TAKING THE LEAP: FROM PILOT PROJECT TO WIDE-SCALE IMPLEMENTATION OF THE STRATEGIC TRAINING INITIATIVE IN COMMUNITY SUPERVISION (STICS)

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Abstract

Meta-analytic reviews of the offender rehabilitation literature have consistently demonstrated that treatment can reduce recidivism. The majority of the treatment programs in these reviews consist of small-scale demonstration projects (N < 100). Larger interventions, although effective in reducing recidivism, do not produce as robust effects as the smaller demonstration projects. The reasons for this may have to do more with quality implementation issues rather than with the treatment itself. This article describes the implementation plans for a previously validated probation officer training intervention that is being introduced across a large jurisdiction. The steps taken to ensure quality implementation are outlined and obstacles that arose are discussed.

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The United States and many other jurisdictions are awakening to the reality that getting tough on offenders has not reduced recidivism. The lessons learned from the fruitless experimentation with mandatory sentences, lengthier prison sentences, boot camps, electronic monitoring, and the myriad of correctional punishments have renewed attention on offender rehabilitation. Although rehabilitation appears to be enjoying a resurgent popularity within correctional policy, it remains to be seen whether offender treatment programs will show an impact beyond the small demonstration projects that represent the bulk of the treatment literature.

Effectiveness of Offender Rehabilitation

What we understand to be "offender rehabilitation" has changed significantly from Lipton, Martinson and Wilks' (1975) conceptualization of what represented a treatment program. At the time, Lipton et al. (1975) created confusion by mixing setting factors (e.g., prison, probation) with the person-to-person delivery of human services (e.g., counseling). Adams (1975), Palmer (1975), and Gendreau and Ross (1979), among others, immediately recognized the error. Only human services could rightfully represent a rehabilitative intervention. However, clinicians and researchers also recognized that not all human services are equally effective. Consequently, work began to delineate the characteristics of rehabilitation programs that were associated with effectiveness (i.e., reduced recidivism).

In 1990, Andrews, Bonta and Hoge outlined four principles that appeared to govern treatment effectiveness. Treatment programs that demonstrated reduced recidivism seemed to follow these principles:

Risk principle: Match the level of treatment services to the offender's level of risk. Higher risk offenders benefit from intensive services, whereas low-risk offenders do just fine with minimal services.

Need principle: The intervention should target criminogenic needs or those dynamic factors related to criminal behavior.

Responsivity principle: Match the mode and style of intervention to the offender's personal characteristics and learning style. For the most part, offenders are most responsive to cognitive-behavioral interventions, but specific biopsychosocial characteristics of the offender (e.g., motivation, personality, gender) may also need to be considered in order to maximize effectiveness.

Professional override: The professional may need to consider specific circumstances and factors not covered by the above three principles in tailoring an effective intervention.

On the heels of the Andrews et al. (1990) publication came a test of the principles. Andrews, Zinger, Hoge, Bonta, Gendreau, & Cullen (1990) conducted a meta-analytic review of the offender rehabilitation literature. This meta-analysis of 154 treatment comparisons essentially supported the principles of risk, need, and

responsivitiy. Interventions that did not adhere to any of the principles had the worst outcomes (on average, a six percentage point *increase* in recidivism), while those programs that followed the first three principles were associated with the largest reductions in recidivism (on average, a 30 percentage point decrease in recidivism). Since then, Andrews and Bonta have not only expanded upon the number of principles (Andrews & Bonta, 2010a, b; Bonta & Andrews, 2007), but by way of an analysis of an expanded offender rehabilitation database have also solidified support for the principles of risk, need, and responsivity. Today, the risk, need, responsivity (RNR) model represents the most influential model of offender rehabilitation in the field (Cullen, 2011; Ogloff & Davis, 2004; Ward, Melser, & Yates, 2007).

Manitoba Case Management Study

It is clear that compared to "get tough" interventions (e.g., mandatory sentences, boots camps, electronic monitoring), offender treatment programs can "work" in reducing recidivism more effectively. More than 40 meta-analytic reviews of the offender treatment literature affirm the effectiveness of treatment (Smith, Gendreau, & Swartz, 2009). By and large, the treatment programs included in the various meta-analyses are based upon evaluations of group-based treatment programs led by highly qualified professionals and researchers. In order to have a substantial impact on the larger offender populations that we see today, significant investments are needed in delivering the demonstrably more effective programs found in these literature reviews. Hiring more psychologists and training more staff to deliver treatment programs can only go so far. Let us be clear, we are not advocating diminishing resource support for treatment programs both within and outside of prisons. In fact, we call for expansion of such resources. What we do want to consider are ways to expand the reach of rehabilitative services so that the services cover more of the offender population.

Probation and parole officers supervise nearly five million offenders in America (Glaze, 2011) and over 100,000 in Canada (Calverley, 2010). It is widely assumed that the regular, face-to-face meetings between probation and parole officers and their clients are helpful in the sense that the offenders are likely to become more prosocial. However, a review of the literature by Bonta and his colleagues (Bonta, Rugge, Scott, Bourgon, & Yessine, 2008) challenged this assumption. They found that community supervision was associated with only a two percentage point reduction in general recidivism and there was no reduction in violent recidivism. Why this was so, particularly in contrast to the evidence from the offender rehabilitation literature, may be found in what probation and parole officers actually do with their clients during supervision.

Bonta et al. (2008) asked probation officers from the Canadian province of Manitoba to audio-record their supervision sessions at the beginning of supervision, and then again at three and six months into supervision. The question

posed in the study was to what extent were probation officers following the RNR principles. They found only modest adherence to the risk principle (i.e., many low-risk offenders were seen as often as higher risk offenders); only a few of the criminogenic needs were being discussed during supervision and the major ones (i.e., procriminal attitudes and criminal associates) were rarely discussed; and, the use of cognitive-behavioral techniques (responsivity principle) was largely absent in the supervision sessions. Based on these findings, Bonta and his colleagues concluded that the ineffectiveness of community supervision may be traced to insufficient adherence to the RNR principles during the one-on-one supervision sessions between the probation officer and his/her client. The researchers also reasoned that the effectiveness of community supervision may be improved by training probation officers to more closely follow the RNR principles in their daily work with offenders.

STICS: A Training Model for Effective Community Supervision

In 2005 researchers within the Corrections Research Division of Public Safety Canada began developing the Strategic Training Initiative in Community Supervision (STICS). The overall goal of STICS was to increase probation officers' adherence to the RNR principles with the expectation that this would lead to lower recidivism rates among their clients. Researchers reviewed the literature on various staff training and offender treatment programs with attention to following the RNR principles. A conscious decision was made to avoid a training program that would consist of modules built around various criminogenic needs (e.g., a module on substance abuse, another on anger management, etc.). Rather, the focus would be on procriminal attitudes and the dysfunctional attitudes underlying criminogenic needs (e.g., attitudes supportive of substance abuse, negative attitudes towards employment). The reasoning was that it was better to train officers to address attitudes well as opposed to diluting training across a variety of intervention targets.

The STICS model consisted of two major components. First, there was a specific training curriculum that taught probation officers to: a) build rapport and a collaborative working relationship with their clients, b) recognize the importance of criminogenic needs, especially procriminal attitudes, and c) apply cognitive-behavioral techniques to help their clients replace their procriminal attitudes with prosocial attitudes. The second component consisted of ongoing clinical support designed to maintain and improve the skills that the officers learned in the training. The clinical support consisted of regular monthly meetings to discuss and practice skills, refresher courses, and individualized feedback on audio recordings of supervision sessions submitted to the trainers.

In 2007, 80 probation officers from the Canadian provinces of British Columbia, Saskatchewan, and Prince Edward Island volunteered to participate in an evalu-

ation of the STICS model (Bonta et al., 2011). In Canada, probation is largely under the jurisdiction of the provinces and territories and the maximum length of a probation sentence is three years. The officers were randomly assigned to either STICS training or a control condition of probation-as-usual (in a ratio of 60:40, with 51 in the experimental group and 29 in the control group). All of the probation staff was asked to recruit two medium- and four high-risk clients (in keeping with the risk principle) who were willing to have their supervision sessions recorded at the beginning of supervision, and then three and six months later. Twenty-two probation officers dropped out of the study for various reasons and the remaining 52 officers recruited 143 probationers into the study (33 experimental and 19 control probation officers).

Analyses of the nearly 300 audio recordings demonstrated that the probation officers who were trained in the STICS model were more likely to follow the need and responsivity principles than the control officers. The STICS officers were more focused on the criminogenic needs of their clients and they were much more likely to apply cognitive-behavioral techniques to address these needs. After a two-year follow-up, the reconviction rate for the clients of the probation officers trained in STICS was 25% compared to 39.5% for the control group. Moreover, for the clients of those STICS officers who were most involved with the ongoing clinical supports (as measured by the number of monthly meetings and refresher courses that they attended), the recidivism rate was further reduced to 19%.

The results of the STICS evaluation (Bonta et al., 2011) were very promising, and subsequently British Colombia's Community Corrections Division decided to capitalize on the results of the pilot study and implement STICS across the service. The decision to do so was based on a number of factors ranging from the reduction in recidivism observed among the probationers to reports from the officers involved in the project about how STICS improved their overall morale on the job and confidence in their ability to work with difficult clients. As important as these factors were, the potential cost savings with a province-wide rollout was also a key consideration.

In the fiscal year spanning April 1, 2010, to March 31, 2011, on any given day an average of 10,250 medium- and high-risk sentenced offenders were under supervision in the province at a cost of $10.61 per day. This includes probation and conditional sentence orders (conditional sentences are viewed as a custodial sentence served in the community, such as house arrest, often followed by probation orders). Per diem costs are determined from the previous year's staffing and resource costs; $10.61 is the average cost to supervise medium- and high-risk clients. Assuming a 14.5 percentage point drop in recidivism, there could be a decrease of 1,486 offenders reoffending and returning to probation, and a cost savings of $5,754,757.90 per year. This cost saving refers only to community sentences and medium- and high-risk clients and does not include any savings that may be realized by fewer bail clients, lower risk clients, jail remands, prison terms, police investigations, and lower court and prosecution costs. Based upon consideration of

all of the previously noted factors, the 2012 budget allocated $9.5 million dollars over three years to be set aside to hire 36 additional probation officers. This would allow selected probation officers to assume the roles of STICS coaches, and five to eventually become STICS Coordinators (British Columbia Newsroom, 2012).

Lessons from the Treatment Integrity Literature

Plans for a STICS rollout began immediately after the Deputy Solicitor General of the province announced her decision in the spring of 2011 to proceed with STICS (additional budget enhancements came later). First and foremost was to design the implementation in a way that would avoid many of the difficulties encountered in other large-scale treatment projects. This is where the implementation literature served as a guide. It is widely recognized that once a treatment program goes beyond a demonstration project to a larger scale project, its effectiveness is diminished (Andrews & Bonta, 2010a; Lipsey, 1999). One of the criteria of a large-scale project is N > 100 (Andrews & Bonta, 2010a). If we calculate the effect size for the STICS evaluation we find an $r = .145$, which is right in line with other large, "real world" evaluations of intervention programs. Demonstration projects (N < 100) in community settings show an average effect size of $r = .35$. The question that arises is what accounts for the diminished effect size in large-scale studies. Is it due to problems with the treatment itself or its implementation (i.e., delivering the program as intended)?

Excellent summaries of the issue of implementation integrity are readily available (Bernfeld, Farrington, & Leschied, 2001; Goggin & Gendreau, 2006; Lowenkamp, Latessa, & Smith, 2006) and organizational and staff readiness were two key considerations relevant to planning the British Columbia STICS rollout (see Table 1 for a summary). Subcomponents, addressed in the next section, include the theoretical model of change, risk-need assessment, cognitive-behavioral programming, resource support, and monitoring.

There are various models of offender rehabilitation, but the predominant model is the RNR model. Since the mid-1990s, British Columbia Community Corrections Division has interwoven its policies and much of its practice with RNR (Table 1: 1a). The Division supports adherence to the RNR model in five major ways. The first relates to the creation of two levels of staffing. One level consists of paraprofessional probation officers who supervise only bail or low-risk sentenced offenders as assessed by the Community Risk-Need Assessment (CRNA; British Columbia Corrections, 2010). The second level consists of probation officers who complete the risk assessments and supervise moderate- to high-risk sentenced offenders.

The second way of supporting RNR is a policy related to the matching of the intensity of services to offender risk level. Services, or "nodes," include officer direct contact along with core programs, treatment provided by external commu-

Table 1

Factors to Consider for Wide-Scale Implementation of the Strategic Training Initiative in Community Supervision (STICS)

Factor	Descriptor
1. Organizational Readiness	
a) Theoretical model of change	Adoption of RNR model in policy
b) Risk-need assessment	Application of a validated risk-need offender assessment instrument
c) Cognitive-behavioral programming	Availability and routine use of cognitive behavioral programs either within the organization or from external community resources
d) Resource support	Financial and human resources committed for the long term
e) Monitoring	Capability to monitor and provide feedback
2. Staff Readiness	
a) Theoretical model of change	Knowledge of the RNR model
b) Risk-need assessment	Application of a validated risk-need offender assessment instrument
c) Cognitive-behavioral programming	Facilitating cognitive-behavioral core programs
d) Monitoring	Mentoring from senior probation officers

Note. RNR = risk, need, responsivity.

nity agencies, contacts with family members, etc. Depending on the offender's risk level, policy directs how many nodes must be delivered per month.

Except for sex offenders for whom STATIC-99 (Hanson, 1997) is the primary classification instrument, the third method is the risk-need instrument (CRNA), which is administered to all community sentenced clients at intake (Table 1: 1b). The CRNA is a validated, structured, professional judgment scale loosely modeled around the more widely known Level of Service Inventory-Revised (LSI-R; Andrews & Bonta, 1995). The instrument assesses both risk to reoffend and criminogenic needs. A variety of methods ensure consistency of assessment, application, and integration with case management plans, including training, quality assurance protocols, and annual peer review workshops and mentoring.

Many structured cognitive-behavioral programs (referred to as "Core programs" within the province), the fourth method of support, are delivered by trained

probation officers for community clients. These group-based programs are widely available in the offices and custody centers (Table 1: 1c). The Branch supports program integrity through staff training, quality management, and evaluation. There are ongoing efforts to ensure program availability in all areas of the province, including more rural offices or itinerant locations. In addition, a multicultural version of the Branch's domestic violence program attends to the province's varied population.

Not to be missed among these general requirements is the fifth and perhaps most strategic method of supporting RNR. A number of probation officers who were part of the original STICS experiment continued applying the STICS model with their cases even after completion of the study. Although the pilot had ended, Community Corrections Division continued to deliver the message to staff that STICS was the future for the service through communication on their internal SharePoint Web site and support of the continued monthly meetings of the probation officers from the original experiment (the control group officers were subsequently trained). This had the effect of not only creating and resourcing a cadre of experienced and skilled STICS officers on which a rollout could build but also the experienced officers infused their interest into other office staff. The positive messaging from both the organization and from the STICS officers led to many of the non-STICS probation officers actually looking forward to training. By the time the province announced the rollout, both the organization and staff were prepared for a large-scale implementation. As already noted, the provincial budget for fiscal year 2012 allotted the resources necessary to support the staffing required to support a STICS rollout (Table 1: 1d).

An additional aspect of resourcing is the British Columbia Corrections Branch in-house research unit, which has a history of evaluating programs and monitoring changes in the probation population. For this reason, advice from the research unit is taken seriously (the senior author has seen too many research units that provide excellent advice only to be ignored). In the British Columbia Corrections Branch, programs that fail to provide evidential support are either redesigned and reevaluated or discontinued, allowing resources to be reallocated. Furthermore, each new initiative is evaluated for its impact on offender engagement and/or recidivism and launched province-wide (if applicable) or discontinued based on the results of pilot studies.

Organizational readiness for an RNR-based initiative must also align with staff readiness as oftentimes frontline workers feel a disconnect between their daily work and the expectations from headquarters. Thus, many of the same factors that apply to the organization's readiness also apply to frontline staff (Table 1). In British Columbia, when you ask a probation officer what a criminogenic need is, whether he/she knows the risk principle, or why cognitive interventions are the treatment modality of choice, you are not met with a blank look. In fact, the application process for a probation officer requires the candidate to take an online course that includes an overview of the RNR model and successfully pass a test (Table 1: 2a). Furthermore, the majority of staff are trained in the admin-

istration of the CRNA (Table 1: 2b) and the majority of staff take additional training and assume the role of group leaders in the delivery of Core programs offered by the Corrections Branch (Table 1: 2c). Lastly, the service has a mentoring program in which local managers and senior probation officers in the probation office review cases with the probation officers as a matter of quality assurance (Table 1: 2d).

The Rollout: Implementation and Evaluation

Table 1 summarizes what we think are the important factors to prepare for a large-scale implementation of STICS. We will try to show that these factors are also critical in the evaluation stage. The in-progress STICS provincial rollout has the following four goals: 1) system uptake, 2) implementation integrity and fidelity, 3) build capacity, and 4) evaluation.

System Uptake

Much of the foundation for achieving the first goal, system uptake, was laid in the years prior to the large-scale implementation of STICS. The province participated in the original STICS experiment, leaving behind a group of trained probation officers, Community Corrections continued to support monthly meetings and refresher courses, and at every opportunity (e.g., senior management meetings, staff training courses, etc.) the message was conveyed about the importance of STICS to changing the way supervision can be done.

Following the decision to proceed with a STICS rollout, an implementation steering committee and a working group committee were established comprising senior management, research and policy analysts, and local managers. Within six months, the working committee also included two probation officers from the original STICS experiment. It is noteworthy that frontline staff was included on the committee, a feature commonly missing in quality program implementations (Harris & Smith, 1996). Also part of the committee was the Manager of Offender Programs, who was charged with overseeing the implementation and, in time, an additional analyst from Headquarters who assisted the project regarding daily operational needs. An internal SharePoint site providing information to staff across the province on the STICS rollout was established as well as additional sites specifically for trained probation officers and coaches. In addition, prior to training staff from an office, the province's Manager of Offender Programs and the Director of Research, Planning and Offender Programs would visit the probation office to describe expectations and to answer questions.

Implementation Integrity and Fidelity

Integrity is maintained in two ways. First, STICS training and the accompanying clinical support are, at least initially, provided by the original STICS trainers. That

is, the researchers who designed STICS deliver the classroom training component. Typically, involvement of the program designers and evaluators is associated with larger effect sizes (Andrews & Dowden, 2005; Andrews et al., 2011; Harris, Rice, & Quinsey, 2009; Lipsey, 2009; Petrosino & Soydan, 2005).

Second, once probation officers are trained they are expected to attend a refresher course (approximately six months after training), participate in at least eight monthly meetings (over a year), and receive feedback on at least two recorded sessions (these requirements were communicated in letters to newly trained officers from the Provincial Director). Coaches, to be described shortly, maintain a checklist of these requirements for each probation officer within the office and at the one-year mark; if the requirements are met, the officer receives a certificate of recognition (a copy is also in his/her personnel file). The expectations of the organization are clear: STICS is the new way of doing business and conforming to the STICS protocol is valued.

Build Capacity

Building capacity (the third goal) will occur through the structured development of coaches and STICS coordinators. One probation officer from each office is designated as a coach. Coaches are chosen collaboratively by the local manager and the staff using a set of selection guidelines developed by the steering committee in consultation with the STICS research team. Approximately a third of the coaches are selected from the existing pool of probation officers who were trained previously in the STICS experiment. The role of the coach is to schedule and arrange the monthly meetings and provide mentorship to his/her colleagues in their respective offices. Coaches are expected to commit between 25 and 30 hours per month to STICS support activities, including assisting the trainer in a refresher course approximately once every six months, listening to audio recordings, and eventually providing oral feedback to their fellow officers. The coaches also have a reduced caseload in order to give them the time to lead monthly meetings and mentor their fellow officers. These coaching activities are under the mentorship of the STICS research team.

Since coaches are a mix of experienced STICS officers and new recruits, efforts are made to pair as many of the new coaches as possible with a more experienced coach. All of the coaches, regardless of experience, are expected to attend STICS training prior to their office being trained and to attend special training sessions reserved for the coaches. Thus, the new coaches are expected to have approximately six months to practice their skills in advance of their office being trained. The idea is that the coach probation officers will be more experienced and in a better position to assist newly trained probation officers.

The province created four new positions within the Community Corrections Division that were called STICS Coordinators. The idea was that the Coordinators would be trained to deliver future STICS training to new staff *and* provide the necessary clinical support after the project ended. Initially, two probation officers

from the original experiment were identified to temporarily fill the position of STICS Coordinators until the positions were officially created in the organization (the four positions were filled in October 2012). These two probation officers were placed on a structured learning track for both the classroom training and the clinical support activities. They attended the first training (September 2011), but they simply watched the lead trainers deliver the training and helped with the various classroom exercises. At the following five trainings (from October 2011 to June 2012), the Coordinators delivered three of the 10 STICS modules under the supervision of the STICS research team.

As the rollout continued and more offices were trained, it became clear to the research team that most of the work was needed to run the monthly meetings and refresher courses, and provide individualized feedback to the newly trained probation officers. These activities required considerable involvement from the STICS Coordinators and a heavy investment in supervision by the STICS research team. Therefore, in September of 2012, the decision was made to focus the mentoring of the Coordinators on teaching them to deliver the refresher courses, oversee the monthly meetings, provide written feedback on the audio recordings, and supervise the coaches. The view was that the Coordinators needed to be especially skillful with these tasks since the clinical support activities would be ongoing and involve approximately 360 staff from across the province. Once the rollout ends and all staff are trained, classroom training from the Coordinators would involve relatively few probation officers (those newly hired because of staff attrition). Thus, until the completion of the rollout, the research team took on the major responsibility of delivering the classroom training to allow the team to focus on the post-training activities.

Perhaps the most difficult skill for the STICS Coordinators and coaches to learn is how to give quality feedback on the STICS skills to their fellow officers. To help them learn these feedback skills, the Coordinators begin by listening to a fellow officer's audio recording and writing a feedback narrative. Next, the narrative report is sent to the STICS research team for review and specific written feedback is passed on to the Coordinators. This way the Coordinators gain feedback on their narrative as well as the ability to include the feedback from the STICS research team in their feedback to the probation officer. This feedback loop will in time result in the Coordinators providing structured and helpful clinical support without the assistance of the STICS research team. As the Coordinators become proficient in providing feedback, they will then mentor the coaches, who would also provide oral feedback to their colleagues but on a more informal level (the Coordinators are trained to give detailed, written feedback).

Additional development of feedback skills is monitored through observations of the Coordinators managing the monthly meetings. The coaches have the responsibility of scheduling the meetings and setting the agenda, while the Coordinators provide support and offer guidance to the coach during facilitation of these tasks. A manual for the monthly meetings was developed with themes and exercises for

each meeting. As with the coaches, a system of qualification and competency is in place for the Coordinators to ensure that they are competent to deliver STICS clinical support within British Columbia Community Corrections.

Evaluation Plan

The evaluation of the STICS rollout in British Columbia is based upon a multiple baseline design. First, a baseline of officer behavior is established through audio recordings with clients. Next, two offices are trained and changes in officer behavior are measured post-training (again, through audio recordings with clients). The training occurs in paired sets spaced closely together so that half of two offices are trained first, followed the next month with the remaining half. This ensures operational continuity of services and creates an environment in which everyone starts the change process approximately at the same time. Following that, an additional two offices are trained and the process repeats itself. In other words, the effects of training on officer behavior are replicated numerous times.

There are two phases to the evaluation. The first involves an evaluation of the project based on the first 10 offices trained (from September 2011 to June 2012). The second phase will be an evaluation of the remaining offices. Examining the first round of audio recordings early in a multiyear rollout allows for an opportunity to adjust training and/or support if required. After all, if we could not observe changes as a result of training it made little sense to continue with the STICS implementation. Due to a delay in the establishment of privacy protocols and the initial speed of implementation, the first two offices that were trained (September and October 2011) were unable to provide baseline audio recordings.

The other reason for creating two phases in the evaluation is operational. Our most important indicator of STICS uptake at the officer level is the submission of audio recordings. As of November 2012, post-training recordings were received by approximately 60% of the trained probation officers, less than anticipated. Thus, the decision was made to pause additional training of offices to examine the audio recordings for behavioral changes and to examine the reasons for the less-than-anticipated number of recordings. The last training in phase 1 was conducted in December 2012, and training will resume after a review of the audio recordings and solutions are implemented.

At the client level, a baseline of the effectiveness of the probation officer will be established with a retrospective sample similar to that described by Bonta and his colleagues (2011). A random sample of six moderate- to high-risk clients under each probation officer's caseload a year prior to training will be selected and their recidivism rates will be measured. This essentially forms the "batting average" of the probation officers with their clients prior to training and it will be compared to the recidivism rate of their clients post training.

One of the weaknesses in the design of the original STICS evaluation (Bonta et al., 2011) was that although the officers were randomly assigned to training or

routine supervision, the assignment of clients was not random or standardized. In the present evaluation, two moderate- and four-high risk clients are randomly selected for audio recordings of their sessions with the probation officer. At the beginning of each month, the first new medium- or high-risk offender assigned to the probation officer will participate in the evaluation. In the following month the next new either medium- or high-risk offender will enter the project and this procedure continues each until the requirements of two medium- and four-high risk clients are met. Although not true randomization, this process will ensure an examination of a broad range of officer-client interactions and minimizes subjective selection. The officer-client sessions will be audio recorded at the beginning of supervision (after completion of a risk assessment), and three months and six months later.

Summary and Conclusions

To help us design a province-wide rollout of the STICS community supervision training model that would optimize our chances of success, we consulted the implementation literature. However, a final report on the rollout in British Columbia, with recidivism statistics, is still years away and whether or not we are successful remains to be seen. To understand the progress to date, we can reflect upon our implementation plans vis-à-vis the Correctional Program Assessment Inventory-2000 (CPAI; Gendreau & Andrews, 2001).

The CPAI was developed to assess the quality of correctional programs delivered in a "real world" setting and their adherence to the principles of effective rehabilitation. Thus far, at least 400 programs from around the world have been evaluated using the CPAI, with scores on the instrument showing significant associations with reductions in recidivism (Bonta, Wallace-Capretta, & Rooney, 2000; Gendreau & Andrews, 2001; Lowenkamp et al., 2006; Lowenkamp, Makarios, Latessa, Lemke, & Smith, 2010). As an example, Nesovic (2003) examined 173 treatment programs across the province of Ontario and found an $r = .46$ between CPAI scores and reductions in recidivism.

There are eight general areas measured by the CPAI. They are: a) organizational culture, b) program implementation/maintenance, c) management/staff characteristics (e.g., education and level of training), d) client risk/need practices, e) program characteristics (e.g., targeting criminogenic needs, using cognitive-behavioral interventions), f) dimensions of core correctional practice, g) interagency communication, and h) evaluation. Typically, an assessment of a program using the CPAI requires a site visit, reviews of program manuals and procedures, and interviews with staff and clients. In our case, we would like to measure our planned STICS rollout against the CPAI. That is, if we can follow our plan, would we achieve a passing grade from the CPAI (a score of 70% is required to be categorized as "very satisfactory"). Table 2 compares our STICS rollout implementation plans to the eight major domains of the CPAI.

Table 2

Hypothetical Assessment of the Strategic Training Initiative in Community Supervision (STICS) Rollout Using the Correctional Program Assessment Inventory-2000 (CPAI)

CPAI Domain	STICS Rollout Actions
Organizational culture	Policy guided by RNR model; paraprofessionals supervise low-risk cases; in-service training provided by a central training college
Program implementation/ maintenance	Senior management aware of research on effective interventions; participated in the STICS pilot; staffing levels enhanced for STICS implementation
Management/staff characteristics	University degree required for probation position; implementation overseen by STICS research team; selection of coaches and STICS Coordinators based upon structured selection criteria; refresher courses and monthly meetings to develop skills
Client risk/need practices	CRNA administered to all non-sexual offenders; sex offenders administered STATIC-99
Program characteristics	STICS targets criminogenic needs with an emphasis on procriminal attitudes; use of cognitive-behavioral skills; non-criminogenic needs are deemphasized in STICS; manuals for training and monthly meetings; refresher courses
Dimensions of core correctional practice	STICS modules include prosocial modeling and reinforcement, problem solving; skill building through rehearsal and role plays
Interagency communication	One STICS module is devoted to the effective use of community resources
Evaluation	Multiple baselines evaluation

Note. RNR = risk, need, responsivity; CRNA = Community Risk-Need Assessment.

Inspection of Table 2 suggests that our plans may score reasonably well on the CPAI, though there are two important caveats. First, we cannot at present follow the procedures required to complete a valid CPAI (e.g., conduct the appropriate interviews). Second, the rollout has not been completed and what we have in Table 2 is what is planned and not what was finally done. Nevertheless, based on our consideration of the program implementation literature and our hypothetical administration of the CPAI, we hope that we have a reasonable chance of successfully moving from a pilot to a large-scale implementation of an RNR-based community supervision model.

In conclusion, the British Columbia implementation of STICS is a structured and well-designed project that will build upon the foundational work of adherence to RNR principles initially started in the province in the mid to late 1990s. More than a simple staff training technique, this evidence-based and strategically important project will inform future operational decisions and criminological research. It will answer questions such as the a) applicability of cognitive-behavioral techniques into all instances of one-on-one client supervision and clinical support to probation officers; b) the potential for greater job satisfaction; and c) the potential for changes in the reconviction rates of adult offenders who are supervised by probation officers trained in STICS. No doubt our future findings will have an impact on our understanding of wide-scale implementation of the RNR principles.

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