

# **The science of innovation in forensic mental health**

**For the 48th Annual FMHAC Conference**

**April 6, 2023**

**Tom Granucci, LCSW**

# About me

- LCSW: Mental Health 1986-1999
  - Direct work with adults with serious mental illness & adolescents including juvenile offenders & juvenile sex offenders
  - Managed care - quality assurance including process improvement & TQM
- U. S. Probation 1999 to 2019
  - Officer/Mental Health Specialist 1999-2007
  - Started attending this conference in 2000; in 2004, heard Dr. Edward Latessa here on CBT targeted at CJ population
  - Supervisor 2007-2019
    - Starting in 2008, EBP Working Group
      - Dynamic risk assessment in 2011; RNR implementation
      - Introduced to implementation science in 2012
    - Supervisor - EBP Coordinator 2015

# About me

- California State University, Los Angeles, School of Social Work, Lecturer on forensic social work and recovery in mental health 2006 to 2019
- FMHAC Board of Directors, 7th year as Chair of this Conference Planning Committee
- “To teach is to learn”, Japanese proverb

# Today's Workshop

## Mezzo, not micro or macro ...

- My interest in organizational/systems level change/innovation - from process improvement to implementation science
- In past, presented on using implementation science to integrate the RNR model into forensic mental health and into probation/parole
- Idea for today's workshop from a conversation with a presenter last year on diversion; he had gone to an implementation science conference but they couldn't help him because they didn't know forensic mental health
- Research says the change process is 2-4 years with implementation support versus 17 years without support

# A framework for implementation of evidence-based practices?

- “The group argued for greater collaboration between mental health practitioners, academics, and policy makers in organized working groups with the goal of highlighting the evidence-based research and creating a framework for putting the research into practice.”
- Staffer, John S., et al. (2019) Managing the Seriously Mentally Ill in Corrections. Rand Corp.

# Today's Workshop

- Using implementation science as the framework, we will cover:
  - Stages of implementation
  - Competency - coaching, training, selection
  - Leadership - technical & adaptive; culture
  - Other organizational factors - systems, administration, & data
- Dialogue on your current implementation projects
- This workshop is not just for who we traditionally call leaders, i.e., supervisors, managers, executives
  - Direct workers/clinicians/probation-parole officers will be on the implementation team
  - Positional leadership vs. everyday leadership

# About you?

- Supervisors, managers?
- Clinicians?
- Probation/parole?
- Attorneys or Judges?
- Law enforcement?
- Miss anyone?

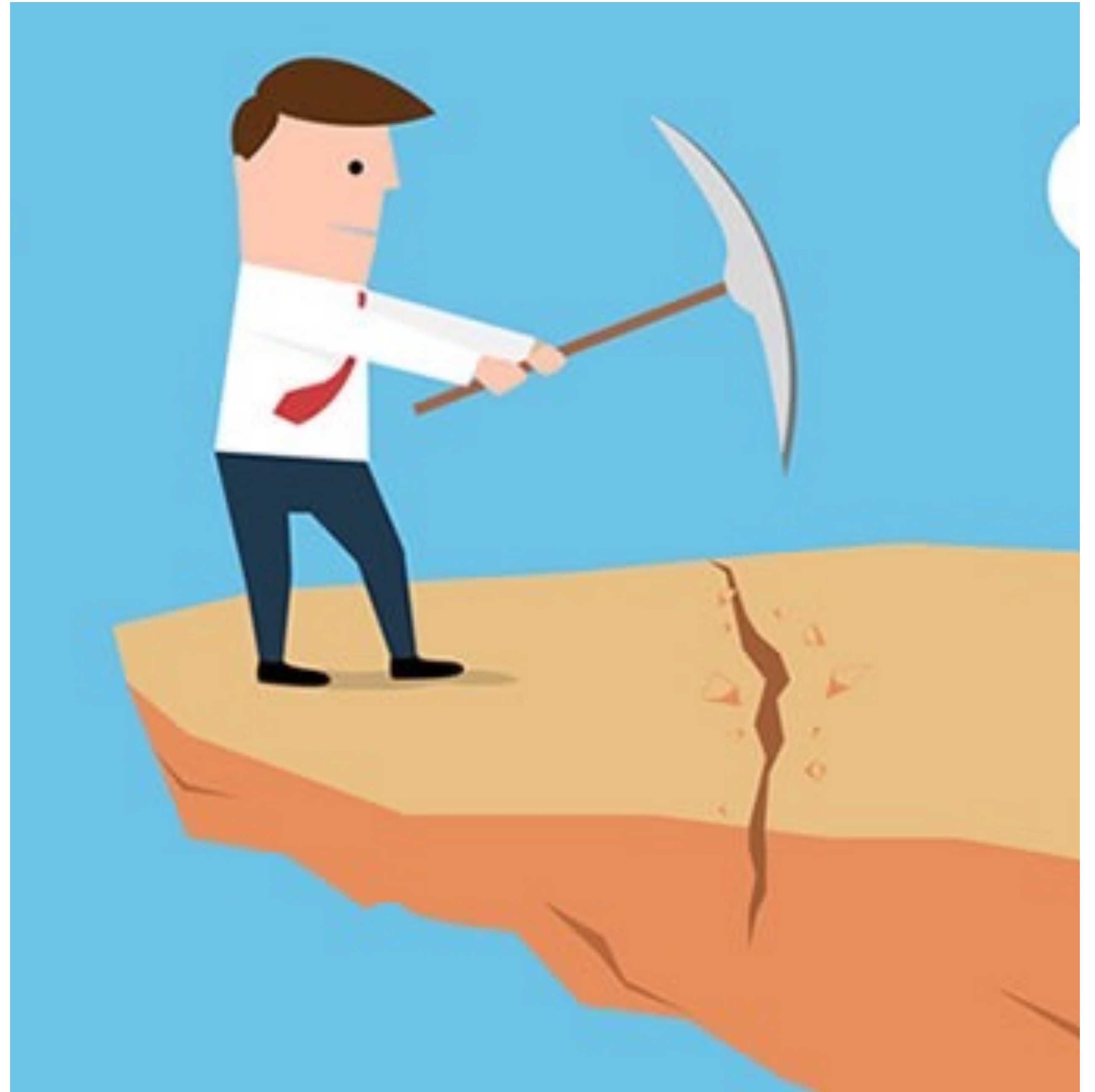
# What change are you implementing?

- A diversion program
- A reentry program
- Collaborative court
- Peer specialists
- CBT interventions
- The RNR model
- Something else?

# Risk

## Psychological Safety

- For this workshop to work ...
- “Successes and struggles”



# **criminal justice, current politics, narratives & the pendulum**

**A note on the macro context**



**the system, sociological**

**individual responsibility, psychological**

**rehabilitation, liberal, Democratic**

**punishment, conservative, Republican**

- Where am I and you on the continuum?
- Bias coming in to this workshop?
- Integrated thinking - truth on both sides
  - empathy & accountability
  - rehabilitation/treatment & punishment/deterrence (individual & general)/incapacitation; risk reduction
  - Pragmatic (over ideological) - what works based on research (best we know) about human behavior

# Implementation Science

- Implementation: "A specified set of activities designed to put into practice an activity or program of known dimensions"
- "Implementation Science is the study of factors that influence the full and effective use of innovations in practice. The goal is not to answer factual questions about what is, but rather to determine what is required."
- National Implementation Research Network (NIRN) <http://nirn.fpg.unc.edu>
- Fixsen et al. 2015 & 2005
- [www.nirn.fpg.unc.edu/ai-hub](http://www.nirn.fpg.unc.edu/ai-hub)

# Change Management

- “the process, tools and techniques to manage the people side of change to achieve the required business outcome. Change management incorporates the organizational tools that can be utilized to help individuals make successful personal transitions resulting in the adoption and realization of change.”
- <https://www.prosci.com/resources/articles/change-management-definition>

**“All management is change management”**

**Schaffer, HBR 2017**

# Implementation Stages

## NIRN

- Exploration
- Installation
- Initial Implementation
- Full Implementation

# The organizational why

- Inspiration, loyalty come from the why, “purpose, cause, belief”, not the how & the what. (Simon Sinek, 2009)

# The personal why

- Purpose/meaning? Why we chose this work: sounds cliché? to help people, protect the community, to make a difference.
- High caseloads, paperwork, agency politics leads to burnout?
- Are you still excited about your work? What are we communicating/modeling for student interns or people new in their careers?

# Evidence-based?

## Some considerations

- “...simply ... the use of research findings as a primary source of knowledge for practice” (Trotter, 2006)
- Note: the definitions/standards of evidence-based practice vary in rigor
- Does the change you are making align with evidence-based, recovery oriented, trauma informed, culturally competent/humble mental health, substance use, & co-occurring disorders treatment AND evidence-based risk reduction interventions?
- Checking the EBP box? Training staff in an evidence-based practice vs. becoming an evidence-based organization

# “Correctional Quackery”

- Quackery = common sense or tradition over scientific evidence
- Unscientific services -- no change or can increase antisocial behavior
- (Latessa, et al. 2002; Flores et al. 2005; Lee & Stohr 2012)



# **Symptom reduction alone does not decrease recidivism**

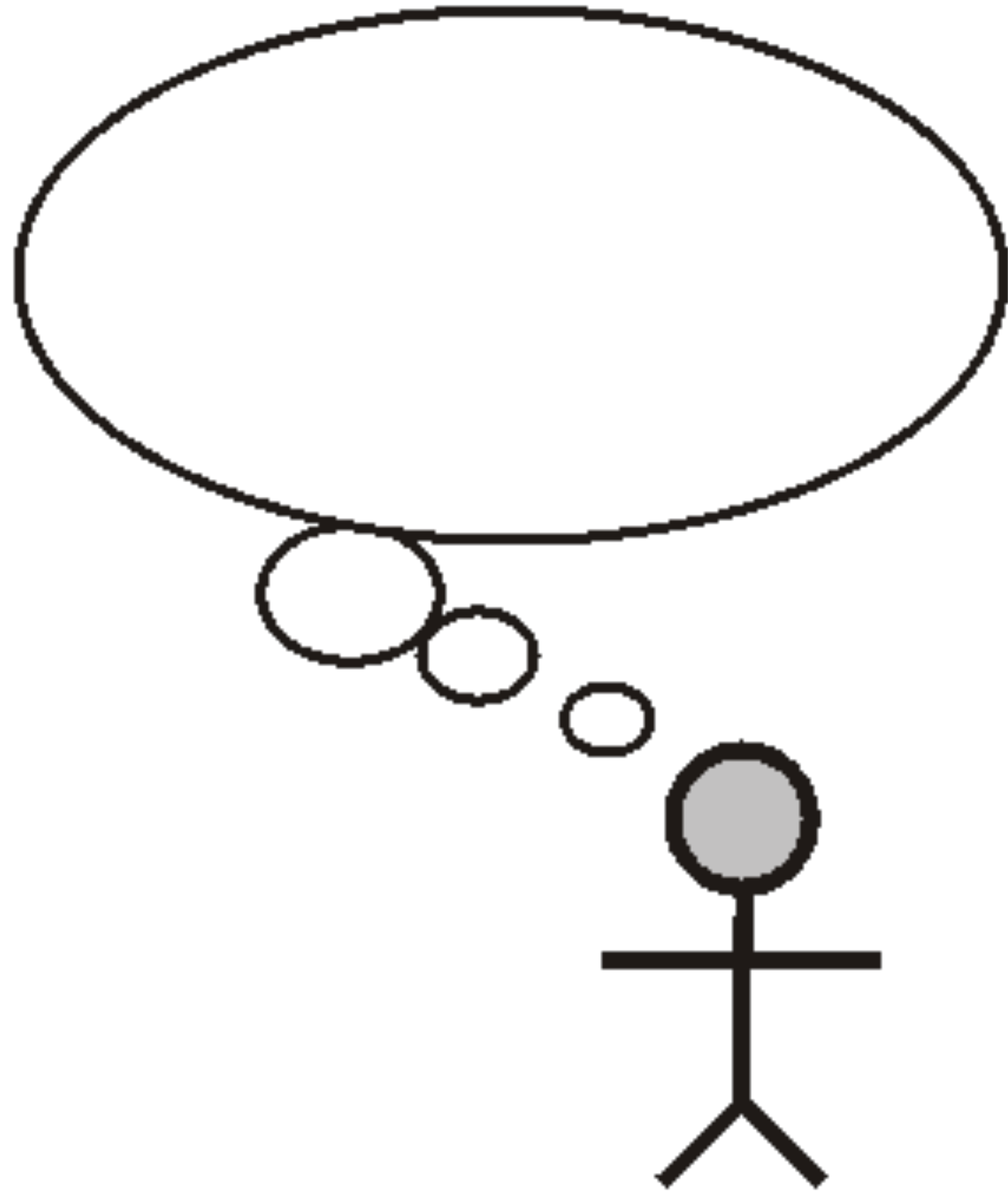
**About a 1 in 10 direct connection between mental illness and crime**

- At most, there is a 4 – 12% incidence of individuals committing crimes while in the midst of severe mental health symptoms
- Of these, 2/3 also commit crimes independent of symptoms
- Risk factors the same across mentally ill & non-mentally ill offenders (or higher for mentally ill offenders)
- (Peterson et al. 2014; Bonta et al. 2014; Morgan et al. 2010; Skeem et al. 2009; Bonta et al. 1998; Gendreau 1996)

# Procedural Justice

## Another consideration

- Citizens' willingness to comply w/ decisions made by legal authorities is linked w/ perceptions that decisions are based on fair procedures & benevolent motives; such perceptions are created by dignity, respect, & caring (Fulton et al. 1997)



- Introductions & Discussion: is the change you are implementing an evolution or a paradigm shift, or both?

# Exploration

- Someone thinks about using an innovation
- Point of entry at provider level or system level
- Examine needs and assets
- “Pre-implementation” meetings
- At the end of the exploration stage a decision is made to proceed or not
- Implementation team is formed

# Installation

- Implementation team already in place
- *Dedicated position - Coordinator. Outside vs. internal “consultant”?*
- Structural supports - communication between staff & leaders
- Funding streams
- HR strategies
- Policy development
- Referral mechanisms
- Data collection, reporting frameworks & outcome expectations
- Realign current staff
- Hire new staff w/ qualifications
- Staff training
- Secure space/purchase technology if needed

- Strategic plan consistent with the organizational why
- My example implementing the RNR model into federal supervision: 15 items over 5 years. EBP & CBT introductory trainings; specific core correctional practices skills training (in waves); risk assessment training and annual re-certification; practical EBP training & re-training; implementation of CBT groups by officers; funding - including purchase of CBT curriculum materials; validating treatment provider curriculums & training officers to assess fidelity; revising Court conditions to include CBT; revising performance evaluations; revising pre-sentence interviewing for EBP; lastly, ongoing measurement & continuous improvement

# Initial Implementation

- Staff training, coaching, fidelity data & feedback
- Changes in the practitioner. Initially, fear of change;
- Resistance: inertia & investment in status quo combine with complexity of implementing something new.
- Changes in skill levels, organizational capacity, organizational culture.

# Full implementation

- New learning integrated into practitioner, organization, community, and practices, policies, and procedures
- Full staffing and full client loads
- EBPs done by over 50% of practitioners w/ proficiency & skill = fidelity and improved outcomes
- Managers & administrators support & facilitate new practices
- Sustainability - improvement cycles (PDSA, PDCA)

# Discussion: what implementation stage are you in?

- Exploration
- Installation
- Initial Implementation
- Full Implementation

## **Getting started ... (or pivoting depending on what stage you are in)**

- If basic organizational effectiveness precedes successful implementation & sustainability of EBPs, then what organizational qualities do you think precede a successful implementation?

# What is an effective organization?

**Is this your agency?**

- Committed staff; low turnover & high job satisfaction; organization emphasizes & supports internal & external collaborative relationships; staff feels empowered; team feel.
- High proficiency, low rigidity, low resistance, high engagement, high functionality, low in stress (Myers, 2016)

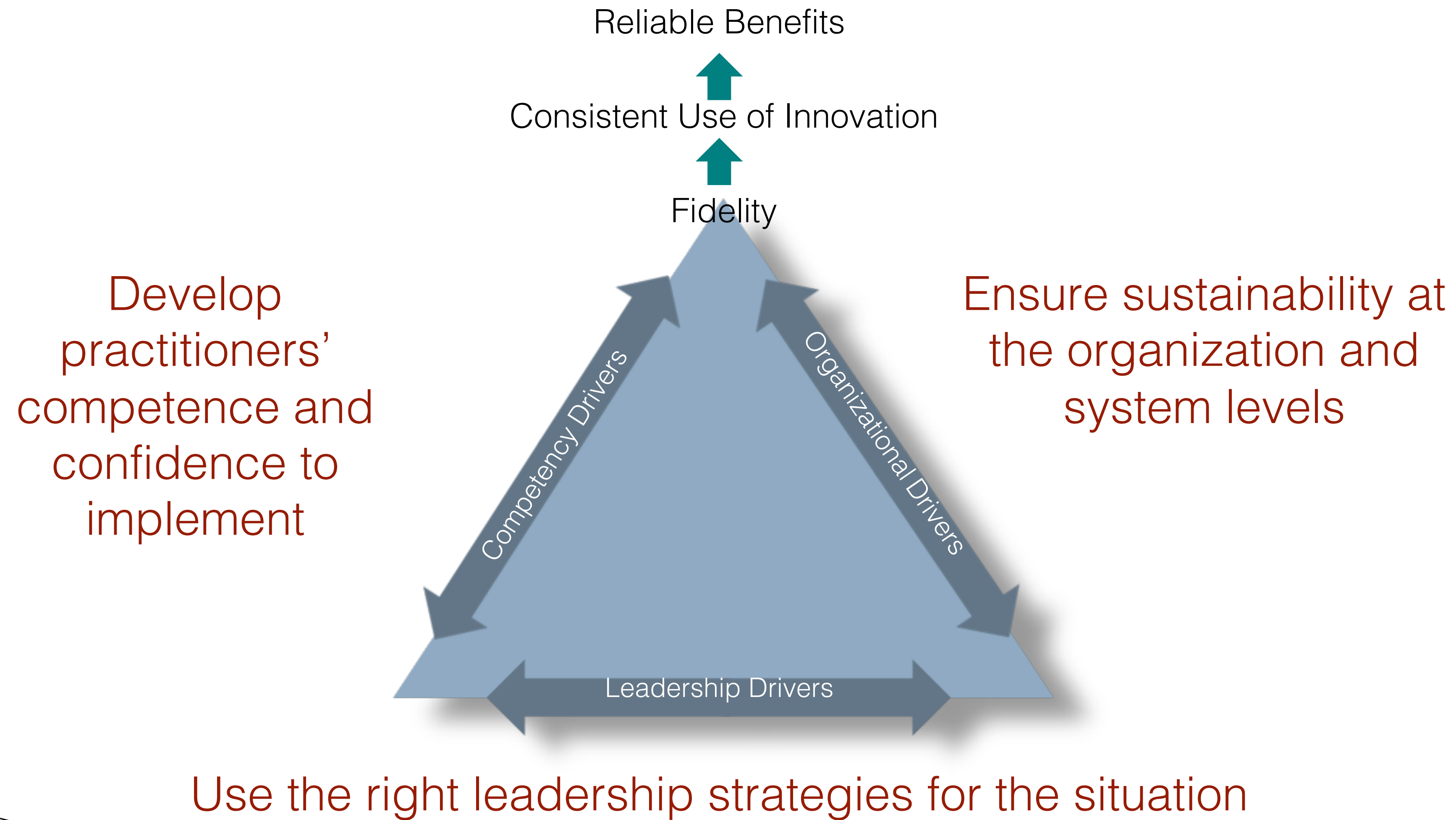
# Discussion

## Or is your agency more like this?

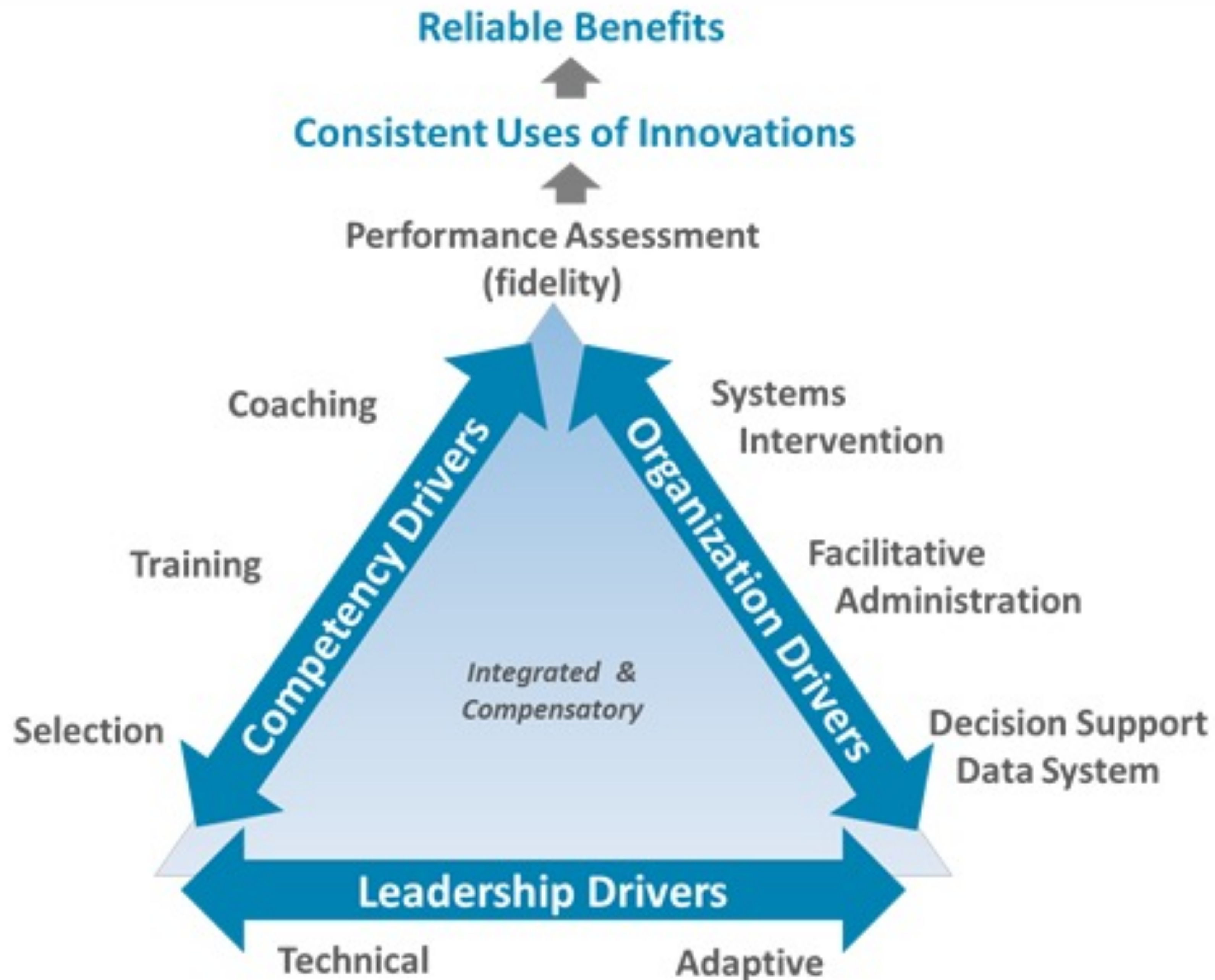
- Realistically, current structures and processes of many human service organizations make implementation difficult:
  - Large population base served with wide age range and complex combinations of problems
  - EBP implementation changes services from practitioner centered to program centered – fidelity
  - Supervision focused on administration, productivity standards and billing over competence
  - Staff evaluation based on supervisor/manager opinion, not performance standards
  - Organizational credentialing bodies geared toward procedures
  - Funding depends on billable hours, not implementation activities
  - Thin resources and high staff turnover (Myers, 2016)

# **NIRN Drivers of Successful Implementation**

# Implementation Drivers



# Implementation Drivers



# Competency: selection

- Selection -
  - are you hiring the right people (coachable)?
    - Using “ "role play" or "behavior rehearsal" processes”
  - and are you promoting the right people (bought in & skilled)?
- Succession planning?
- People who fit the culture you are striving for (more on culture when we get to leadership). For example, in probation/parole - law enforcement or human services?

# Competency: training & coaching

- The research says you will not go and actually change your practice after this workshop

- A study with teachers in education:
- Theory & discussion in training – 0 use in the classroom
- Demonstration in training – 0 use in the classroom
- Practice & feedback in training – 5% use
- Coaching in the classroom – 95% use
  - Joyce & Showers, 2002

- In business, 10% taught in training actually transferred to the job
- In medicine, formal conferences and training without practice reinforcement strategies – little impact
- (Joyce & Showers, 2002; Showers 2002; Davis 1995)

# **We are asking our clients to change their behavior**

- Parallel process: EBP implementation requires behavioral change by practitioners, supervisors, & managers. Training & coaching are the #1 way behavior change brought about.

# Competency: training & coaching

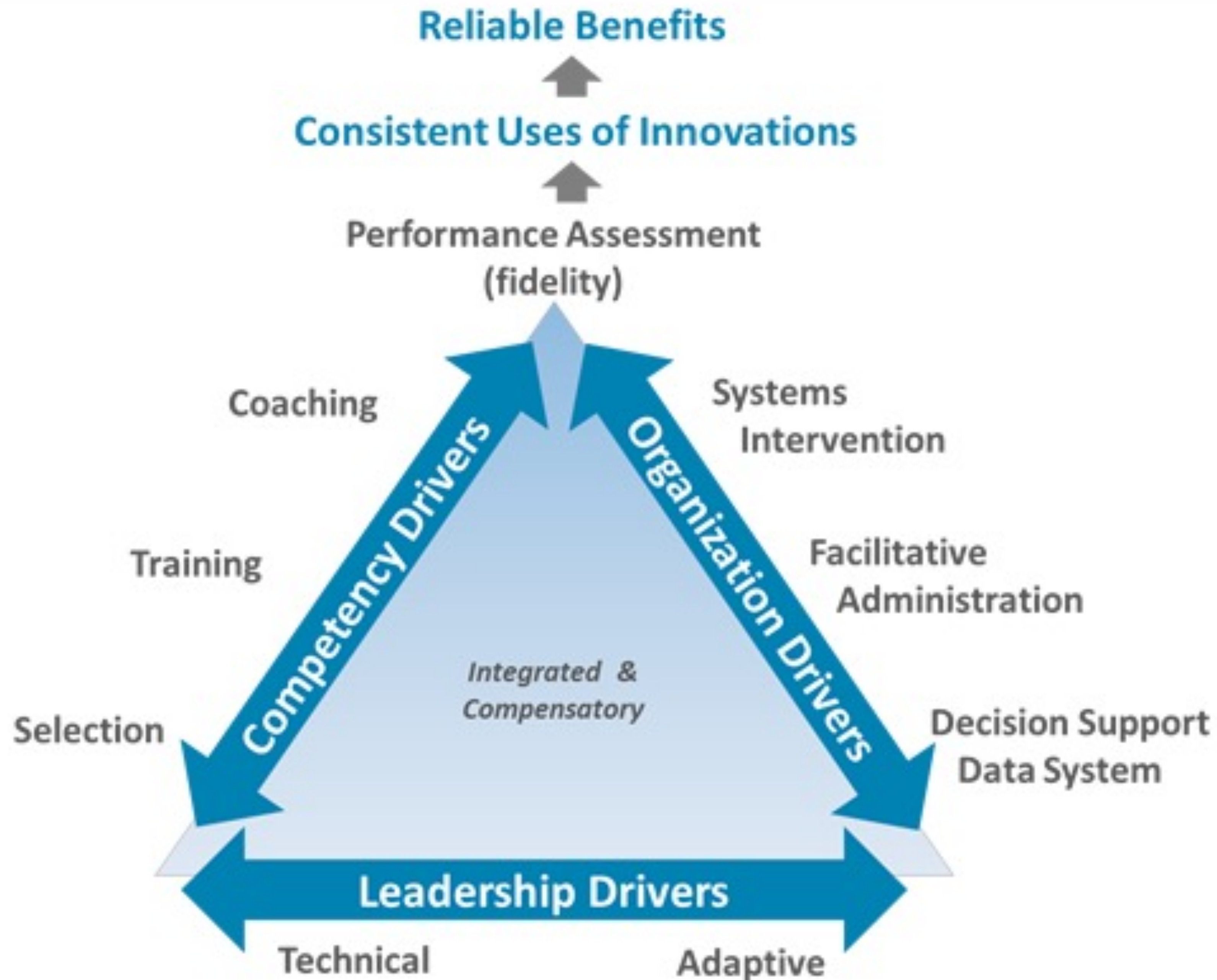
- “Train and hope” (Stokes & Baer, 1977) vs. “train and expect” vs. train, coach, booster

# Discussion

- Is your organization currently practicing?
- Train and hope
- Train and expect
- Train, coach, booster

# **Q&A on Competency**

# Implementation Drivers



# Leadership & Parallel Process

## Sustainability

- Leadership – change has to start from the top but middle management is the key to driving change
- Supervisor & line staff buy in - volunteers (early adopters) vs. required?
- Title/positional leadership vs. everyday leadership (Drew Dudley, TED Talk 2010)

# Leadership, Culture & Innovation?

- Clear vision - why
  - Role clarity
- Manageable workloads & reasonable time expectations - adding & taking off work
- Continuous learning
- Psychological safety
  - Continuous learning includes learning from mistakes (within reasonable limits of course)
  - To ask for help vs. fear based
  - Leadership - empathic/authentic/vulnerable

## **Culture continued**

- Transparency, communication, support & fairness from above
- Employees involved in decision-making & recognized (recognition is important but morale depends more on day to day workload stress)
- Adaptable, curious, forward thinking employees are rewarded
- Work-life balance - flexible work schedules/telework/vacations disconnected from work (this was an issue before the pandemic)
- Connection/belonging (not “family”)
  
- (My observations & the Gallup State of the American Workplace 2020 & Maslach Burnout Inventory)

# Managing resistance

## Resistance ...

- is inevitable
  - 2.5% innovators; 13.5% early adopters; 34% Early Majority; 34% Late Majority; 16% Laggards
    - (Rogers, E. Diffusion of Innovations 1962)
  - 40% pre-contemplation; 40% contemplation; 20% preparation (Prochaska, Prochaska, & Levesque 2001)
- Back to the organizational & individual why
  - Readiness = 1. Employees understand the empirical support; 2. see it demonstrated; 3. discuss relative advantages over existing programs; 4. help plan how & when it will be adopted.
- is a learning & unlearning process
- Change = loss, primarily of control (and/or loss of discretion, comfort, competence, loyalty). Respond with empathy.

## Managing resistance

- Disengaged staff - motivation vs. skill issue? Know about vs. know how
  - The how - new roles, responsibilities, relationships. Replace the loss - identify the person's role in the new process. Encourage reach in new directions
- Back to culture: learning culture & employee involvement in decision making (implementation coordinator & team); consider ideas in conflict with own - revise implementation strategies?
- Positive modeling & reinforcement by leadership - train, practice, reward
- Maintain high expectations. How long do you allow for people to make their own commitments until changes are imposed (performance standards)? Balance with empathy?

# Technical vs. adaptive leadership

- Technical - clear definition of the problem; clear pathway to solution; respond to traditional management approaches
- Adaptive - definition less clear & competing perspectives

# Adaptive Flags

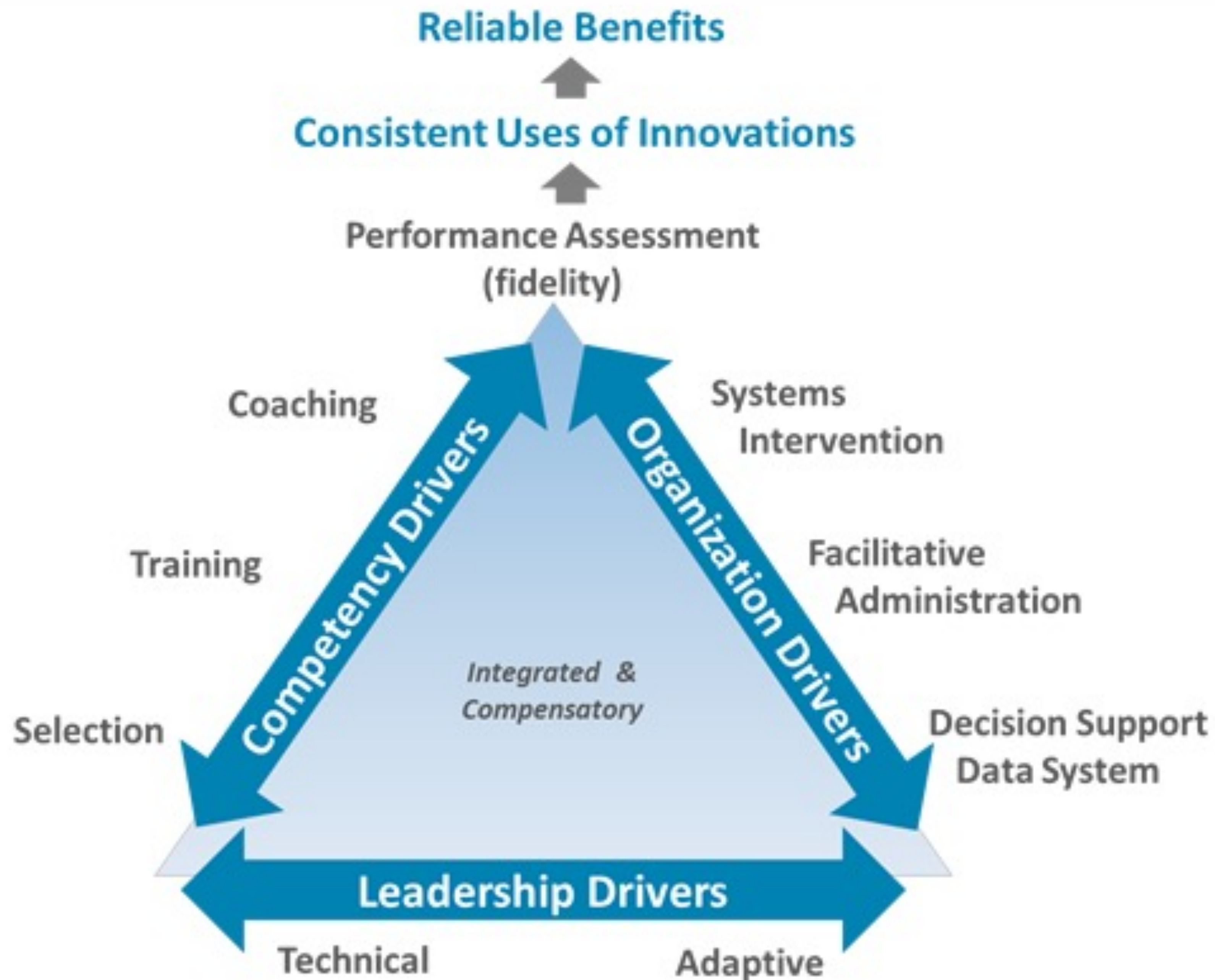
- No Known Solution
- People Would Rather Avoid the Issue
- Reason and Logic Alone Won't Get You There
- Recurring Problem
- Emotional Response
- Failure to Resolve Competing Priorities
- Moving Forward Feels Risky
- People Must Work Across Boundaries
- Progress Is Not Linear

# Discussion: leadership

- Identify a challenge with implementing your program (or an evidence-based practice/intervention) in your organization or an obstacle to your organizational effectiveness
- Describe the challenge/obstacle
- Choose at least 1 adaptive flag or indicator that might apply to the challenge/obstacle.

# **Q&A on Leadership**

# Implementation Drivers



# Organization drivers

## **Systems Intervention & Facilitative Administration**

- Sufficient institutional resources and climate? Funding? Scaling?
- HR issues - Job descriptions, performance evaluations, rewards/incentives
- Program evaluation - process & outcomes measurement
- Confidentiality - information sharing, MOUs, formal contracts?

# **Organization drivers**

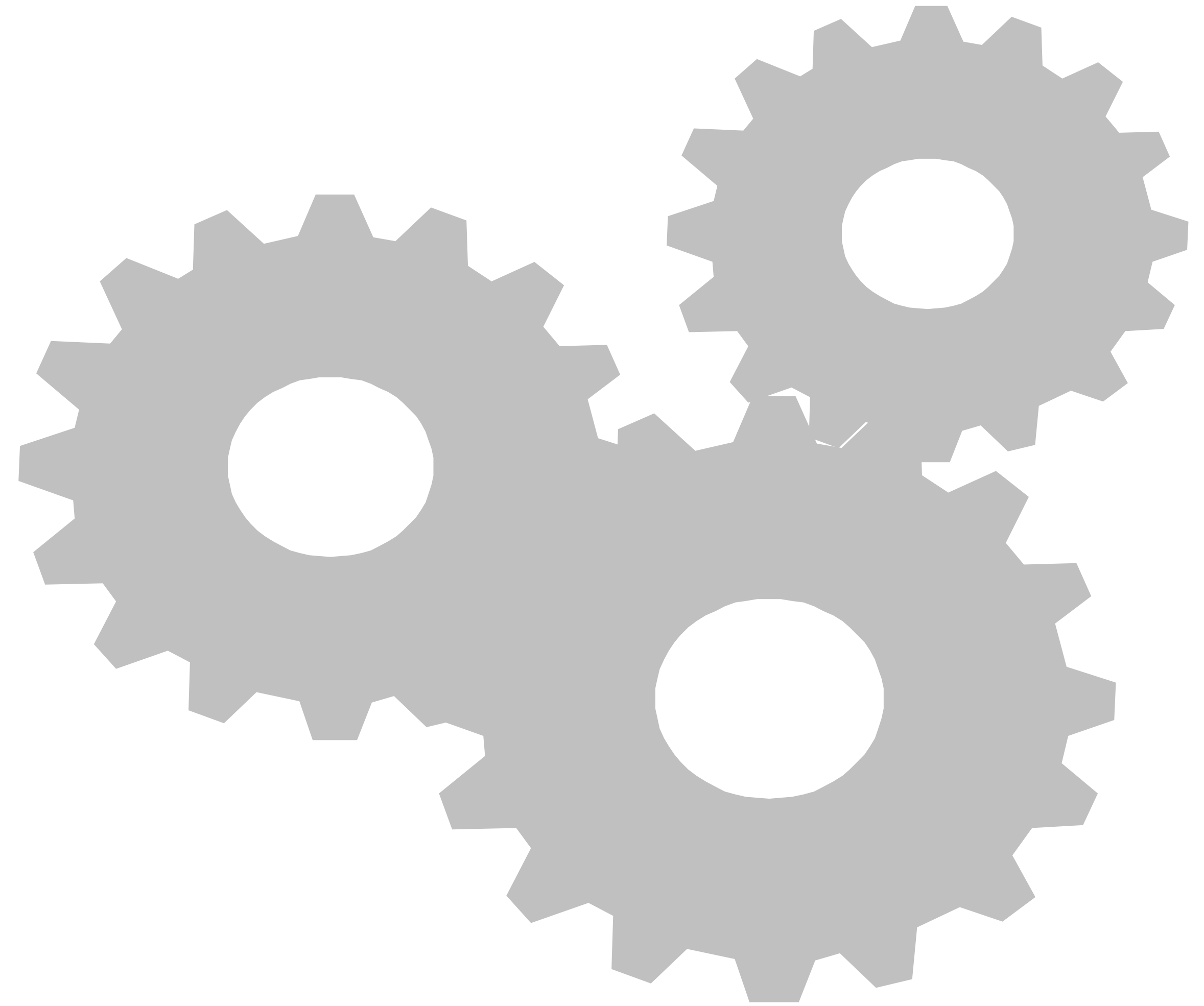
**Decision Support Data System**

**Are you ready for, and capable of, Data Driven Decision Making?**

- Data is accurate
- Used for operational decisions, not just for reporting
- Ease of use for managers, including visualizations
- Processes and outcomes measured
- Shared with all staff

# Q&A

## On Organization



# Q&A

## Common Questions

- Why does implementation seem so complicated?
  - Not rocket science, but not easy to implement training in the intervention(s), and ongoing QA (coaching & fidelity), and program evaluation - process and outcomes measurement
- How can we find time and resources to do effective implementation?
  - An evidence based intervention vs. evidence based organization?



# In conclusion

**Effective implementation strategies are essential to successful outcomes**

- Implementation does not occur in a vacuum
  - “... you could have the best RCT in the world, but if that RCT finds that a program doesn't work and you don't have a strong implementation component to your evaluation, you don't know whether the thing didn't work or it didn't work because it wasn't implemented well.”
    - Interview 9/12/22 with Dr. Nancy La Vigne, NIJ Director (as of 5/9/22)
- 2-4 year process with implementation support versus 17 years without!

# **My encouragement and challenge for you...**

- Don't practice correctional quackery
- Don't ignore implementation
- A personal action plan... please tell the person next to you one change you are going to make when you return to your office as a result of attending this workshop?

**Any last questions/thoughts?**



**МИНЕ!**

mine



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# Contact me

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