

# Advancing Uptake of EBPs through the Second Chance Act

What Works in Reentry Experts Roundtable  
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# Uptake of EBPS



The long and winding road

# Training and technical assistance?

- One session is ineffective-less than 10 percent uptake on knowledge, even less utilization
- A focus on knowledge will not lead to utilization
- A lack of mental model of the “vision” reduces 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)
  - Post-training “error management” efforts are better than error avoidant training efforts

# Transfer...the problem

- Transfer methods (see meta-analysis by Burke & Hutchins, 2007) allows 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: supportative 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**

# TA Efforts

Past Federal Initiatives: ISP, Boot Camps, Drug Treatment Courts, RSAT, SVORI

- 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

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

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- 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

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**Learning**  
**Performance**  
**Emphasis Quality**  
**Tx**  
**State Support\***

### Training Resources

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**Secure Physical Facilities**  
**Internal Support**  
**Training**  
**Resources**

### Network Connections

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**Integration**



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# What did we do in MD PCS project?

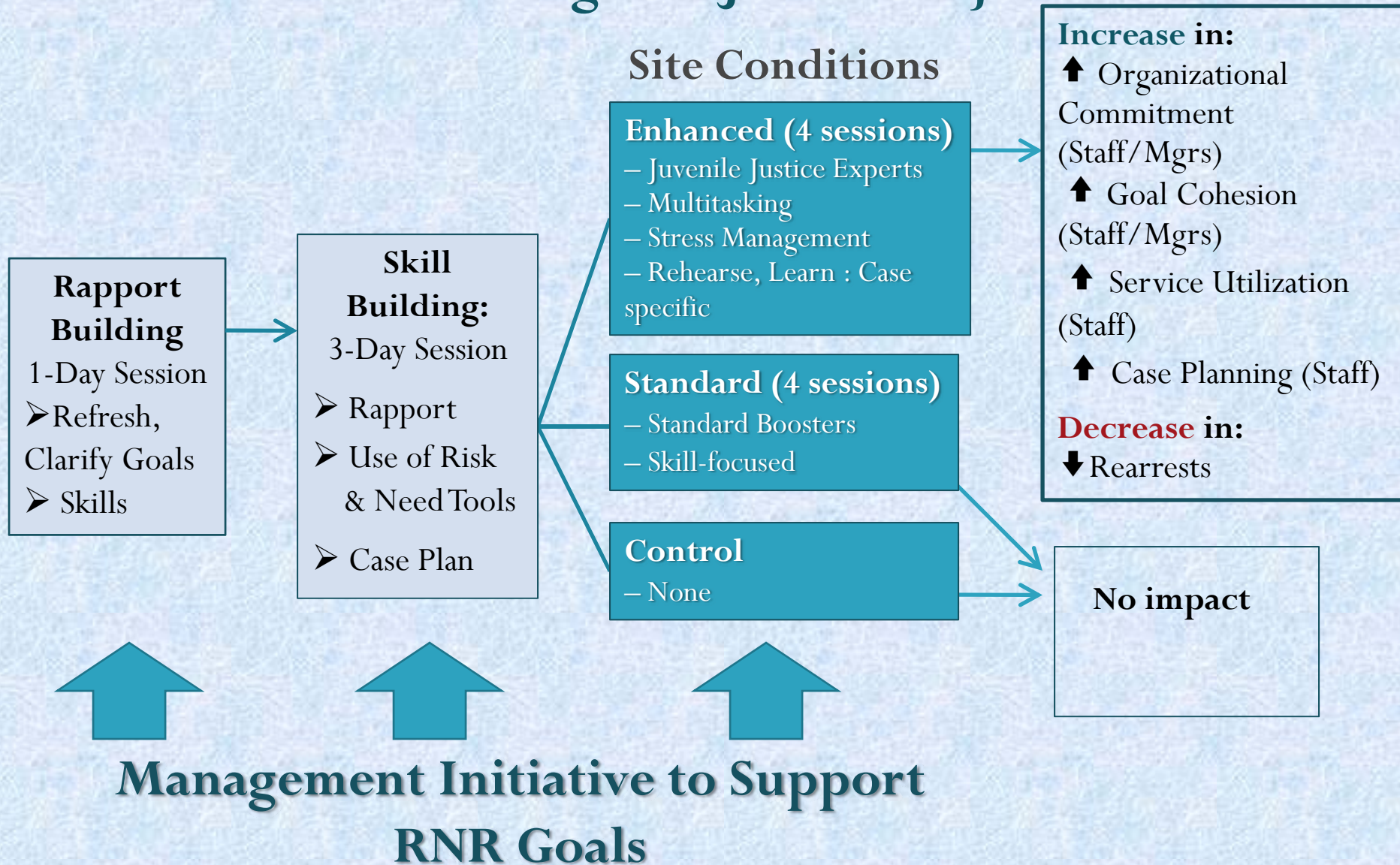
Model: Declarative Knowledge intertwined with Procedural Knowledge and Skills, followed by job-specific rehearsal, overlearning, and organizational support

- 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.



**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 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

# A Vision for Transforming the Field

- **Technical Assistance Providers:** Make sure they understand the core concepts, EBP literature; “true” to the literature
- **Mental Models based on Conceptual Framework:** Build on EBPs and RNR in every Training and Technical Assistance: 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**
- **Post all training on the website so that agencies do not need to go through the reinvention of the wheel**

# Reference

## **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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