

*Enhancing*

# **Probation and Parole Supervision Practices**

*through Subject-Matter Expert Training*

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# Introduction

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## The SMART Supervision Project

In 2015, the Multnomah County Department of Community Justice received a Smart Supervision grant through the Bureau of Justice Assistance to help develop and align a variety of emerging best practices in the supervision of 15 – 25 year olds. These best practice areas included the case management approach Effective Practices in Supervision (EPICS), trauma informed care (TIC), brain development science, and cultural competency.

Effective Practices in Community Supervision (EPICS) is a case management tool, originally developed by the University of Cincinnati Corrections Institute. The EPICS model structures the interactions between community supervision officers and clients. Cultural competency refers to the ability to provide services to clients with respect to different patterns of beliefs, behaviors, and needs. Trauma-informed care describes services which are delivered with awareness of the connection between adverse childhood experiences (ACEs) and negative outcomes in adulthood. Finally, brain development science references the continually emerging scientific literature which emphasizes the role of the developing brain in youth criminality.

The SMART Supervision project plan invests heavily in the professional development of managers and officers in the field. The initial phase of training focused on the staff who were recruited to work in the pilot unit supervising only 15 – 25 year olds. This allowed for small classroom sizes and intensive discussion between the trainer and the officers. The second phase extended the trainings to all-staff in the department. This phase promoted use of best practices throughout the department and helped ensure that future officers working in the 15 – 25 unit would have the foundational knowledge to implement best practices.

## Training Evaluation

The Research and Planning Unit (RAP) was the evaluation team for the SMART Supervision Grant and was responsible for monitoring the frequency of training sessions and participant responses. A member of RAP was assigned to attend each training session and collected participant response forms before and after each training. Response forms were anonymous and were only viewed by members of RAP. Pre and post tests were created in sets and matched by a unique identification number printed on the forms. All paper forms were then data entered into a master spreadsheet to enable analysis and reporting.

The purpose of this report is to answer the following evaluation questions:

- **What types of training was provided to the SMART pilot team and to the Department?**
- **Were participants satisfied with the quality of training? Did they self-report an increase in their knowledge and skills?**
- **Was the use of Subject-Matter Expert training more effective with the SMART Pilot Team than with the other officers?**

Given that the SMART pilot team experienced more intimate training settings and were selected for the team due to their commitment to working with 15 – 25 year-olds, there was speculation that they would have a different training experience than other trainees. More description of the trainings and the participants follow.

## **Subject Matter Expert Trainings**

In order to educate the SMART Supervision team on the science and value surrounding cultural competency, trauma informed care, and brain development, in-person trainings were presented over the course two years (2016-2018). Trainings were presented by Dr. Alicia Moreland-Capuia, a board certified addiction psychiatrist at Oregon Health and Science University. For more information about Dr. Moreland-Capuia, see Appendix A.

In total, 22 trainings were conducted by Dr. Moreland-Capuia. Each training ran approximately three hours long and consisted of a mix of PowerPoint presentations, question and answer opportunities, and small group work. Five trainings covered topics related to cultural competency (Culture and Equity, Suspending Bias, Relationships, Gender, and Labeling Theory: The Power of Words). Seven trainings related to trauma informed care (Trauma Informed Care I and II, Mindfulness, Physiology of Fear and Trauma, and Mental Health Diagnoses, Mental Health and the Brain, Wellness). Eight trainings related to brain development (Substance Use and the Developing Brain I and II, Impact of Alcohol, Impact of Cannabis I and II, Brain Review, and Psychopharmacology of Substance Abuse I and II). Finally, two trainings synthesized all three components together and discussed their applications to the EPICS model (Applying a Culturally Specific, Trauma Informed, and Neuroscientific Lens to EPICS I and II).

## **Participant Demographics**

### ***Attendance***

The first fourteen trainings were open to a limited number of individuals from the SMART Supervision Team. This team was made up of three probation officers and a juvenile court counselor who volunteered to pilot the project, along with three supervisors. These trainings were also attended by key stakeholders at the Multnomah County Department of Community Justice, including the project grant coordinator, HR professionals, and data analysts. The remaining eight trainings were open to all Department of Community Justice staff, including all probation officers and juvenile court counselors.

For those trainings that were only open to the SMART team, attendance ranged from 3-11 participants per training (see Table 1). Once trainings opened to general staff, attendance ranged from 16-47 people per training.

## Table 1: Attendance per Training

Note. Trainings are ordered by date they occurred, from earliest to latest.

Trainings	Attendees Type	# of Attendees
Trauma Informed Care	SMART Supervision Team Only	4
Culture and Equity	SMART Supervision Team Only	3
Mindfulness	SMART Supervision Team Only	4
Suspending Bias	SMART Supervision Team Only	6
Substance Use and the Developing Brain	SMART Supervision Team Only	8
Physiology of Fear and Trauma	SMART Supervision Team Only	6
Mental Health Diagnoses	SMART Supervision Team Only	9
Relationships	SMART Supervision Team Only	9
Wellness	SMART Supervision Team Only	9
Impact of Alcohol	SMART Supervision Team Only	11
Impact of Cannabis	SMART Supervision Team Only	4
Brain Review	SMART Supervision Team Only	7
Gender	SMART Supervision Team Only	7
Psychopharmacology of Substance Abuse	SMART Supervision Team Only	8
Trauma Informed Care II	All DCJ Staff	46
Substance Use and the Developing Brain II	All DCJ Staff	47
Labeling Theory and Power of Words	All DCJ Staff	27
Applying a Culturally Specific, Trauma Informed, and Neuroscientific Lens to EPICS	All DCJ Staff	20
Applying a Culturally Specific, Trauma Informed, and Neuroscientific Lens to EPICS II	All DCJ Staff	29
Psychopharmacology of Substance Abuse II	All DCJ Staff	40
Mental Health and the Brain	All DCJ Staff	21
Impact of Cannabis II	All DCJ Staff	16

### ***Job Tenure and Client Contact***

Across all trainings, almost half of attendees had ten or more years' experience in the field of corrections (48.3%). Also present were some new corrections staff, who had fewer than two years' experience (11.4%). Generally, the staff that attended these trainings held positions in which they worked closely with clients. Almost 70% of attendees spend more than half of their time at work directly interacting with clients (67.3%).

### ***Knowledge of the EPICS Model***

In general, attendees had at least some previous experience with the EPICS model of supervision. This was expected since the department had initially implemented EPICS in 2011. Attendees rated their knowledge of EPICS as basic (19.5%), intermediate (31.9%), or advanced (34.8%). Few participants rated their knowledge regarding EPICS as none (7%) or expert (6.7%).

# Pre-Post Training Analysis

## Knowledge Gains

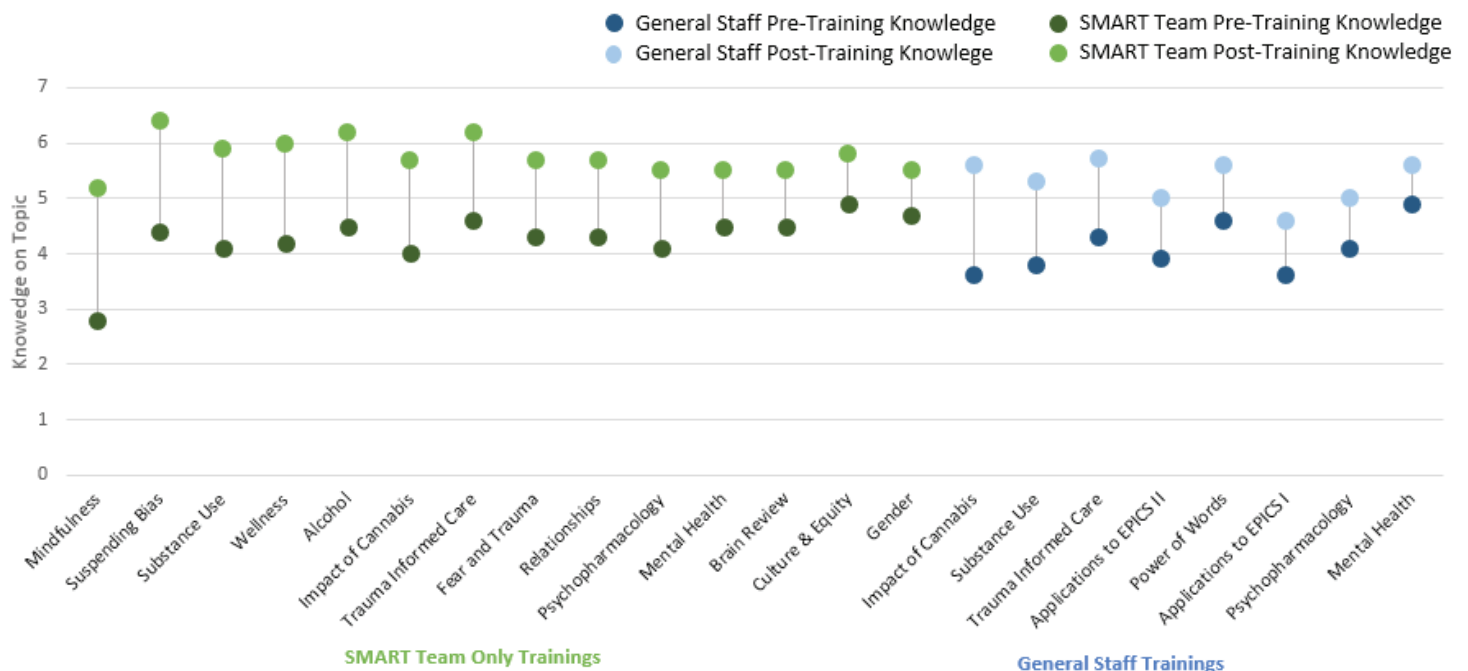
To assess the trainings' impact on attendee knowledge regarding the utility of cultural competency, trauma informed care, and brain development, a pre-post questionnaire was administered. Before and after the training, all participants were asked to rate their perceived level of knowledge on the training topic on a 1 (low knowledge) to 7 (high knowledge) scale.

Across all trainings, participants felt that they had gained knowledge on the topics covered during the lecture (See Figure 1). The SMART team members had the largest knowledge gains following the trainings on **mindfulness**, **suspending bias**, and **substance use in the developing brain**.

*The general staff gained the most knowledge through the trainings on the impact of cannabis, substance use in the developing brain, and trauma informed care.*

On average, the SMART team gained 1.5 points in their knowledge while general staff gained 1.2 points. There were no statistically significant differences in the overall amount of knowledge gained by the SMART team compared to the general staff.

**Figure 1: Knowledge gains by training for SMART team and general staff members**



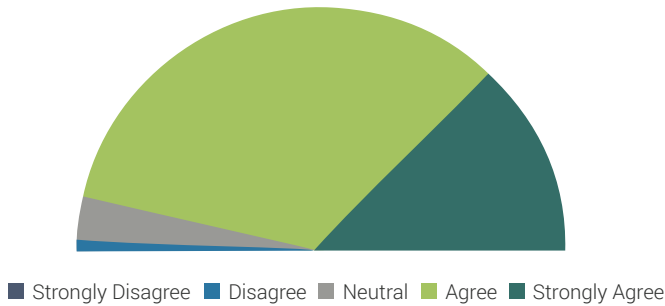


## Job Performance Skills

The pre-post questionnaire also assessed the extent to which attendees felt that these trainings assisted in developing their job performance skills.

### Figure 2: Competence Gains

*"I feel more competent in this topic following the training"*



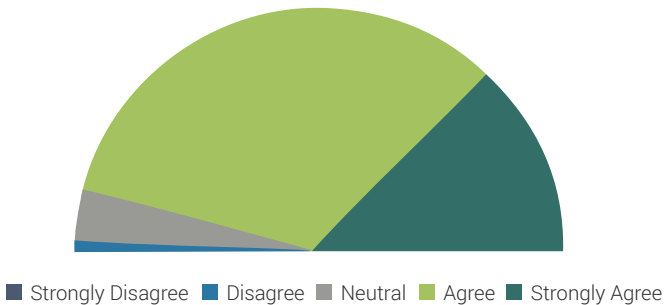
Overwhelmingly, participants felt that the trainings increased their level of competence (See Figure 2).

**93%** of trainees either agreed or strongly agreed that they were more competent after the training.

The remaining **7%** were neutral. **1** participant disagreed.

### Figure 3: Effectiveness Gains

*"The training topics learned in this class will make me more effective in my regular duties"*



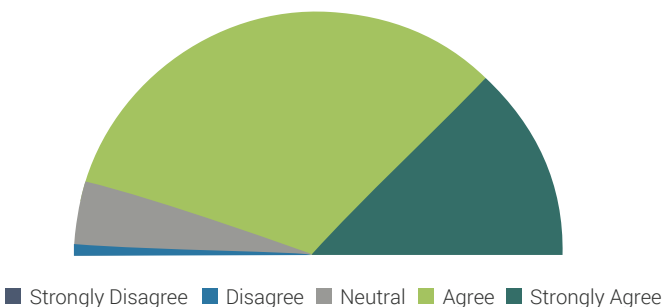
Most participants also felt that the trainings would make them more effective at their regular duties (See Figure 3).

**92%** of trainees either agreed or strongly agreed that they would be more effective as after the trainings.

The remaining **8%** were neutral. **1** participant disagreed.

### Figure 4: Connections Gains

*"The training topics learned in this class will help me make better connections with my clients"*



Finally, participants felt that the trainings gave them tools to better connect with their clients (See Figure 4).

**92%** of trainees either agreed or strongly agreed that the trainings gave them tools to connect to clients.

The remaining **9%** were neutral. **1** participant disagreed.

## Relevance to EPICS implementation

Participants felt that all trainings were relevant for the EPICS model and that the topics of cultural competency, trauma informed care, and brain development should be incorporated into the EPICS model (see Figure 5).

The participants especially felt that the trainings on **relationships**, the **physiology of fear and trauma**, and **mindfulness** should be incorporated into EPICS.

Participants were less interested in incorporating trainings surrounding low-level substance abuse. The **psychopharmacology of substance abuse**, the **impact of alcohol** and the **impact of cannabis** trainings were all at the bottom of the list.

### Figure 5: Attendee perception of training importance for EPICS

*"How important is it to add the training topic concept into the EPICS model?"*



## Desire for Additional Training

Following the completion of each training, all participants were asked to report the extent to which they would like to receive additional training on that topic on a scale of 0 (Strongly Disagree) to 5 (Strongly Agree).

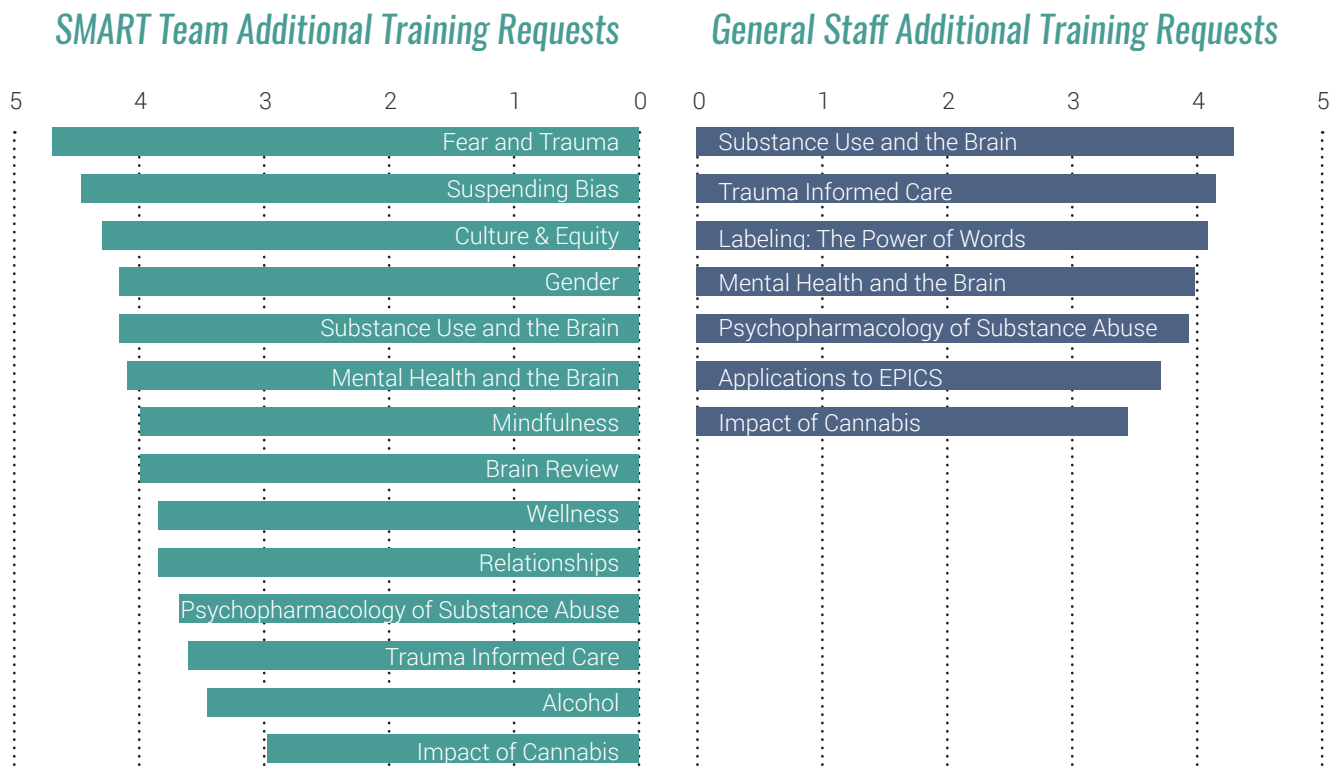
Across all trainings, participants reported on average that they would like to receive additional training on that topic (See Figure 6).

For the SMART team, the **physiology of fear and trauma**, **suspending bias**, and **culture and equity**.

For the general staff, the three most requested additional trainings were (in order) **substance use and the brain**, **trauma informed care**, and **labeling theory: the power of words**.

Interestingly, both the SMART team and the general staff were the least interested in additional trainings on the **impact of cannabis**, despite this being the number one area in which general staff gained knowledge.

**Figure 6: SMART staff and General staff requests for additional training**



# Attendee Qualitative Feedback

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Attendees also provided qualitative feedback on what went well during the trainings and what could be improved. Below is a summary of major themes:

## Areas of Strength

Attendees found that the information was **relevant**.

- “ *Great, applicable details!* ”
- “ *Lots of helpful information* ”
- “ *Content was up-to-date and directly related to my work* ”

Attendees found the presentations **engaging**.

- “ *The information and delivery were superb* ”
- “ *Good combo of lecture and asking audience for input* ”
- “ *Slides are clear and easy to follow* ”

Overwhelmingly, attendees **loved the presenter**.

- “ *How [Subject Matter Expert Name] trains is great for how I learn* ”
- “ *Energy of trainer!* ”
- “ *[Subject Matter Expert Name] is a great facilitator* ”

## Areas for Improvement

Attendees wanted more time devoted to **applications to their specific jobs**.

- “ *I want more practical options/discussions relevant to PO work*
- “ *More discussion and sharing on practical application of knowledge obtain on day-to-day work and interaction with clients and families*
- “ *Scenarios that are juvenile specific*
- “ *Education was great, but more than last 10 minutes spent on practical applications*

Attendees wanted **more time and handouts** to remember all the information.

- “ *Handouts would be great. Lots of info to retain*
- “ *I wished we had more handouts to reference*
- “ *I would appreciate printouts of topic prior to trainings*
- “ *Slow down to allow time to absorb and process new medical/scientific info*

Attendees wanted **additional and longer trainings**.

- “ *I wish it was longer!*
- “ *Continue to offer more trainings*
- “ *Change to 3 day training or one week*
- “ *More classes on the brain!*

# Conclusion

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## Summary of Main Findings

The findings from this study suggest that subject-matter expert trainings are effective at increasing probation officer knowledge on constructs relevant to their job duties. Trainings on cultural competency, trauma informed care, and brain development are both highly sought-after by probation officers and support probation officer skill development.

Officers who attended these trainings felt that they were more competent, effective, and would have an easier time connecting with clients following the completion of the trainings. These findings were overwhelmingly positive, with fewer than 10% of attendees reporting that the trainings did not improve their job skills.

The positive reactions to these trainings can also be seen in the attendee's requests to continue to receive additional trainings. For the vast majority of trainings, respondents marked "agree" or "strongly agree" when asked if they would enjoy additional coverage of the topic. Furthermore, a desire of for further training emerged as one of the three main themes in the qualitative feedback that asked for areas of improvement.

## Implications for Practice and Future Research

The findings from this report suggest that probation officers both want to learn about the scientific literature relevant to their job duties and that attending such trainings can increase officer perception of their competence in performing their jobs. As such, this report recommends that trainings on the areas of cultural competency, trauma informed care, and brain development are conducted with probation and parole officers wherever possible.

Attendees were most excited about the trainings when the information was relevant to their job duties and wished that more time had been spent on applications of the materials to their specific jobs. Therefore, this report recommends that trainings be conducted by a subject-matter expert who is experienced in working with probation or parole departments. Alternatively, a co-presenter model could be used to highlight both the science and applications from two individuals with complementary skill sets.

Interestingly, attendees had the least interest in continuing to receive trainings related to substance abuse and felt that these trainings were the least relevant to the EPICS model. This finding is especially interesting in light of the findings regarding knowledge gains. It was not the case that attendees were already very well educated on substance abuse, and thus found those trainings to be boring and irrelevant. Instead, attendees reported that they gained a significant amount of knowledge during these trainings. Future research should explore why probation officers feel that substance abuse trainings are less pertinent to their work than are topics surrounding cultural competency or trauma.

# Appendix: Meet the Subject Matter Expert

**Dr. Alisha Moreland-Capuia** graduated from Stanford University in 2002 with a B.S. in biological sciences and a minor in urban studies. She earned her doctor of medicine from the George Washington University School of Medicine in 2007. Dr. Alisha completed four years of psychiatry residency and an addiction fellowship at Oregon Health and Science University. She is a board certified addiction psychiatrist who has facilitated systems change through community education/training/ engagement and influencing policy that impacts youth. She is the co-founder of The Capuia Foundation – through the Foundation she and her family built a primary care clinic in Angola, Africa which provides subsidized care to thousands of Angolans annually. Dr. Alisha has worked with judges, parole officers, school teachers, community members and faith based institutions training in the areas of cultural responsiveness, brain development and trauma informed approaches and practices. She built a program entitled Healing Hurt People Portland – a hospital based, trauma informed, community focused youth violence prevention program that serves young males of color between the ages of 15-33 who've been stabbed, shot and or assaulted. She has committed her professional career to changing systems to optimally serve youth and families.

# Appendix: About the Authors

**Miranda Sitney, MS** is a Program Specialist for the Research & Planning Unit of the Multnomah County Department of Community Justice. She holds a Master's degree in Community Psychology and is currently completing her Ph.D in Applied Community Psychology at Portland State University. Her research focuses on caregiving and family contexts for justice-involved youth, specializing in program evaluation and mixed methodologies.

**Dr. Kimberly P. Bernard** is the Director of Research and Planning at the Multnomah County Department of Community Justice. She is currently a Principal Investigator for a Smart Supervision Grant and Second Chance Grant evaluations as well as scholar with the National Institute of Justice WEB Du Bois Program. In the fall of 2017, Dr. Bernard became the Research Chair for the American Probation and Parole Association. She has over 20 years of experience managing process and outcome studies in applied settings. Dr. Bernard holds a Ph.D. from the Brandeis University Heller School for Social Policy & Management.