Collaborative Case Work with Justice-Involved Women

ALSO KNOWN AS THE WOMEN OFFENDER CASE MANAGEMENT MODEL (WOCMM)

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Preface

This technical assistance activity was funded by the Community Services Division of the National Institute of Corrections (NIC TA No. 14C7403). The Institute is a federal agency in the US that was established to provide assistance to strengthen state and local correctional agencies by creating more effective, humane, safe and just correctional services.

This report provides a description of the Collaborative Case Work Model for Justice-Involved Women (CCW-W), previously known as the Women Offender Case Management Model (WOCMM). CCW-W is an intensive casework model that was developed specifically for justice-involved women. Since the first pilot of this model by the State of Connecticut Judicial Branch/Court Services Division, CCW-W has demonstrated favorable outcomes in several settings. It is now being implemented in Connecticut, Iowa, Maine and Larimer County in Colorado. The model has also been customized for use by the Michigan Department of Corrections and Utah Department of Corrections. In addition to an overview of the model, we will describe the strategies that contribute to the successful implementation of CCW-W.

The contents of this report reflect the views of NIC TA consultant, Dr. Marilyn Van Dieten. Points of view or opinions expressed in the Technical Assistance Report are those of the author and do not necessarily represent the official opinion or policies of the U.S. Department of Justice.

Acknowledgements

The development of Collaborative Case Work was a cooperative effort between justice-involved women and the scholars and professionals who work with them. This project was inspired by Phyllis Modley (formerly with the National Institute of Corrections) who recognized the need to develop gender-responsive strategies to enhance the lives of women at risk for criminal justice involvement. The Women Offender Case Management Model (WOCCM) was initially published in 2006 as a case management model for women who are incarcerated or under probation/parole supervision. The overarching goal of the project was the creation of a comprehensive gender-specific (women) case management model that was implemented and evaluated within pilot sites and then replicated in institutional and community settings.

We are particularly grateful to a group of individuals who supported the development of the model and served on a national advisory committee:

> Julie Boehm, Missouri Department of Corrections
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>
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> Phyllis Modley, National Institute of Corrections
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> Carol Shapiro, Family Justice
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> Mary Scully Whitaker, Private Consultant
>
> Pat Van Voorhis, University of Cincinnati

We are also grateful to the initial pilot sites:

The executive team at the Court Support Services Division (CSSD) of the Connecticut Judicial Branch were instrumental in helping us work through the complexities of implementation. We are particularly indebted to Rena Goldwasser, Tom Hogan, and Susan Glass who monitored the progress of this project and worked tirelessly to ensure that the professional needs of each team member were addressed so that the model could be delivered with fidelity. We are also extremely grateful to the original WOCMM officers and the resource specialists who volunteered to participate in this project and whose efforts and contributions were unquestionably the reason it was successful.

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Finally, we would like to acknowledge the creative input of Alyssa Benedict (CORE Associates) for her assistance with the development of the curriculum and implementation of the initial pilots.

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Purpose of this Report

The purpose of this report is to describe the Collaborative Case Work for Justice-Involved Women (CCW-W) model and to summarize the various refinements that have been made over the years of delivery. The guiding principles, intervention strategies and key elements for implementation are described.

Navigating This Report

Chapter 1 reviews the growing awareness that women at risk for criminal justice involvement have not been the subject of much research nor have post-release programs been tailored to their unique needs. In Chapter 2 we begin with a brief description of the research that helped inform the development of the model and the principles and core practices that help to operationalize the approach. Chapter 3 is designed to give the reader a sense of the case work process, and the various tasks completed by staff at each stage of the model. In addition to the process of effective case work, CCW-W has a number of structural components that must be implemented. These are explored in detail in Chapter 4. Throughout this report we reference the challenges and complexities associated with implementing this model with integrity. These are summarized and discussed in greater detail in Chapter 5. Finally, we encourage the reader to explore the references and recommended resources listed in the appendices.

Chapter 1: Research and Impetus for the CCW-W Model

Over the last three decades there has been considerable interest in exploring the circumstances that place women at risk for criminal justice involvement. Attention to gender can be attributed to the scholarly works of many writers and a growing movement from the field that is demanding a shift from traditional, gender-neutral approaches to models and practices that systematically incorporate the research on women. A body of research is amassing, and there is compelling evidence to suggest there are important differences in how men and women experience the world politically, economically, socially, and biologically. These results have served as a springboard for new possibilities and innovative options to enhance our day-to-day work with justice-involved women.

Despite shifts in the political and social climate that impact the field of corrections, a focus on *rehabilitation* has always played a more or less central role. By the late 90's researchers were able to summarize 'what works' and the language of evidence-based practices became well-established in the lexicon of corrections. Noteworthy is that the policies and practices emerging from the available research focused primarily on men, who also comprised the largest correctional population until this time. Unfortunately, the new millennium brought with it an increase in the number of incarcerated individuals and a significant rise in the number of convicted women. Women were swept into the mainstream of corrections and policies and practices already in place for men were adopted, often with little regard to the differential impact they might have. Reports of negative outcomes resulting from litigation and from the writings of feminist scholars, researchers, and professionals in the field confirmed that refinements to existing practices were essential and prompted government and state agencies to more fully understand and address the needs of women [1].

General Correctional Literature

During the 1990's, interest in offender rehabilitation gained considerable momentum largely through the efforts of Andrews and colleagues in Ottawa, Canada (Andrews & Bonta, 2010). These authors systematically reviewed the research and formulated four principles of effective intervention hypothesized to contribute to reductions in recidivism. These principles are now widely accepted in corrections and they continue to dominate reform efforts.

The first component is known as the *risk principle* and refers to targeting offenders who are most likely to recidivate.

The *need principle* is the second component and underscores the importance of targeting dynamic risk factors (or criminogenic needs) in correctional settings. Criminogenic needs, such as antisocial attitudes and poor problem solving, are factors that have been statistically linked to

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[1] For a detailed exploration of the study of women offender in corrections see *On Behalf of Women Offenders: Women's Place in the Science of Evidence-Base Practices*, written by Patricia Van Voorhis (2012) when she received the prestigious Vollmer Award from the American Society of Criminology.

criminal conduct. When these need areas are targeted appropriately in treatment (e.g., through techniques such as modeling, guided skill practice, etc.), the likelihood of committing further crime is diminished.

The third component of this model is the *responsivity principle*, which can be further conceptualized as having *general* and *specific* subcomponents. The underlying premise of the general responsivity principle is that certain evidence-based approaches like Cognitive Behavioral Therapy (CBT) are most likely to reduce recidivism with justice-involved populations. The specific responsivity principle asserts that individual client factors such as motivation, cognitive ability, gender, ethnicity, and cultural background may require a differential and individualized response from professionals to enhance opportunities for learning and engagement.

The final principle focuses on *implementation integrity* and the need to ensure that staff are provided with ongoing supervision and support to ensure adherence to the model.

The principles of effective intervention were used to guide the development of the CCW-W (formerly known as the WOCMM) model. However, we were mindful that the preponderance of empirical evidence supporting the *Risk, Need, Responsivity (RNR) principles* rested with samples consisting almost entirely of men (Van Voorhis, 2012; Blanchette & Brown, 2006). For the most part, studies that included women failed to disaggregate samples by gender (Blanchette & Brown, 2006) and thus the full relevance of these principles for justice-involved women remained unexplored.

Case Management Outcome Research

During the development of the model in 2006 we also conducted an extensive review of the case management literature to identify promising and evidence-based practices[2]. With few exceptions, we were unable to find research that examined the impact of case work or supervision with a correctional population[3]. A notable exclusion, was a qualitative study undertaken by Partridge (2004). Using a survey method, Partridge reviewed the case management practices of probation officers in England and Wales. She discovered that during the initial stages of supervision, offender and officer satisfaction were highest when efforts were made to build rapport and explore the client's experiences and needs. As the offender

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[2] Van Dieten, M. & Robinson, D. (2008). Case Management: A Response paper. International Community Corrections Association.

[3] As we were conducting the WOCMM pilot a number of case management and supervision models were being evaluated in Australia, Canada and the United States to enhance outcomes with clients under community supervision. These models incorporate fundamental strategies used in CBT programs including modeling, reinforcement, and behavioral and cognitive change as well as other complementary approaches such as Motivational Interviewing. Outcome research reported by Chris Trotter (2006) and the ongoing work of Jim Bonta and his colleagues in Ottawa Canada, has demonstrated that officer training contributes to enhanced outcomes with probation clients (see for example, Bonta, Bourgon, Rugge, Scott, Yessine, Gutierrez, and Li, 2011).

progressed through probation, other factors such as, continuity of contact with the initial officer and service providers as well as, the ability for the officers to demonstrate openness, flexibility and support were seen as most critical.

Partridge's work provided an important reference point as we began to formulate the principles and practices of CCW-W (formerly known as WOCMM) and we were able to validate her findings when we expanded our search to include target populations outside of corrections. In fact, we found a wealth of information emerging from the health care, mental health and addictions literature as well as family wrap-around services. One of the most rigorously studied models of case management is assertive community treatment (ACT).

Assertive community treatment, or **ACT**, was initially designed for individuals with serious mental health issues (Stein & Test, 1980). A series of meta-analyses have been conducted on this approach and findings consistently suggest that ACT offers significant advantages over standard case management models in reducing hospital admissions (Ziguras & Lyle Stuart, 2000) and in reducing homelessness and symptom severity in homeless persons with severe mental illness (Coldwell & Bender, 2007).

As we reviewed this body of research we were excited by the parallels with the RNR principles described above (e.g., intensive services for high risk cases; focus on individual needs; multiple service options to respond to the differential needs of clients, highly collaborative, team-based approaches vs. service brokerage). We were also struck by the fact that regardless of the "target population" and "intended outcome", a number of identified practices and principles were consistently linked to favorable results. The most frequently identified practices included the delivery of intervention within a multidisciplinary team; an emphasis on continuity of care; the provision of comprehensive services; and a collaborative process that extends from the identified client to family members, professionals, and partner agencies. Each of these principles and practices was subsequently integrated into the model.

Research on Justice-Involved Women

Our goal at the onset of this project was to ensure that the research on women was represented and fully incorporated into the model.[4] Though a confluence of evidence from across disciplines such as medicine, psychology and sociology was starting to emerge in support of a gendered approach, the research on women in corrections was still relatively scarce and often undermined (Van Voorhis, 2012).

Despite this, when we started to formalize the principles and practices of CCW-W (WOCMM) there was sufficient theoretical and empirical data to suggest that the model would be enhanced by expanding the *need principle* to include items that were salient to women. As indicated above, mainstream correctional theories such as RNR place an emphasis on antisocial attitudes, thinking errors, and other criminogenic needs as an explanation for criminal behavior. However, the emerging research suggested that women enter the justice system differently

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[4] A review of the available literature is beyond the scope of this report. For a summary of the research see for example: (Ney, Ramirez & Van Dieten, 2012; Blanchette & Brown, 2006; Bloom et al, 2003).

than men and that at least a subset of risk factors and dynamic needs presented by women have a unique or differential impact (Jones, 2011; Blanchette & Brown, 2010; Van Voorhis, Wright, Salisbury & Bauman, 2010). Specifically, research supported the need to assess mental health issues, the impact of childhood victimization and trauma, the quality of intimate partner relationships, parental stress and the capacity and confidence to manage child behavior.

The complexity of needs presented by women shaped our decision to adopt a holistic approach. Thus, CCW-W (WOCMM) was designed to address change at multiple levels and to support outcomes beyond reductions in recidivism. The inclusion of women's needs allowed us to focus on personal strategies that help women to mobilize and build adaptive skills to cope with the impact of trauma, mental health issues, parental stress and other personal criminogenic needs. It also prompted us to expand the importance of helping women build connections with natural and formal supports. Finally, it directed our attention to structural factors such as poverty, unemployment, and unsafe housing all of which contribute to further marginalization and elevated risk for future justice involvement and that require a coordinated cross-system effort to address.

Perhaps the most notable revision that appears in this report is the change we made to the name of model. Though WOCMM captured the client group and the type of intervention delivered, we were compelled to change the name of this model to Collaborative Case Work for Justice-Involved Women (CCW-W) for two reasons. First, the label "women offender" can sometimes be pejorative and does not adequately characterize the positive qualities and strengths of the women who we worked with on this project and who have and are making significant changes in their lives. Second, this project has been a collaborative effort from the beginning and the word "collaboration" more fully describes the process of the work that occurs on the teams, within the organization, and across agencies. Thus, while some of the studies cited in this report use the original name of the model or its acronym - WOCMM, we employ Collaborative Case Work for Justice-Involved Women (CCW-W) as the model name in our text as it reflects the new name (and acronym) for the model.

The CCW-W: A National Institute of Corrections Initiative

The National Institute of Corrections (NIC) became a forerunner in exploring the impact of gender and has sponsored several large-scale, multi-year initiatives to advance work with justice-involved women. One of the first undertaken by NIC was completed by Bloom, Owen & Covington (2003).   Over a three-year period, these authors conducted a series of focus groups with correctional professionals and justice-involved women across the United States. They identified a number of strategies considered appropriate with women offenders and demonstrated the need for a more comprehensive and holistic approach than previously developed for men. The results of their work were published by NIC in a report entitled *Gender-responsive strategies: Research, practice, and guiding principles for women offenders.*

A second initiative undertaken by NIC in conjunction with Patricia Van Voorhis and colleagues at the University of Cincinnati (UC) was designed to focus more specifically on women's needs. Van

Voorhis, Wright, Salisbury & Bauman (2010) conducted a large scale investigation across correctional settings (e.g., prison, probation and parole, and pre-release) in four states and discovered a number of criminogenic factors that are more salient for women. The most highly predictive gender-responsive factors included current mental health needs, family support, parental stress, child abuse, and adult victimization. They also found that when these needs are assessed the ability to predict future offending, prison misconduct and behavior under community supervision is enhanced (Van Voorhis, 2012). The major findings reported by Van Voorhis and colleagues have been validated by other authors (Blanchette & Brown, 2006; Jones, 2011) and together these studies provide important implications not only for assessment but in directing case work efforts and identifying gender specific intervention strategies designed to address them.

The CCW-W (WOCMM) model was initiated by the NIC in response to findings emerging from these and other research efforts. The goals of this project were threefold. First, to replicate and expand our understanding of this population. Second, to begin to identify gender-responsive approaches and strategies to address the needs of women and guide professionals in their day-to-day work. And third, to determine the benefits and impact of using a gendered approach when compared to intervention as usual.

The NIC continues to expand our understanding of this growing population and to develop tools and training initiatives to advance our work with women. We encourage readers of this report to visit the NIC website at www.nicic.gov for information about the initiatives described above as well as new endeavors.

The CCW-W Pilot: A Historical Snapshot

As indicated above, the momentum for this project emerged in large part from requests by the field and preliminary research results which supported the need for a gendered approach to advance outcomes with justice-involved women. In October 2005, the National Institute of Corrections contracted Orbis Partners Inc. to design, develop, and evaluate the Women Offender Case Management Model. The ultimate goal of this initiative was to integrate evidence-based research and the available literature on women in an effort to define and identify processes and practices that facilitate favorable outcomes with this population.

The first draft of the model was submitted for review in February 2006 to a national advisory committee[5]. The committee consisted of a small group of advocates, researchers and practitioners who shared a common vision to expand opportunities for justice-involved women, their families, and other stakeholders. Over the next six months the model was revised and a

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[5] Members of the national advisory committee included: Julie Boehm, Missouri Department of Corrections; Maureen Buell, National Institute of Corrections; Yolanda Johnson-Peterkin, Women's Prison Association; Georgia Lerner, Women's Prison Association; Phyllis Modley, formerly with the National Institute of Corrections; Carol Shapiro, formerly with Family Justice; Mary Scully Whitaker, Private Consultant, and Pat Van Voorhis, formerly with the University of Cincinnati.

(footnote continued)

variety of implementation materials including intervention protocols, training manuals, and quality assurance methods were developed.

In October 2006 the National Institute of Corrections (NIC) issued a Request for Proposal (RFP) to pilot WOCMM (now called CCW-W). State agencies from across the United States were invited to participate as pilot sites to test the efficacy of the model. The Court Support Services Division (CSSD) of the Connecticut Judicial Branch and the Utah Department of Corrections[6] were selected from among the initial applicants.

Subsequent to this – the executive team at CSSD participated in an extensive planning process and the project was officially launched in the summer of 2007. Between 2007 and2009, CCW-W (WOCMM) teams consisting of probation and community agency staff were formed and cross-trained in the model. CSSD in conjunction with Orbis Partners provided ongoing coaching to ensure fidelity to the model. This included audio/video tape reviews of individual and team interactions, clinical supervision, and advanced training in a variety of topics. A process evaluation[7] was conducted in 2009 to elicit agency-wide feedback with respect to the project. As such, focus groups were conducted with women participating in WOCMM; staff and team members participating in WOCMM; and non-WOCMM staff. Encouraged by the positive response from all parties, WOCMM was subsequently introduced in several additional settings including Iowa, Maine and Larimer County, Colorado.

Since the initial pilot, a series of quasi-experimental outcome studies have been undertaken in Connecticut[8] and Iowa[9]. A brief summary of the results is presented below. As is evident in the results outlined in Chapter 5 of this report, CCW-W (WOCMM) has a significant and positive impact on reducing recidivism and other intermediate outcomes.

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[6] The Utah Department of Corrections participated fully in the implementation of WOCMM but was unable to collect data due to changes in the size of the population of women incarcerated in the state.

[7] Millson, Robinson, Rubin, & Van Dieten (2010). A Process Evaluation of the Women Offender Case Management Model, Implemented by the Court Support Services Division of the Connecticut Judicial Branch. Available through NIC.

[8] The first outcome study was conducted by Orbis Partners Inc. and two research papers were subsequently released: (1) Millson, Robinson, & Van Dieten (2010) and, (2) Robinson, Van Dieten & Millson (2012). A second outcome study was conducted in 2012 by the research department of State of Connecticut Judicial Branch/Court Services Division. For additional information, please contact Susan Glass at CSSD.

[9] The third outcome study was conducted by Sarah Rabey, in partial completion of her thesis and supervised by Paul Stageberg, Ph.D. This unpublished study is available from the Iowa Department of Human Rights Division of Criminal and Juvenile Justice Planning Statistical Analysis Center.

Chapter 2: Collaborative Case Work with Women

CCW-W: An Integrated Approach

An integration of the case work literature across corrections, mental health, and family wrap-around services helped us to define and shape the guiding principles, core practices, and key elements of the Collaborative Case Work (CCW-W) model. A complete summary of the CCW-W model is provided in Appendix H. Each of these components is described below.

Developing the Model

The development of CCW-W was inspired to a large extent by corrections professionals who were eager to implement evidence-based approaches that were also gender-responsive. To address this need we conducted an extensive review of the research in three areas. First, we turned to the general correctional literature to provide a framework for our work. We then expanded our search to look more closely at principles and practices in case work models that target populations outside of corrections. Finally, we reviewed the available research on women within and outside of the justice system. The end result was a model that integrated the major findings from all three bodies of research.

Defining the CCW-W Model (once known as WOCMM)

CCW-W is an intensive, individualized case work process for justice-involved women with multiple and complex needs. During the case work process an emphasis is placed on assisting her to mobilize existing strengths, build new skills and, to connect with resources that provide advocacy, awareness, treatment, and any other relevant services.

A salient characteristic and defining feature of the CCW-W model is that it is NOT a program but a *process*s. As women participate in CCW-W they are provided with opportunities to promote the successful transition from prison and/or supervision into the community. Ideally CCW-W begins at the moment a woman enters the criminal justice system and continues in a seamless fashion until intervention is no longer required.

CCW-W is rooted in the belief that when women reach an optimum level of success and wellness, everyone benefits, including: the woman being served, her family, her natural support system, and the larger community. To achieve this goal we believe that each woman must be a collaborative partner in the change process. This means that she is one member of a team of individuals who work together to prioritize the focus of change, develop a plan, implement the plan, and monitor progress.

Guiding Principles and Practices

A series of guiding principles were identified from the three bodies of research discussed in Chapter 1 and imbedded into the CCW-W model. These are summarized in Table 2.1 and discussed below.

Table 2.1: Guiding Principles

1. Gender Responsive
2. Individualized Service
3. Team Approach
4. Continuity of Care
5. Agency Partnerships
6. Comprehensive and Holistic
7. Committed to Program Integrity
8. Committed to Process and Outcome Evaluation

Principle 1: Gender-Responsive

Perhaps the most salient feature of this model is that issues related to gender have a direct influence on how CCW-W was developed and is currently delivered. CCW-W recognizes that important differences (in life circumstances, experiences and behavioral expression) exist between female and male offenders and these differences must be taken into account in order to obtain the best outcomes for women[10]. Our growing understanding of the pathways as well as, the needs and characteristics of this population provided a framework for intervention. As such, CCW-W requires that professionals using this model demonstrate knowledge and competence in the following areas[11]:

Trauma-Informed Care:

A significant percentage of justice-involved women have experienced a large number of early – age traumatic events. This increases the likelihood of victimization in adulthood, unhealthy and unsupportive relationships, mental health issues including depression, PTSD, anxiety and, an increased reliance on maladaptive coping strategies such as substance use.

Professionals are aware of the impact of trauma and learn to prevent and/or mitigate the impact of trauma so that women can feel safe and thus more engaged and motivated while participating in the CCW-W process.

Relationship-Oriented:

Miller and Stiver (1997) suggest that it is not unusual for women to experience a 'disconnection' in one or more relationships by the time they reach adolescence or early adulthood. However, for many justice-involved women, relational disruptions begin with exposure to violence, the impact of which can persist into adulthood in the context of unhealthy romantic attachments, subjugation to criminal romantic partners, criminal behavior, substance abuse, and poor decision-making (Cernkovich, Lanctot, & Giordano, 2008; Chesney-Lind, 2006; Salisbury & Van Voorhis, 2009).

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[10] Bloom, Owen & Covington. Gender Responsive Strategies; National Institute of Corrections and US Department of Justice, June, 2003.
[11] Alyssa Benedict from CORE Associates (2006) helped us to identify the core practices used to define a gender-responsive approach.

Research and practice clearly suggest that relationships contribute to emotional health and wellness. Given the central role that relationships play in female socialization and development, as well as a pathway to crime, we hold that building a professional relationship should be an overarching goal rather than a precursor to intervention. Professionals are encouraged to model empathy, genuineness, and positive regard, and to encourage the reciprocation of these behaviors.

Strengths-Based:

A strengths–based approach assumes that all women, regardless of their level of risk or crimes committed, have strengths that can be mobilized to enhance positive outcomes. The use of strengths-based approaches and resiliency models have become increasingly popular in corrections to promote engagement, decrease resistance and to enhance outcomes. Werner and Smith (1992) have demonstrated that protective factors can serve as buffers to mediate the impact of adversity and may have a more profound influence on criminal justice outcomes than specific risk factors. In a criminal justice context, Jones, Brown, Robinson and Frey (in press) have demonstrated that strengths buffer the impact of risk by reducing recidivism. Sorbello, Eccleston, Ward, and Jones (2002) argue that an emphasis on criminogenic needs may fail to capture many of the real life issues faced by justice-involved women. They suggest that by focusing on the enhancement of strengths we can better assist women to lead a more fulfilling and balanced life. For example, as a woman's ability to engage in meaningful interactions with others increase, she is more likely to thrive in the community which in turn reduces recidivism. Salisbury and Van Voorhis (2009) and our own research (Robinson, Millson, & Van Dieten, 2010) confirm the importance of protective factors in mitigating risk and in creating a more optimistic outlook among professionals who work with justice-involved women.

The practitioner who uses a strengths-based approach recognizes the client's struggles and at the same time sends a clear message of optimism and hope. This requires the practitioner to build a relationship with each client in the early stages of intervention that "*conveys a respect for her struggles*" (Smith, 2006, p.16). It also necessitates that the practitioner listen attentively for the exceptions or times when the client felt in control. By working intentionally to identify and then reinforce the use of these existing strategies, we build promise and support self-efficacy.

Cultural Competence:

Justice-involved women are not a homogenous group in regard to racial identity, gender identity or sexual orientation. The CCW-W process demonstrates respect for and builds on the values, preferences, beliefs, culture, and identity of the woman, her family, and community. This means that all efforts are made to let her select culturally and linguistically matched care team members, as well as culture-based services (i.e., Black Effective Parenting Group, Healing Lodge, etc.). It also suggests that professionals appreciate the insights of diverse knowledge, spiritual beliefs and have access to culturally responsive treatment and support options.

Principle 2: Individualized Services

At the core of effective case work is an emphasis on individualized intervention. This requires a comprehensive assessment and the development of a case plan that is unique to the individual. The prevailing research supports the use of gender-responsive assessment and supplemental measures that are designed to provide a more complete picture of her individual strengths, needs, hopes, and desires for the future.[12] The plan is then used in a dynamic way to monitor progress and is modified and updated to reflect her changing needs.

Principle 3: Team Approach

The use of multi-disciplinary teams has become an essential feature of wrap-around services delivered across disciplines and target populations (e.g., clients with serious mental health needs, etc.). Outcome studies[13] suggest that the use of a team approach contributes to improvements in identified outcomes (e.g., decreases in hospitalizations, etc.), the delivery of services (e.g., more immediate and effective response), and organizational development (e.g., enhanced resource allocation, staff satisfaction and professional growth, etc.).

Given the complex and multiple needs of justice-involved women a 'team' approach was essential to the delivery of CCW-W. Team members consisted of the woman and other natural connections (e.g., family members who will help her to achieve actions steps) as well as representatives from a variety of disciplines that might include correctional, health professionals, clergy, and other resources.

Principle 4: Continuity of Care

The central importance of relationships in the lives of women argues strongly for continuity in services. This means that whenever appropriate the case manager and members of the team are encouraged to offer direct services including assessment, treatment and mentoring. When services cannot be provided directly by a team member another professional within the team should be present to introduce the woman to external resources and to facilitate a relational approach.

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[12] To ensure that traditional criminogenic as well as, gender-salient needs were assessed we recommend the use of a gender-informed standardized assessment[12] as well as a series of supplemental measures. Sites that do not have access to a gender-informed assessment should assess factors that are relevant for women (see Chapter 3 for details).

[13] See for example Lemieux-Charles and McGuire (2007).

Principle 5: Agency Partnerships

The movement from working in isolation toward working in collaborative teams helped to ensure that professionals implementing CCW-W have access to essential resources and services. Principle 5 seeks to expand the focus on working teams to include a wide range of community partners engaged in cross-system collaboration. These partners may not play a direct intervention role however, it is critical that other agencies are engaged and informed about CCW-W. Having a minimum of one or two strong community partners helps to increase awareness and provides the CCW-W team with non-financial support that might include actual services, advocacy, advice, etc.

CCW-W builds partnerships with service providers who wish to work more effectively with women. The goal is to provide a variety of services including:

- Individual supportive therapy including trauma groups and treatment
- Medical services
- Child-Care
- Housing
- Family Reintegration/Parenting/ Domestic Violence counselling?
- Substance abuse services
- Work-related services
- Social, interpersonal relationship, and leisure skills training
- Vocational supports
- Other support services

Principle 6: Holistic and Comprehensive

The model recognizes that women often present with complex needs and challenges. Therefore, a critical element of CCW-W is to address change at multiple levels designed to help women build personal resources as well as social capital[14]. Services may include, information, advice, treatment, assessment, brokerage and referral across an array of need areas including, vocational, family/social, personal, and life needs. Also essential to a holistic approach is the engagement and inclusion of informal supports. Helping women to strengthen and leverage social capital and interdependence with informal, prosocial supports and networks is essential in sustaining outcomes beyond the formal service delivery system.

Principle 7: Implementation Integrity

Recent advances in research that focus on implementation suggest that there are a number of drivers that influence the outcome of effective programs including staff selection, training,

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[14] Social capital refers to connections among individuals – social networks and the norms of reciprocity and trustworthiness that arise from them. In that sense social capital is closely related to what some have called "civic virtue." The difference is that "social capital" calls attention to the fact that civic virtue is most powerful when embedded in a sense network of reciprocal social relations.

coaching and supervision and quality assurance (Fixsen, Naoom, Blase, Friedman, & Wallace (2005). These findings were integrated into the pilot implementation of WOCMM in order to ensure that the teams were able to deliver the model with integrity. Team members were cross-trained and provided with immediate and ongoing access to supervision, coaching, and the resources necessary to ensure adherence to the model.

Principle 8: Process and Outcome Evaluation

The initial evaluation of the model was critical to establish the efficacy and usefulness of this approach with justice-involved women. Process and outcome research should continue at each site that implements the model in order to refine operational practices and more fully explore its impact.

A series of measurement tools have been developed to monitor individual progress in CCW-W (WOCMM). In addition, an evaluation framework for CCW-W was designed to study its impact across the following outcomes: reductions in recidivism (new arrests, new convictions, violations, and institutional misconducts) and improvements in overall well-being (e.g. decrease in dynamic risk scores suggesting gains in employment, education, decreases in drug use; increased financial and housing stability, mental health indicators, etc. and increases in strengths scores for quality of social supports; the use of adaptive strategies and access to formal services).

Chapter 3: The CCW-W Process

CCW-W was designed to be a dynamic, seamless process that consists of four overlapping stages. Throughout the process:

> *The professional team works collaboratively with the woman (and her family) in an effort to define individual needs and strengths and to establish mutually agreed upon outcomes…*

A visual representation of the process is presented in Figure 3.1. Ideally change goals are achieved by moving through each stage in a sequential fashion. However, it is anticipated that as women transition through the system or face alternate life circumstances, priority goals will change and/or shift. Thus the process is best conceptualized as recursive.

Figure 3.1: Four Stages of CCW-W
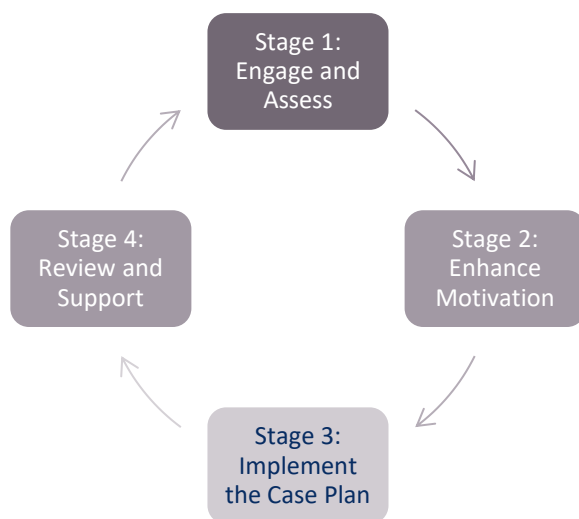
Stage 1: Engage and Assess

Description:

The first stage of the CCW-W is completed with the woman and the lead case worker[15]. Of primary importance at this stage is the rapport that is built between the lead case worker and the woman. Using a relational, conversational, "tell me your story" style, the case worker orients the woman to CCW-W and then conducts a semi-structured interview to elicit information regarding her strengths, needs and experiences.

A critical component of CCW-W is an individualized case plan that is monitored and updated throughout the intervention process. The administration of a comprehensive standardized assessment and supplemental measures are used to guide the interview. The assessment process was designed to increase awareness about her strengths (factors which buffer or mitigate risk) and challenges (factors that might contribute to future criminal justice involvement and impact survival, stability, and self-sufficiency). During the pilot of the model and subsequent implementations we encouraged sites to use a gender-responsive assessment (see Chapter 4 for additional details).

Once the assessment is complete, the case worker integrates the assessment results and begins the case formulation process. This requires a closer look at the strengths and resources that exist and can be mobilized to mitigate and buffer risk factors and challenges. It is also essential that her desires for the future are represented in the case formulation and that any personal incentives for change described during the assessment be included in the summary. Finally, the case worker is asked to specify the priority focus areas. Prioritization occurs through a close examination of her current situation (e.g. strengths, needs and challenges) and the circumstances (predisposing life events) that relate directly or indirectly to her current behavior. This can be achieved as follows:

1. Identify any survival needs that could potentially interfere with her immediate success (e.g., stable and safe housing; sufficient funds for food, clothing; access to child care, etc.).
2. Review results of the overall risk assessment to determine the domains that place her at greatest risk for future problems. Summarize the domains that are most closely linked to criminal behavior as well as, the domains she is most motivated to work on right now.
3. Identify the top three major challenges.

Once the case formulation is complete, the case worker should be prepared to summarize these results to the woman and other identified members of the CCW-W Team.

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[15] For ease of presentation, we have adopted the language of – "lead case worker" to designate the individual who has primary responsibility for the case. Depending on the setting in which CCW-W is implemented this individual may have the formal designation of probation or parole officer, discharge planner, re-entry specialist, intake worker, etc.

Application and Outcome:

This stage typically requires two – 60 to 90 minute sessions, and each of the various tasks is completed by the lead case worker. The tasks and outcomes associated with this stage are briefly summarized in Table 3.1 below.

Table 3.1: Stage 1 - Engage and Assess

Tasks	Outcomes
Case Preparation: Review file and any other collateral information prior to meeting with her. Explore her current situation and anticipate any practical concerns (e.g., child-care, financial, transportation, etc.) that might impact her participation in the CCW-W process.	*At the end of this phase the woman should feel safe and supported. There is a more complete, shared picture of the circumstances, situations and the context in which problem behaviors occur or are sustained. We also have a picture of the client's strengths, existing supports and personal incentives for change.*
Engage: Introduce her to CCW-W and describe the case work process. Work intentionally to create a safe and trusting environment by eliciting any concerns or barriers she might have to fully participate in CCW-W. Use relationship-building strategies characterized by a caring, empathic, non-judgmental, warm and supportive approach.	
Assess: Administer the gender-responsive risk/needs/strengths assessment and all supplemental measures.	
Case Formulation: Summarize the assessment results to identify challenges and strengths. Specify current and predisposing life events or stressors that impact current behavior and personal incentives or motivations for change.	

Stage 2: Enhance Motivation

Description:

The second stage of CCW-W focuses on working collaboratively with the woman to prioritize the focus of intervention and to enhance motivation. At this stage, team members may be invited to participate in the meeting, however their role is strictly advocacy until they are asked to participate in supporting this aspect of the case plan.

Many justice-involved women describe a personal history fraught with pain, loss, failure, and a sense of hopelessness for the future. As we were designing the tools and intervention strategies for this stage we were strongly influenced by a number of complementary strengths-based approaches including Motivational Interviewing (Miller & Rollnick, 2012) and Solution Focused Intervention (de Shazer & Dolan, 2007). We believe that regardless of past events and current challenges, each woman should be considered the best "expert" about what to change and what it will take to make that happen.

To honor her strengths and more fully engage her in developing a personal change plan, each woman is given feedback. Feedback begins with a review of the strengths identified across all major domains of the assessment (e.g., education, employment, family, marital, etc.). The case

worker also reviews any personal incentives raised during the assessment. These include her expressed desires, wants, reasons for change, or any abilities or resources that will support her ability to make a change.

Feedback is then provided with respect to the major challenges identified during the case formulation process. At this stage it is important not to review each challenge identified by the woman during the assessment but those that she spoke most urgently about and that were prioritized during the case formulation phase.

As feedback is provided, the woman is encouraged to reflect and expand upon the summary statements and it is not uncommon for her to add more detail. We also find that many women are surprised to discover that they have strengths and resources available to them and pleased that correctional practitioners identify and reflect these strengths. This sets the stage for the second strategy which we have adapted from Motivational Interviewing – called *focusing*. At this time the woman is asked to reflect on the feedback and to decide where she would like to start. Once she has picked a priority focus we then work with her to very clearly define the problem and the behavior that she will have to change to address the problem.

Before actually setting a goal we encourage the lead case worker to intentionally explore importance and build confidence. Miller and Rollnick (2012) refer to this process as *evoking change talk* and present compelling evidence to suggest that when change talk moves from a wish or desire (preparatory) to commitment talk, then the client is more likely to succeed. A series of strategies can be employed to assess readiness and to evoke change talk including exploring potential obstacles, exception-seeking, and scaling questions. For example, the case worker might ask the woman the following scaling question to determine how much she values the change: *"On a scale of 1-to-10, with 10 being very important and 1 being not so important, how motivated are you to work on this problem."*

Once the woman indicates that she is comfortable with the target for change – the case worker assists her to set a personal goal. We strongly recommend that goals be framed as a positive outcome and describe what will be better if she is successful in achieving this endgame.

Application and Outcome:

This stage typically requires a 45 to 60 minute session and each of the various tasks is completed by the lead case worker. At this stage, additional team members may be introduced to the woman, however, they are asked to play a supportive role and do not become fully involved until the case plan is implemented. The major tasks and outcomes associated with this stage are briefly summarized in Table 3.2 below.

Table 3.2: Stage 2 - Enhance Motivation

Tasks	Outcomes
Feedback: Review the assessment results and summarize strengths; personal incentives and the three challenges identified during the case formulation phase.	*At the end of this phase one priority focus has been identified in collaboration with the woman and a personal goal has been set.*
Focus: Encourage her to identify one focus for change and work with her to clearly define the problem.	
Evoke Change Talk: Use scaling questions and other strengths-based strategies to enhance importance and increase confidence.	
Set goal: Specify the outcome and what will be different if the problem is no longer a problem.	
NOTE: Repeat the *Focus; Evoke Change Talk and Goal Setting* sequence for up to two additional target behaviors identified by the woman.	

Stage 3: Implement the Case Plan

Description:

A key task at this stage is to work collaboratively with each woman to operationalize the personal goal(s). The simplest and most effective method we have found to date is to identify the actual short-term steps or tasks that will need to be completed to achieve the goal. These action steps are then clearly defined and characterized by the acronym SMART (i.e., simple, measurable, achievable, realistic, and timely). Given the range of challenges, strengths and resources evidenced by justice-involved women, it is vital that a holistic approach be used in a variety of different ways to address her personal goals. Therefore we encourage team members to include at least three different types of actions steps that include personal strategies, natural supports and formal services when developing action steps for each goal. This is achieved in two ways. First available strengths identified at Stage 1 and 2 (e.g., internal competencies, skills, immediate support systems and formal networks) are anchored to each goal. Secondly, if the women lacks a skill, resource or support vital to ensure goal attainment then efforts are made by identified team members to either deliver and/or coordinate an array of services.

To mobilize and expand existing resources it is critical that women be presented with a variety of options and opportunities. The types of services identified by women and other team members who participated in the WOCMM pilot are summarized in Table 3.3. It should be noted that the most frequently identified needs requested by women when transitioning from prison included housing, medical and mental health services.

In many settings with scarce resources this can appear to be an insurmountable challenge. Several methods used during the pilot project to overcome this obstacle are described in Chapter 4 (see for example: Agency Partnerships). However, the most common solution employed by team members who could not identify services or were dissatisfied with the quality of what was available, was to develop the capacity to provide services directly. Some

received formal training in the delivery of gender-responsive cognitive-based intervention programs (e.g., Seeking Safety, Moving On, Trauma and Recovery, etc.) and others used the skill development worksheets that were created to support the delivery of CCW-W.

Table 3.3: Options and Opportunities

VOCATIONAL	PERSONAL	FAMILY/SOCIAL	LIFE NEEDS
Job training	Trauma	Custody & Access	Housing
Education	Substance Abuse	Parent Counseling	Financial
Employment	Emotional Regulation	Intimate Partner Violence	Medical Care
Literacy training	Interpersonal Skills		Transportation
Vocational counseling	Cognitive Skills	Visitation Programs	Food
	Life Skills	Telephone contact	Clothing
	Spirituality	Family Reunification	Medication
	Eating disorders, self-injury	Child Welfare Liaison	Legal assistance
	Reproductive health	Family Therapy	Hygiene
	Exercise	Parenting Skills	Documentation
	Nutrition	Bereavement	
	Leisure and recreation	Healthy Relationships	

Application and Outcome:

This stage is often completed immediately following the last and requires approximately 45 minutes to complete. At this stage, the team works to fill the gaps needed to operationalize the case plan. The major tasks and outcomes associated with this stage are briefly summarized in Table 3.4 below.

Table 3.4: Stage 3 - Implement the Case Plan

Tasks	Outcomes
Operationalize the goal: Brainstorm the steps needed to achieve the goal. Ensure that each step corresponds to the acronym – SMART. Ensure that action steps include personal strategies, natural supports, and formal services that will help to enhance success.	*At the end of this phase the woman and other team members have worked collaboratively to identify action steps and complete the case plan.*
Identify existing strengths: Ensure that internal competencies, skills, immediate support systems and formal networks are anchored to the action steps.	
Identify gaps: Identify additional resources necessary to achieve the goal.	
Complete the case plan: Ensure that the goal and action steps are recorded and that the woman and other team members are clearly committed to complete assigned tasks in accordance with a predefined target date.	
NOTE: Repeat this process for each personal goal.	

Stage 4: Review and Support Change

Description:

The primary tasks of the CCW-W team during Stage 4 include reviewing: (1) successes, (2) barriers to success and, (3) developing new goals and action steps that promote resiliency and facilitate positive change. An important tool used by the woman and all other team members is the case plan. Though the content of the case plan can vary in accordance with the needs of each site, it should be used in a dynamic way and serve as a formal method to communicate progress to the team members. The case plan also provides a summary of contacts, services and commitments. By reviewing the case plan prior to an individual or team session, the focus on interaction remains on the identified targets. It is not unusual for the women to present at a team or individual session in crisis. Though the crisis should not be ignored, we encourage team members to return to the identified goal as soon as possible.

During the pilot stages of the model, supervisors and team members routinely expressed concerns regarding the ideal session length, the use of gender-responsive strategies and, how to assess the quality or effectiveness of a given interaction. Over time we developed a protocol to guide individual case work sessions and team meetings and an observation form (see quality assurance measures in Chapter 4) to ensure adherence to gender-responsive practices. The protocol and observation forms were well-received by staff and both are now introduced in training and used as standard coaching tools.

Protocol:

Core team members (e.g., probation and parole officers, counselors, discharge planners and case workers within the institution, etc.) who worked with the women on an individual basis were encouraged to use the protocol to guide their individual sessions. The sessions are typically delivered within 30-45 minutes. In contrast, team meetings typically involve the woman, identified supports, and all individuals involved with her case. The frequency of team meetings varied across sites in accordance with practical concerns such as the availability of staff, needs of the woman, etc. Typically a team meeting was called on a monthly basis or in response to significant change (e.g., to reinforce successes made or to intervene when a woman was in crisis).

The **5-step protocol** for individual interactions is briefly described below. The same elements were included in the team conference meeting.

Step 1: Re-engage and Reconnect

The primary task at Stage 1, was to build rapport and develop a working relationship with the woman. Once rapport is built, it is natural to assume that it is a given, a constant, something that will always be stable and present. The reality is that relationships are fluid and ever-changing and it is not uncommon for rapport to be damaged or to depreciate over time or in response to something happening in her life. For these reasons, we encourage staff to 'check-in' not only as a social formality but to be mindful of any behavioral reactions that might signal that she is disengaging (e.g., starts arriving late, misses sessions, is hostile or irritable, overly solicitous, etc.) and intentionally reconnect with her.

At this time, we also encourage staff to engage in reassessment, using a gender responsive risk assessment (see Chapter 4). We recommend staff conduct reassessment on a quarterly basis or as frequently as required by agency policy. The information from reassessment should provide the lead case manager with valuable information about progress made as well as remaining challenges to inform feedback and future planning.

Step 2: Summarize Progress to Date

This step takes a few moments, however, we found that staff who took the time to provide a general summary of her successes were more likely to have a productive session. They were also better able to help the woman mobilize those strengths in the service of obstacles. Successes might include the completion of goals, the use of a specific skill or compliance with probation/parole conditions and/or agency rules.

Step 3: Review the Case Plan

The third step focuses on the actual specifics of the case plan. The goal and progress made on the actions steps are reviewed. Successes are affirmed and reinforced and new actions steps are negotiated. If the goal has been achieved then a new goal is set. When only partial or limited success on the actions steps are achieved, we encourage the use of motivational strategies to assess motivation and address obstacles and barriers.

Step 4: Prepare To Use Strategies, Supports, Services

At step four every effort is made to mobilize strengths identified previously or to help her to develop new skills. All staff are trained to use a guided skill development approach that includes skill practice, role play and skill rehearsal and feedback. A series of skill worksheets were designed to address critical need areas.

Step 5: Set the Next Meeting and Update the Case Plan

The case plan is updated in collaboration with the woman and a future session is scheduled.

The Process is Recursive

One of the greatest challenges faced by CCW-W team members is the realization that the women they serve make mistakes and have setbacks, as all humans do. This means that even when a woman is highly motivated and has made significant progress she may change priorities, slip back to old ways of behaving, and/or elect to drop-out of the process. The literature on behavioral change suggests that these behaviors should be expected and anticipated. We can help to ensure she gets back on track more quickly by accepting that the CCW-W is a recursive process and that sometimes we need to return to the opening strategies introduced during Stage 1 and Stage 2.

Chapter 4: Implementing the CCW-W Model

Our experience in piloting CCW-W across several different settings and agencies assisted us in developing innovative methods and approaches to test the model. It has also helped us to identify and address major challenges that can impede effective implementation. In this segment we will highlight the essential activities necessary to implement the CCW-W model and guiding principles with fidelity.

As we introduced the first pilot, we quickly realized that successful implementation would require a strong commitment from the executive team. In this segment we look closely at four structural components of the model that require formal consideration prior to implementation and then throughout the delivery of CCW-W (see Figure 4.1). We will discuss the steps to ensure that these components are addressed and operationalized, as well as include tips that reflect lessons learned in delivering the model.

Figure 4.1: Four Critical Activities for Implementation

- Changes in Organizational Culture
- Criminal justice measures including decreased recidivsm
- Increased well being

- Justice-involved women and natural supports

Outcomes

Client Selection

Agency Partnerships

Collaborative Teams

- Begin to establish partnerships with agencies who work with JIW and/or where there are gaps in exisitng services
- Create formal realationships

- Involve in strategic planning
- Case management team and organizational culture

A: Client Selection and Assessment

> *CCW-W is an intensive wrap-around intervention. It was designed to mobilize strengths and reduce the challenges faced by justice-involved women assessed to be at moderate-to-high risk for future difficulties.*

Who Benefits from CCW-W (WOCMM)?

One of the first and most critical considerations that we faced when implementing the model was client selection. Initially it was felt that all justice-involved women should be eligible. However, as discussed in Chapter 2, the available research on effective interventions supports the need to identify individuals who both require the service and are most likely to benefit from it (Andrews & Bonta, 2010). This premise, most commonly referred to as the *risk principle,* [16] has been demonstrated across studies and settings. Results show that individuals with the greatest need for service are more likely to benefit and those considered to be low need fail to show positive outcomes and may actually get worse.

Consistent with this principle, pilot sites were instructed to select women assessed to be at risk for future offending and who presented with complex and multiple needs. Given that the selection criteria for entry into the pilot was limited to moderate and high risk women, very few of the women (5.4%) were assessed as low risk (Millson, Robinson, & Van Dieten, 2010). However, research results clearly supported the risk principle. In fact, the women who benefited the most from the model were the women assessed to be at greatest risk (Robinson, Van Dieten, & Milson, 2012). Lower risk women presented with fewer needs and a greater number of strengths and resources. Consistent with the risk principle, we encourage agencies to decrease the intensity of intervention and supervision of low risk women and assist them in accessing mainstream services as quickly as possible.

> Tip #1
> Provide more intensive services to women who have the greatest need.

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[16] The risk principle is the first of four principles of effective intervention- first articulated by Don Andrews and colleagues in the late 1980's. For additional information see Andrews and Bonta (2010)>

Assessing Risk, Needs and Strengths

The completion of a comprehensive assessment is a critical first step in the case work process and lays the foundation for all future work. When implemented effectively the assessment helps to: (1) build rapport; (2) provides a more complete picture of needs, strengths and resources, and (3) enhances awareness and motivation. Consistent with the emerging research we strongly encourage agencies to use a gender-responsive assessment. Several gender-responsive assessments have been validated for use with justice-involved women. For example, the Women's Risk Need Assessment (WRNA) is available through the University of Cincinnati (http://www.uc.edu/womenoffenders.html) and the Service Planning Instrument for Women (SPIn-W) is available through Orbis Partners Inc., http://www.orbispartners.com. A description of both tools is available in Appendix B.

> ### Tip #2
> Use a gender-responsive assessment to address the needs and strengths of women offenders. If a gender-responsive assessment is not available, ensure that staff assess areas that are salient and unique to women.

Adaptive Strategies

One of the ultimate outcomes identified for the CCW-W process is an increase in adaptive skills to improve overall well-being. Research suggests social, emotional and cognitive skills such as decision-making, goal-setting, problem-solving, emotional regulation, and stress management, can reduce the risk for a range of behavioral problems including substance use and criminal justice involvement (Andrews & Bonta, 2010).

A variety of assessments designed to assess coping behaviors, attitudes, and skills were used during the WOCMM pilot and then on a re-test basis in order to determine changes in the use of adaptive strategies over time. The scales are briefly described below.

General Self-Efficacy Scale: The 12-item General Self-Efficacy Scale self-report assesses optimistic self-beliefs to cope with a variety of difficult life demands. The measure explicitly refers to personal agency, the belief that one's actions are responsible for successful outcomes (Sherer & Maddux, 1982).

Personal Strategies for Success: This 36-item self-administered scale identifies strategies that women might use to address a broad range of situations and circumstances (Orbis Partners, 2006).

Tip #3:

The use of self-report measures to augment the general risk/needs assessment is optional. However, these simple tools can provide the CCW-W team with important information about existing strengths that can be targeted for use in the case plan.

Parenting Scale: This scale was developed by Pat Van Voorhis and colleagues (2010) and measures the level of stress that women feel with respect to raising their children as well as, confidence in their ability to manage their children's behavior.

Identifying Natural and Formal Supports

Natural supports are the day-to-day connections we form with others. Such supports usually involve relationships with family members, friends, co-workers, neighbors and acquaintances. Ideally natural supports are reciprocal in nature, where both parties give-and-take and share mutual interests. In contrast, formal supports might include line staff, probation and parole officers, and caseworkers. They might also involve service providers such as counselors, therapists, lawyers, and medical staff.

The availability of natural and formal supports has been linked to positive outcomes including reductions in stress (Gerung, 2007; Taylor et al., 2000); mental health symptoms such as depression and anxiety (Lakey & Cronin, 2008); and response to medical treatment (Uchino, 2006, 2009). Studies have also shown that individuals with a greater diversity of relationships and/or involvement in a broad range of social activities have healthier lives and live longer than those who lack such supports (Taylor, 2011). Finally, research suggests that social supports are a critical factor in promoting desistance from crime (Maruna, 2001; Mc Neil & Maruna, 2007). Gender differences have been found in the social support research. For example, women tend to provide more social support to others and are more likely to seek out social support to deal with stress (Taylor, 2011; Tamres, Janicki, & Helgeson, 2002).

The dilemma faced by many justice-involved women is that over time, connections with natural supports are often disrupted, violated or broken. This is compounded by the fact that women who have experienced pervasive abuse as a child have difficulties in forming healthy, trusting relationships. The desire for relationships with others may prevail. However, the ability to establish and maintain healthy supports may be impaired or compromised.

One of the most critical outcomes of CCW-W is to provide women with opportunities to expand formal resources, and perhaps even more critically, to build a diverse group of natural supports. To determine who is currently available in her life and to monitor progress in achieving this goal, the case worker administers the following tools:

Social Support Questionnaire (SSQ)

The Social Support Questionnaire (SSQ) was developed by Sarason, Sarason, Shearin, and Pierce (1987) as a means of identifying who is available to support the individual and the level of satisfaction with that support. There are a total of seven items that focus on different types of support received from others. For example, people who are dependable; people who help take the pressure off and relieve stress; people who accept your good and bad qualities; people available you can count on to make you feel better when you are down; people who care about you; people who console you when upset; and, people who support your goals and share your interests.

Eco-Map

The Eco-Map is a technique that has been used since the 70's to provide a graphic representation of the client's ecosystem. Hartman (1978) developed one of the first maps for child welfare workers to examine the needs of families and to create a diagram of existing supports. Since that time, various iterations of the Eco-Map have emerged and it has been used successfully as an assessment, planning, intervention, and evaluation tool (Longress, 1990).

> **Tip #4:**
> Conduct a comprehensive assessment of natural and formal supports.

The Eco-Map is administered as part of the assessment process and is designed to elicit dynamic information about a woman's support network. The women are asked to consider each of the major systems that are (or ought to be) part of her life and the nature of her relationship with those various systems. The map also provides an overview of the woman in context by identifying relationships that are healthy or conflict-laden. It demonstrates whether the relationships are reciprocal and points to situations to be mediated, bridges to be built, and resources to be sought and mobilized.

B: Collaborative Teams

The incorporation of teams as a key feature of CCW-W was one of the greatest implementation challenges. It was also one of the greatest sources of satisfaction for professionals. However, to derive the many and varied benefits of a team approach requires attention to a number of issues. In this section we will review five essential considerations.

1: Team Size and Composition

Critical to the effective delivery of CCW-W is that each woman referred for service is considered a member of the team. Beyond her involvement, the issue of how 'big' and who should be on the team was an important source of discussion in each site where we delivered this model. Our initial feeling was that the greater the representation from across disciplines the stronger the team. However, we quickly discovered that the size of the team and how well resourced, was far less important than how the team functioned. Interestingly, at each site team size and composition varied dramatically, from as few as three members (the woman, the probation/parole officer and a resource specialist from a partner agency), to as many team members as dictated by the needs of each individual woman participating in the process.

We routinely found that most functional teams consisted of team members who:

- Volunteered for the project.[17]
- Were interested in working with women and valued the opportunity to learn an integrated, gender-responsive approach.
- Were excited about enhancing their skills and receiving performance-based feedback.
- Recognized the intrinsic value of working in a team both to meet the needs of the women as well as increase professional satisfaction and development.

We also discovered that team membership tended to expand in size and composition as the lead agency systematically identified and invited partner agencies (that share the same clients) to participate in the process. Having one team, one meeting, and one case plan enhanced efficiencies, increased professional satisfaction, and reduced work load sizes. The realization of these benefits became important catalysts for team membership in many sites.[18]

2: Matching for Gender and Race

> Tip #5:
> Build dynamic, well-facilitated teams across formal and informal support areas.

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[17] During the pilot implementation of WOCMM, the implementation team with the State of Connecticut Judicial Branch/Court Services Division prepared an invitation with a description of WOCMM and the perceived benefits of participating in the pilot. Candidates interested in the project completed an application and were interviewed to determine suitability.

[18] A process evaluation was completed (Millson, Robinson, Rubin & Van Dieten, 2009) to determine client and team member perceptions of the process and overall level of satisfaction with service. We also interviewed staff who were not involved in the pilot. Overwhelmingly staff trained in the model reported greater levels of professional satisfaction than their counter-parts.

(footnote continued)

Another important consideration that emerged during the implementation of the model was gender and racial matching. Unfortunately, there is a paucity of research available in the correctional literature that focuses on this topic. The *responsivity principle* (Andrews & Bonta, 2010) described earlier, as well as results reported in the treatment outcome literature[19] suggest that ideally, individuals (whether men or women) benefit from client-matching. This is also known as staff-client responsivity.

During focus groups that were conducted with women who participated in the pilot we often heard comments reflecting the impact of gender matching. The comments below are excerpts taken directly from the transcripts made during the focus groups.

> *"The training PO's are getting now is working… 20 odd years in and out of the system and now I am doing really well… the new resources, training, female-to-female officer… it's great".*

> *"Fact that it is all female is great for me… love it because of my street life; love men but when it comes to help... I prefer women because there is no sexual tension and I think she will call me out."*

> *"Feel more understood and respected by women and I can't manipulate them… very comfortable."*

Generally speaking, the women reported greater comfort, initial satisfaction, and were more willing to trust a woman in the role of case manager (Millson, Robinson, Rubin, & Van Dieten, 2009). Interestingly, a number of probation and parole departments across North America have adopted gender-specific caseloads. Unfortunately, we were unable to more fully explore and evaluate the impact of gender and race on outcome. We recommend that whenever possible efforts be made to match women and the case worker by race and gender. When this is not possible, it is critical that all team members are trained in gender-responsive principles and

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[19] Generally speaking, people prefer to work with someone that they identify with and who they feel will understand them. Kirshner (1978) studied a large number of therapist-client matches in short-term counseling and found that female clients showed greater responsiveness (e.g., self-reported satisfaction and improvement) when working with women. Other studies have matched clients by virtue of race and gender and found that gender-matched dyads reported greater satisfaction with the therapeutic relationship (Johnson & Caldwell, 2011; Wintersteen, Mensinger & Diamond, 2005). Farismadan, Draghi-Lorenz & Ellis (2007) randomly assigned adults to matched and non-matched therapeutic dyads – and found that therapy outcome, bond with therapist, and therapist credibility were all significantly higher in the ethnically matched dyads. These authors also discovered that the therapeutic bond and therapist credibility mediated the relationship between matching and outcome. Results suggest that matching is desirable. However, when this is not possible it is essential that staff are able to engage the client, build a therapeutic bond or alliance and that clients feel they have the expertise to assist them.

practices. Further, the ability to build rapport and develop a working alliance appears to be critical to support the intervention process.

3: Roles and Functions

Individuals were invited to participate on the team by virtue of their professional skills and expertise. As such, efforts were made to ensure that each team member functioned in accordance with their existing roles and responsibilities. Though team members were

> ### Tip #6:
> Whenever possible, match staff to client by gender and race.

encouraged not to intervene with the women beyond their job descriptions and credentials, many staff requested permission to enhance their professional training in an effort to expand personal responsibilities. For example, a number of probation, parole and correctional officers participated in training for facilitators of group programs like Moving On (Van Dieten, 2010), Seeking Safety (Najavits, 2000), etc.

Despite the collaborative nature of the process, we encouraged one member of each team (typically a probation/parole officer in the community or a discharge planner in the facility) to assume primary responsibility for the case. This entailed reviewing referral information, conducting the initial assessment, coordinating the team meetings, filing court information, and updating the case file.

> ### Tip #7:
> Ensure there is a lead case manager to convene and facilitate the team and that team roles for other members are well-defined.

4: Building Collaboration and Cohesion

Cohesion is essential to team effectiveness and refers to the ability of team members to stick together and remain united in pursuit of goals despite difficulties and setbacks (Lemieux, Charles & McGuire, 2006). Team cohesion is also a dynamic process that can be dramatically impacted by a woman's presenting needs, her response to intervention, changes in team composition and, an array of practical issues (e.g., available resources, workload of individual team members, turnover of personnel, prevailing organizational environment, etc.). We discovered that building and maintaining team cohesion was one of the greatest challenges we

faced in implementing this model. The essential strategies that we found most effective in working toward this goal included:

a) Mission and Vision Statement: One of the most important first steps in the bonding process is to develop a team mission and vision statement.

> A sample statement is presented below.

> The team works together to create an environment that is safe and respectful for all. The team respects the unique roles and functions of each individual member and the value of combining the specific strengths, skills and resources of each individual in an effort to maximize available experiences and knowledge.

b) Formalize roles and responsibilities: To ensure continuity and accountability in services provided to women, we found that it was essential to clearly formalize each team member's roles, responsibilities and participation within the team. This included establishing team leadership, norms and processes for making decisions, communicating approval and disapproval, resolving conflict, coordinating new resources, and other functions.

c) Remove obstacles to team functioning: The move toward a team approach, particularly across agencies requires careful consideration and respect for differences that might exist with respect to policy and practice (e.g., access to information, confidentiality, reporting requirements, storage of information; meeting contract obligations such as number of client contacts, etc.). It was critical that each individual was able to identify potential obstacles to working on a multidisciplinary team and that the team and supporting organizations helped to overcome these challenges.

d) Promote opportunities for team building and provide incentives: As indicated above, team cohesion is a dynamic process and we found that teams reporting the greatest level of satisfaction tended to reach out for support (e.g., participate as a unit in cross-training, advanced training, clinical supervision, access to client resources such as the ability to subsidize specialized treatment, allocate bus tokens, etc.). A tangible incentive for most teams was the ability to monitor individual client progress. This can be achieved by reviewing dynamic changes on the risk assessment, reviewing client satisfaction questionnaires, and providing the team with access to any process or outcome reports. Finally, an incentive that appealed to all team members included formal and informal recognition from senior management.

> ### Tip #8:
> Formalize roles and responsibilities for each member of the team and provide opportunities for team building.

5. Training, Supervision and Coaching

 One of most exciting aspects of this pilot was the development of gender-responsive training materials that would support the delivery of CCW-W. This entailed a commitment by the designers to develop a curriculum and learning process that intentionally integrated the best available knowledge (experience and research) relating to justice-involved women and evidence-based practices. It also required a close look at the attitudes, knowledge and skills that we felt each team member would require to facilitate the model with fidelity. Finally, a training procedure was essential to ensure the transfer of learning from a classroom setting to day-to-day practice. This procedure included pre-training, during-training and post-training activities that are described below:

Pre-Training Activities:

1: Implementation Meetings: A series of meetings are organized with host and partner agencies to develop an implementation protocol and to outline the procedure for cross-training and team building. The implementation protocol that was developed for the CCW-W (formerly WOCMM) pilot is presented in Appendix D.

2: Staff and Agency Survey: Individual team members are routinely asked to complete a confidential survey in order to assess attitudes, general knowledge, and core competencies essential to the delivery of CCW-W. The host agency and all identified partner agencies are also asked to describe recent training initiatives and their capacity to support coaching, supervision and quality assurance activities.

3: Orientation Workshop: Members of the executive team, managers, and representatives across agency and community providers are invited to participate in a four hour orientation to CCW-W where they are introduced to the model and core team members.

4: Commitment to Cross-Training: All team members (assigned and prospective) are invited to participate in formal and informal training activities.

Training Activities:

1: The Curriculum: A total of 10 introductory modules were developed to support the delivery of CCW-W. The training topics and estimated time to deliver each component are presented in Table 4.1. A more detailed description of the training content is available in Appendix E.

Table 4.1: CCW-W – Menu of Training Topics

Module Number	Topic	Estimated Time
1	Introduction to CCW-W	2 hours
2	What We Know About Justice-Involved Women	4 hours
3	Gender Responsive Practices (Relationship-Focused, Strengths-Based, Culturally Competent and Trauma Informed)	6 hours
4	Administering a Gender-Responsive Assessment	12 hours
5	Stage 1: Engage and Assess	6 hours
6	Stage 2: Enhance Motivation	8 hours
7	Stage 3: Develop the Case Plan	4 hours
8	Stage 4: Review and Support	6 hours
9	Team Building	6 hours
10	Implementing CCW-W	6 hours

An additional 24 hours of curriculum were developed over-time in response to requests from team members. These advanced trainings are not mandatory and typically offered as booster sessions after the teams have been working together for several months.

- Working in a Trauma-Informed Way
- Staff Self-Care and Resiliency
- Moving from "Fixing" to "Guiding": Formalizing Strengths-Based and Relational Practices

Finally an 8-hour workshop called – *Building Agency Partnerships* was developed by Becki Ney with the Center for Effective Public Policy. During this training agencies in the community who provide services to justice involved women are invited to attend. Participants are introduced to the CCW-W model, discuss service resources and work with the teams to develop action plans.

2: Formal Training, Coaching and Ongoing Clinical Supervision: All team members are cross trained to ensure consistency in approach and to build functioning, flexible and adaptive teams. During the initial pilot, the teams participated in two weeks of consecutive training. However, this approach was subsequently modified to ensure that smaller segments of classroom learning were followed by opportunities for skill practice, supervision and coaching. A list of supervision and coaching activities developed during the pilot of WOCMM is presented in Appendix F.

The training rollout is typically modified in accordance with the needs of the host agency. A sample schedule is presented in Table 4.2 below.

Table 4.2: Sample Training and Coaching Schedule

Delivery	Formal Training	Coaching Activities	Skill Practice
Initial	Module 1	Review available literature on CCW-W (e.g., description, research and process reports)	
	Module 2	Review supplemental readings Complete e-training module developed by NIC	https://nic.learn.com. Courses include 1) who are justice-involved women 2) Interpersonal violence 3) Effects of Trauma 4) Effective Gender-Responsive Practices 5) Building Individual and Organizational Resilience.
	Module 3	Review supplemental readings Complete e-training module developed by NIC	
	Module 4	Review administration guidelines for the assessment.	Conduct a minimum of 3 assessments using a relational and strengths-based approach, score assessments and prepare a case formulation for each.
Second Training	Module 5	Review supplemental readings.	Practice using motivational strategies: feedback, focusing, evoking change talk and setting personal goals.
	Module 6	Review supplemental readings.	Practice working in a collaborative way to set goals and action steps with (personal strategies; natural supports; formal resources)
	Module 7	Review supplemental readings.	Complete the CCW-W sequence activity for 3 clients.
	Module 8	Review team mission and vision. Explore roles and functions of each team member. Establish team leadership and the logistics for team meetings.	Set up team meetings and begin team conferencing using the standardized session.

A participant evaluation, knowledge quiz and skill practice worksheets were developed for each module to encourage the transfer of learning (Van Dieten, 2012).

Post Training Activities: Building Agency Capacity

1: Supervision and Coaching: Supervisors participated in additional training to promote program integrity. This support included formal training for supervisors to coaching staff in using the model. Supervisors were provided with a Coaching Kit to be used during staff supervision. Activities were recommended to create opportunities for skill practice during team meetings, to assist individual staff to assess skills and to set professional goals, and provide strengths-based feedback.

2: Training Trainers: Building internal capacity to sustain the model is essential to the implementation process. In some sites, we were able to develop internal agency trainers through a cascading training approach to guided skill practice. This involved assisting the lead agency with the recruitment and application process for volunteer trainers. Trainer candidates were selected and trained by CCW-W trainers in the model. Then, they attended a 4 day training for trainers, where they received a fully scripted curriculum and trainer manual and engaged in additional professional development to develop platform skills, content knowledge, attitudes and gender responsive skills to model the approach to their peers. Finally, each trainer candidate modeled and co-trained with a National CCW-W trainer (see below) before completing the certification process. In some sites, this process also included tape review of their actual practice with women, knowledge tests and additional methods to assess competency. While it was not possible to certify trainers in every site due to fiscal constraints, it is an essential investment in developing model stability.

3: National Trainers: One of the deliverables associated with the initial implementation of the model was the development of training materials for trainers (described above) and the certification of a cadre of national trainers who worked with Orbis Partners to co-facilitate the implementation of CCW-W in various sites. The national trainers included representatives from across the US.

- Lisa Cato (Connecticut)
- Shannon Cox (Utah)
- Gina Gomez (Texas)
- Rena Goldwasser (Connecticut)
- Thomas Hogan (Connecticut)
- Erica King (Maine)
- Patti McDonald (Colorado)
- Kim McIrvin (Iowa)
- Felesia Otis (Oregon)
- Yolanda Peterkin-Johnson (New York)
- Mary Skully-Whitaker (Minnesota)

Though a number of the individuals identified above have since retired, members of the initial team and several others recently prepared a paper describing their experiences implementing CCW-W at the 2013 Adult and Juvenile Female Offender Conference. A summary of this presentation is available (Van Dieten et al., 2013).

C: Agency Partnerships

Our belief is that collaborative agency partnerships are a powerful way to improve the lives of women and the communities in which they live in. Partnerships bring the needs of justice-involved women to the forefront and therefore have the potential to expand access to available resources, to mobilize communities to build those that do not exist, and to contribute to more successful outcomes.

> **Tip #9:**
> Invest in multiple methods of staff development including coaching training for supervisors to strengthen fidelity and model stability over the long term.

Who should be involved?

When developing agency partnerships we encouraged sites to be as inclusive as possible and to invite agencies that provide any the following services:

- Grant-makers and governmental agencies
- Department of Corrections or Community Corrections
- Department of Human Services
- Department of Children and Family Services
- Juvenile Justice
- Legislative analysts
- Substance abuse treatment
- Mental health
- Health care
- Housing
- Education/life skills
- Employment/vocational
- Ethnic diversity
- Support systems
- Family reunification
- Transportation
- Youth organizations
- Local government
- Health organizations
- The faith community
- Financial institutions

We also encouraged sites to build community partnership with other groups who do not provide direct services to justice-involved women but can help to increase public awareness, provide actual resources (e.g., donate supplies, food, clothes, etc.), and/or have competencies that can be engaged to facilitate some of the action steps (e.g., university research centers may assist with collecting and analyzing outcome data).

- Media
- Business community
- Civic and community organizations
- Educational centers

Mobilizing Partner Agencies

Once sites have a list of partner agencies we encourage them to complete the following activities:

Host an orientation workshop: During the initial implementation of the model in Connecticut partner agencies were invited to a one-day workshop developed by Becki Ney at the Center for Effective Public Policy. The ultimate goal of this session was to highlight the major challenges faced by justice-involved women and begin to explore how agencies could work in a collaborative way to overcome them. Before leaving such sessions participants are asked to:

1. **Develop a clear vision and mission**: Agency partners are asked to develop a vision and mission statement that reflects a continuum of outcomes, including:

   - Specific agency-related outcomes (e.g., reductions in measures of recidivism; substance use; mental health issues; stable housing; etc.)

   - Broader interrelated outcomes (e.g., increased contact with formal resources available to justice-involved women), and/or increase in use of adaptive coping skills; etc.

2. **Create an action plan**: Agencies are asked to operationalize the mission statement and to clearly specify how outcomes will be achieved (e.g., with whom, by whom, how and by when each action step will be carried out).

Subsequent to the initial workshop we encourage agencies to:

Formalize partnerships **–** Changes in agency leadership, funding, and staff resources can have a dramatic impact on agency partnerships. Some sites find it extremely helpful for agency partners to formalize their relationships in a contractual way through the use of memoranda of understanding. In Salt Lake City Utah, over 40 agencies have committed their participation and involvement with the Women's Summit[20]. The Summit began with the mission – "Shared responsibility for shared clients" and has expanded the target population to include not only justice-involved women but women and families in need.

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[20] For additional information contact Shannon Cox with the Utah Department of Corrections.

Seek technical assistance - Outside help with specific actions, such as securing resources for staff training is encouraged. Specifically, agencies are introduced to the resources available through the National Institute of Corrections and the National Resource Center on Justice-involved Women (see Appendix A).

Make outcome matter - The initial pilot of the model included a research evaluation component. We strongly encourage each additional site to continue this practice in order to monitor outcomes as evidence of progress and to provide a record of accomplishments by the partner agencies. In several sites this helped to secure additional funding and became a strong incentive for other partner agencies to join the collaborative effort.

Forming agency partnerships requires time and financial resources (conference rooms, food and drinks, print materials, etc.) that can be taxing for the host agency. We encourage agencies to seek technical assistance, local or community grants, and/or to off-set costs by hosting an annual conference with registration fees. Despite the challenges associated with coordinating this process, we consistently hear about the benefits. Overwhelmingly, women and team members report more immediate access to services and an increase in available options. Finally, and perhaps most importantly, we hear about the impact of collaboration (e.g., shared responsibility, shared concern, decreased isolation, and increased understanding of this marginalized population).

D: Monitoring Fidelity and Outcomes

Critical to the success of this project is the need to ensure that team members adhere to the principles and practices of the model and that it have the intended impact. In this section we provide a snapshot of the quality assurance activities and evaluation methods used to support the model.

Quality Assurance:

The pilot nature of this project necessitated a clearly articulated method to ensure that the model was delivered with fidelity. We began with a clear statement of the work that had to be done (e.g., tasks to be performed at each stage of the model) and then we defined the skill and competencies that staff need to be successful.

 A series of tools to support continuous quality improvement efforts are listed in Table 4.4 and then described in more detail below.

Table 4.4: CCW-W Fidelity Measures for Trainers, Supervisors and Staff

	Measure	Frequency of Administration	Administrator
1	CCW-W Process Evaluation Tool	Annually	Quality Assurance Specialist or External Evaluators
2	Team Conferencing Feedback Form	Biannually or as needed	Team Leader
3	Team Conferencing Observation Tool	Annually	Quality Assurance Specialist or External Evaluators
4	CCW-W Integrity Observation Tool	Continue until core competency ratings are high and then continue on a bi-annual basis	Supervisor, Quality Assurance Specialist or External Evaluators
5	CCW-W Self-Assessment and Personal Goals:	Staff are encouraged to complete the form and to set personal goals that are reviewed on a quarterly basis.	Supervisor
6	Client Satisfaction Form (Facility Version)	Each woman to complete as they transfer to the community	Team Leader/Case Manger submits completed forms to Quality Assurance Specialist
7	Client Satisfaction Form (Community Version)	Each woman to complete every three months and at case closure	Team Leader submits completed forms to Quality Assurance Specialist

Description of Measures

CCW-W Process Evaluation Tool: This is a fairly comprehensive survey, which provides a general indication of how closely the agency adheres to the guiding practices and principles of CCW-W. Ideally this should be completed by a team (minimum of two people) who are external to the agency and have been trained in CCW-W. However, professionals involved with CCW-W to ensure fidelity to the model could also complete it on an annual basis. The various areas explored include:

   A. Organizational Support
   B. Assessment
   C. Team Approach
   D. Individualized Case Plan
   E. Use of Gender-Responsive Practices
   F. Quality Assurance and Model Integrity
   G. CCW-W Evaluation
   H. Agency Partnerships

Team Conferencing Feedback Form: This is a one-page paper and pencil form that should be completed in confidence by each member of the team at designated intervals throughout the year. The form is designed to determine if all members of the team feel safe and respected and can help to ensure that the team is functioning well. Participants should insert the name of the Team Facilitator and the date. Once the forms are completed they should be gathered and placed into an envelope for review by the quality assurance specialist for the district. The specialist will then summarize and provide feedback to the facilitator and the team and assist them to develop goals to enhance team cohesion and functioning. Each team is encouraged to complete a feedback form at least twice per year.

Team Conferencing Observation Tool: This is a two-page paper and pencil form. Ideally the checklist should be completed by quality assurance specialists identified by the agency and/or supervisors who have been trained in CCW-W. The form provides a general indication of team process (activities completed before, during and after the team meeting) as well as adherence by team members to a gender-responsive/relational approach. We strongly recommend that the observation checklist be completed twice per year for each professional responsible for facilitating the CCW-W teams. A sample questionnaire used to assess the efficacy of team conferencing during the WOCMM pilot is presented in Appendix G.

CCW-W Integrity Rating Form: This form is used to code 1:1 interactions between staff and clients. Ratings are provided with respect to: (1) approach used; (2) skills demonstrated; (3) tasks completed; and, (4) a global rating indicating overall adherence to the CCW-W model. During the pilot stages of WOCMM, staff were reluctant to provide audio tapes of their work. We were able to overcome this reaction by ensuring that all feedback was strengths-based and by providing staff with access to supervision and opportunities for professional development.

CCW-W Self-Assessment and Personal Goals: One month after completing the formal training, individual team members are asked to complete a self-assessment checklist. This provides them with the opportunity to review each of the core competencies and skills essential to the delivery of CCW-W and to rate their personal strengths. After completing the form they are encouraged to develop professional goals that are reviewed and updated with a supervisor on a quarterly basis. For the most part, supervisors working with team members assume responsibility for facilitating this process however, in settings where clinical supervision is not available a team member may be identified by the individual staff to provide peer support.

Client Satisfaction Form (Facility Version): This is a two-page paper and pencil questionnaire that is completed by all women as they transition from the facility to the community. This form is designed to elicit feedback regarding the case work process, the various resources accessed and the client's perception of the quality of intervention received from each team member.

Client Satisfaction Form (Community Version): This is a two-page paper and pencil questionnaire that is given to all women at case closure. This form is designed to elicit feedback regarding the case work process, the various resources accessed and the client's perception of the quality of intervention received from each team member.

Process and Outcome Evaluation

One of the most powerful activities conducted during the pilot of the model was a process evaluation. Women and agency staff involved with CCW-W (WOCMM) and a cadre of staff who had not participated in the project were invited to participate in focus groups and interviews (Millson et al., 2009). The information gathered during this evaluation helped us to identify situational and more enduring challenges faced by staff implementing the model and helped to generate many of the solutions to overcome them. It also provided us with narrative feedback in support of individual staff efforts and more global practices.

The process evaluation suggested that CCW-W was a promising practice. However, the formal evaluation of the model established who benefitted most and the relative impact of using this model. A quasi-experimental design was used in the initial pilot to compare the effectiveness of CCW-W against probation delivered as usual. Objective outcomes included measurable improvements in client progress (e.g., fewer new offenses, arrests, probation/parole violations, institutional misconducts; reductions in dynamic risk; increases in protective factors, quality of supports, use of adaptive personal strategies, client satisfaction, etc.), staff attitudes and performance (e.g., completion of individualized case plans reflective of client needs; use of gender-responsive interventions and practices; increase in professional satisfaction, etc.) and agency partnerships (e.g., increase in formal relationships with other agencies serving women). We also included a subjective outcome to assess team effectiveness (e.g., each member's perceptions of their team's effectiveness). A logic model developed for CCW-W is presented in Appendix H.

# Chapter 5: Preliminary Findings of the CCW-W model

Study #1:

Robinson, D., Van Dieten, M., Millson, B., (Spring, 2012). Women Offender Case Management Model in the State of Connecticut. Journal of Community Corrections. Civic Research Institute.

This was a four-year pilot project involving medium and high-risk women as determined by the Level of Service Inventory-Revised. It involved women on probation who were supervised in four large urban settings in the state of Connecticut. Training was provided to teams delivering WOCMM in gender-responsive strategies (strengths-based, relational, trauma-informed) and complementary evidence-based practices (motivational interviewing, cognitive-behavioral skills). WOCMM group matched with non-WOCMM control group on LSI-R results, legal history, and other demographics. The WOCMM group was found to be significantly less likely to reoffend or to receive technical violations than women receiving probation as usual. Within a 12-month period, while 42.5% of matched control group members were arrested for a new offense, only 31.5% of WOCMM participants were arrested for a new offense.

Study #2:

*WOCMM (State of Connecticut Judicial Branch/Court Services Division Unpublished Report (2013)*

As of 2013, recidivism rates of WOCMM participants compared with recidivism rates of women who received treatment-as-usual, are displayed in the graph below.

Recidivism Rates: State of Connecticut 2013
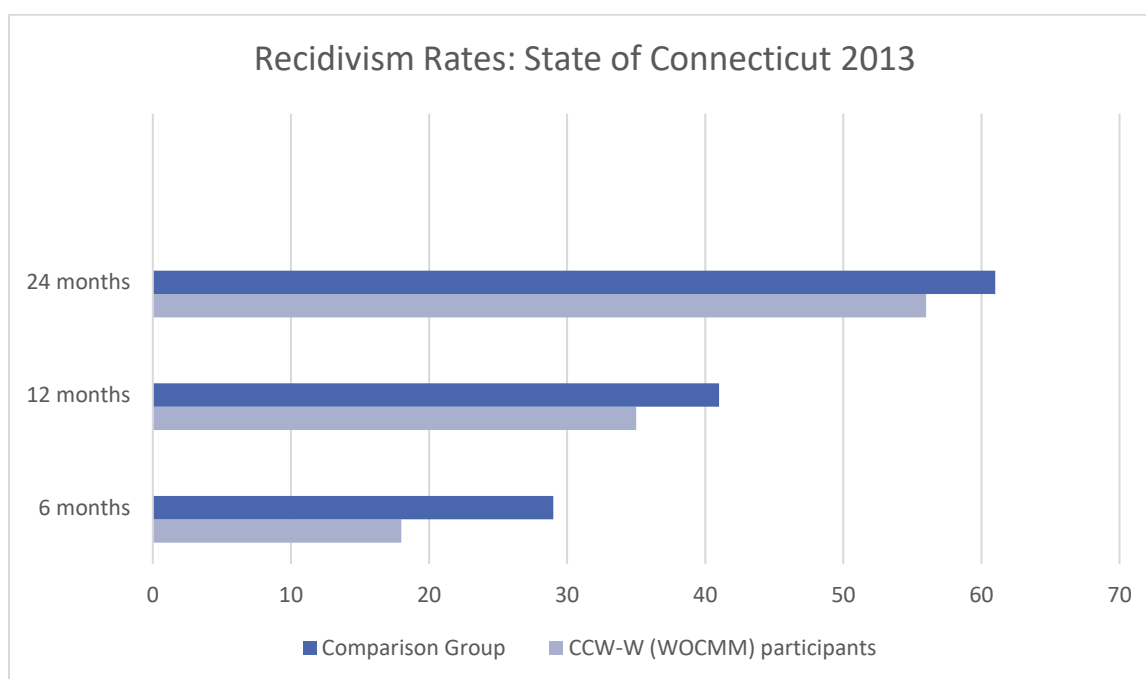
Study #3:

WOCMM (Iowa Department of Human Rights Division of Criminal and Juvenile Justice Planning Statistical Analysis Center (2013). Short-Term Outcome Evaluation of the Women Offender Case Management Model – WOCMM.

At one- and two-year intervals, women who successfully completed WOCMM (aka CCW-W) were "significantly less likely to be admitted to prison that the comparison group." At two years, women who successfully completed WOCMM (CCW-W) had lower conviction rates and lower new indictable conviction rates than those in the comparison group demonstrated. Detailed findings are provided in the graphs below.
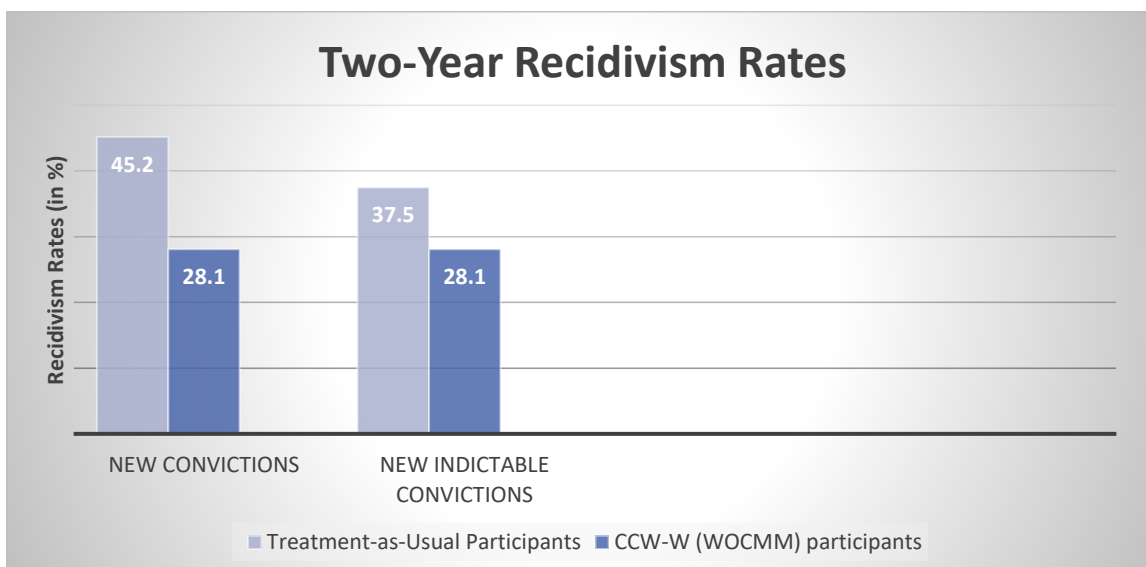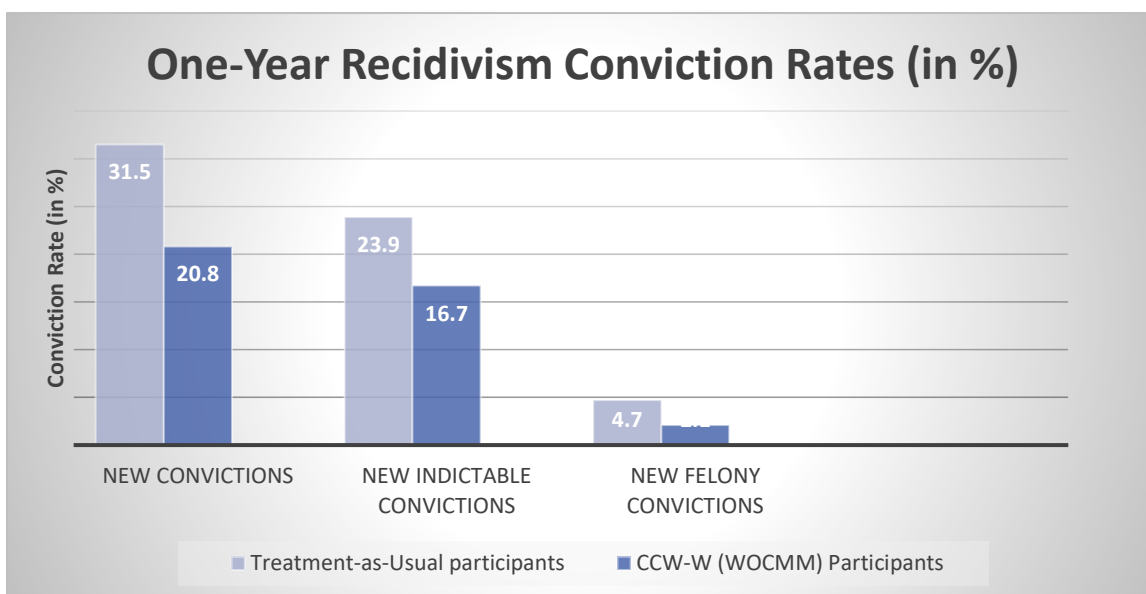
Chapter 6: Lessons Learned and Revisited

Despite the excitement and promise of the initial outcome results, the successful implementation of CCW-W requires a strong commitment to deliver gender-responsive interventions and services. In this segment we would like to revisit some of the invaluable lessons learned throughout this process.

'Fixer' versus 'Guide'

One of the greatest challenges we faced in implementing CCW-W was to move staff from the role of "fixer" to "guide".

Picture a woman entering your office in crisis. She has just informed you that she has been locked out of her apartment and that she and her children (aged 4, 6, and 9) will be forced to spend the night on the street unless she can find shelter. It would be difficult to imagine anyone unwilling to *help remedy* this situation. How that help is delivered lies at the essence of a gender-responsive approach. Some staff are tempted to jump in and *rescue*" her and this might look like making phone calls, looking up services, and calling in favors from agency partners. In contrast another staff might talk with her in order to elicit information about available social supports; services she has used in the past to address a similar crisis; and how she wants to handle this situation.

The latter response can be difficult to assume when we are reacting to a crisis. However, it honors the woman as the "expert" in her own life and it gives her the opportunity to solve the problem without being rescued. Staff are there to support her and remind her that she has the competence and the resources to address the crisis and to assist her in deciding the best course of action.

To shift staff away from being a "fixer" requires considerable training and coaching, however, once they see that they are taking away her opportunity to succeed we usually find more mindful interactions.

Boundaries

We were consistently inspired by the compassion and dedication displayed by the staff who were responsible for bringing CCW-W to fruition. Some of the professionals we met had been formally trained to manage risk and hold women accountable. They were concerned that the implementation of a gender-responsive approach that emphasized strengths and relationship-building would compromise their ability to work effectively and misconstrued by others as inappropriate or over-familiar.

Other staff worked tirelessly to address the needs of women and some had difficulty holding clients accountable for noncompliant behavior. For example, some staff indicated that the investment in working with the women is considerable and filing a violation for non-compliance (or even committing a new offense) often felt like 'giving-up' and seemed inconsistent with a gender-responsive approach.

In order for women to feel safe and to fully benefit from CCW-W we believe that an integrated approach which supports the need for both accountability and support is essential. This practice is introduced during training and must be consistently reinforced during coaching and supervision activities.

On Being Nice…

One of the fallacies that surrounds the "gender-responsive movement" is the misbelief that if you are nice then you are gender-responsive. We take no great issue with being nice. In fact, it is our experience that individuals who are *nice* are far more likely to have friends and to be invited to social events. However, *nice* is not enough to impact the lives of justice-involved women and unfortunately staff who are too nice can struggle with maintaining professional boundaries. This became evident with staff who felt that they should never hold women accountable for fear that they would jeopardize the professional relationship. Additionally, some staff had strong relationship skills but did not have the ability to direct and structure the work in a way that supported the women in moving forward (i.e., they were likable, but not necessarily helpful).

King (2014) created an innovative method to train staff in the intricacies of adhering to a gender-responsive approach by differentiating between three different interaction styles: (1) apathy (i.e., "I don't care if she's been through trauma, a violation is a violation"); (2) sympathy (i.e.," I feel so bad about her past trauma, I am going to let this one slip because I know she was just self-medicating"), (3) empathy (i.e., "I can see how using felt like a compelling option to her when she was triggered and I am going to explore the best way to hold her accountable while also building her capacity to make a different choice in the future"). Most staff engage in all three of these behaviors but tend to rely on one approach more than others. With training they become more mindful of monitoring their own behavior and the importance once again of using the integrated approach described above.

Transitioning from CCW-W

An unanticipated challenge that emerged during the pilot of the model occurred with respect to applying the *risk principle*. Recall from previous discussions that the *risk principle* states that intensive services should be reserved for higher risk cases. During the pilot stages of the project we were careful to select only women assessed as moderate to high risk and approximately 95% of the sample met these criteria. Consistent with the *risk principle*, we discovered that women at greatest risk benefited most from CCW-W (Millson, Robinson & Van Dieten, 2011). However, screening for entry into the program was not the problem. The dilemma emerged when attempts were made to reduce the frequency of contacts and intensity of interventions with women who had stabilized and were doing well (i.e., as evidenced by reductions in dynamic risk and need). We assumed the women would be eager to move on and away from participating in CCW-W. Given the quality of the professional relationships made with the team (e.g., safe, trusting, supportive), we should not have been surprised when a significant number of women were eager to maintain contact and continue to report-in on a regular basis.

In the late 90's Rebecca Maniglia (1996) wrote about the powerful role of relationships in the lives of justice-involved girls. She posed the question *"why would a relational individual want to move toward independent living?" (p.98)*. So we reframed this question slightly and asked ourselves – "*why would a woman who had made real change through these non-exploitative relationships with healthy, caring, supportive and competent individuals wish to sever all ties."* When we started to answer this question we realized three things: (1) for many women, moving away from the team toward independence and self-sufficiency is not desirable. In fact, unless women are moving toward other safe and healthy connections then we have effectively negated the value of establishing networks and support systems; (2) before women are able to transition from CCW-W we need to ensure that the quality of connections with mainstream services, and natural supports is strong, that she can maintain them on her own and/or that she is comfortable accessing new services as needed; and (3) a promising strategy that can be put into place at warrant expiry or the end of supervision is a mentoring program for women. We have found this particularly helpful for women who are isolated from family and friends, who have limited interpersonal skills, and require support as they stabilize in the community.

Resources

A concern voiced by many professionals during the early stages of implementation emerged in response to the availability of program options and services. More than one participant suggested that the lack of available resources called into question the validity and usefulness of starting CCW-W. To dispel this myth quickly, it was critical to demonstrate that formal resources are only one possible option among many and that the availability of services can be cultivated over time.

A second challenge concerned the persistent lack of necessary services. These included housing, childcare, employment and financial resources, which were most often noted as continually in need. Moreover, when services were available, required paperwork and limited funding rules could still hamper access to some services.

Staff Resilience

Throughout the CCW-W process, team members are exposed to the lives and personal histories of the women on their caseload which entailed bearing witnessing to moments of tremendous pain. For a number of staff, reports of fatigue, nightmares, increased stress and irritability became common and we were fortunate that the implementation team in Connecticut was insightful enough to identify the signs of vicarious trauma and to respond accordingly. The impact of vicarious or secondary trauma has been studied for decades however, it is only recently that intervention practices have been made available to staff working in high-risk settings. NIC has recently developed a series of training tools designed to increase awareness across settings and to provide staff with tools to cope more effectively with vicarious trauma (See for example, NIC e-learning training: Building Individual and Organizational Resilience https://nic.learn.com).

Some Final Comments

The implementation of CCW-W with justice-involved women and the individuals and agencies who serve them was an exciting opportunity for us. In many ways this project served to replicate lessons learned from evidence-based research:

- Provide services that are attentive to risk level (reserve intensive interventions like CCW-W for higher risk cases) and address individual needs to mobilize and build strengths.

- Work collaboratively within a multidisciplinary and cohesive team that shares a similar mission and vision.

- Ensure continuity in services as much as possible to preserve the integrity of intervention and to establish the context for healthy, supportive, connections.

- Work intentionally to build agency partnerships that share responsibility for enhancing the lives of women and their families.

- Provide services that are holistic and comprehensive.

- Monitor how the services are delivered by staff and how each woman is responding to them.

- Evaluate outcomes to determine if the services you are providing are having the intended impact.

We also feel confident that the guiding principles and practices that evolved through the implementation of this approach provided a promising alternative to traditional gender-neutral practices:

- We demonstrated that the use of a gender-responsive assessment contributed to enhanced predictive accuracy and more importantly guided our case work efforts to focus on needs that are relevant to women.

- The use of a gender-responsive approach (e.g., trauma-informed, relational, strengths-based and culturally competent) helped us to develop a language and framework for professionals to work intentionally to achieve the desired outcomes.

- The use of a gender-responsive approach shifts the culture of the organization from an emphasis on risk management to a more integrated practice that values accountability and support.

- The use of a gender-responsive approach inspired the development of innovative practices (e.g., staff resiliency training, mentoring, peer support, and other desirable outcomes for staff.).

The implementation of CCW-W provided new options and opportunities for agencies which are interested in enhancing outcomes with women, building staff competencies, and expanding connections with partner agencies:

- The development of resources to train, coach and supervise staff working with justice-involved women.

- The development of quality assurance methods and an evaluation framework.

- The development of a train-the-trainer model and national training initiative.

In conclusion, the implementation of CCW-W demonstrated a significant impact on reducing recidivism and we are hopeful that it will continue to impact the lives of the women and staff who are involved in this process.

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Appendix A: Supplemental Information and Resources

Technical Assistance:

National Resource Center on Justice Involved Women
http://www.cjinvolvedwomen.org/

National Institute of Corrections
http://nicic.gov/

Substance Abuse and Mental Health Services Administration
http://www.samhsa.gov/

Other Websites for Information:

Correctional Service of Canada (publications and resources with respect to women offenders)
http://www.csc-scc.gc.ca/index-eng.shtml

Orbis Partners Inc.
http://orbispartners.com/assessment/gender-responsive-spin-w/

http://orbispartners.com/programs/cr2/

University of Cincinnati- Women's Research
http://www.uc.edu/womenoffenders.html

Appendix B: Standardized Assessment Tools

Women's Risk Need Assessment – WRNA and WRNA-T

In 2008, the National Institute of Corrections in cooperation with the University of Cincinnati announced the availability of a series of new risk/need assessments for adult, women offenders. The assessments include: 1) a full instrument, The Women's Risk/Needs Assessment (WRNA), which assesses both gender-neutral and gender-responsive factors and affords separate forms for probation, prison, and pre-release; and 2) the Women's Risk/Needs Assessment - Trailer (WRNA-T) which is designed to supplement existing risk/needs assessments such as the Level of Service Inventory - Revised or the Northpointe COMPAS. The WRNA-T is also available in separate forms for probation, prison, and pre-release populations.

The NIC/UC project built from two perspectives on offender rehabilitation: 1) research by Canadian scholars Donald Andrews, James Bonta, Paul Gendreau and others, which stresses the importance of treating dynamic risk factors; and 2) work by feminist criminologists (for example, Kathleen Daly, Meda Chesney-Lind, Barbara Bloom, Barbara Owen, and Stephanie Covington, stressing the importance of women's unique "pathways to crime.") Both paradigms stress the importance of programming for dynamic risk factors. However, the pathways model asserts that women's unique needs are not adequately tapped by currently used risk/needs assessments. In response, the new women's assessments identify such needs as: 1) trauma and abuse; 2) unhealthy relationships; 3) parental stress; 4) depression; 5) self-efficacy, and 6) current mental health symptoms.

The instruments were developed following extensive literature searches and focus groups with correctional administrators, treatment practitioners, line staff, and female offenders. The full, Women's Risk/Needs Assessment and many of the questions now included in the WRNA-T (trailer) assessment, were developed by members of a women's task force in the Missouri Department of Corrections in collaboration with researchers at the University of Cincinnati.

In 2009, UC and NIC entered into another cooperative agreement. Since the earlier assessments were created through construction validation, a key goal of this study was to revalidate the original versions on new samples of offenders to determine the level of shrinkage in predictive validity from the construction to revalidation studies. Additionally, this new study sought to refine several of the dynamic risk/needs scales in order to further improve predictive validity. In doing so, this research tested a number of new items that allowed for the exploration of their potential contributions to a revised assessment. In 2014, this research project was completed and new versions of the standalone and trailer assessments were released for use.

Service Planning Instrument for Women: SPIn-W

The Service Planning Instrument for Women (SPIn-W) is a 100-item tool for assessing risk, need and strengths in women offender populations. SPIn-W is suitable for use in probation, parole, custody and other correctional settings where there is a requirement to assess risk of recidivism and identify service needs. The SPIn-W includes an abbreviated 35-item "Pre-Screening" version used for making initial decisions about supervision levels. The longer "full assessment" version is used for case planning purposes. Based on a variety of assessment sources, SPIn-W provides a

template for entering assessment information that has been collected by parole and probation officers, classification officers, case managers or other service practitioners. SPIn-W is designed to address need and responsivity issues that are particularly relevant for developing case plans for women.

While the content of the tool overlaps with traditional risk/need assessment protocols for general populations of male and female offenders, the SPIn-W includes content that is essential to work effectively with justice-involved women. For example, there are a number of items related to child custody and parenting issues, domestic violence, childhood abuse and neglect, mental health, social support, and community living. Items in assessment domains related to attitudes, aggression, emotional regulation, interpersonal skills, and cognitive skills have been tailored to take into account how these areas of risk are manifested in female offender populations.

The full assessment SPIn-W is comprised of the following domains:

- Criminal History (previous offenses and dispositions)
- Response to Supervision (performance under criminal justice supervision in the past, e.g., violations)
- Family and Children (marital problems/satisfaction, relationships with children, parenting, custody, family of origin)
- Social Network (positive and negative social influences, community participation)
- Substance Use (frequency of use, severity of problems)
- Vocational/Employment (employment/vocational service needs, employment stability)
- Attitudes (anti- and pro-social attitudes)
- Social/Cognitive Skills (interpersonal, problem-solving skills)
- Mental Health (mental health conditions, previous abuse)
- Violence (history of violence, anger/hostility)
- Community Living (accommodation, finances, access to resources)

In addition to the gender responsive content of SPIn-W domains, the inclusion of protective factors or *strengths* is a key element of innovation in this assessment model. Most dynamic domains (e.g., family and children, social networks, etc.) includes strength or protective factor content. Strengths are measured at the item level using behavioral or attitudinal referents. Both domain and overall level scoring is available for strengths. Hence, on reassessment, practitioners monitor for decreases/increases in both risk and strengths. Highly intuitive for case managers, the assessment of protective factors focuses case plans to capitalize on strengths and helps develop resources for success. The incorporation of strengths grounds the model in a case planning process that is mobilizing for both the women offenders and the professionals who must develop and monitor case plans. As such, the assessment tool helps move the practitioner toward a strength-based model of case planning and supervision that blends well with motivational interviewing methods.

Motivational components have also been included in the assessment model. At the domain level, assessment users are invited to consider the level of motivation indicated by a woman to address a specific need. The inclusion of motivational content in each domain (which is not scored as risk) keeps the case manager focused on the case planning intent of the instrument.

By focusing on motivational factors (e.g., personal incentives for change) within the assessment, the case manager prepares for the work of debriefing with the woman and fully engaging her in the case planning process. In addition to motivational items, the domains also include items that help users review the resources (natural supports and professional services) that the woman can draw upon to reduce risk and increase or maintain strengths.

The SPIn-W is conducted using web-based software (CaseWorks) whereby the users enter information and generate results through a browser. The software is easy to use and includes both assessment and case planning components. The results are shown in a graphic format that displays both risk and protective factor scores on a wheel diagram. The interactive wheel diagram is then used as the starting point for the case planning process. The software provides a step-by-step guided process to prioritize the targets of intervention and to set goals and action steps.

Training in SPIn-W and case management is offered through a formal training process or through an e-training course. Coaching and refresher training is also available to support competency and skill development.

The assessment, case planning, e-training and software application used with SPIn-W is available from Orbis Partners Inc. (www.orbispartners.com).

Appendix C: Menu of Adaptive Strategies

A series of skill-building worksheets were developed to assist team members to introduce and help women develop a series of adaptive strategies to address the impact of trauma and prevent criminal justice-involvement.

Skills to Build Social Competence:

- Empathy
- Active Listening
- Assertiveness Skill Steps
- Saying No
- Defusing Anger
- Receiving Criticism
- Giving Feedback
- Problem Solving
- Decision Making

Skills for Emotional Regulation:

- Identify and Label Feelings
- Identifying Harmful Self-Talk
- Stress Reduction Activities
- Mindfulness Techniques
  - Abdominal Breathing
  - Emotional SOS
  - Peaceful Scene Visualization
  - Passive Muscle Relaxation
  - 8 Self-Soothing Activities

Building Healthy Relationships:

- Exploring the nature and dynamics of intimate partner relationships
- Relationship patterns and goals
- Safety planning
- Resources

Appendix D: The Implementation Process

Step 1: Establish an Implementation Committee

As we introduced the first pilot of WOCMM in Connecticut we quickly realized that successful implementation would require a strong commitment from an executive team and the professionals who work directly with women.

Identify members of the committee. Include executive staff members with formal authority and a diagonal slice of staff with project management, development, research, and operational experience. Begin to draft an implementation plan that addresses the structural components of CCW-W: Plan logistics, deliverables, time frames and training dates.

Staffing and Collaborative Teams

- Determine the number of CCW-W staff positions
- Establish caseload sizes for CCW-W staff
- Begin to identify core team members
- Review performance outcomes

Agency Partnerships

- List anticipated service needs and resources
- Identify community agencies and potential partners

Client Selection

- Formalize Eligibility Criteria for Participation in CCW-W
    - o Include women who are considered moderate or high risk for future justice involvement
    - o Facility setting: Begin to introduce CCW-W at intake and then continue through the re-entry process.
    - o Community setting: Continue with women re-integrating from the community or women who have a probation/parole term that exceeds one year or more.
- Select a gender-responsive assessment
- Outline the referral process
- Establish exit criteria

Outcome Evaluation

- Identify intermediate and long-term outcomes
- Establish data collection methods

Step 2: Build Inter-Agency Support

Following the initial planning meetings, the implementation team is encouraged to introduce managers and supervisors to CCW-W.

- Review national and statewide data related to justice-involved women (e.g., demographic information, current recidivism and status outcomes (e.g., violations; arrests; etc.).
- Provide an orientation to CCW-W and review draft implementation plan.
- Enlist support from the management team to deliver CCW-W.
- Address the implications of delivering CCW-W (e.g., need to redistribute clients to an all-female case load; reduce caseload sizes, etc.)
- Begin to consolidate the Implementation Plan

Step 3: Prepare for Training

Prior to selecting the training modules, conduct a gap analysis. The gap analysis can help to determine training needs, existing strengths and to establish the length and intensity of specific modules. At the core of this analysis are two questions: "Where are staff now?" and "Where do we want them to be?" Begin by assessing[21]:

- Current State: Identify strengths (e.g., previous training, current experience, professional credentials) and any resources that the agency will need to be successful in implementing CCW-W.
- Review the desired outcomes for CCW-W and the tasks that need to be completed to address those outcomes.
- Determine what staff skills and proficiencies are necessary to bridge the gap between current and desired states.
- Develop the training schedule.

Step 4: Build Agency Capacity

A critical outcome of the initial model pilot was to help agencies mobilize and build sufficient capacity within so that they can assume responsibility for ongoing training, coaching and continuous quality improvement activities.

Recommendations for Selecting Trainers

- Voluntary participation
- Past experience as a trainer/facilitator or a strong interest in developing platform skills
- Strong belief and interest in working with line staff to apply gender-responsive practices
- Interest in enhancing proficiencies as a trainer, supervisor, correctional professional
- Willingness to complete the certification process

Certification Process [Modified in accordance with the competencies of the trainer candidates]

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[21] A series of tools were developed to assist with the gap analysis including: (1) A survey of staff motivation, knowledge and skills that is completed on-line and, (2) Readiness Checklist and Strengths Assessment completed by members of the implementation team.

- Participation in the training
- One or more observations of the training
- Participation in a training-of-trainers session to prepare and practice
- Co-facilitation of training for line-staff
- Submission of knowledge tests and audio/video reports (optional)
- Participation in booster training as required
- Participation in coaching sessions offered off-site
- Participation in training to be a coach

Step 5: Training and Supervision

The CCW-W curriculum was developed to enhance core competencies necessary to implement the model with fidelity. Consistent with adult learning principles, each training session was designed to be highly interactive. Video, skill modeling, behavioral rehearsal, and case studies were used to maximize opportunities for skill practice.

Formal training plays a critical role in exposing staff to CCW-W theory and practice. However, to ensure the transition of learning from classroom to work setting, staff need ongoing support and encouragement. To achieve this goal we strongly recommend the development of a coaching protocol that includes:

- Off-site coaching for CCW-W teams to enhance performance and build competence in applying strategies and techniques.
- On-site training for supervisors and trainers to introduce a coaching model in order to enhance their coaching skills. A coaching manual for supervisors and a series of tool kits to support work with CCW-W teams and clients will be distributed.
- Work with supervisors and trainers to develop "Communities of Practice"

Step 6: Quality Assurance

Introduce a range of methods to assess adherence to the model and operate from a strengths-based perspective. We suggest the following tools:

- Direct observation (audio/video recordings or in vivo) followed by coaching and supervision
- Self-assessments
- Knowledge tests
- Case staffings/reviews

Step 7: *Process and Outcome Evaluation*

Teach staff to monitor outcomes (e.g., explore dynamics changes in needs and strengths at intake and compare results during each reassessment).

Explore results of using the model using aggregate data to show change across intermediate and ultimate outcomes.

Appendix E: Training Content

Module 1: Introduction to CCW-W	▪ Philosophy and Guiding Principles ▪ Core Practices ▪ Evaluation outcomes
Module 2: What we Know About Justice-Involved Women	▪ Gender neutral and gender salient factors ▪ Pathways research ▪ Risk factors, needs and strengths ▪ Integrating evidence-based and gender-responsive practices
Module 3: Gender Responsive Practices	▪ Trauma-informed ▪ Relational ▪ Strengths-based ▪ Culturally competent
Module 4: Gender Responsive Assessment (Optional)	▪ Introduction to gender-responsive assessment ▪ Administration ▪ Scoring activities ▪ Interpreting the results

Module 5: Stage 1 - Engage and Assess	▪ This module draws upon relational and strengths-based strategies to build staff competencies in the following areas:
	  o Engagement strategies
	  o Advanced interviewing skills (e.g., exploring the context and circumstances surrounding problem behavior)
	  o Integrating and interpreting file information and assessment results
	  o Case formulation to identify the priority target

Module 6: Stage 2 - Enhance Motivation	▪ This module draws upon motivational interviewing and other strengths-based interventions to help staff build the woman's motivation and increase commitment to change. Staff are introduced to three strategies:
	  o Feedback
	  o Focusing
	  o Evoking change talk
	  o Goal setting

Module 7: Stage 3 - Develop the Case Plan	▪ Goals and Action Steps
	  o Identify strategies
	  o Natural supports
	  o Services

Module 8: Stage 4 – Review Progress and Support Success	▪ This module introduces a standardized session format to provide staff with the following core competencies:
	  o Re-engaging with clients
	  o Reviewing and reinforcing successes
	  o Dealing with clients who are non-compliant
	  o Updating and monitoring the case plan
	  o Introducing adaptive skills using a guided approach

Module 9: Team Building	Working in Teams ■ Exploring roles and responsibilities ■ Developing a mission statement ■ The Team Conference
Module 10: **Implementing CCW-W**	■ Review and refine the implementation protocol ■ Timelines and tasks ■ Quality assurance measures (review and practice) ■ Coding the CCW-W interview ■ Coding the Team Conference
Workshop: **Building Agency** **Partnerships**	■ Identifying stakeholders ■ Exploring collaborative partnerships ■ Creating a collaborative action plan
Advanced Training: **Working a Trauma-** **Informed Way**	■ Creating a trauma-informed practice ■ Understanding the impact of trauma ■ Identify triggers ■ Preventing reactions to trauma ■ Strategies that facilitate regulation
Advanced Training: Staff **Self-Care and Resiliency**	■ Understanding the impact of secondary and vicarious trauma ■ Identifying *signs* and *reactions* ■ Creating safety and resiliency ■ Mobilizing personal strategies and creating agency-wide rituals to reduce workplace stress
Advanced Training: **Moving from 'Fixing' to** **'Guiding' the** **Intervention Process**	■ Revisiting theory and research underlying a strengths-based approach ■ Brief intervention strategies to enhance motivation ■ Building self-efficacy ■ Personal strategies (regulation, social competence, problem-solving, etc.) ■ Mobilizing natural supports and social connections

Appendix F: Supervision and Coaching Activities

Sample Coaching Sheet from the CCW-W Supervisory Training (King & Van Dieten, 2012)

Stage 1 : Engage and Assess
1. What high-risk situations (internal and external triggers) does she experience before the behavior?
2. What is the intent/motivation behind the behavior?
3. What incentives (potential reasons for change) has she reported?
4. What do you feel are the priority targets? (consider stabilization needs; risk to re-offend; and what she values)
5. How are they linked to the problem behavior?
6. What strengths did you identify that could buffer or mediate risk?

Stage 2 : Enhance Motivation
1. What priority target did she choose?
2. What reasons does she want to change?
3. How important is it to her to change the behavior?
4. How confident is she that she can change her behavior?
5. What strengths does she have to support the change?
6. What will be different when the change has occurred? What is the goal?
7. What other areas are you focusing on?

Stage 3: Implement the Case Plan
1. What strengths does she have that will move her toward goal completion?
2. What obstacles and barriers might get in the way?
3. Who is available to support her as she works to achieve this goal?
4. What professional services or formal support would she benefit from?
5. What progress has she made to date with respect to the completion of goals and/or action steps?

Stage 4: Reviewing and Supporting
1. What progress has she made to date with respect to the priority targets and/or legal requirements? What is going well?
2. Describe one of the goals you are working on?
3. What actions steps have been achieved?
4. How have you reinforced progress to date?
5. What are the greatest barriers to her success?
6. What strategies have you modeled or taught her?
7. What else can you do to encourage her to be successful?
8. How will you respond should the she fail to comply with the case plan?

Appendix G: Quality Assurance Tools

Team Conferencing Materials

Facilitator: _____   **Date:** _____

Please circle your role on the team:

Community Agency Service Provider	Corrections Department	Individual/Family Member	Other

How much do you agree with these statements?	Does Not Apply	Not At All	←		→	Very Much
1. Individual strengths were identified, shared with the team, and used to create/review the case plan.	☐	☐	☐	☐	☐	☐
2. My own or my agency's priorities and needs were addressed.	☐	☐	☐	☐	☐	☐
3. I felt safe during the team meeting.	☐	☐	☐	☐	☐	☐
4. The agenda and purpose of the meeting were clearly explained.	☐	☐	☐	☐	☐	☐
5. I felt respected by all team members in attendance.	☐	☐	☐	☐	☐	☐
6. People listened to me.	☐	☐	☐	☐	☐	☐
7. The plan was reviewed and updated.	☐	☐	☐	☐	☐	☐
8. Challenges, barriers, and limitations specific to me or my agency were identified.	☐	☐	☐	☐	☐	☐
9. Challenges, barriers, and limitations specific to me or my agency if identified, were resolved.	☐	☐	☐	☐	☐	☐
10. The time and location of the meeting(s) were convenient for me.	☐	☐	☐	☐	☐	☐
11. The facilitation of the team was effective.	☐	☐	☐	☐	☐	☐
12. I know who to contact for follow up to the plan.	☐	☐	☐	☐	☐	☐

Please use the back of this page to provide any additional comments about the team meeting. Thank you for completing this questionnaire. Your responses are strictly confidential.

Appendix H: CCW-W Logic Model

Guiding Practices	Four-Stage Process	Intermediate Tasks and Outcomes	Long Term Outcomes
Gender-Responsive Team Approach Individualized Service Continuity of Care Holistic and Comprehensive Program Integrity Program Evaluation	**Engage and Assess** • Build rapport • Conduct assessment (Identify needs and strengths) • Map priority targets • Coordinate professional team **Enhance Motivation** • Provide feedback • Target behavior is identified by woman • Build commitment to alter behavior • Identify incentives and obstacles • Set personal goal **Implement the Case Plan** • Formalize action steps • Specify adaptive skills • Specify natural resources to support plan • Explore service and treatment options **Review Progress** • Review/update progress • Reinforce success • Introduce and/or rehearse the use of adaptive strategies • Mobilize natural supports and services • Update case plan	**Organizational Support** • Implementation committee is established • CCW-W staff are provided with training, resources and support including reduced case load sizes • Efforts are made to provide stable and ongoing funding to sustain CCW-W • Efforts are made to build community and agency partnerships • Performance outcomes for staff are altered to reflect guiding practices of CCW-W **Team Approach** • Efforts are made to ensure continuity of care by developing a core team • Core team members are cross-trained in CCW-W model • Team leader (case manager is identified) • Each woman is a member of the team • Team meets on a regular basis to review progress, provide intervention and/or advocacy • Team roles and responsibilities clarified • Team adheres to protocol for team meeting • Women are introduced to service providers • Woman reports positive relationship with team members **Assessment** • Gender-responsive assessment completed within 30 days, every 3-months and then at case closure • Supplemental assessments completed at intake and case closure • Assessment data is entered into data base • Client Satisfaction questionnaires are completed every three months; at case closure and entered into data base • Timely completion of assessments and reassessments is monitored • Inter-rater reliability assessed **Individualized Case Plan** • Collaboration with woman to create case plan • Gender-responsive assessment is used to target needs, guide service delivery, develop the case plan, identify services and options • Woman demonstrates progress with case plan • Team leader and team members consistently reviews progress (each session) • Team leader records outcome in data base • Intensity and dosage of supervision and intervention is reduced in accordance with dynamic need.	**CLIENT** **Reduce Recidivism** Decrease in 6, 12, 24 month recidivism rates - new crimes, new arrests, technical violations **Reduce Risk Factors** Decrease in dynamic risk factors, increase in dynamic protective factors across targeted domains Increase use of adaptive strategies; use of formal and informal supports and self-efficacy **STAFF/AGENCY** Increase agency and community partnerships Increase staff satisfaction Enhance core competencies of staff

			Quality Assurance		Increase community awareness of justice-involved women
			• Individual staff and team conferences are observed • Quality assurance reports are generated and reviewed with individual staff and team members • Adherence to guiding practices is supported		
			Program Evaluation		
			• Process evaluations are conducted on an annual basis • The CCW-W Review is completed on an annual basis • Individual progress is monitored and reviewed on a 3-month or more frequent basis • Aggregate data is generated and outcomes monitored across outcome measures		