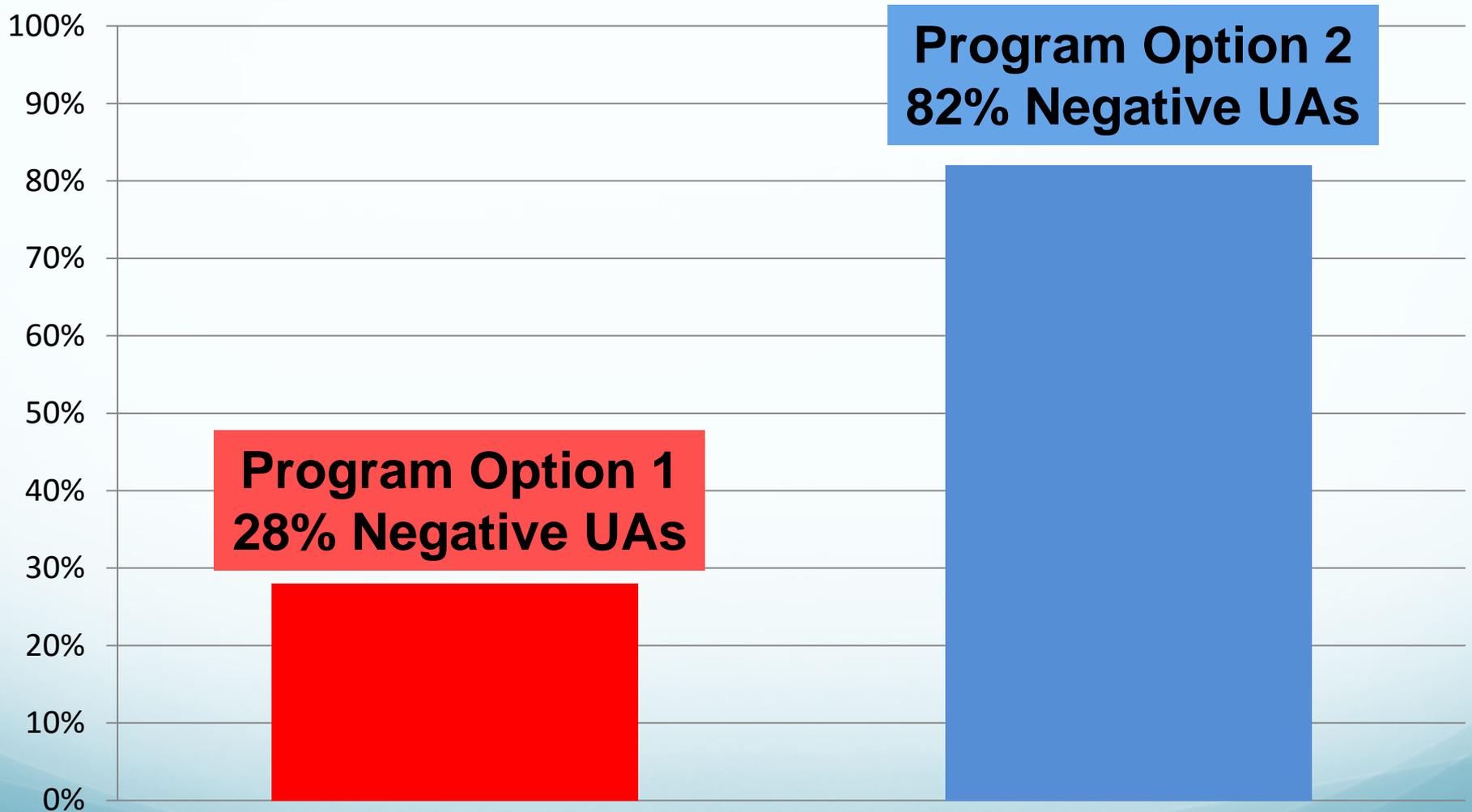
- Body of knowledge that is not well known; arguably not well integrated into programming and practice
- Desistance is a process, not an event
  - Often characterized by ambivalence, progress and setback
- **Hope** , social support and informal social controls are key facilitators of desistance
- Underscores importance of **meaningful work, pro-social relationships** and community support for **identity transformation**
- Suggests reformed offenders can make valuable contributions
- Collateral consequences of conviction/imprisonment impede desistance
  - For many, sentence starts upon release from incarceration

# Desistance Science: Practice Principles (McNeill et al., 2012)

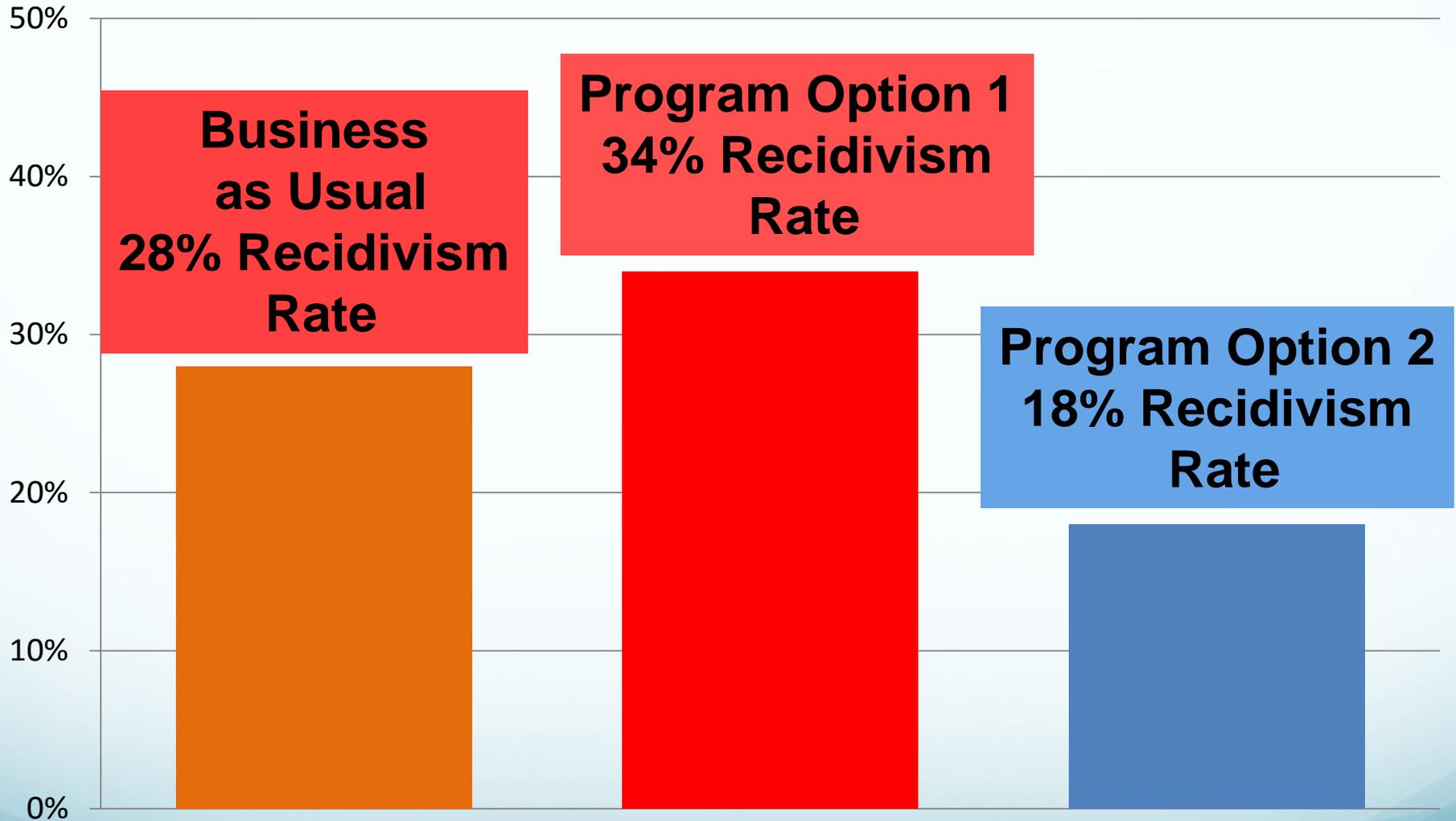
- Desistance is an inherently individualized process; hence, interventions need to be individualized
  - Interventions must work with offenders, not on them
  - The development and maintenance of motivation and hope are key practitioner tasks
- Relationships matter
  - Relationships between system professionals and offenders, and between offenders and those who matter to them are important
- Interventions based only on human capital (or developing capacities and skills) will not be enough; interventions need to develop and support social capital
- The criminal justice system should identify ways to recognize and “certify” progress and change

# **Group Exercise**

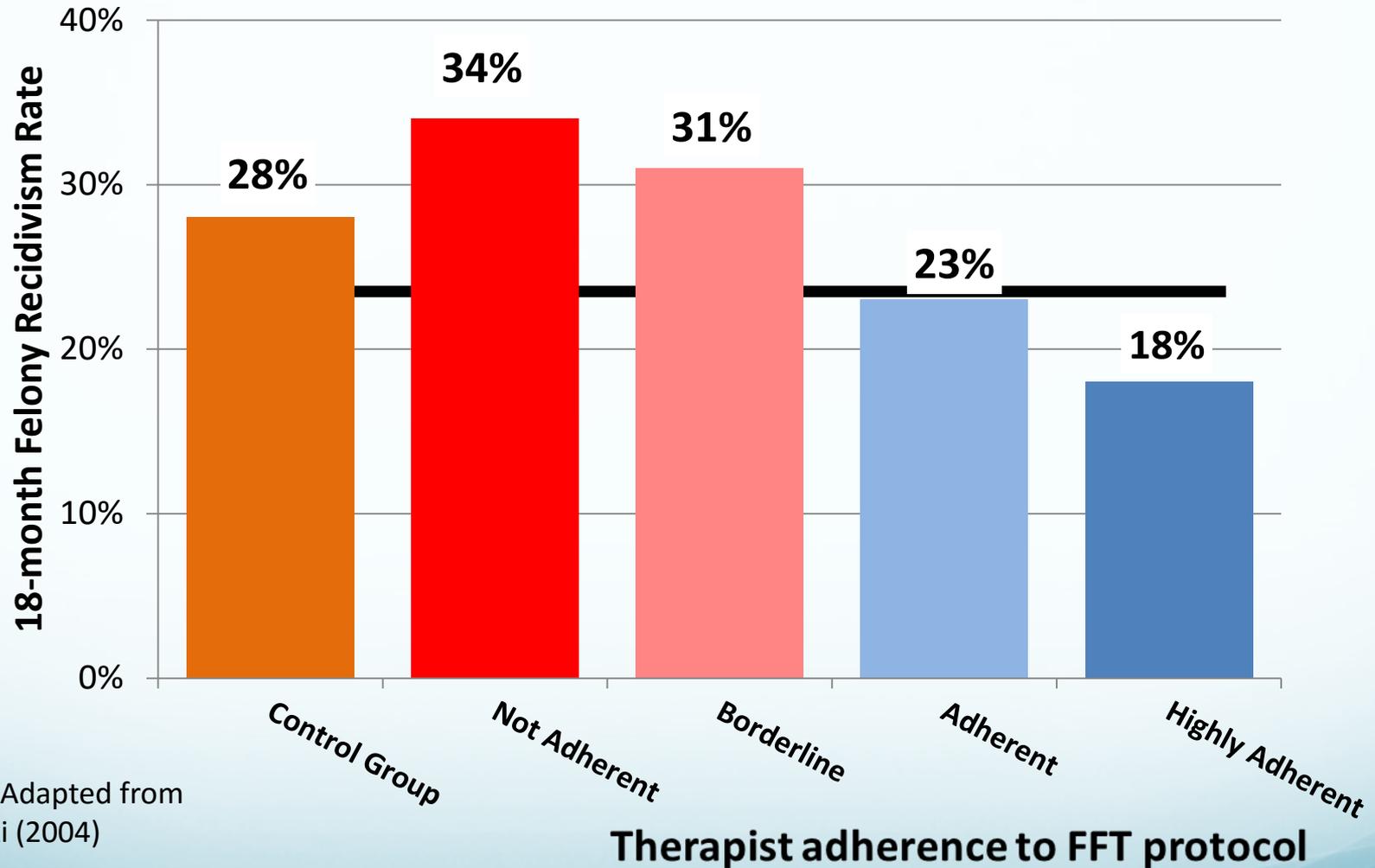
# Adult Substance Abuse Treatment



# Juvenile Offender Intervention



# Washington State Institute for Public Policy Evaluation of Functional Family Therapy in Washington State



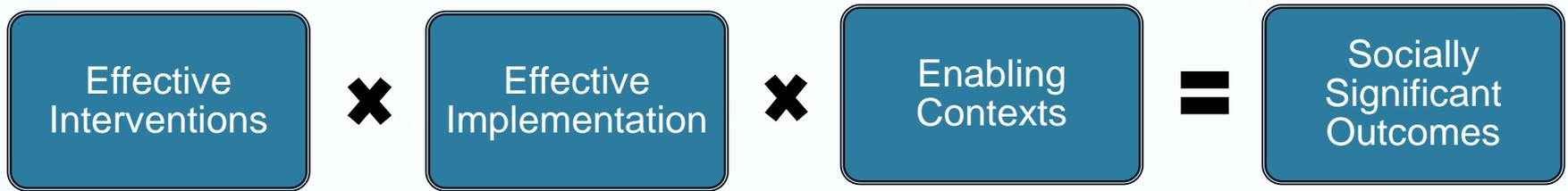
Source: Adapted from  
Barnoski (2004)

# Implementation Matters

- Identifying and adopting what works is not enough to achieve successful outcomes
  - Evidence-based initiatives still have to be delivered with fidelity/integrity in diverse and complex real-world settings

One of the strongest messages coming from the research is that fidelity—the quality with which the treatment is delivered—is crucial to successful outcomes. Lipsey et al. (2010)

# Real World Outcomes/Benefits are Shaped by Intervention Effectiveness and Implementation Effectiveness



		Implementation	
		Effective	Not Effective
Intervention	Effective	Positive outcomes	Poor, inconsistent, non-sustainable, sometimes harmful outcomes
	Not Effective	Poor outcomes	Poor, sometimes harmful outcomes

# Empirical Evidence Documenting the Implementation Gap is Extensive

- 2011 Westat study found that only about 3.5% of all school-based programs to prevent youth substance abuse and school crime are research-based and well-implemented (Crosse et al., 2011)
- A 2013 EPISCenter study found that nearly half of the Blueprint program implementations in PA involved adaptation, and the majority (53%) of the adaptations were predicted to negatively impact program effectiveness (Moore, Bumbarger & Cooper, 2013)

# High-Quality Implementation is Difficult to Achieve

- Ordinary circumstances present serious obstacles to high-quality implementation
  - What appears to be simple and straightforward in the implementation process often turns out to be more complex than anticipated
  - We often underestimate the number of steps involved, the number of separate decisions that have to be made, or the number of participants whose preferences have to be taken into account

(Pressman & Wildavsky, 1973)

# Program Success Is Doubtful Unless the Level of Agreement Among Participants Is Extremely High

Probability of Agreement on Each Clearance Point	Probability of Success After 70 Clearances	Number of Agreements That Reduce Probability of Program Completion Below 50 Percent
90	.000644	7
95	.00395	14
99	.489	68

(Pressman & Wildavsky, 1973)

# Lessons Learned

- A program must be conceived as a system in which each element is dependent on the other
  - Coordination has a deceptively simple appearance
  - Apparently simple sequences of events depend on complex chains of reciprocal action
- We underestimate the number and unpredictability of decision points and clearance actions
- The longer the chain of causality, the more complex implementation becomes
- Must consider the organizational machinery for executing the program
  - Implementation should be part of a program's initial conception

# Implementation Often Takes Place in Highly Complex Settings

## Levels of Complexity

Simple	Complex
<b>Following a Recipe (Protocol)</b>	<b>Raising a Child</b>
<p>Recipe is essential.</p> <p>Recipe is tested to assure replicability of later efforts.</p> <p>Recipe specifies the nature and quantity of parts needed.</p> <p>Recipes produce standard products.</p> <p>Certainty of same results every time.</p>	<p>Recipe (protocol) has limited application.</p> <p>Raising one child gives no assurance of success with the next.</p> <p>Can't separate parts from the whole. Expertise helps. Relationships matter.</p> <p>Every child is unique.</p> <p>Uncertainty of outcome remains.</p>

Adapted from Freedman, ODI presentation, Exploring the science and complexity of aid policy and practice, London, July 2008.

# The Work of Implementation

- Changing the behavior of human service professionals
  - Practitioners need skill sets tailored to the context, populations, and situations that will be encountered in using programs
- Changing organizational structures, cultures, and climates
  - Successful and sustainable implementation of evidence-based practices and programs requires organizational change
- Changing the thinking of system directors and policy makers
  - Systems need to address barriers to adoption, implementation, and sustainability of new ways of doing business

# Implementation Science

- The study of methods to promote the integration of research findings and evidence into policy and practice

(Adapted from NIH, Fogarty International Center)

- Empirically-based insights and tools that can be used to support high-quality implementation in diverse and complex real-world settings

## National Implementation Research Network (NIRN)



<http://nirn.fpg.unc.edu>

## Toward Evidence-Based Decision Making in Community Corrections: Research and Strategies for Successful Implementation

❑ INTRODUCTION:  
CURRENT PRACTICE AND CHALLENGES IN EVIDENCE-BASED  
COMMUNITY CORRECTIONS

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JRP Guest Editor

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<http://jrx.sagepub.com>

# Implementation Science: Lessons Learned

**The way in which a change process is conceptualized is far more fateful for success or failure than the content one seeks to implement**

You can have the most creative, compellingly valid, productive idea in the world, but whether it can become embedded and sustained in a socially complex setting will be primarily a function of how you conceptualize the implementation-change process.

(Sarason, 1996)

# Implementation Science: Lessons Learned

## How you conceptualize implementation is crucial

- Difference between letting it happen, helping it happen, and making it happen
- Active implementation framework
  - Stages of implementation
  - Implementation drivers
  - Implementation teams
  - Improvement cycles

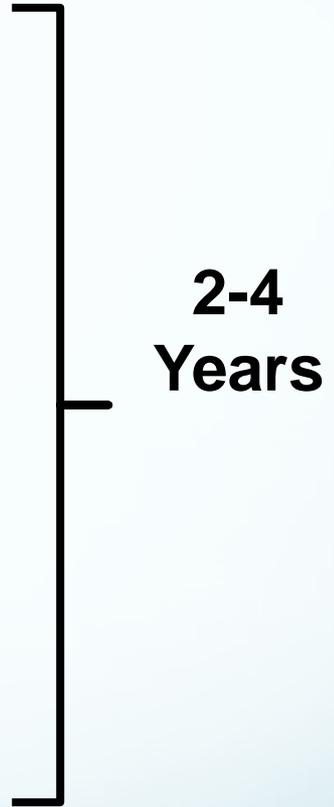
# Stages of Implementation

Fixsen et al. (2005)

1. Exploration
  - Awareness, acquisition of information
2. Installation
  - Active preparation, behind the scene tasks
3. Initial implementation
  - Initial change in practice; many forces at play, including resistance, push-back

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4. Full implementation
  - The innovation becomes integrated into practitioner, organizational, and community practices, policies, and procedures. Full staffing and client loads. The innovation becomes accepted practice.



# Implementation Drivers

## Consumer Benefits



Performance Assessment  
(Fidelity)

Coaching

Systems  
Intervention

## Staff

## Competence

Training

## Organization

## Supports

Facilitative  
Administration

**Integrated &  
Compensatory**

Selection

Decision Support Data  
System

Technical

Adaptive

## Leadership

# Systems Trump Programs

- Systems and organizations will exert pressures to alter innovations and change initiatives so they fit into existing systems and organizational structures
  - Organizations attain middle-age rapidly
- Successful implementation requires purposeful, organized, “expert” assistance to overcome these pressures
  - Implementation teams

# Implementation Teams

- An organized and active group that supports the implementation of the intervention by integrating the use of implementation stages, drivers and improvement cycles

“Local” Implementation Team: local group of individuals with subject matter and systems expertise who actively work to help implement a practice or a program with fidelity

# Value of Implementation Teams

Implementation Team	No Implementation Team
80%, 3.6 years	14%, 17 years
Effective use of implementation science	Letting it happen Helping it happen

“It takes an estimated average of 17 years for only 14% of new scientific discoveries to enter day-to-day clinical practice.”  
(Westfall, Mold & Fagnan, 2007. JAMA 297(4), p. 403)

In a study of 792 replications of the Teaching-Family Model, Fixsen et al. (2001) found that with the use of competent implementation teams, over 80% of the implementation sites were sustained for 6 years or more and the time for them to achieve Certification was reduced to 3.6 years

# Capacity-Building: Leeman et al. (2015) Findings

**Capacity-building efforts have a positive impact on the implementation of EBIs**

## **Factors that Matter**

- **Dosage**
- **EBP fit with the setting**
- **Setting capacity**  
Resources, leadership, collective attitude

# Developing Staff Competence

- Staff Selection
  - Qualifications, knowledge, and skills
  - Revisions to established recruitment methods and hiring criteria may be needed
- Training
  - Underlying rationale for the new program, the components and activities that make up the program, and the practices and skills they will need to deliver the program effectively
  - Not only during the start-up phase of the program, but in-service training as well
  - Resources

# Developing Staff Competence

- Importance of on-the-job coaching
  - In education, Joyce and Showers (2002) found that the transfer of a new skill into practice increases dramatically when training also involves on-the-job coaching
  - Bonta et al. (2010) found that probation officer training + coaching on RNR interaction skills produced higher quality interactions and lower recidivism rates

**Scaffolding**

**Modeling, trust and open learning**

# Developing Staff Competence

- Communities of practice
  - Groups of people who share a concern or a passion for something they do and learn how to do it better as they interact regularly (Etienne Wenger)

<http://wenger-trayner.com/>

# Administrative Supports

- Staff performance evaluation
  - Should be practical, integrated with what has been taught in training, and directly related to the new way of doing business
  - Existing performance review processes or merit criteria may have to be revised to incorporate incentives and rewards for competency in the new way of doing work

# Administrative Supports

## Decision Support Data System

### Formative

- Feedback for program improvement
- Program management tool
- Flexible, often interactive plan  
(Mowbray et al., 2002)
- Periodic reports, responsive to client requests

### Summative

- Final report card on effectiveness
- Typically for benefit of external audience
- Fixed plan
- Findings typically reported in a final, all-inclusive report

# Fidelity Assessment

- **Context:** the prerequisites that must be in place for a program or practice to operate effectively (e.g., staffing qualifications or numbers, practitioner-consumer ratio, supervisor-practitioner ratio, location of service provision, prior completion of training).
- **Compliance:** the extent to which the practitioner uses the core intervention components prescribed by the evidence-based program or practice and avoids those proscribed by the program or practice.
- **Competence:** the level of skill shown by the practitioner in using the core intervention components while delivering the program to clients or consumers in the real world

# Fidelity Assessment Challenges

- Empirically derived/objective criteria for determining acceptable levels of fidelity and full implementation
  - What constitutes high-fidelity and full implementation
- Metrics and tools for measuring quality of delivery, competency
  - What percentage of practitioners, at what level of proficiency?

# Dosage

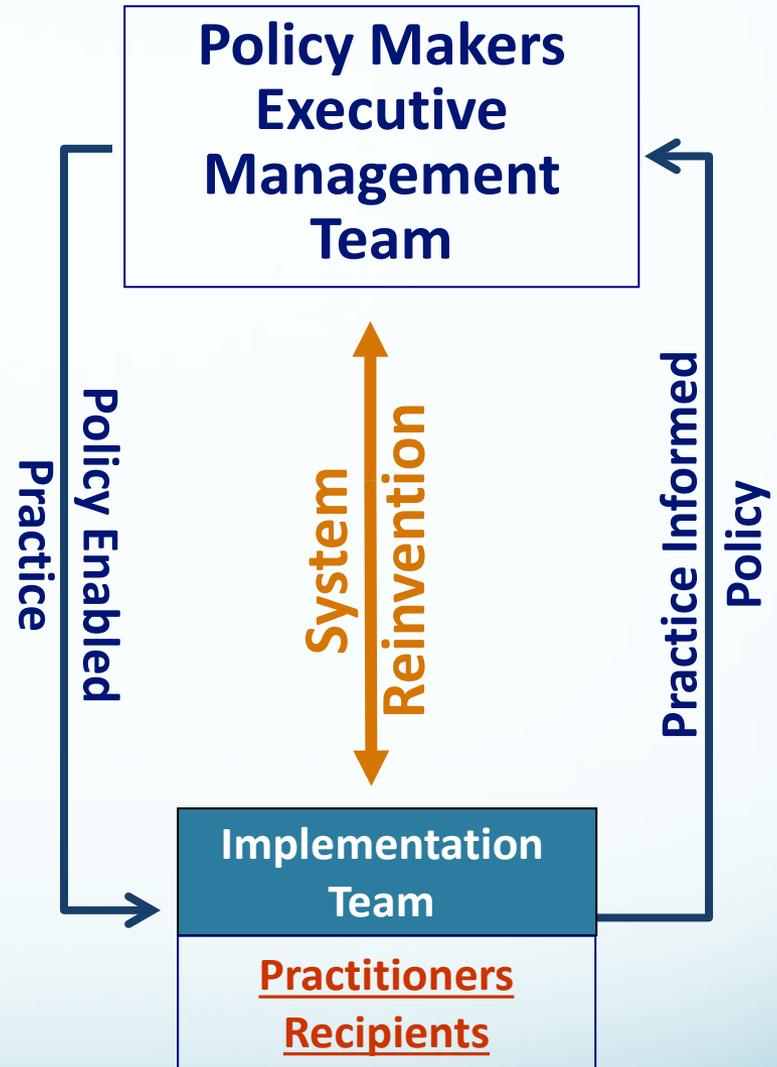
- How much of the program/service is delivered
- Measuring dosage arguably is a key aspect of fidelity assessment
- Relatively little empirical guidance is available regarding appropriate dosage for correctional interventions
  - How much more service and supervision should higher risk offenders receive

# Key Considerations Regarding Dosage in Correctional Settings

- No consistent definition of dosage
  - More time in program  $\neq$  more treatment
- What types of activities and services count as dosage?
- What is the relative impact of the sequence of dosage delivery?

# Improvement Cycles

- Data-driven feedback
  - The FEEDBACK mechanisms are the fidelity, staff evaluation, and program evaluation measures that are collected and routinely used to guide decision making at the practitioner and management (policy making) levels of the organization
- Based on PDSA (Plan, Do, Study, Act)
  - Ongoing learning and improvement



# Moderators of Implementation Fidelity

- Program participant and staff responsiveness

Staff training...when layered atop individual values and political environments that are philosophically contrary to the underpinnings of clearly articulated evidence-based practices, is ineffective. The values and belief systems of individual correctional practitioners and organizational cultures must be concerns of the first order.... The importance of the relationship between committed and competent leaders and successful program implementation cannot be overstated.

(Paparozzi & Guy, 2013)

# Leadership

*The single biggest failure of leadership is to treat adaptive challenges like technical problems. (Ron Heifetz)*

## Technical Problems

- Easy to identify
- Relatively easy to solve
- Often can be solved by an authority or expert
- Typically requires change in one or a few places; often within organizational boundaries
- People are generally receptive to the solution
- Solutions can often be implemented quickly and by edict

## Adaptive Challenges

- Difficult to identify (easy to deny)
- Require changes in beliefs, roles, relationships, & approaches to work
- People with the problem must be involved in solving it
- Requires change in numerous places; usually across organizational boundaries
- Solutions can take a long time to implement and cannot be implemented by edict

Practice is a “complex affair” that is “local, contingent and contextual.”

Scientific knowledge is important, but effective practice also requires judgment and the ability “to size up the situation” and know how scientific knowledge can best be applied.

Practice is more than merely a “site or location for the delivery of scientifically valid solutions.”

Schwandt (2005)

# Questions and Discussion

**Thank you for your attention!**

# Implementation Summary

- Don't underestimate the importance, complexity and difficulty of implementation
- Time is a critical issue for successful implementation\*
- Training alone is insufficient\*
- Measurement and data-driven feedback are essential\*
  - Data systems and data-driven decision making

\*Burrell & Rhine (2013)

# Implementation Teams

- Have the knowledge, skill, freedom and authority to act within a larger organization or a collaboration of agencies
- Accountable for guiding the overall implementation effort
  - Help plan the implementation
  - Actively support and facilitate implementation on a daily basis
  - Communicate and coordinate at multiple levels of the system, from practitioners to policymakers
  - Identify and help address implementation challenges
  - Help to ensure that fidelity is achieved and maintained

# Stage Related Activities

## Exploration

- Form implementation team
- Assess needs
- Identify targets
- Identify strategy to address needs
- Consider fit, resources, capacity to implement
- Identify/describe participants, activities, timeline, benefits, risks
- Assess buy-in
- Adopt (go/no-go)

## Installation

- Identify structural and functional changes needed
  - At agency level
  - At partnership level
- Initiate structural and functional changes
- Develop selection protocol for “first implementers”
- Select “first implementers”
- Identify training resources
- Develop coaching and support plans
- Train first cohort of implementers
- Analyze readiness of data systems, feedback loops

# Stage Related Activities

## Initial Implementation

- Communication plans developed and executed regarding launch dates, activities
- Protocols developed and put in place for identifying, communicating barriers, technical and adaptive challenges
- Leadership support plan developed and initiated
- Coaching system in place
- Data systems in place (fidelity)
- First implementers begin work
- Initial review
- Necessary revisions recommended/made
- Plan for next cohort of implementers

## Full Implementation

- Monitoring and support systems functioning
- Feedback process functioning (practice to policy and policy to practice)
- Data-driven decision making at individual and organization level
  - From staff performance, fidelity and outcome assessments
- Improvement processes functioning (PDSA cycles)

# Stage 1: Exploration

## Careful Assessment and Selection

- Identify the need for an intervention or practice and an evidence-based approach to meet those needs
  - What are the needs of your population?
  - What interventions are available to address those needs?
  - Which interventions are a good fit for your needs, target population and community?
  - Do we have what is required to effectively implement these interventions?
    - Assess/develop motivation & buy-in
    - Perceived risk, ability to manage risk
    - Availability of funding and other resources

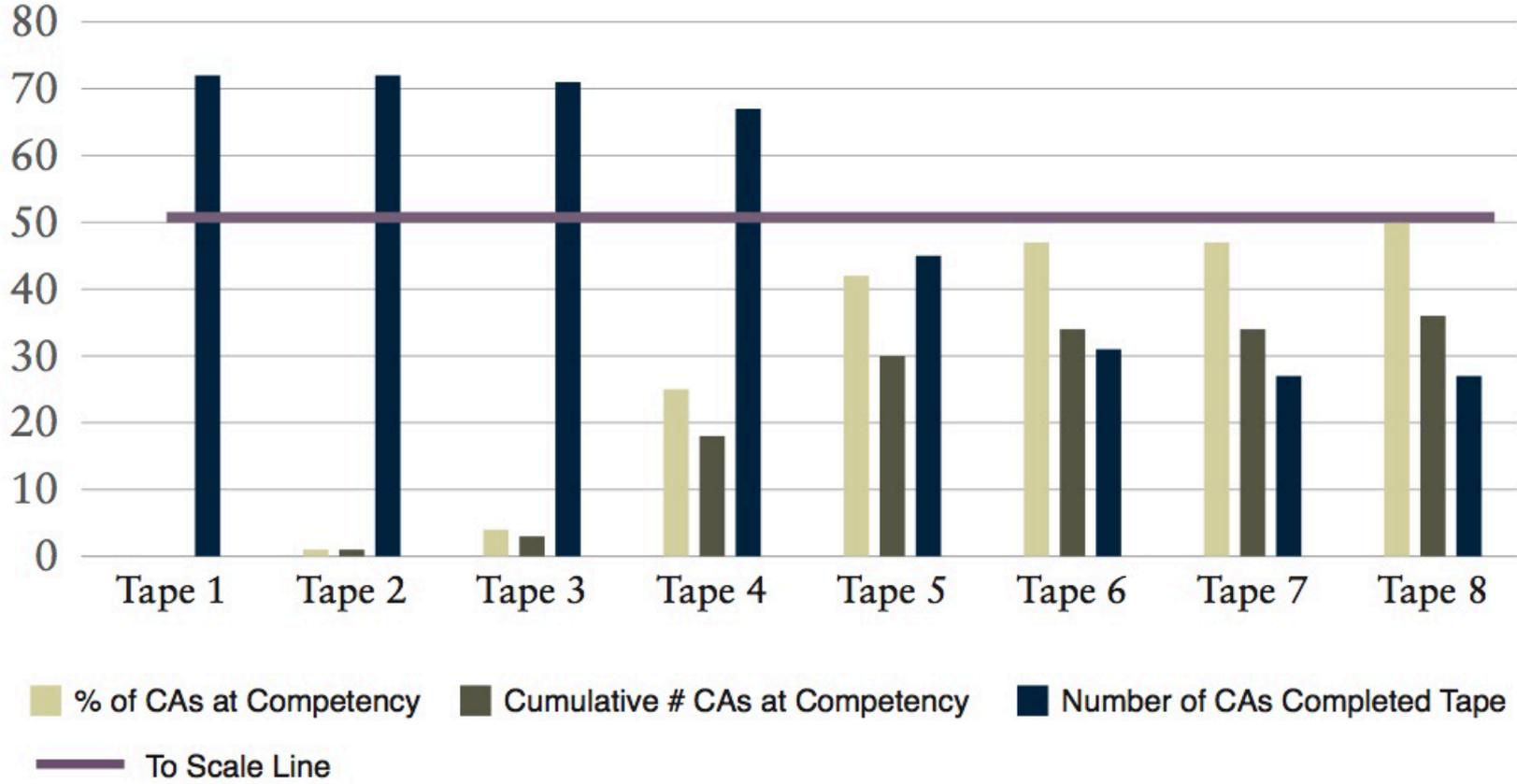
## Stage 2: Installation

- Resources consumed but no consumers seen (start up may add 10-20% to first year costs)
- Establish implementation plans and expectations
- Establish infrastructure and groups (implementation team) to carry out implementation efforts
  - Identify fidelity and outcome measures
- Prepare the organization, staff and stakeholders by mobilizing resources, information and other support

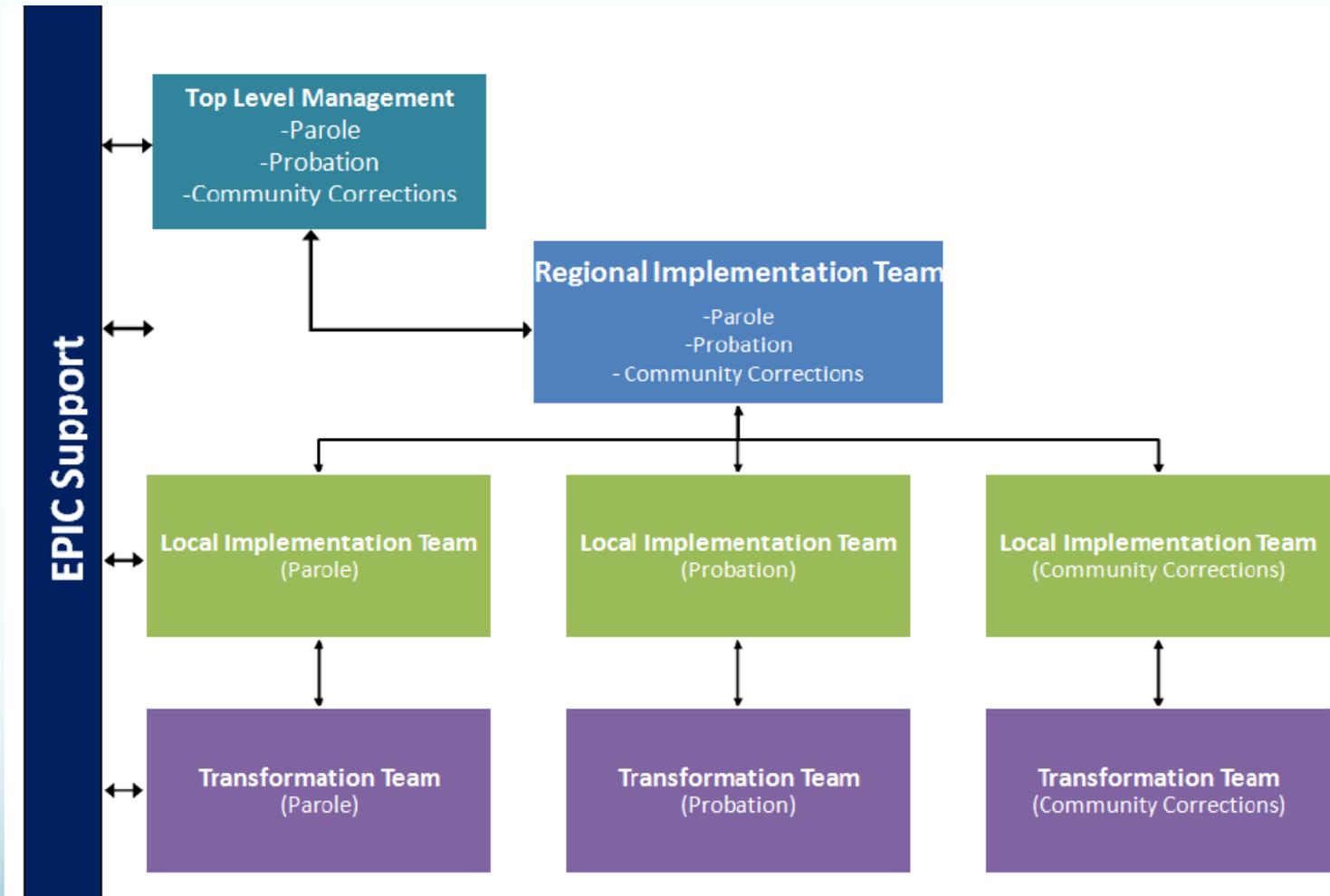
# Stage 3: Initial Implementation

- Begin to change practices, provide services to consumers
- Put core components in place
  - Consider pilot tests
- Manage organizational change
  - Establish feedback loops
  - Establish communities of practice
- Change organizational structures & culture
  - Address barriers to change
- Practitioner related issues and activities
- Collect, analyze fidelity measures

# Colorado EPIC: Skill Building Over Time



# Local Implementation Team Example: Colorado EPIC (Evidence-Based Practices Implementation for Capacity)



Source: Colorado Division of Criminal Justice, EPIC

- Leeman et al. (2015) found that changes in practitioners' self-efficacy (but not in their beliefs) mediated the effects that training and TA had on implementation fidelity. They also found that beliefs about an EBI's value moderated the effects of Training/TA on EBI implementation fidelity, with Training/TA more effective for those practitioners who had more favorable beliefs at baseline.

- The first is Lipsey's (1999) meta-analysis of 200 studies of treatment programs for serious juvenile offenders. The results of this meta-analysis indicated that programs that lasted a minimum of six months demonstrated greater effect sizes than programs of shorter duration. Lipsey (1999) also found that approximately 100 hours of programming were necessary to reduce recidivism for this population.

- Bourgon and Armstrong (2005)
- First, they found that 100 hours of treatment was sufficient to reduce recidivism for offenders deemed to be moderate risk or to have few criminogenic needs (defined as three or less). Next they found that 200 hours of treatment were required to reduce recidivism for offenders designated as high risk with few needs or moderate risk with multiple needs. Finally, they found that 300 hours of treatment was insufficient for reducing recidivism for offenders identified as both high risk and high need when compared to a no-treatment group.

- The field has not yet identified and agreed upon a consistent definition of dosage in corrections. Most prior research simply looks at the time spent in a program, with the assumption that the longer someone is in a program the more treatment they received. Measuring time does not provide the precision needed to adequately determine dosage, however. Both the Bourgon and Armstrong (2005) and Sperber et al. (2013) studies operationalized dosage in hours rather than days in treatment or number of treatment sessions.

# The Dosage Dilemma

- Knowing that higher risk offenders should receive more services and supervision than lower risk offenders is not the same as knowing *how much* more service and supervision to provide to higher risk offenders.
- relatively little research has examined the impact of varying levels of treatment dosage by risk.

- Researchers and practitioners should work toward identifying the types of activities and services that count as dosage.
- Researchers have not yet investigated the relative impact of the sequence of dosage delivery, both within a discrete episode of treatment and across the system (e.g., as an offender moves from prison to a halfway house to post-release supervision). Within discrete episodes of treatment, it is important to examine the relationship of hours to overall time. For example, we do not know the impact of receiving a high amount of dosage in a condensed amount of time compared to a longer amount of time.

- As a field, we do not yet know how to best count dosage outside of a traditional treatment environment, such as encounters with probation or parole officers.

- generally suggests dosage ranges of at least 100 hours of dosage for moderate-risk offenders and at least 200 hours for high-risk offenders. To effectively triage dosage by risk, correctional administrators need to ensure that: (1) there is a process for assessing the risk level of all new admissions, (2) the agency has modified policies and curricula to allow for variation in dosage by risk, and (3) the agency has a formal quality improvement mechanism for monitoring whether offenders receive the appropriate level of dosage based on their criminogenic risk and needs.

- In four studies, researchers compared the effectiveness of different combinations of prevention support strategies and found that interventions that provide TA in addition to training and tools have a greater impact on adoption and implementation [24, 33, 48, 50] than those that do not. In six of eight studies that assessed the relationship between dosage and outcomes, researchers found that dosage is related to the effect of prevention support on capacity [20, 43], planning behaviors [20, 43], adoption [22, 23], and implementation [32, 33, 50], such that higher dose or more engagement with the capacity- building intervention was associated with greater improvements in capacity, behaviors, adoption, and/or implementation

# Key Points

- The evidence-based movement in criminal and juvenile justice involves more than the adoption of EBPs
- EBPs have to be implemented properly to produce positive results
- Different approaches to being evidence-based present different implementation challenges