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Motivational Interviewing and Co-Occurring Disorders:
Minnesota Correctional Agents' Perceptions

By

Elizabeth J. Kalmon, B.F.A

MSW Clinical Research Paper

Presented to the Faculty of the
School of Social Work
St. Catherine University and the University of St. Thomas
St. Paul, Minnesota
in Partial fulfillment of the Requirements for the Degree of
Masters of Social Work

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The Clinical Research Project is a graduation requirement for MSW students at St. Catherine University/University of St. Thomas School of Social Work in St. Paul, Minnesota and is conducted within a nine-month time frame to demonstrate facility with basic social research methods. Students must independently conceptualize a research problem, formulate a research design that is approved by a research committee and the university Institutional Review Board, implement the project, and publicly present the findings of the study. This project is neither a Master's thesis nor a dissertation.

Abstract

Recidivism is high among individuals with co-occurring disorder of a mental illness and chemical abuse or dependency. Specifically, for those who return to the community on supervised release to the Twin Cities Metropolitan Area of Minnesota from state incarceration. Minnesota's Department of Corrections and Community Corrections have implemented the use of Motivational Interviewing by Community Correctional Agents with all Supervisees as part of a model designed to reduce recidivism. The purpose of this study is to expand on the limited literature pertaining to the use of Motivational Interviewing by correctional agents who work with supervisees with a co-occurring disorders. A nonpositivist qualitative approach was used to address the research question: What are correctional agents' perceptions with using Motivational Interviewing with supervisees who have a co-occurring disorder. Correctional agents were recruited through a combination of purposive and snowball strategies. The sample consisted of four participants. Face-to-face semi-standardized interviews were used to collect the data. Grounded Theory was used to analyze the data and produce the finding. The findings of this study showed that the participants were client-centered in their approach to establishing a professional alliance; participants' perceptions of their agencies' support for implementing MI was equally split; and participants perceived mixed successes in the use of MI with supervisees with COD. The discussion addresses these finding, relates them to the importance to the field of social work, and from them makes recommendation for future research.

Keywords: corrections; community corrections; parole; supervised release; parole officer; supervising agent; correctional agent; perspectives of parole officer, supervising agent, or correctional officer; parolee; supervisee; offender; mental health; mental illness; chemical or substance abuse; chemical or substance dependence; co-occurring disorder; dual diagnosis; recidivism; change; Motivational Interviewing; Motivational Interviewing and community corrections; re-entry; reintegration to the community; forensic social work; social work and community corrections; social work and criminal justice; person-centered theory; client-centered approach in community corrections; internal and external barriers to re-entry; Minnesota Department of Corrections; Minnesota community corrections; Twin Cities community corrections; professional alliance.

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 In developing this paper, I have delved into literature and reports from diverse fields of study and practice, including social work, criminal justice, psychology, mental and behavioral health, and corrections to name a few. Each of these fields relies heavily on jargon. For the reader there is a list of definition of terms for clarity when a term is not fully defined within the text.

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Motivational Interviewing and Co-Occurring Disorders:
Minnesota Correctional Agents' Perceptions

An unprecedented number of individuals are incarcerated in United States' prisons ("Prison Populations," 2013). At the end of 2011, roughly 4.8 million individuals were serving sentences in the community (Maruschak & Parks, 2012). In a report on state prison re-incarceration rates in United States' urban communities found that one in five individuals returned to prison within one year of release (Mallik-Kane & Visher, 2008). Mental health and chemical dependency or abuse is prevalent among those individuals who recidivate (see Baillargeon et al., 2009; Hartwell, 2004; Mallik-Kane & Visher, 2008; Swartz & Jurigio, 2007; and Wood, 2011). In this study the dual diagnosis of mental illness and chemical dependency or abuse is termed a co-occurring disorder (COD) (see Definition of Terms, Appendix A). Recidivism for individuals with a COD appears to be even more prevalent and their time to re-arrest is much shorter, compared to individuals with a severe mental illness (SMI) alone and individuals with substance abuse or dependency alone (Mallik-Kane & Visher, 2008). This provides compelling evidence of the importance of preventing these high recidivism rates from continuing and for improved understanding as to how to better intervene to reduce recidivism for this population.

Transitioning from incarceration to the community is challenging for individuals, especially those with a COD. This population has unique barriers. Externally, barriers are systemic. Returning individuals with a COD are oppressed through the social stigma of having a criminal record, mental illness, and substance related disorder in addition to access to public housing, employment, education, and stable neighborhoods. Individuals

with a COD are vulnerable to homelessness, poverty, mental health and substance relapse, violations, and recidivism (see Baillargeon et al., 2009; National Center on Addiction and Substance Abuse [CASA], 2010; Hartwell, 2004; Mallik-Kane & Visser, 2008; & "Improving Prisoner Reentry," 2005). Internally, these barriers are complicated and not readily seen or understood by others. For example, some researchers and providers in the field conclude that this population lacks motivation to change (Laberge & Morin, 1995; Shively & Robinson, 2009) and accountability for their own choices and behaviors (Fry, 2007). These barriers have great consequences for the individuals and for the communities to which they return.

If these internal barriers were proactively identified and addressed, by shifting provider's perceptions of this population, successful reintegration to the community might significantly increase, with positive results for the individuals and their communities. Motivational Interviewing (MI) is a person-centered therapeutic intervention that helps individuals explore their ambivalence surrounding change regarding problematic behaviors and habits (Miller & Rose, 2009). Use of MI by correctional agents, to assist returning individuals with a COD, may be effective in reducing recidivism and increasing successful reentry. The purpose of this research study is to learn more about correctional agents perceptions regarding the supervision they provide supervisees with a COD while implementing MI.

Social Work and Criminal Justice

Adults returning from incarceration should be of greater concern to social workers and the profession (Pettus-Davis, 2012). The development of social work as a profession is rooted in correctional work (Brownell & Roberts, 2002; Gumz, 2004; Roberts &

Springer, 2007). Social reformers in the mid- to late-1800s strongly identified with social concerns related to corrections, and as such, the first professionals to provide community supervision-like-services were police social workers (Brownell & Roberts, 2002). They had a great impact on the formation of the emerging field of criminal justice (Roberts & Springer, 2007).

Some social workers have voiced concern that the profession has strayed too far from serving and advocating for this population. Pettus-Davis (2012) boldly states that “[s]ocial work has neglected adults involved in the criminal justice system for nearly four decades” (p. 3). Returning individuals with a COD are in need of many services (Hartwell, 2004), and they would benefit from services provided by social workers with social work’s particular values and principles (Pettus-Davis, 2012). Additionally, the profession of social work is dedicated to serving the needs “of people who are vulnerable, oppressed, and living in poverty” (National Association of Social Workers [NASW], 1996/2008, p. 1). Adults returning from incarceration frequently meet these criteria.

MI is an intervention that fits into the theoretical lens through which social work views and works with clients. MI can be used to help clients become more aware of and identify their own values, which helps them better align the choices they make and behaviors they engage in with their values (Wagner & Sanchez, 2002). MI is also a way of communicating that has been found to be especially effective when working with clients who are resistant, ambivalent, or mandated (Alexander, VanBenschoten & Walters, 2008). These are common characteristics social workers face when working with most client populations. Further, MI requires the use of the strengths perspective and emphasizes self-determination and commitment to clients (Miller & Rollnick, 2013), all

of which are reflected in the ethical standards of the Code of Ethics of the (NASW, 1996/2008).

Effects of Recidivism

High recidivism negatively affects two significant sets of constituencies. The first constituency is the local and extended community. Individuals and institutions within the community experience the impact of the crimes and convictions. This is actualized through cost in tax dollars and general safety of person and property. Likely continuation of future crimes committed by individuals with a COD magnifies these negative realities, impacting society (CASA, 2010).

The second constituency is the individuals with a COD attempting to reintegrate into the community. This population is not receiving adequate reentry services and support to allow for a greater chance of successful reintegration (Human Rights Watch, 2003). Recidivism has gained much attention from state and federal agencies in the United States over the last couple of decades as policy makers have made an effort to address the issues that hinder successful reentry and develop interventions that will reduce recidivism (Bogue, Woodward, Campbell, Clawson, & Faust, 2004). Policies have a direct impact on external barriers and can have an indirect impact on internal barriers that these individuals face.

Following, I have outlined a conceptual framework used as a tool for which to view individuals with a COD returning to the community and how this relates to correctional agents' role and use of MI. They will be woven together through person-centered theory (or termed client-centered). The review of the literature examines the intersection between individuals with a COD returning to the community from

incarceration, the role of community supervision for these individuals, and the use of MI by correctional agents to aid in a successful transition from incarceration to the community.

A qualitative research design is outlined followed by the findings. The discussion will include how the finding fit with the literature reviewed and the conceptual framework; will outline how this topic is relevant to social work at the micro, mezzo, macro levels of intervention; will list implications for practice and recommendations for further research; and lastly, will list the limitations of this study.

Conceptual Framework

It is important that correctional agents be able to develop and maintain a supportive relationship with supervisees. Therefore, correctional agents need to view and understand supervisees through a person-centered lens, and engage supervisees according to the principles of this theory. Person-centered theory will inform correctional agents on how to foster conditions that are necessary and sufficient for change to occur (Rogers, 1957).

Person-Centered Theory

Person-centered theory is one of the founding theories of the humanistic school of thought. It originated from the research, practice, and writings of Carl Rogers. The humanistic school of thought poses that all humans are to be viewed positively and believed to be inherently motivated to achieve their full potential (Halbur & Vess Halbur, 2006; Rogers, 1959).

The Individual. As the name indicates, the individual (i.e., the one receiving service) is central to the overall focus in person-centered theory (Halbur & Vess Halbur,

2006). Person-centered theory endorses that each individual is unique; in that, each person has a distinct set of life experiences and perceptions of these experiences (Halbur & Vess Halbur, 2006). Therefore, an individual's view of the world is exclusively based on their subjective beliefs. Further, individuals orient themselves within their "personal and subjective world [which informs their] subjective purpose and subjective choice[s]" (Rogers, 1959, p. 191). Therefore, all choices and behaviors are seen as logical when viewed through the subjective lens of the individual experiences (Halbur & Vess Halbur, 2006; Rogers, 1959). Individuals are believed to know themselves best; they are the "experts on their own lives" (Halbur & Vess Halbur, 2006, p. 58). Person-centered theory is non-directive, but emphasizes that change occurs within the relationship between the provider and the individual (Rogers, 1957).

Actualizing Tendency. Like humanists, person-centered theory embraces that all individuals are inherently motivated to achieve their full potential; a drive termed as the "actualizing tendency" (Rogers, 1959, p. 196). Further, person-centered theory understands that actualizing is an on-going, life-long process that is never fully achieved, but rather continually sought as an individual evolves over time (Halbur & Vess Halbur, 2006). Road blocks prohibit an individual's inherent tendency to actualize their full potential (Rogers, 1959). A road block is understood as a discrepancy, or incongruence, between the self and the experienced self (Rogers, 1959). The concept of self is a person's perception of who they are, what their capabilities are, and how they relate to their environment. "To experience means simply to receive in the organism [or individual] the impact of the sensory or physiological events which are happening at the moment" (Rogers, 1959, p. 197).

To illustrate, a supervisee reintegrating to the community with a COD who holds a belief that substance abuse has not been problematic and will not be problematic in his/her reintegration (the perceived self) finds that s/he experiences difficulties remaining sober and meeting the terms of his/her conditional release (the experienced self). S/he does not attribute these difficulties to his/her substance use, as s/he does not believe them to be a problem, but s/he skews the meaning of his/her experiences to meet his/her concept of self by applying other reasons and meaning for not meeting the terms of his/her conditional release. Incongruence creates an internal state of tension and confusion. The inherent desire to actualize one's full potential and one's internal need to maintain harmony (between the perceived-self and the experienced-self) creates rifts within the individual, increasing anxiety, fear, and what appear to others to be illogical behaviors (Rogers, 1959).

The Provider. An individual's behaviors and beliefs are logical in the context of which they subjectively view and experience the world. Once a provider is able to understand the world as the individual sees it, then behaviors and beliefs of the individual make sense to the provider (Halbur & Vess Halbur, 2006). By understanding the subjective reality of the individual, the provider then can better connect and communicate with the individual, and ultimately, assist in the change process (Rogers, 1959).

The provider's role is to empower the individual so as to continue toward actualizing. This is done through indirect means (i.e., specific advice and directives are not given) by helping to remove road blocks to increase congruence between perceived-self and experienced-self. (e.g., bringing awareness to distorted views of self to allow for more accurate views of self) (Halbur & Vess Halbur, 2006).

Conditions Needed for Change. Person-centered theory hypothesizes that if particular conditions are created, then a process will begin, and if this process is enacted, then change in personality and behaviors will follow (Roger, 1959). Roger outlines conditions that are necessary and sufficient for individual change to occur (1957). These conditions for change are not exclusive to the provider-client relationship, but rather they are universal to any interpersonal relationship (Rogers, 1957). Therefore, the use of this theoretical lens is relevant when considering the role and relationship that correctional agents have with supervisees to assist in successful reintegration to the community.

There are six conditions that are needed and sufficient for change. The first three conditions outline that two people “are in psychological contact” (p. 96) (i.e., a relationship at any level), that one person (e.g., the supervisee) “is in a state of incongruence” (p. 96), while the other (e.g., the correctional agent) “is congruent or integrated in the relationship” (p. 96) (Rogers, 1957). The fourth and fifth conditions outline the need that the individual integrated in the relationship provide “unconditional positive regard for the client [and] empathic understanding of the client’s internal frame of reference and endeavors” (Rogers, 1957, p. 96). Both of which are communicated and conveyed to the client verbally and non-verbally. The sixth condition exerts that this communication “is to a minimal degree achieved” (i.e., sufficient) (Rogers, 1957, p. 96).

Therefore, correctional agents must be able to have and demonstrate an unconditional positive regard and an empathic understanding for their supervisees while, within the relationship, they are accurately and genuinely being themselves (i.e., integrated in the relationship). Unconditional positive regard means to accept a person as who they are wholly. It does not include accepting only the likeable aspect of a person, or

accepting the person only if certain conditions are met (Rogers, 1959). As Rogers describes, unconditional positive regard is “experiencing a warm acceptance of each aspect of the [other person]” (1957, p. 98). Empathic understanding is the ability “to sense the client’s private world as if it were your own, but without ever losing the ‘as if’ quality” (Rogers, 1957, p. 99). By accurately expressing empathy, the message being sent and received is that there is true understanding and acceptance of the individual’s subjective reality. When this occurs, trust increases and the relationship will have met the condition for change to occur (Rogers, 1957).

Correctional agents, through their professional supportive relationship, have a unique opportunity to assist supervisees in their reentry to the community that differs from any other point of service supervisee receive. This is discussed further in the review of the literature. By developing a therapeutic, supportive alignment with the supervisee using a person-centered lens, they can foster an authentic open relationship of trust. This type of working relationship will have great influence on the ability to identify and elicit intrinsic motivation within the supervisee to engage in intentional change needed for successful reintegration to the community.

Review of the Literature

The purpose of this research study was to learn more about correctional agents perceptions regarding the supervision they provide supervisees with a COD while implementing MI. In the review of the literature, I review barriers to reentry and how these barriers are amplified for individuals with a COD. I review recidivism rates among individuals with a COD and overall rates of recidivism in Minnesota. Underlying factors that affect motivation to engage in successfully reentry by individuals with a COD are

assessed. MI is presented as a means to address these factors. A review of national community corrections culture and specific criminal justice practices in Minnesota is presented and correlated to the use of MI with supervisees with a COD. This examination is needed to be able to formulate the research questions needed to ask about correctional agents' perceptions.

Literature shows that for individuals returning to the community, there are many barriers to successful reintegration ("Improving Prisoner Reentry," 2005; Raphael, 2011; Rosenthal, Wrath, & Weissman, 2013). Access to employment, education, and transitional and permanent housing is difficult or non-existent for individuals with felony records ("Improving Prisoner Reentry," 2005; Raphael, 2011; Rosenthal, Wrath, & Weissman, 2013). Further, many individuals released from incarceration have few or no skills for employment (Raphael, 2011), 50% are functionally illiterate, and 70% do not have a high school diploma ("Improving Prisoner Reentry," 2005). Other barriers and risks individuals face while reintegrating include: pre- and post-incarceration homelessness, inability to live with family, chronic illness (i.e., physical and mental illness, including substance related diseases), uncoordinated social service delivery systems, and legal barriers to receiving public services ("Improving Prisoner Reentry," 2005).

Co-Occurring Disorders and Recidivism

Recidivism is a particular issue for individuals with a COD. In a Texas study, individuals with a COD demonstrated a 1.7 times higher risk of revocation due to violation and a 2.8 times higher risk due to new criminal conviction when compared to individuals with neither a mental illness or substance disorder (Baillargeon et al., 2009).

Data from a 1998 study from the Massachusetts Department of Mental Health indicated that recidivism between individuals with SMI alone and individuals with a COD was distinctly different over four years: 20% of individuals with a COD recidivated, compared to only 5% of individuals with a SMI alone (Hartwell, 2004). Not only do individuals with a COD have much greater odds of recidivism, but the time to re-arrest is shorter (by 3 to 5 months) than other returning individuals (Wood, 2011).

Minnesota, and the Twin Cities metropolitan area (Twin Cities) in particular (i.e., the seven counties that surround and include Minneapolis and St. Paul), is being negatively affected by rates of successful reintegration of incarcerated individuals. At the end of 2011, Minnesota had over 122,000 individuals serving sentences under community corrections (Minnesota Department of Corrections, 2012). Of individuals who successfully completed their Supervised Release (SR), 29% recidivated (i.e., incurred a new felony conviction) within three years. In contrast, only 14% of individuals who successfully completed probation recidivated within three years of discharge (Adkins et al., 2012).

Recidivism in the Twin Cities is greater than any other region in the state, which is significant, given that nearly half of Minnesota individuals returning to the community to serve under SR return to the Twin Cities (Adkins et al., 2012). In the Twin Cities, 35% of individuals who completed their SR in 2008 recidivated within three years, 6% higher than the state's overall average. This discrepancy jumps to 10% when comparing the overall occurrence of recidivism in the Twin Cities to the rest of the state. That is, only 25% of individuals who complete their SR outside of the Twin Cities recidivated within three years (Adkins et al., 2012). Communities and public and government agencies

should be concerned about higher recidivism rates and the large number of individuals reintegrating through SR to the Twin Cities, as compared to the rest of the state.

In addition to concerns about recidivism, individuals with a COD have unique treatment needs that require attention to better understand how to intervene (Hartwell, 2004). It appears that addressing substance use soon in the process of reentry to the community could greatly reduce recidivism rates for individuals with a COD. The Minnesota DOC has implemented strategic policies which include specific methods to address the issues pertaining to recidivism. These policies and practices implemented are discussed below.

Underlying Factors that Affect Motivation

Motivation to engage in their own recovery and transition to the community is often a missing element among criminally involved individuals who have a COD. Laberge & Morin (1995), in their article critiquing the failed attempts to divert criminally involved individuals with SMI, note the high prevalence of no motivation and little to no engagement in treatment among this population. The Reflections Program, a residential treatment facility, serves individuals who have a COD and other external factors, including involvement with the criminal justice system. They, too, identify that the biggest challenge to successful treatment “is the lack of motivation on the part of the client” (Shively & Robinson, 2009, p. 15).

Fry (2007), in his discussion on the mission of community corrections, states “most offenders are not initially motivated to learn” (p.14) needed skills for successful reintegration. Additionally, community agency providers and the health care delivery systems were more likely to refuse to attempt to treat this population based on the

generalization of no or low motivation (Lalonde & Morin, 1995). Lamb, Weinberger, & Gross stress the importance to address resistance among individuals with SMI to engage in treatment and recovery, as not to do so, puts the community at risk (2004). When low or no motivation presents, or is perceived by others, in an individual there are many contributing underlying factors.

Insight

Limited insight into mental and chemical health and criminal involvement is a significant barrier for this population. For individuals with a COD and criminal involvement, “external problems are compounded by internal issues related to their [COD]” (Shively & Robinson, 2009, p. 15). Denial of mental illness and substance use is blinding for this population, leading to complete unawareness and bewilderment for individuals involved in criminal justice as to how to proceed in their lives and where to go for help (Shively & Robinson, 2009). When discussing mandated mental health treatment among criminally involved individuals with SMI, Lamb, Weinberger, & Gross (2004) stress the importance of acknowledging and accepting responsibility for crimes committed and their mental illness, which is needed to effectively participate in mental health treatment. Fry, who is the Community Treatment Coordinator for the Iowa Department of Corrections’ Eighth Judicial District, adds that individuals with SMI and criminally involved lack insight: “They do not recognize and accept the role in their problems, and they do not recognize and accept the role in the solutions” (2007, p. 14).

Mandates of Supervised Release: Hope and Control

For all returning individuals in Minnesota sanctioned to SR, release plans are created that outline the conditions of their release (“Release Reviews,” 2011).

Supervisees are legally mandated to the conditions in their release plan (“Release Reviews,” 2011); and as such, they are both involuntarily and mandated participants to these conditions (Rooney, 1992). Clients with a COD and criminal history have past experiences that foster hopelessness, including “long history[ies] of failure,” and “very low self-esteem” (Shively & Robinson, 2009, p. 17). This influences their motivation to engage and their perceived sense of control over their situation (Shively & Robinson, 2009). Likewise, supervisees’ with a COD feel powerless as a result of the mandated terms of their SR: “The involuntary client feels forced to seek or pressured to accept contact with a helping professional” (Rooney, 1992, p. 4).

There are standard conditions for release that apply to all supervisees in Minnesota. Some standard conditions include supervisees to: maintain sobriety; provide releases of information for mental, medical or other treatment received at the correctional agent’s request; and submit to random body, vehicle, and housing searches (“Release Reviews,” 2011). For supervisees who are identified as having substance problems, special condition may be applied to their release plans, including chemical dependency treatment (“Release Reviews,” 2011). Therefore, while assisting in the process of reentry the legally mandated nature of release fuels hopelessness within the supervisee with a COD, depleting their intrinsic motivation to engage.

Treatment Access and Engagement

Nationally, there is limited access to re-entry specific community programing and treatment programs for returning individuals with mental health and substance abuse needs. The programs have been found to be inadequate, ill-equipped, and resistant to serve individuals with criminal justice involvement (Lamb, Weiberger & Gross, 2004).

When treatment providers refuse to provide services based on perceived low or no motivation among individuals with a COD (Lamb et al., 2004), motivation and resistance are not being viewed as clinical treatment needs. Subsequently, motivation is not addressed prior to treatment or throughout the course of treatment.

It is not surprising that the use of health care services by individuals with SMI or a COD declines during reentry. Mandated clients who are criminally involved and have SMI usually have a long-standing "history of being highly resistant to psychiatric treatment before their involvement in the criminal justice system" (Lamb et al., 2004, p. 114). Individuals' (with SMI or a COD) resistance to treatment compounds the barriers to successful treatment engagement and recovery with the limited availability of community treatment programs.

Mental illness and substance abuse or dependency negatively impacts treatment adherence for returning individuals. From the Urban Institute study of male participants with a SMI, 60.5% reported to have received mental health services while incarcerated. Within two to three months from release, the number of participants who followed-up with mental health care declined nearly 10% (Mallik-Kane & Visser, 2008). Of male respondents who reported having a substance abuse problem, half reported to have participated in substance related support or treatment while incarcerated. Strikingly, at roughly nine months after release, of these participants, only 25% continued to receive or participate in support or treatment. Additionally, findings revealed that psychotropic medication adherence also sharply declined after release (Mallik-Kane & Visser, 2008).

From this study, individuals with a SMI and are not substance involved, follow-up with treatment during reentry more than those who are substance involved; however, for

both populations, treatment follow-up decreased (Mallik-Kane & Visser, 2008). It could be surmised that individuals with a SMI, substance disorder, or a COD who did not receive support or treatment while incarcerated, likely did not initiate treatment during reentry. The decline in continuing treatment in the community could in part be accounted for lack of treatment services available and other systemic barriers. However, resistance or low to no motivation to seek or engage in treatment is evident among returning individuals with a COD.

Addressing Motivation and Underlying Internal Factors

To review, underlying internal factors for individuals with a COD and criminal justice involvement are not directly apparent to an outside observer. They are easily misperceived by others as resistance or defiance when it is very likely that these individuals experience limited insight into how their illness affects their behavior, thinking, and attitude, and as such, their role in their past and future choices. Further, individuals with a COD often are hopeless in that they feel powerless, have low self-esteem, and perceive having experienced failure throughout their lives. Lastly, individuals with a COD demonstrate lower treatment engagement and adherence (e.g., psychotropic treatment, mental health treatment, chemical dependency treatment, and mental illness and chemical dependency treatment).

Lamb, Weinberger, & Gross assert that mental health treatment for individuals who are criminally involved and have a SMI will allow them to gain an increase in awareness and insight into the role of their mental health in past and potential future criminal involvement (2004). This increase in awareness, hopefully, will result in change of behavior, away from illegal activities and increased engagement in on-going mental

health recovery (Lamb et al., 2004). To address the barriers to motivation, the Reflections Program greatly emphasizes the need to avoid judgment and to build therapeutic relationships with clients. More specifically, they have found the use of MI to be effective (Shively & Robinson, 2009). Laberge & Morin explain that motivation must be present in the therapeutic process and that it is needed for effective intervention (1995). MI can help clients gain awareness of how their substance use impacts their mental illness (e.g., exacerbation in symptoms) and as result can “increase discrepancy between psychosocial well-being and substance use” (Handmaker, Packard & Conforti, 2002, p. 369). MI elicits clients' intrinsic motivation while working with their resistance (Miller & Rollnick, 2002).

For individuals with a COD transitioning from incarceration to SR, barriers to successful reintegration are more prolific and complicated. These barriers occur at all system levels (macro, mezzo, and micro). Micro level barrier for successful reintegration include underlying internal factors. The macro level can strive to address these factors through police which directs practice. From this, these internal factors likely be reduced through the influence of mezzo systems, specifically community corrections agencies and correctional agents in how they provide services to this population.

Motivational Interviewing

The foundation to MI is “the knowledge that people often modify their behavior as a result of their interactions with others. A related assumption is those therapists who possess critical counseling skills can help facilitate personal change in their clients” (van Wormer, 2007, p. 21). Degree of motivation presented is not intrinsic characteristics of an individual. Rather, the degree of motivation demonstrated (or seemingly no motivation) is

reflective of the provider's ability to elicit motivation from within the individual (Ginsburg et al., 2002). "Motivational Interviewing is a collaborative conversation style for strengthening a person's own motivation and commitment to change" (Miller & Rollnick, 2013, p. 12).

Therapeutic Style

William Miller developed a particular therapeutic style that had been influenced by integrated theories, predominantly the work of Prochaska & DiClemente on the Trans-theoretical Model and Carl Roger's person-centered theory (Miller & Rollnick, 2002). Specific therapeutic techniques implemented for problem drinking were assessed in some of the founding influential studies for the development of MI. They showed that the therapist's style, in particular, the "skill of empathic understanding" (p. 530) had more and long-lasting impact than behavioral interventions (Miller & Rose, 2009). In the last three decades, research on a host of addictive behaviors (e.g., smoking sensation, problem drinking, and substance abuse) and the implementation of MI have established MI as an evidence-based practice. (Miller & Rose, 2009).

Fostering Change

Miller & Rose (2009) note that MI relies on Rogers's theory (1959), "of the 'necessary and sufficient' interpersonal conditions for fostering change" (p. 528). This framework maintains a supportive non-threatening atmosphere which pairs well with the use of an empathic counseling style used in MI. This allows for a therapeutic relationship that can "explore clients' ambivalence and elicit their own reasons for change" (Miller & Rose, 2009, p. 528). By combining Motivational Interviewing's technical and relational

components, Miller & Rose hypothesize that clients' ambivalence around change will dissipate while their commitment to change solidifies (2009).

The Spirit of Motivational Interviewing

MI is not simply a set of clinical skills, it also includes a specific "underlying perspective with which one practices MI" (Miller & Rollnick, 2013, p. 14). This is termed the spirit of MI. There are four interrelated elements that inform the spirit of MI: partnership, acceptance, evocation, and compassion. These elements in essence are a way of being with the client. In other words, being with the client means partnering with them, rather than confronting them, and allowing the client autonomy to choose change by simply understanding, identifying, and then drawing-out the clients' intrinsic motivations for behavioral change (Miller & Rollnick, 2013). This requires Roger's concepts of empathic understanding and unconditional positive regard (1957). The ultimate purpose of MI is "addressing the common problem of ambivalence about change" (Miller & Rollnick, 2013, p. 21). Supervisees with a COD experience and demonstrate ambivalence through internal barriers (e.g., hopelessness, low self-esteem, and limited insight into their illness; also the effect the illness has on them, and therefore the role the illness has in their criminal justice involvement). The use of MI to address these internal barriers by correctional agents' is logical considering their role in assisting supervisee's in successful reentry.

Motivational Interviewing Suitability

Despite trends to implement MI in community corrections to increase supervisees motivation to change, and therefore, reduce recidivism (Bogue et al., 2004), there is very little research on the use of MI in corrections, and specifically, community corrections

(Alexander, VanBenschoten & Walters, 2008). There is even less research that specifically evaluates the use of MI by correctional agents or parole officers with supervisee (Craig, 2012). However, there are good arguments and reasons to use MI with returning individuals, especially those with a COD.

MI has been researched extensively in areas relevant to individuals returning to the community, such as, treatment engagement for mental health and substance abuse and addiction recovery (Alexander, VanBenschoten & Walters, 2008). Both are key barriers to supervisee's with a COD successful reintegration. Additionally, "MI has been shown to be effective in other settings where provider-client interactions may be brief and multi-focused" (Alexander et al., 2008, p. 3), which is the nature of supervisor and supervisee meetings.

Further, there have been similar outcomes for addiction treatment across non-criminally involved participants and criminally involved participants (Alexander et al., 2008). This implies that criminal justice involvement does not impact the effectiveness of MI with this population. Lastly, "research suggests that [MI] may be particularly useful for clients who are more oppositional or defiant, higher-risk, or otherwise less ready for change" (Alexander et al., 2008, p. 2). This is extremely relevant for returning individuals with a COD, in terms of their mandated status and their resistance to and absence of motivation to change.

In a meta-analysis of the literature on treatment adherence when various adaptations of MI were used with clients with a range of treatment needs (e.g., chemical dependency, mental health, and behavioral health) showed positive effect. Adapted MI also appeared to be effective when clients need to transition between levels of treatment

(Zweben & Zuckoff, 2002). This is particularly relevant to individuals with a COD who are transitioning from correctional facilities to the community, especially if they were engaged in mental or chemical health treatment while incarcerated. Therefore, implementing MI with supervisees may improve treatment engagement in the community. Further, several studies “found effect on a variety of measures of attendance, treatment commitment, readiness to change, and task completion, as well as on treatment outcomes” (Zweben & Zuckoff, 2002, p. 307).

MI provides clients opportunity to explore their ambivalence about change (Miller & Rollnick, 2013; Miller & Rose, 2009). This is ideal for returning offenders, as they have likely been disempowered. While incarcerated, many opportunities in daily living and long-term goal-setting to make independent choices had been removed. Rather, they were directed in many areas of their life, significantly limiting the possibility of autonomy. During supervisees reentry, it is essential to increase autonomy and self-efficacy where more independent functioning is required. The spirit of MI (by joining the client) promotes an individuals' autonomy (Miller & Rollnick, 2013).

U.S. Community Corrections

From the beginnings of community corrections, treatment of substance abuse was of importance to prevent recidivism (Petersilia, 1998). Today, correctional agents are “paternalistic figures who mix authority with help” (Petersilia, 2003, p. 88). They are meant to “attempt to balance the monitoring and control of offenders... with the brokerage of social services” (Lurigio, Rollins, & Falon, 2004, p. 47). Correctional agents assist in meeting the needs of public safety, justice, and the supervisee, through rehabilitation and reentry to the community (Lurigio et al., 2004) by providing both

surveillance and supportive services (Petersilia, 2003). Supportive services could include case management, connecting individuals to needed resources and treatment, preventative counsel, and mentorship (Petersilia, 2003). When these roles are balanced, it allows for a gradual re-entry process, by assisting supervisees in gaining access to appropriate community services needed (Lurigio et al., 2004; Petersilia, 2003).

Culture of Community Corrections in the U. S.

America's "tough on crime" era, led to overcrowded prisons and a great increase of individuals returning to the community. Correctional agents began to have increased caseloads and given less support and resources to fulfill the roles of surveillance and supportive services (Petersilia, 2003). Therefore, greater emphasis was placed on surveillance and less on support, as their ability to perform the traditional balanced role was not feasible (Petersilia, 2003). Also, with increased emphasis on surveillance, the culture of community correction more strongly supported punitive means and threats to motivate supervisees. Providing preventative counsel and mentorship to positively motivate supervisees was less supported in the culture. (Petersilia, 2003; VERA Institute of Justice [VERA] 2013).

The commonly held attitude over the past several decades that individuals with criminal involvement do not change despite interventional efforts is shifting in correctional culture (VERA, 2013). With this, a renewed trend is occurring in correctional sentencing: heavy use of incarceration is decreasing and sentencing to community corrections is increasing (VERA, 2013). Further, national community correctional organizations have collaborated to develop a model that rejuvenates the role of support in the field; attempting, once again, to equalize the roles of surveillance and

support with the aim of assisting in successful reintegration and reducing risk of recidivism (Bogue et al., 2004).

Evidence Based Practices

In the last two decades, reentry has received lasting support by the Reentry Court Initiative from the presidential administration of William J. Clinton and The Second Chance Act from the presidential administration of George W. Bush (Craig, 2012). As a result, state community corrections, to varying degrees, have adopted “conceptual and operational models for evidence-based practices” (p. 2) as developed by the National Institute of Corrections, Community Corrections Division in collaboration with the Crime and Justice Institute (Bogue et al., 2004). Eight evidenced based principles provide the framework for the concepts and models, guiding current practice in community corrections. The second evidenced based principle is to enhance intrinsic motivation, and to do so, this principle recommends that MI be utilized with supervisees. (For detailed information on the principles and models, see Bogue et al., 2004.) I will refer to the eight evidenced based principles as the Eight Principles, as literature on this is not consistent with reference to its name.

Minnesota Department of Corrections: Community Corrections

The Minnesota Department of Corrections’ (Minnesota DOC) mission is to “reduce recidivism by promoting offender change through proved strategies during safe and secure incarcerations and effective community supervision” (“Mission,” 2014). This mission is accompanied by set values and goals. Specific to this study, the second value outlined by the Minnesota DOC: “Research-supported practice: by providing offender programs and interventions based on evidence-based principles” (“Mission,” 2014).

From a report published a decade earlier, The National Institute of Corrections believes the recommended Eight Principles are underdeveloped at the agency level and/or not implemented by correctional agents (Bogue et al., 2004). Results from a national survey of community corrections agencies in 2008 confirmed this assumption. The survey assessed practice and understanding of 13 parole supervision strategies (i.e., outlined in “Putting Safety First,” Solomon et al., 2008) including questions regarding the use of MI (Jannetta & Horvath, 2011). Only 22% (17) community correction agencies in Minnesota responded to the survey request. Half of these Minnesota reporting agencies indicated the use of MI (Jannetta & Horvath, 2011). The authors note, that when interpreting the findings from this survey, it is hard to discern to what degree the principles and evidence based practices are utilized by correctional agents with supervisees (Jannetta & Horvath, 2011). Therefore, all that is known from this 2008 study is that few agencies are implementing MI.

Per Minnesota Legislation in 2009, the Minnesota DOC provided a report to the Minnesota Legislature titled, “Study of Evidence-Based Practices” (2011). The study evaluated multiple factors related to practice and outcomes within community corrections, including Minnesota DOC adopted Eight Principles. This study reported a 100% response from local field services (“Study of Evidence-Based Practices,” 2011). From the report, the Minnesota DOC outlines MI to be the intervention used to enhance intrinsic motivation (“Study of Evidence-Based Practices,” 2011). The Minnesota DOC recognizes that in the past decade numerous field services agencies “have limited their implementation to exposing staff to introductory training [for MI] with little or no follow-up” (“Study of Evidence-Based Practices,” 2011, p. 4).

It appears that there has been a great push to train MN field agencies in the use of MI. Currently, the Minnesota DOC reports “98% of agencies are trained in MI;” however, fewer than 20% of field agencies provide the internationally recognized training standards to gain proficiency in implementation (“Study of Evidence-Based Practices,” 2010, p. 4). Proficiency in MI comes with long-term training (Craig, 2012).

Jannetta & Horvath (2011) note a great need for further research that collects data directly from correctional agents in states that have adopted the Eight Principles in community corrections, as there have not yet been such studies. It is highly valuable to obtain the perspectives of Minnesota correctional agents regarding their work with supervisee's with a COD and MI.

Implementing Motivational Interviewing

Correctional agents need to be proficient in MI to retain its effectiveness (Craig, 2012). Community corrections, as a professional organization and within local agencies, needs to foster a culture that supports and encourages the use of MI (Craig, 2012; Ginsburg et al., 2002). Support for MI requires an attitudinal shift in the culture of corrections in how individuals involved in criminal justice are viewed and assumed to be, and subsequently, the norms that dictate interactions (Ginsburg et al., 2002). To explain, dissonant relationships need to be viewed as collaborative partnership between correctional agents and supervisees. This shift, as noted, has taken place through national organization that represent community corrections, such as the National Institute of Corrections and Crime and Justice Institute (Bogue et al., 2004) and to unknown degrees, this has trickled into local community agencies (Jannetta & Horvath, 2011).

For local agencies and professionals to embrace the practice of MI, necessary training in MI is essential for implementation. Skillful use of MI requires access to training that meets specific criteria. Competency in use of MI requires solid initial training followed by ongoing training to obtain proficiency (Alexander et al., 2008; Craig, 2012; Ginsburg et al., 2002). Training in MI “requires reflection, patience, and practice” (Ginsburg et al., 2002, p. 335). Long-term training needs to include technical skills practice and receiving feedback to maintain proficiency in the use of MI (Alexander et al., 2008; Craig, 2012). Without support from community corrections agencies for MI or access to proper training, correctional agents are less likely to utilize MI with supervisees, as they will take the method less seriously (Craig, 2012). On the other hand, if correctional agents do implement MI without support or access to effective training, they will risk implementing it ineffectively, and likely they will become resentful with and frustrated by mixed messages from the agency (Craig, 2012).

Correctional Agents

Correctional agents' functions of support and surveillance are starting to become more balanced. Correctional agents are fundamentally in a unique position to utilize MI, specifically to assist with reentry for supervisees with a COD. There are many hypotheses as to why client retention is difficult to maintain in the field of mental health (Prochaska & DiClemente, 1992). However, for the correctional agent and supervisee the relationship is mandatory. Therefore, the risk of drop out is minimized. This gives the correctional agent the advantage of mandated time to assist in the process of change required for successful reentry, including increasing intrinsic motivation to participate in treatment.

Professional Alliance: Person-Centered Theory: Motivational Interviewing

Community corrections agencies in the Twin Cities have adopted the concept of professional alliance to be implemented by correctional agents with their supervisees. Professional alliance refers to a particular type of relationship between the correctional agent and the supervisee. Professional alliance is comprised of traits correctional agents are to implement in their relationship with supervisees. These traits are aimed at reducing recidivism (Minnesota Association of Community Corrections Act Counties (“Evidenced Based Practices,” 2011). Most of the professional alliance traits are germane to Person-Centered Theory and/or MI.

When considering all of the traits that define professional alliance, they indicate that the supervisee is the central focus of the relationship with the correctional agent, indicating a client-centered approach. This aligns with the very foundation of person-centered theory. As previously outlined in the conceptual framework, person-centered theory endorses that each individual is unique; in that, each person has a distinct set of life experiences and perceptions of these experiences (Halbur & Vess Halbur, 2006). Further, person-centered theory emphasizes that change occurs within the relationship between the provider and the individual (Rogers, 1957). As noted, the function of establishing a professional alliance is to foster change from the supervisee through the relationship with the correctional agent.

The foundational process to MI is engaging: “Engaging is the process of establishing a mutually trusting and respectful helping relationship” (Miller & Rollnick, 2013, p.47). A result of effective engagement is developing a working alliance (Miller & Rollnick, 2013). Though not all of the traits of professional alliance are synonymous with

the engaging process of MI, the overall goal of establishing a working relationship is the same. Correlating professional alliance traits of MI and person-centered theory that are relevant to this study are: Directive, Authentic, Empathetic, Respectful, Listens Effectively, Strength Based, and Optimistic.

Directive and Authentic Traits. Directive and Authentic traits require that correctional agents be honest and direct in their communications and actions. Additionally, they are to communicate clearly the expectations for the supervisee and the resulting actions of behavioral choices the supervisee makes (“Evidenced Based Practices,” 2011). These traits support the supervisee’s autonomy to make their own informed choices. The spirit of MI encourages client autonomy to choose change by simply understanding, identifying, and then drawing-out the client’s intrinsic motivations for behavioral change (Miller & Rollnick, 2013).

Empathetic Trait. Empathetic trait requires that correctional agents recognize a supervisee’s subjective view of the world and from this understands their behaviors (i.e., not to be confused with tolerating all behaviors) (“Evidenced Based Practices,” 2011). This is fundamental to person-centered theory and the spirit of MI. Person-centered theory notes that an individual’s view of the world is informed by their subjective beliefs, and subsequently, this informs how they conceptualize their purpose and informs their choices (Rogers, 1959).

Respectful Trait. Respectful trait requires that correctional agents treat supervisees with dignity and civility. Additionally, this trait also requires that correctional agents are mindful of the difficulties associated with change and being under supervision. (“Evidenced Based Practices,” 2011). Roger’s necessary and sufficient conditions needed

for change requires that the individual be viewed with unconditional positive regard and empathic understanding of the individual's subjective view of the world and placement in that world (1957). If correctional agents authentically view supervisees with positive regard, it would follow that they treat them with dignity and civility. Further, if correctional agents have empathic understanding for their supervisees, they would be mindful of related difficulties accompanied with change and being under supervision.

Listens Effectively Trait. Listens Effectively trait requires that correctional agents accurately hear and interpret what supervisees are communicating verbally and non-verbally without judgment ("Evidenced Based Practices," 2011). The clinical skills outlined for the engaging process of MI are listening (i.e., undivided attention, eye contact, responsive facial expressions, and accurate reflections); core interviewing skills of open-ended questions, affirmations, reflections, and summaries (i.e., commonly referred to as OARS); and exploring values and goals (i.e., used to elicit motivation) (Miller & Rollnick, 2013).

Strength Based and Optimistic Traits. Strength Based trait requires that correctional agents identify the strengths that each supervisee encompasses. Optimistic trait requires correctional agent to believe change can occur for each supervisee ("Evidenced Based Practices," 2011). Person Centered Theory posits that individuals are to be viewed positively and believed to be inherently motivated to achieve their full potential (i.e., to make personal change) (Halbur & Vess Halbur, 2006; Rogers, 1959).

Time to Establish a Professional Alliance

It not only takes skills to build a therapeutic alliance, but also investment of time. Current Minnesota laws require determinant sentencing: Two-thirds of the sentence is

termed to imprisonment and one-third to SR ("Minnesota Sentencing," 2014). The minimum state level sentence is one year and one day. Eight months and one day is the term of incarceration and four months is the SR term. Sentencing guidelines increase in length of term with each additional conviction ("Minnesota Sentencing," 2014). Given the higher rate of recidivism for individuals with a COD and criminal justice involvement, supervisees with a COD likely are under SR for a significant amount of time (i.e., far more than four months and plausibly many years). Time is essential to form a therapeutic alignment, and for individuals to proceed through the stages of change (see Prochaska & DiClemente on the Transtheoretical Model for more information). As noted, supervisees with a COD are at higher risk of treatment non-adherence and have longstanding histories of being substance involved. Change for this population will take time.

If correctional agents are able to integrate MI techniques through their access to this population, they can play a pivotal role in reducing recidivism. They can do this by empowering the supervisee to make necessary changes for successful reintegration while reinforcing autonomy. Correctional agents can assist supervisees by building strong therapeutic relationships, taking a client-centered approach, and implementing perspective and methods of MI. Therefore, the research question for this study asks: What are correctional agents' perceptions with using MI with supervisees who have a COD?

Methods

The research question for this study asks: What are correctional agents' perceptions with using MI with supervisees who have a COD? The purpose of this study

was to expand on the limited literature pertaining to this topic. Therefore, this study was exploratory in nature.

Research Design

A nonpositivist qualitative approach using grounded theory was chosen for this research. The theory behind nonpositivist approach asserts that researchers can begin to understand individual's subjective interpretations of events, attributed meaning, and therefore, motivations behind behaviors (Monette, Sullivan & DeJong, 2011). This chosen design allowed for inquiry on what correctional agents think, feel, and do pertaining to the research topic (Monette et al., 2011).

The design of this study included face-to-face semistandardized interviews. A semistandardized interview was chosen based on the exploratory nature of the research question. Data gathered from these interviews was used to assess factors related to correctional agents' perceptions of the use of MI with supervisees with a COD, including correctional agents' self-perception of use, effectiveness, and adequate and on-going training of MI. Additionally, correctional agents' self-perception of competency in and agency support for the use of MI. Select demographic information was also collected in the interviews around education, training, and experience.

Sampling and Recruitment Rational

A combination of purposive and snowball strategies were used to recruit participants (i.e., a non-probability sample). The use of a purposive sample allowed me to use my "knowledge" regarding the reentry process, along with associated systems involved and related issues supervisees with a COD face, to recruit participants (Berg,

2009, p. 49). The use of snowball sampling was used to broaden my access to potential participants. I anticipated the recruitment of participants might be difficult.

I sought referrals from scholars and professionals within the field of criminal justice and social work that were known to me (i.e., purposive strategy). These individuals were also asked to pass on my request for referrals to other professional and scholars not known to me (i.e., snowball strategy). These scholars and professionals were asked to consider specific variables when identifying potential participants. They were asked:

- Are there any correctional agents that you would recommend based on their working relationship with clients with a COD;
- are there any correctional agents that you would recommend based on their effective involvement and influence with clients with a COD successful reentry;
- and/or are there any correctional agents that clients with a COD highly respect and report having a positive working relationship with?

The initial contacts were asked to passing along a recruitment flyer to potential participants. From these secondary referrals, prospective participants contacted me with their interest in participating. Once contacted by participants, I provided further information on eligibility, on the process of participation, and what to expect from the interview. Eligibility included:

- Correctional Agents who have worked or are actively working in any of the seven counties that include and surround the Twin Cities (i.e., Anoka, Carver, Dakota, Hennepin, Ramsey, and Washington).

- Correctional Agents who have worked or are actively working with adults who have a COD and are on SR from a Minnesota Correctional Facility.

Correctional agents from the Twin Cities were specifically chosen for three reasons. First, all correctional agents in Minnesota are required to utilize MI with this population to enhance motivation to change behaviors (i.e., increase pro-social behaviors and decrease anti-social behaviors). Second, correctional agents in the Twin Cities were chosen because the location was convenient for me and built on my professional connections and knowledge. Third and more importantly, recidivism in the Twin Cities is greater than any other region in the state, which is significant, given that nearly half of Minnesota individuals returning to the community from imprisonment to serve under SR return to the Twin Cities.

Due to the recruitment design, it is not known if a sample of correctional agents from all seven counties received the recruitment flyer. However, professionals from six counties communicated positive support for the research and intent to pass along the flyer to agents in these counties. From this, six potential correctional agents contacted me with initial interest in participating in the study. Of them, five met criteria and four committed to and participated. All four participants completed the informed consent process.

One participant was female and the others male. All had bachelor's degrees and one had a master's degree. Undergraduate degrees were in criminal justice, social science, and law enforcement. Three participants had minor degrees. They included psychology, sociology, and chemical dependency. The master's degree obtained was in criminal justice. All participants had job titles of Probation / Parole Officer with one

additional title of Evidence-Based Practice Coordinator (i.e., this was a newly assigned job title and as such had a significantly reduced caseload).

Three participants had, on average, 10 years of experience in the field. The fourth participant had close to 30 years of experience in the field. All had experience working with juveniles, and all currently worked with adults, mostly males. Two had past experience working as correctional officers in correctional facilities.

There was variance in the populations they supervised. Two had a traditional caseload, one supervised individuals with sex related offences exclusively, and another supervised individuals who transferred in from out of state. All participants supervised both individuals on probation and SR. Caseloads ranged from 65 to 80 supervisees with the exceptions of the one participant with the newly assigned job title. On the high end, one participant's reported that of their caseload 25% of their supervisees were on SR (i.e., the rest were on probation). Out of the supervisees that were reported to be on SR, participants gave a huge range of estimate as to how many had a COD, from 10% to 100%.

All participants had been trained in MI. Three participants considered themselves proficient in the use of MI. The other participant was more ambivalent about the use, but identified consistently receiving high scores when evaluate on the use of MI.

Data Collection

Instrument Design. The interview schedule was developed from the review of the literature and was designed specifically to address the research question using primarily open-ended questions (see Interview Schedule, Appendix B). The interview schedule was designed using an outline for sequencing questions around feelings,

knowledge, opinions, and values (Berg, 2009). The interview schedule was also developed using the conceptual framework outlined (i.e., Person Centered Theory).

Instrument Validity and Reliability. Face validity was used for assessment and content validity to increase the validity and reliability of the interview schedule (Berg, 2009). Validity is “the accuracy of a measure” (Monette et al., 2011, p. 115). Reliability is the “ability to yield consistent results” (Monette et al., 2011, p. 119). The research committee included two members who brought their expertise to guide the development of this study. One committee member is a scholar and expert in criminal justice practices and issues. Another committee member is an expert in the use of MI, issues related to mental illness, and implantation of MI among Twin Cities community correctional agencies. The selected committee is versed in the proposed topic and related jargon used in corrections, MI, and co-occurring disorders (CODs). With this knowledge and familiarity, the committee assisted in evaluating the interview schedule for face validity, content validity, effectiveness, and weaknesses.

Protection of Human Subjects

To protect participants, the University of St. Thomas Institutional Review Board (UST – IRB) reviewed and approved submitted research application prior to recruitment of participants. Participants did not receive incentive by participating, and their participation was voluntary. Further, participants were not considered vulnerable, as they were asked to speak about their perceptions and beliefs pertaining to their profession.

Interested participants who contacted me were provided with a brief description and purpose of the study. Additionally, the process of participation and what to expect from the interview was explained. Eligible participants were asked to participate in this

research. Those that agreed selected a time and location that was convenient for them to participate in the interview. Prior to beginning an interview, informed consent was obtained. Participants were asked to read the Consent Form specifically designed for this study and approved by the UST-IRB (see Appendix C). The four participants demonstrated clear understanding of the study and participation and they signed the Informed Consent.

Steps were taken to ensure confidentiality of the data and anonymity of participants. The interviews were digitally recorded and stored on two external hard drives. The hard drives were stored in a locked location. The audio files were transcribed with the help of a professional transcriptionist. The transcriptionist signed a statement of confidentiality. Participants in this study are not publically identifiable. During the transcribing process, any identifying information was omitted and replaced with either a case number or pseudonym as recommended by Berg (2009). The transcribed files were saved to the same external hard drives.

All digital data will be kept for five years along with hard copies of transcriptions and written notes. This data will be physically destroyed May 20, 2020. The Consent Forms will be destroyed three years after the completion of the study (May 2018) per federal regulation.

To minimize the risk of coercion, the study did not limit the sample to a specific jurisdiction within the Minnesota DOC Field Services. The sample of correctional agents was sought across seven counties that independently participate in the Community Corrections Act (MACCAC, 2010). Therefore, the sample did not purposefully seek participants from one correctional jurisdiction. This reduced coercion, in that no one

jurisdiction will be able to reasonably use the findings to inform their policies, procedures, or evaluation of correctional agents job performance. As a result with other safeguards in place to secure confidentiality and anonymity, participants were less likely to censor their responses to questions based on fear of any fallout from employers.

Data Analysis

Conventional and latent content analysis was used to analyze the data.

“Conventional content analysis involves categories that have been derived directly and inductively from the raw data” (p. 340) and was used “to identify patterns, themes, biases, and meanings (Berg, 2009, p. 338). Latent content analysis allowed for interpretation, “of the symbolism underlying the physical data,” (Berg, 2009, p. 344). The interviews were audio recorded and then transcribed verbatim into text. This text was analyzed to produce the findings for this study. Identifying codable categories, themes, sub-themes, and issues was done systematically (Berg, 2009). To do this, two cycles of coding were completed.

Each interview transcribed was labeled with a number for tracking and organizational purposes. Open coding was used for the first cycle to analyze the data by thoroughly reading the text while annotating initial codes (Berg, 2009, Saldana, 2013). Simultaneously, and throughout the coding process, analytic memos were taken on the process of coding, analysis, and interpretation of the data (i.e., preliminary thoughts for categories, themes, and concepts) (Saldana, 2013)

The second cycle used focused coding to categorize the initial codes. Initial codes were compared across all four transcripts, analyzed for differences and similarities, modified, and organized into categories. As they were observed, each identified possible

major thematic topic or category was individually listed at the top of a sheet of paper creating an index sheet (Berg, 2009). Correlating themes, words, characters, and concepts identified were listed on the appropriate major thematic topic index sheet with a brief quote from the transcript (Berg, 2009). These quotes were accompanied with their reference codes.

Patterns of similarities and dissimilarities were also identified and notated on the index sheets accordingly. These categories were then assessed for emerging themes to produce the findings. On the index sheet for data listed, reference codes were included for easy access to the original source of data that directed the major thematic topic (i.e., reference codes include the transcript label and line number). Each transcript was processed in the same manor, where index sheets had multiple subthemes and issues from all transcripts and no one transcript produced the major thematic topics.

Strengths and Limitations of Research

The design of this research has both strengths and limitations. The use of a qualitative design was well suited and a strength of the design in obtaining understanding of subjective experiences, beliefs, and perceptions as discussed above. Further, the development of the interview schedule was informed by the review of the literature to address all aspects of the research questions. This supported that the data obtained was relevant to this study (Berg, 2009). The face-to-face interviews were conducted fairly consistently, as I was the only one performing them. Therefore, risk of having multiple interviewers with varying biases and subjective judgment to influence the interview was eliminated (Monette et al., 2011). Face-to-face interviews also helped ensure that

responses were obtained for all questions; whereas, conducting a large anonymous survey would have risked a higher rate of non-response (Monette et al., 2011).

A limitation of the study was the small sample size. The sampling method used was nonrandomized, which greatly limited the generalizability of the study. The participants cannot be assumed to be representative of the population, especially with such a small sample. Having used content analysis, there was a risk for misinterpreting the data or coming to false conclusions. Specifically, when the data was analyzed, inferences were made on the effects that variables have, which is not possible to measure using in qualitative studies (Berg, 2009).

Findings

The focus of this study was to have correctional agents identify their perceptions in using MI with supervisees who have a COD. Correctional agents were asked about their experiences in two pivotal areas field use of MI and agency support of MI. The main findings include: 1. Perspectives on establishing a professional alliance, 2. When the use of MI was perceived as effective, 3. When the use of MI was not perceived effective, 4. Perceptions on MI training, and 5. Perceptions of agency support for implementing MI.

Perspectives on the Professional Alliance

Two main findings emerged when participants were asked about how they view, establish, and maintain professional alliance with their supervisees. Professional alliance is the term used in community corrections to signify the working or therapeutic relationship with supervisees. The first and more prevalent finding was respect for supervisees. The second was having and demonstrating empathy for supervisees.

Respect. Participants demonstrated respect in two ways with their supervisees. Respect was demonstrated through interactions with and perceptions of supervisees. Participants reported interactions with supervisees by being honest and non-authoritative and showing dignity. Multiple participants described honesty as being “*upfront*,” “*direct*,” and “*straight*.” One participant shared,

I'm always up front and honest with my clients, and I think that helps perform some kind of working relationship. They know what to expect out of me, and in turn, I let them know what I expect out of them. And I think that openness and that honesty between the two of us can definitely help.

Participants also delineated that they communicated clear expectations in terms of what is expected of the supervisee and what the supervisee can expect from the correctional agent. To illustrate one participant flatly stated, “*I'll lay it out for them.*”

Descriptive words used by participants to describe being non-authoritative were “*supportive*” and “*open*.” One participated shared:

Me berating them and telling them, you know, 'If you don't do this, I'm gonna put you in jail,' it doesn't work... And it just backfires. So I always work really hard to establish a real informal feeling, rapport... my level of disclosure might be higher than some... So I always built rapport. I treat them with respect.

Another participant stated, “*I don't come off as better than [my supervisees]. I try not to act authoritarian, 'cause it just doesn't work.*”

Descriptive words used by participants to describe dignity were “*non-judgmental*,” “*consistent treatment*,” “*hold accountable*,” “*accepting*,” “*friendly*,” and

“humanity.” One participant stated, *“I give them dignity, and I open myself up enough that they want to talk to me.”* Another participant noted,

You just talk to them and you communicate with them just like we are now. You know, I mean, it's not--it isn't any different when they leave your office. It's still, 'Have a good weekend,' and, you know, those types of things. So, like, just the respect gets you a long way with them. And they see that too.

How participants described their supervisees showed respect. Their positive conceptualization of supervisees affected their perceptions. One participant stated, *“I'm not better than them. And I think they--and people can sense when you're genuinely concerned or you're just doing your job.”*

Another participant explained,

Anybody can be on probation. It's just one or two different thought choices and action choices that kind of separate us from them, I guess if you want to say. Them being people that have been involved in the criminal justice system versus those that have not or have not got caught yet.

Empathy. Participants demonstrated empathy by describing how they relate with or to supervisees, that they see them as individuals, and hold an understanding of the supervisee. Additionally, participants used relatable language, showed acceptance for, and partnered with their supervisees. One participant spoke on a personal level when talking about supervisees, *“I have to treat them like they're my brother, like they're my uncle, like they're my cousin, like they're my father, 'cause all those people have been in prison in my life... So we can relate, so then why judge?”*

Another participant shared,

I've had a variety of life experiences. And I heard a definition of empathy once, and it just stuck with me. It's the best definition I've ever heard, and it was 'suspending your own judgment while putting yourself in someone else's shoes.' And that's something I do all the time, 'cause I know how certain things feel and I wouldn't want to feel like that. And if I was not only a felon but a sex offender, that's a huge label. It's damaging.

Motivational Interviewing Perceived as Effective

Participants were asked to share a time when they used MI with a supervisee with a COD that they perceived was effective. The examples varied greatly in terms of their readiness for change, ability to set realistic goals, and environmental barriers. Participants described, through the examples they gave what they perceived as being pivotal to effectiveness. All of the participants recognized the importance of identifying the stage of change their supervisees were in and change talk expressed by their supervisees. All of the participants indicated the importance of keeping in mind relevant barriers that supervisees faced, and with this they reported the importance of being open with and accepting of supervisees through these barriers. Three of the participants reported that identifying supervisees' motivating values as helpful for generating motivation for change.

Stage of Change and Change Talk. In the examples given, participants accurately identified the stage of change that their supervisees were in. Participants responded appropriately to the identified stage of change, which included identifying change talk. One participant identified that their supervisee was ready for change, "*The*

first time we sat down, he says, 'Well, I need to get--I need to get into treatment. Or I need to do something.' And you don't always hear that too often, you know."

Another participant identified that their supervisee did not see a need to change: "When I realized he wasn't casually using marijuana, clearly there was an addiction... He didn't see the problem. The problem for him was, it's not legal." This participant shared examples of change talk they identified from the supervisee:

I started to hear him, you know, say things like, 'I need,' and 'I'm thinking about,' and 'I want to.' I started hearing him saying things that clearly was a struggle for him. He lost his job, and he knew that there was--there was something related, you know. 'I need to--I need to stop smoking, because I want to have a job, but.'

Remaining Open. In the scenarios given by participants where their supervisees were preparing for change, the participants identified possible logistical barriers their supervisees would face. Participants handled these barriers in different ways. One participant identified that the barrier for the supervisee was that his goal was unrealistic. The supervisee's identified goal was to become a cardiologist. The participant chose not to dismiss the supervisee's initial identified goal. The participant reported that he remained open and continued to listen to what the supervisee was saying. From this, the participant shared,

Now, he told me that he had a sister that's completed pharmacy school, so I try to use that as an angle and use open-ended questions, gauge what he understands about her work and to see if he can sense the work that goes into it, not shut [him] down by saying, You'll never be a cardiologist, 'cause that's what my mind wanted to say... but if I do that, I shoot down his dream. And yeah, that may be outlandish

and grandiose. But if there's something that's realistic [in what he is sharing], he's not even going to share that with me, because I've already started judging everything he said. And so yeah, sometimes we feel like my job is to show them right from wrong. And sometimes we end up shutting a door to future access [by doing so].

Barriers addressed also included participants own attitude toward supervisees and their perception of them. Two participants voiced that they were initially skeptical that their supervisees would succeed in changing. One participant shared being cautious of readiness for, preparedness for, and commitment to change when a supervisee is initially released and reports wanting to go to chemical dependency treatment: *"They all say they want to."* In the example given by this participant, the supervisee voiced and demonstrated strong commitment to going to chemical dependency treatment. The participant was able to not let prior experience with other supervisees affect hearing this supervisee's readiness for treatment. As such, this participant supported the supervisee by being open.

Motivating Values. Three of the participants reported that identifying supervisees' motivating values as helpful for generating motivation for change. One participant reported identifying the motivating value for the supervisee in the scenario given, *"So money is a great motivator for him and something he can strive for and something that he will work for."* By identifying the motivating value, the participant reported having a better picture and understanding of what drove the supervisee. From there, the participant and supervisee were able to collaborate and come up with realistic goals for the duration of the supervision time. Another participant shared identifying the

motivating value as, “*things that indicated he was on some levels recognizing that things needed to change. And I would try to MI in those pieces.*” In this example, the participant identified that the motivating value was to have a job (i.e., employment) and the supervisee was verbalizing his consideration that drug use maybe linked to his inability to maintain employment.

Motivational Interviewing Perceived as Non-Effective

Participants shared scenarios that they perceived were non-effective with supervisees who had a COD while implementing MI. For MI to be effective, it requires that the provider be able to apply the spirit and processes of MI. A key element to this is establishing a trusting relationship as the provider accurately expresses empathy. The participants demonstrated either they could empathize with their supervisees (i.e., two participants) or they struggled with this (i.e., the other two participants) in the scenarios provided. Those that conveyed that they were able to empathize were able to identify the core issue affecting the supervisees' commitment to change. Those that did not convey the ability to effectively empathize with the supervisee demonstrated that they struggled in identifying the core issue affecting the supervisees' commitment to change. Participants provided what they perceived as barriers to effective use of MI with these supervisees. The barriers identified were both internal and external.

Empathize with Supervisee. Two participants demonstrated empathy for their supervisees in the scenarios they gave when asked about a time where they felt using MI was non-effective. One participant spoke about a supervisee with bi-polar disorder and substance abuse who struggled with taking psychotropic medications consistently. The participant started by explaining, “*Like every good bi-polar, they think they don't need*

their meds sometimes. They're feeling pretty good. But the thing with him was that then he assaults people." The participant openly shared, *"It kind of reminds me of me before I went on meds."* He joins his supervisee by identifying with his struggles and uses inclusive pronouns when connecting: *"We always think we're doing good, you know. And I always tell them [i.e., supervisees with a COD], 'Look, it's about a month when we realize that we're being assholes; it's usually about a month everybody else has known it'."* The participant listed this as an unsuccessful example because the supervisee returned prison.

Struggled with Empathizing Effectively. Another participant explained struggling to empathize effectively with a supervisee who had significant, life-long severe and persistent mental illness and poly-substance abuse. The participant identified, *"I've tried to use MI with her on a regular basis, but I'm always hitting a wall with her."* This participant explains, *"on any given day, we're putting out a different fire,"* and relates, *"I'm frustrated with her most of the time."* Further, this participant realized the need for education on borderline personality disorder and related effective treatment interventions when working with individuals.

Perceived Barriers to Effective use of Motivational Interviewing. Participants identified internal and external barriers in the scenarios they provided. Three participants cited not having timely access to treatment and services as external barriers (e.g., medication management, health insurance and mental health and chemical dependency treatment). One participant notes, *"You can't get anybody on meds anymore. You can't find a psychiatrist or anybody... they can get in [to see]."* This participant reflects that supervisees in need of medication management cannot get an appointment right away

when it is needed but, “*two months later.*” This participant shares that often this is just too late. The supervisees by that point have violated the terms of their SR or re-offended.

Three participants identified that the COD was the internal barrier to effective implementation of MI with supervisees. One participant explained that their supervisee with a COD remained acutely mentally ill and this made implementing MI difficult. To illustrate, the participant shared,

And even if she moves into pre-contemplation, we're always taking three steps backwards because then her issues with trust and inappropriate boundaries or just having[the]need that I like her, “You can't be mad at me,” negates everything... So even [when] I've started to make progress with motivational interviewing, 'cause I'll use affirmations, and like you mentioned, the spirit of MI. I try to operate like that with her, but I've kind of had to get dispassionate with her, because I was kind of getting reeled in to her borderline stuff.

Perceptions of Motivational Interviewing Training

All four participants described having had formal MI Training. All participants reported taking part in similarly structured on-going trainings currently or in other, previous community correctional agencies. Several of the participants discussed that correctional agents' years of experience affected their perceptions of MI trainings. Participants talk about MI being the foundation for all other modalities used in community corrections.

On-Going Training. Three of the four participants voiced positive response from the MI trainings received and supported on-going training. These trainings were described as meeting regularly for a few hours. The participants who voiced positive

support for on-going trainings said they were a time to practice their skills through role-play and focusing on various MI techniques. Participants assess their own skills by reviewing tape recordings of their use of MI with their supervisees. They also reported during the on-going trainings they received direct feedback and were able to critique their and others ability in use of MI.

One participant described on-going training as “*awesome.*” This participant explained the process, “*you do that [i.e., recorded interview] once at the beginning, and then you get to hear it, and they critique you.*” Another participant reported that the on-going training as being helpful to strive, not only to be proficient, but also, to master MI: “*I want to be at a point where I never have to think about, ‘Okay, now I have to shift into motivational interviewing’. I just want it to be natural.*” This same participant shared that the feedback was beneficial: “*I realized through feedback in other settings that I was doing it a lot more naturally than I realized I had the ability to do.*”

Years of Experience Affect Perceptions of Motivational Interviewing

Training. Three participants shared the belief that correctional agents who had many years of service were more resistant to the MI training. A belief voiced by three participants (i.e., two participants who identified as being newer to the field and one participant with more than two decades of experience) was that agents who had been in the field for many years felt undermined and undervalued with the onset of implementing formal use of MI. These participants perceptions were that agents with more years of experience, felt they had been using MI informally all along.

A participant with decades of experience stated,

Everybody should have done it this way to being with. It's what I've been doing the whole time I've been here... And so, I'm tired of it. 'Cause, I mean, we have training on it, like, all the time, And you're just killing me with it. But then some other people are just blown away by it.

The participants who felt they were newer to the field reported experiencing tension from peers with more experience around the use of MI and in trainings. One participant shared that these agents often questioned the need for MI and other related trainings. This participant shared the sentiment of what they hear from more senior correctional officers: “*We've been doing this for years, and now they're just putting a name to it.*”

Another participant shared an experience they had when they were very new to the field working as a correctional officer in a county correctional facility. There was an information session for officers on evidenced based practices. The participant explains,

I knew I wasn't supposed to speak. You're on a year probation when you're there. So I know, I [had] just [been] there for four months, just keep your mouth shut. But I raise my hand. 'I'd like to know more about that.' And I can see the look on their faces of the more senior officers who are finding out this information for the first time and realizing, 'Nah, this is not what we need. They can't come in here and tell us how to do our jobs. We know how do to our jobs.'

Another participant expressed empathy for correctional agents with more years of experience. This participant noticing that these agents felt that the additional training and formalizing what they perceived that they had been doing all along was unnecessary. The

participant stated, *“They were using all those skills [e.g., ‘reflective listening and affirmations or any of those’] ten years ago, there just wasn't a name to it.”*

Perception of Agency Support for Utilizing Motivational Interviewing

Participants were asked if they believed that their agency effectively supports them in using MI. There were mixed responses from participants. Participants spoke about agency culture, MI training, and agency implementation of MI. An additional finding that emerged was that implementing of MI is not universal from one county to another or from one department to another within a county.

Agency Culture. Two participants reported that their agencies positively supports a client-centered approach, which is an attribute of MI. Two participants reported that their agency had implemented the use of the term *“client”* to refer to supervisees (i.e., to move away from older more stigmatizing labels such as offender). One participant supported this change while the other did not, reflecting that client implies voluntary status.

Another participant stated, *“[Management] want[s] us to have relationships with offenders, 'cause they don't change otherwise”*. This participant felt that implementing MI required correctional agents to develop relationships with their supervisees that encompassed a particular style MI requires. Another participant stated, *“The utilization of Motivational Interviewing [can] get it back to being client focused.”*

A participant provided a scenario demonstrating the agency's perception on supervisees' ability to change and how this was valuable and empowering:

Our director, I think one time, had said something that really struck me. He said, ‘If you don't believe people can change, you're in the wrong business.’ And he's

right. 'Cause I can't come to work every day thinking I'm spinning my wheels. That makes no sense to me. And I think motivational interviewing, to me, is--it reminds me that they can. And I can influence it. It's like, I feel like I'm planting seeds all the time.

Motivational Interviewing Training. Participants reported mix responses to their agencies' approach to providing trainings. One participant expressed agency support in the following way, *"We can go to as many trainings as we want. They've brought in people from Maine to teach us motivational interviewing from another perspective. I recently attended another training just about MI with compassion."* This participant reported that they go to as many MI training that are, *"out of the box,"* as possible to get different perspectives and improve skills.

Another participant did not see the trainings offered as a form of support by the agency. Rather this participant views that the various training requirements and testing on MI interfere with what this participant perceived as more important to the job. They felt such training requirements, and resulting performance evaluation of proficiency in MI, took too much face time away from working with supervisees. Further, as part of on-going training and evaluation of use of MI, this participant shared an experience that demonstrated dissonance in their relationship with management. As part of the agency's training and evaluation, the participant recorded an interview with a supervisee implementing MI for evaluation by outside experts. This participant shared receiving high scores on his evaluation. The participant shared that this always surprised them supervisor. The participant states, *"Management pretty much just thinks I'm a goon."* The

participant feels that management struggles to see that the participant's engagement with supervisees is in fact closely aligned with the agencies values.

Implementing Motivational Interviewing. Two participants voiced that their agencies' support and approach to implementing the use of and adoption of cultural attitudes needed for MI was ineffective. Two participants reported that implementing and adopting MI into the agencies' policies and practices has caused increased stress for correctional agents. One participant, relatively new to their current agency, demonstrated they were able to observe, experience, and reflect on how managerial decisions around implementing MI has negatively affected the agency's culture. This participant explained that the agency is *"rolling all of this out, but there's nothing as far as how they want it."* The participant explains, *"At least it hasn't been verbalized to line staff or us, like probation officers, it hasn't been verbalized to us what that's gonna look like when it's all done."* The participant suggests, *"I think if they focused more on alleviating some of that stress and really what it's gonna look like, there might be a little bit more buy-in."*

This participant shares that the message conveyed by the agency is *"let's hurry up and get everybody trained. And then we'll kind of see what happens."* The participant states,

I think there's a lot of resistance [i.e., from the majority of other agents] just because caseloads are so high, so you're kind of stressed, or you feel busy, or you are busy all the time. And then anytime something is added, agents who have done it for a long time and have maybe had caseload restructures or just added work, feel that this is just going to be another thing on top of something they're going to have to do or prove that they're doing.

Another participant, who has been in the field for a long time, shared similar sentiments. This participant explains, *“You know, one of the problems with the whole corrections thing is you can't shut it down. Take an inventory and get caught up and everybody starts at the same place. There's no solution.”* This participant identifies that both management and correctional officers are, *“so overwhelmed,”* with trying to catch up and implement MI. This participant speculates,

Over the years, I don't think there's ever been a way to define who's a good PO, who's a bad PO. There's no way to rate people, and I think they're trying to do that with all this crap they're doing... because you gotta measure how [i.e., to evaluate job performance]... And in this field, how do you measure success? You know, it's pretty tough.

Like the previous participant who spoke about the stressful impact of implementing MI for agents who have been in the field a long time, this participant demonstrates similar sympathy for newer correctional agents:

One of them is right by me, and I don't know how they learn the job. I mean, there's so many things, policies to learn that constantly change. You know, they keep sending out a memo, ‘Now, this is different, then this is different, and this is different.’ What the hell? That poor guy. You haven't been around for the whole thing, how do you learn it?

Status of Implementing Motivational Interviewing is not Universal. One participant believes that their Agency is far ahead of the other counties in the Twin Cities with the implementation and agent use of MI. The participant elaborates, stating the current agency, when the participant was newly employed, was *“on the cusp of moving*

into it [i.e., MI].” This participant explains the agency was “building the foundation [i.e., regarding implementing MI within the Agency] and now most counties want to know what we're doing, because we've really taken the lead.”

Another participant provided support that there are discrepancies among counties and delineates further that there are discrepancies in the stage of implementation within an agency's divisions. This participant shared, *“When I worked in juvenile [community corrections], I think there was more support, because for whatever reason, and maybe it's because the staff is younger, but they chose to do the whole [evidenced based practice] push in juvenile first.”* This participant states, *“The support, in juvenile, I think, was strong.”* Whereas now, in the adult division of community corrections, this participant is one of three correctional agent's (i.e., all of whom worked together in juvenile corrections) who have received the introductory and advanced (i.e., on-going) MI training.

Discussion

Participants from this study shared their perspectives on the use of MI with supervisees with a COD. There are many complicated and intertwined factors needed to facilitate correctional agents use of MI. Correctional agents need to be knowledgeable in, and have a theoretical orientation to, client-centered practice. Correctional agents are informed of client-centered practice through the traits that define professional alliance, which is supported and reinforced through the spirit of MI. Correctional agents need to be supported by their agencies for them to use MI with their supervisees. Agencies provide support by fostering a culture that reinforces a client-centered approach and provides strong initial and on-going training in MI. They also provide support by

encouraging correctional agents to use MI and to continually improve their abilities to obtain and maintain proficiency in MI. The findings of this study showed that the participants were client-centered in their approach to establishing a professional alliance, participants' perceptions of their agencies' support for implementing MI was equally split, and participants perceived mixed successes in the use of MI with supervisees with a COD.

Professional Alliance

The findings of this study showed that participants were client-centered in their approach to establishing a professional alliance. In the review of the literature, the professional alliance traits that specifically relate to MI and person-centered theory were outlined (i.e., Directive, Authentic, Empathetic, Respectful, Listens Effectively, Strength Based, and Optimistic). The findings supported that participants applied these traits and understood their relevancy. Three areas emerged from the findings in how participants were client-centered and supported a professional alliance. Participants were empathetic with supervisees with a COD, supported autonomy for supervisees with a COD, and demonstrated effective listening skills with supervisees with a COD to identify change talk. Further, participant found that assisting supervisees with a COD to acknowledge and accept responsibility for their criminal activity and their COD was helpful in balancing and strengthening their relationship. It is noteworthy that none of the scheduled or unscheduled interview questions included any of these areas. It just included the broader question about establishing a professional alliance. It is important for correctional agents to have a client-centered approach when working with supervisees with a COD

Empathy. Person-centered theory notes, and MI supports, that an individual's view of the world is informed by their subjective beliefs; and subsequently, this informs their choices (Miller & Rollnick, 2013; Rogers, 1959). Further, the professional alliance trait of Empathetic directs correctional agents to recognize supervisees' subjective beliefs and from this understand their behaviors, which are a reflection of their choices ("Evidenced Based Practices," 2011). Findings showed that participants understood these concepts and were able to understand and empathize with their supervisees with a COD. This is important as literature shows that the use of empathic understanding has more long-lasting impact than behavioral interventions when working with individuals who abuse substances (Miller & Rose, 2009).

All of the participants, to varying degrees, voiced how they could relate to their supervisees. Several participants spoke about life experiences they have had that helped them with conceptualizing their supervisees. These life experiences were profoundly helpful for participants in empathizing with and understanding their supervisees as people and the choices they make. It was clear in the findings that this was helpful in reducing judgment and being non-authoritative with their supervisees when talking about professional alliance. In the review of the literature, there were no reports or findings that suggest having relevant life experiences was needed for empathic understanding. Therefore, it would be beneficial to gain understanding of effect of life experience on ability to empathize with this population.

Autonomy. The spirit of MI encourages client autonomy. Autonomy is a significant factor needed for individuals to choose change independently by exploring their ambivalence about change (Miller & Rose, 2009). Further, providing autonomy is

empowering (Miller & Rollnick, 2013). This is important, as supervisees with a COD likely have been disempowered while incarcerated (Miller & Rollnick, 2013).

Despite the power discrepancy inherent to the relationship between correctional agents and supervisees, findings from this study showed that participants were able to offset some of this discrepancy of power by respecting and supporting supervisees' autonomy while still holding supervisees accountable. Participants supported autonomy through clear communications and actions as reflected in the professional alliance trait Directive. This trait exemplifies communicating expectations clearly while supporting supervisees' autonomy to choose to meet these expectations ("Evidenced Based Practices," 2011).

Findings also included that the use of clear non-authoritative communication increased participants' ability to support autonomy by objectively providing supervisees with clear expectations and being consistent in their interactions with supervisees. Therefore, it is important that correctional agents support supervisees' autonomy by partnering with their supervisees and integrating the spirit of MI.

Good Listening, Change Talk, and Trust. A fundamental component to MI is good listening. Listening is not passive but active and engaging (Miller & Rollnick, 2013). The professional alliance trait of Listens Effectively also emphasizes that correctional agents are highly attuned to supervisees' communications ("Evidenced Based Practices," 2011). Findings from this study supported the importance of good listening. One of the primary purposes of good listening is identifying change talk. Findings from this study illustrated that participants emphasized the importance of identifying change talk when working with supervisees with a COD. "Change talk is any

self-expressed language that is an argument for change” (Miller & Rollnick, 2013, p. 159). Therefore, it is important for correctional agents to have good listening skills to be able to identify change talk when working with supervisees with a COD.

Identifying change talk reflects how well a correctional agent has established a client-centered professional alliance. The professional alliance trait of Listens Effectively directly informs correctional agent to use MI techniques (“Evidenced Based Practices,” 2011). In order for supervisees to verbalize change talk, they must have trust in the relationship with the correctional agent. When this occurs, they will speak more freely and candidly about ambivalence (Miller and Rollnick, 2013). Therefore, it is important for correctional agents to foster a relationship with supervisees that allows for trust. This begins with the engaging process of MI. Successful engagement is required to progress to the evoking process of MI. It is in this process that the supervisee will be more open and trusting sharing their ambivalence for change (Miller and Rollnick, 2013).

Acknowledge and Accept Responsibility. The literature emphasized the important role for correctional agents to help supervisees acknowledge and accept responsibility for crimes committed and for their COD (Fry, 2007; Lamb et al., 2004). Participants in this study supported the importance of this need by having supervisees start to analyze their thinking and connect how behavioral choices are connected to their belief structures and their thought choices. Some participants shared that this helps balance and strengthen the relationship when supervisees start to see their own role and take responsibility for their actions or inactions. It is important for correctional agents to assist supervisees in understanding their thinking, thought choices, and the effect this has on their choices as it pertains to their COD and past criminal involvement.

Agency Support and Implementation: Motivational Interviewing

The findings of this study showed that participants' perceptions of their agencies' support for implementing MI was equally split. Literature and reports reviewed identified that supporting the implementation of MI required agencies to foster a specific cultural attitude (Craig, 2012; Ginsburg et al., 2002) and to provide access to specific trainings (Alexander et al., 2008; Craig, 2012; Ginsburg et al., 2002). Further, past literature and reports identified that the implementation of MI is unknown throughout community corrections (Jannetta & Horvath, 2011). It is important that community correctional agencies effectively support the use of MI, and also support effectively implementation of MI through a confident and encouraging culture.

Culture. Implementing MI is not as simple as providing cookie-cutter training for correctional agents. It requires much more. As reviewed in the literature, implementing MI starts with adjusting the culture of the agency (Ginsburg et al., 2002), and shifting toward a more client-centered approach to practice. Findings from this study suggest that local community correctional agencies have adopted or are establishing a client-centered approach to practice in how supervisees are viewed, assumed to be, and how this forms the nature of interactions with supervisees. Further by agencies implementing the professional alliance traits and the spirit of MI, this would suggest agencies are fostering a congruent culture of support. However, findings showed mix perception of positive and effective support. It is possible that some agencies are falling short in how they support correctional agents by not extending correctional agents the same attitude of support they are asking to prove to supervisees. It is important that community correctional agencies adopt a culture that supports and reinforces a client-centered attitude and approach.

Status of Implementing Motivational Interviewing Varies. Implementing MI in agencies requires that agencies provide solid initial training followed by on-going training to obtain proficiency (Alexander et al., 2008; Craig, 2012; Ginsburg et al., 2002) and retain effectiveness (Craig, 2012). The findings of this study also show that it is very likely that the stage of implementing MI among local agencies varies greatly. Previous literature notes that the degree of implementation of MI in local agencies nationwide is unknown (Jannetta & Horvath, 2011). Findings from this study suggest that at least one agency is well established in implementing MI with initial and on-going training; whereas, at least one other agency is just beginning to train correctional agents in the use of MI. However, participants from this study recognized that it is to varying degrees being implemented in their agencies. These findings suggest, to an unknown degree, there is still underdeveloped implementation of MI among Twin Cities community correctional agencies. This supports what the Minnesota DOC reported to the state legislature in 2011 (“Study of Evidenced Based Practices”). Awareness that underdeveloped implementation in local agencies throughout the United States began to be reported over a decade ago (Bogue et al., 2004). It is important for governing agencies to continue to monitor, understand, and address factors that contribute to underdevelopment of implementing MI

From this study and recent state reports, it appears there is a need for improving the process of implementing MI among Twin Cities community correctional agencies. This is important as one participant from this study shared how their agency’s rushed attempt to train all correctional agents in MI is having negative, unintended consequences. Rushing to implement MI in this participant’s agency, as they perceived it,

has led to fostering a culture of increased stress, distrust, insecurity, and uncertainty. This culture very likely has an indirect, negative impact on the services supervisees receive. The Minnesota DOC report presented to the Minnesota Legislature in 2010 recognized that numerous community correctional agencies have limited the introduction of MI training (“Study of Evidence-Based Practices,” 2011). This report may have influenced the rush this participant is now experiencing to train everyone in MI. Therefore, it is import for community correctional agencies to effectively implement MI as not doing so put the agencies’ culture in jeopardy.

Participants’ Perceptions using Motivational Interviewing with Supervisees with a Co-Occurring Disorders

MI is a “goal-oriented style of communication” (p. 29) for addressing change for individuals. It is client-centered, in that MI is about “eliciting and exploring the person’s own reason for change” (p. 29) and increasing “personal motivation for and commitment to” (p. 29) change (Miller & Rollnick, 2013). The findings of this study showed that participants perceived mixed successes in the use of MI with supervisees with a COD.

Participants were asked to give an example where the use of MI with a supervisee with a COD was perceived as effective and an example where the use of MI was perceived as non-effective. From the two examples each participant gave, findings demonstrated that participants’ perceived two types of influencing factors related to MI as effective and non-effective. When the use of MI was perceived as effective, findings pointed towards participants’ skillful ability to implement MI; participants adopted the spirit of MI and used the methods of MI. However, when the use of MI was perceived as non-effective, the findings leaned toward internal and external barriers that affected the

supervisees' ability to change. It is important for correctional agents to be proficient in the use of MI to retain its effectiveness.

The Spirit of Motivational Interviewing. The spirit of MI is a perspective used when implementing the method of MI (Miller & Rollnick, 2013). One of the elements that define the spirit of MI is partnership, meaning that clients are partnered with and understood to be the experts on themselves. This requires that correctional agents not impose their values onto the supervisees, but remain open, and let supervisees lead the correctional agents to what is valuable to them. Findings from this study supported this concept. Participants voiced the importance of remaining open despite their own doubts. This allowed for them to better support their supervisees and ultimately assist their supervisees' in achieving the goals they set. It is important for correctional agents to remain open and accepting to adequately support supervisees with a COD and to partner with them.

Stage of change. Participants perceived that accurately identifying what stage of change the supervisee presented was extremely valuable, especially when a supervisee was in the precontemplation stage of change (i.e., see's no need and feel no desire for change). Conversely, the practice of MI does not require the use of the trans-theoretical model for the stages of change. Rather, MI and the trans-theoretical model are viewed as "compatible and complementary" (Miller & Rollnick, 2013, p. 35). However, for correctional agents working with supervisees with a COD it is important for them to use the transtheoretical model in combination with MI.

Instilling discrepancy. For some of the participants when precontemplation was presented by the supervisee with a COD and identified by the participant it led to their

effective use of MI. One participant described the process of instilling discrepancy, which eventually led to the supervisee becoming ambivalent about the change required for meeting the terms of his SR. Instilling discrepancy is a process used in MI to elicit from the client motivation by establishing or increasing ambivalence for change (Miller & Rollnick, 2013). It is important for correctional agents to effectively instill discrepancy when a supervisee with a COD does not see a need to change (i.e., precontemplation stage of change from the transtheoretical model).

Change talk. When ambivalence presents, it is important to be skilled at identifying and responding to change talk. By doing so, this provides the client the opportunity to verbalize their own reasons for change (Miller & Rollnick, 2013). Findings from this study showed that participants' supported the important role that identifying and responding to change talk has in their effective use of MI. It is important for correctional agents to accurately identify and respond to supervisees with a COD when they verbalize change talk.

Motivation through values. From the literature, MI recognizes the vast importance that an individual's own values have on influencing choices the individual makes (Miller & Rollnick, 2013; Wagner & Sanchez, 2002). Therefore, in a person-centered approach, exploring and understanding what a client's values and goals are is an effective and ethical means to elicit motivation from the client to align their behavioral choices with their values and goals (Miller & Rollnick, 2013). Some of the participants found that identifying supervisees' values to be extremely helpful in using MI with supervisees with a COD. Specifically, this was effective when supervisees had set unrealistic goals and when supervisees did not see a need for change. In a short review of

the literature of implementing various techniques of exploring values, Wagner and Sanchez emphasized the importance of incorporating the use of values in MI (2002). Further, from their review, focusing on values with various populations, including populations with alcohol abuse, reflected promising outcomes (Wagner & Sanchez, 2002). Therefore, it is important for correctional agents when working with supervisees with a COD to explicitly explore their values. This will increase discrepancy and evoke motivation ultimately influencing their choices and behaviors.

Access to services and treatment. Prior literature identifies many external barriers supervisees with a COD face upon reentry (“Improving Prisoner Reentry,” 2005; Raphael, 2011). Notably, and relevant to this study, literature identifies that the social service delivery system is uncoordinated (“Improving Prisoner Reentry,” 2005). Findings from this study support that this remains a current problem. Another external barrier participants identified for their supervisees with a COD is a lack of access to timely services supporting the previous literature. For supervisees with a COD, coordination of timely treatment services could prevent violations, recidivism, and mental and chemical health relapse. Therefore, it is important for governing bodies and policy makers to address these issues with the current delivery system of social services for this population. Correctional agents may need to implement other strategies, such as harm-reduction methods, when supervisees do not have timely access to treatment services to mitigate the risk of violating and recidivating.

Difficulty empathizing. Effective empathizing is foundational to the use of MI (Miller & Rollnick, 2013). The findings showed that some of the participants demonstrated and reported difficulty empathizing in the examples they provided when the

use of MI was non-effective. If accurate empathy is not provided to a supervisee, the use of MI will not be effective as this will be a barrier to developing a trusting relationship (Miller & Rollnick, 2013). Therefore, some of the participants demonstrated that they were not proficient in the use MI all of the time. It is important to gain more understanding as to what the factors are that effect inability to be proficient in the use of MI all of the time. It could be that this is an unrealistic expectation for correctional agents with all of the roles and responsibilities they are held accountable for to do their job. This too should be evaluated to search for structural means to improve proficient use beyond implementing good training. Maybe caseloads are too high or required documentation is unrealistic and these things have effect on proficient use of MI with supervisees.

Acutely ill. Findings showed that participants perceived that MI was non-effective when supervisees were acutely mentally ill. The literature reviewed did not address the use of MI when symptoms of mental illness were severe. Specific to these findings, when acute symptoms were barriers to the use of MI, they were related to psychosis or severe borderline personality disorder co-occurring with polysubstance abuse. This is another area where the use of MI by correctional agents may not be appropriate with supervisee with a COD.

Number of Supervisees with Co-Occurring Disorders

It is clear from available reports and previous research that a substantial number of individuals with criminal justice involvement have a COD; some of these individuals have received a diagnosis while more individuals with a COD go undiagnosed (see Baillargeon et al., 2009; Hartwell, 2004; Mallik-Kane & Visser, 2008; Swartz & Jurigio, 2007; and Wood, 2011). Most responses from the participants supported the literature on

rates of COD of individuals returning to the community. Three participants from this study reported high percentages of supervisees with a known or suspected COD, with one exception. Of the participants who reported high percentage, one gave a range of 75% to 100%, another 50% to 75%, and another 100% of their supervisees likely had a COD.

One participant reported only 10% of their caseload had a COD. However, this participant endorsed that most of the supervisees experienced major traumatic events (brief and long-term exposure to trauma). This would suggest, and the participant agreed, a higher percentage of the supervisees have a SMI due to childhood trauma. Another factor that affects the low percentage reported from this participant is that the caseload consists exclusively of supervisees with sex related offences. This participant reported that the caseload is more stable than other traditional caseloads explaining that these supervisees have jobs, homes, and families. Previous research identifies that individuals returning to the community from incarceration who have a COD often have histories of unemployment, homelessness, and disconnection with their families (CASA, 2010). Therefore, this outlying low report of CODs makes sense, as factors that are associated with supervisees with a COD are also less prevalent among this participant's supervisees.

Prevalence of Co-Occurring Disorders. The prevalence of CODs among individuals with criminal justice involvement is not well documented. The estimates of supervisees' with a COD (diagnosed or suspected) reported by participants are important as national and Minnesota DOC reports do not provide census data on CODs for individuals who are incarcerated or under community supervision. Reports include mental illness and substance abuse and/or dependence separately. The percentage of substance abuse and dependency is reported consistently higher than mental illness. From

this, it is only possible to infer an overlap, in that some of the population is represented in the data for both mental illness and substance abuse or dependence.

What is further problematic is that agencies' reports are not consistent with how they define or measure prevalence of mental illness. A report published by the Bureau of Justice Statistics gathered data exclusively on self-report of mental health problems and separate data on self-report of substance use and abuse (Glaze & James, 2006). Whereas other reports simply include individuals with a known diagnosis. Therefore, important statistical information is missing from influential governmental reports. If individuals with a COD who are incarcerated or under SR are not accurately reflected in these reports, the importance of providing proper interventions to address concerns related to this population will likely go unaddressed. It is important to improve methods to identify individuals with criminal justice involvement who meet diagnostic criteria for a mental illness and chemical dependency or abuse. Not to do so has vast implications for these individuals and the correctional agents who supervise them.

Social Work and Community Corrections

The profession of social work is dedicated to serving the needs "of people who are vulnerable, oppressed, and living in poverty" (NASW, 1996/2008, p. 1). Individuals reintegrating to the community from incarceration meet some or all of these criteria. As reviewed in the introduction, the profession of social work was once pivotally involved with community corrections. It would be beneficial for the field of social work to re-evaluate reuniting with the field of corrections. This is a timely consideration, especially since the field of corrections has drastically begun to shift away from a strictly punitive

focus and function back to a balance of supporting rehabilitation and reintegration into the community.

Inter-Agency Collaboration. Supportive services provided by correctional agents' parallel core services that social workers are experts in providing. Social workers do provide supportive services to individuals with a COD that are on supervised release (e.g., case management). Therefore, it would be relevant to practice that social workers are educated and well informed on the logistics related to reentry and supervised release, risk factors of violations and recidivism, and the role of correctional agents. This is important as community correctional agencies are adopting a client-centered approach to practice. Social workers could increase inter-agency collaboration to help support their clients with criminal justice involvement. The NASW's ethical standards hold social workers accountable to be active and influential participants when working on interdisciplinary teams (1996/2008).

Social Workers as Correctional Agents. Correctional agents assist in meeting the needs of public safety, justice, and the supervisees through rehabilitation and reentry to the community (Lurigio, Rollins, & Falon, 2004) by providing both surveillance and supportive services (Petersilia, 2003). Supportive services could include case management, connecting individuals to needed resources and treatment, preventative counsel, and mentorship (Petersilia, 2003). Prior literature points to the benefits of, and need for, services provided by social workers for individuals on SR (Pettus-Davis, 2012). Social work's values and principles align with the role of and purpose correctional agents serve. It would make sense that social workers apply their skills, knowledge, values, and

principles to the field of community corrections as correctional agents. From this study, none of the participants had educational backgrounds in social work.

Need for Advocacy. Some social workers have voiced concern that the profession has strayed too far from advocating for this population (Pettus-Davis, 2012). Prior literature reviewed, and findings from this study support, that reentry services and treatment program are limited and inadequate for individuals with a COD (Lamb et al., 2004). It is important for social workers who advocate for client populations, by shaping social policies and institutions, include systemic barriers related to supervisees with a COD. This would help increase awareness of these barriers among communities and policy makers. The NASW Code of Ethics (1996/2008) outlines social workers' ethical responsibilities to include such social and political action.

Research. Future research is needed on the prevalence of professional social workers serving in the field of community corrections. Additionally, research is needed to assess whether, and to what degree, licensed social work educational programs incorporate issues related to populations with current and past criminal justice involvement. These areas of research would help inform how connected or disconnected the field of social work is with community corrections. Additionally, such research could help define what is needed to incorporate in these educational programs to better prepare social workers entering the field to practice as correctional agents.

Implications for Practice and Research

There are several areas needing research that arose from this study. An area for future research should focus on obtaining census data on the prevalence of CODs among individuals with criminal justice involvement, since it is currently not well documented.

Data from such research could inform policies that would create and develop appropriate services specifically needed for this population. Without this data, treatment needs go unmet.

Another area to focus research on is the implementation of MI among Twin Cities community corrections agencies and adopting a client-centered cultural attitude. Such research could assess the status and effectiveness of implementation of MI through program evaluations. This focus of research could evaluate whether some Twin Cities community corrections agencies are rushing implementation of MI which likely has unintended, negative consequences on agency culture and services provided to supervisees. It is important for governing agencies to continue to monitor the implementation of MI in local agencies, to understand the factors that influence underdeveloped implementation, and to address these factors to support effect and fully developed implementation of MI in local agencies.

Another area that research could focus on is whether there is a correlating effect of correctional agents' life experiences with empathic understanding when working with supervisees with a COD. This could have implications for practice if life experiences are correlated to empathic understanding. In addition, what types of life experiences have an effect would be informative.

Another area of research needed that would help inform practice is the effectiveness of the use of MI with supervisees with a COD who are acutely mentally ill. Further research could assess if the effect of MI with supervisees changes among various mental health diagnosis, specifically, psychotic disorders and personality disorders.

Importantly, more research is needed on correctional agents' perceptions of the use of MI with supervisees with a COD. This study found that participants adopted the spirit of MI. Participants valued specific methods of MI: instilling discrepancy, identifying and responding to change talk, and exploring values and goals. They also relied on the transtheoretical model in conjunction with MI methods. It is important to understand what aspects of the spirit and methods of MI agents perceive as effective and non-effective when working with this population. Correctional agents' perceptions inform how MI is practiced with this population.

Furthermore, research on the use of MI with supervisees without a COD, supervisee with mental illness alone, and supervisees with substance abuse or addiction alone would provide a good comparison to whether or not the diagnosis of a COD affects the use of MI and/or if specific aspects of MI is used more or less when compared to other populations. Focusing research on correctional agents' perceptions on the use of MI with these populations could help improve policies and practice that ultimately affects serving these populations. Further research is needed on correctional agents' perceptions in the following areas: the use of MI as it is included within the Eight Principles, agency culture and agency support for the use of MI, and establishing and maintaining a working relationship with supervisees with a COD (professional alliance).

Limitations

There are limitations to this study. Foremost, the small sample size affects the study greatly. As outlined in the methods section, the sampling method used was nonrandomized, which greatly limits the generalizability of the study. The sample cannot

be assumed to be representative of the general population, especially with such a small sample.

Further, participants obtained likely were interested and/or valued the topic of the research. They may have been willing to participate because they support the use of MI and take the required training more seriously. Three of the participants who voiced positive attitudes for initial and on-going training showed this. Of note, one of these participants identified as a MI trainer. The remaining participant did not see the value of the trainings that were required. This participant identified the on-going trainings and evaluations as barriers to the work preformed (i.e., took time away from supervising caseload). Further, this participant felt the trainings created dissonance with their supervisor as the evaluations are used for job performance.

Another limitation is the interpretation to of the data. With content analysis, there is a risk for misinterpreting the data or coming to false conclusions. Specifically, when the data was analyzed, inferences were made on the effects that variables have, which is not possible to measure using a qualitative design. I could not fully avoid my subjective interpretation of the data despite measures in place to be as objective as possible.

Conclusion

The culture of community corrections has adopted a more client-centered view and approach to the supportive services they provide supervisees. This has affected Minnesota DOC policies and procedures for community corrections. Specific to this study, the Minnesota DOC has adopted the use of MI with supervisee. This research is important, as it has started the inquiry into correctional agents' perceptions around the use of MI with supervisees with a COD. Understanding what correctional agents'

perceptions are in this area will provide valuable and enlightening information as it relates their use of MI with supervisee with a COD. It is important to gain a better understanding of the barriers to use of MI with supervisees' with a COD that correctional agents face. This information will help improve policies and procedures that affect correctional agents' supportive services they provide supervisees with a COD.

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APPENDIX A

Definition of Terms**Chemical Dependency and Substance Abuse**

The Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV-TR) (2000), defines Substance Abuse as continued use of any substance in spite of recurrent and severe adverse consequences or an inability to maintain commitments and responsibilities (i.e., missed days of work/school, neglect of household or family responsibilities, expulsion from school). Abuse would also include use that increases risks of physical harm (e.g., use while operating a motor vehicle). Chemical Dependency includes physical tolerance and withdrawal, along with compulsive use (DSM-IV-TR, 2000).

Community Corrections

Community corrections refers to the system of which provides supervision of individuals “who are under the criminal justice system but who are not in prison or jail” (VERA, 2013, p. 5). This includes, but is not limited to, individuals on probation, parole, supervised release, or other specialized programs. All individuals under community corrections are at risk of failing to meet the terms of their conditions of supervision which could lead to detainment, incarceration, or modification to their supervision (VERA, 2013).

Co-Occurring Disorder (COD) or Dual Diagnosis

A co-occurring disorder in this paper refers to the diagnosis (or suspected diagnosis) of a mental illness and chemical dependency or abuse disorder. This is also

often termed a dual diagnosis. For the purpose of this study the term Co-Occurring Disorder (COD) will be used.

Mental Illness

According to the National Alliance on Mental Illness (NAMI), mental illness affects “a person's thinking, feeling, mood, ability to relate to others and daily functioning” (nami.org, 2011). Mental illness is a diagnosable medical condition with range of severity that can affect any person of any age (nami.org, 2011).

Offender

An offender is an individual who is adjudicated (found guilty) for a crime. In this paper, I will use person-first language and reserve the use of this term in direct quotes cited.

Parole officer and Correctional Agent

“Parole officers attempt to balance the monitoring and control of offenders, which is in the interest of public safety and the administration of justice, with the brokerage of social services, which is in the interest of the offender rehabilitation and reintegration into the community” (Lurigio, Rollins & Fallon, 2004, p. 47). Through out the Minnesota DOC Policies, Directives and Instructions Manual (http://www.doc.state.mn.us/Docpolicy2/html/DPW_toc.asp) the title of correctional agent is used with occasional use of supervising agent. However, Twin Cities local community correctional agencies use the job title of Probation and Parole Officer. For continuity, correctional agent will be used throughout this paper in reference to parole officer or supervising agent.

Probation, Parole, and Supervised Release

Both probationers and parolees “have been deemed responsible for an offense by a court of law” (VERA, 2013, p. 6). “Probation is a court-ordered period of correctional supervision in the community, generally as an alternative to incarceration” (Maruschak & Parks, 2012, p.2). In contrast, Parole is defined as “...a period of conditional supervised release in the community following a prison term” (Maruschak & Parks, 2012, p. 2). Generally, time sentenced to parole is shorter than time sentenced to incarceration (VERA, 2013). Parole is granted for individuals incarcerated in state prisons at the discretion of a Parole Board rather than built into sentencing. Parole is commonly used in other states and the literature uses this term more generically to mean time in the community after release from state level (felony) incarceration.

Parole in Minnesota. In Minnesota, traditional parole is only used for individuals who have been sanctioned to a life sentence (i.e., currently 30 years of incarceration). These individuals then are eligible for release under parole. The Commissioner of Corrections along with an advisory board grants parole. (“Definition of Population Cards,” n.d.) .

Supervised Release in Minnesota. Minnesota uses the term Supervised Release to define supervision of individuals in the community after they have served their time of incarceration. The sentencing court specifies the period of incarceration and the period of release. (“Definition of Population Cards,” n.d.) For the purpose of continuity the term supervised release will be used throughout this paper in reference to parole or supervised release.

ReEntry – Reentry – Re-Entry – Reintegration

ReEntry, re-entry, reentry, and reintegration are often used interchangeably to indicate the transitional period (unspecified amount of time) for an individual to adjust to living in the community after serving time in jail or prison. Reentry is also a popular term used to reference a specific type of programing and services provided to supervisees (Wheeler & Patterson, 2008). This paper will use the form reentry as the time returning to community living from incarceration.

Recidivism

Recidivism is defined as the relapse into criminal activity (“Recidivism,” 2014). The use of the term recidivism sometimes refers only to new crimes that have been adjudicated, wherein other instances in the literature it also refers to technical violation leading to re-incarceration. Definition of this term will be distinguished throughout the paper when reviewing the literature.

Violation of Release

Violation of release is the act of not meeting the terms of the release by the supervisee (i.e, not meeting curfew, substance use, moving without informing or seeking approval from correctional agent and committing new crimes while under supervision). This may or may not result in the revocation of the release and a return to prison. When the violation does not include a new crime, it is referred to as a technical violation. (“Definitions on Population Cards,” n.d.).

APPENDIX B
Interview Schedeul

- 1) Tell me about your background and how you came to be a correctional agent:
- 2) You stated that you entered the field “____,” how has your career developed since then?
- 3) Can you tell me about the people you supervise (in general terms)?
- 4) Tell me how you go about establishing a “professional alliance” with the people you supervise?
- 5) As you know, I am interested in learning about your opinion related to the use of motivational interviewing. You mentioned that “[X amount]” of your supervisee’s deal with mental illness and substance issues, of these supervisee’s, is there one case that you could tell me about that you felt the use of Motivational Interviewing worked particularly well?
- 6) Understanding that not all things go accord to plan all of the time, will you share a time when implementing Motivational Interviewing techniques was not helpful.
- 7) For supervisee’s that struggle with mental illness and chemical abuse or addition, in working and getting to know these individuals, how do you make sense of their resistance to change when it arises?
- 8) Do you find Motivational Interviewing to be a helpful tool to “Enhance Motivation” in supervisees?
- 9) How do you see that your agency supports you in implementing Motivational Interviewing?
- 10) How could they support you better?

APPENDIX C

CONSENT FORM**UNIVERSITY OF ST. THOMAS****Motivational Interviewing and Co-Occurring Disorders:****Minnesota Correctional Agents' Perceptions****693436-1**

I am conducting a study about correctional agents' perceptions regarding the use of Motivational Interviewing with supervisees who have co-occurring disorders. I invite you to participate in this research. You were selected as a possible participant because you responded to a flyer provided to you by either a professional in the field of mental health and/or substance related disorders or a professional or scholar from the field of criminal justice. Please read this form and ask any questions you may have before agreeing to be in the study.

This study is being conducted by: Elizabeth Kalmon, Graduate Student in the School of Social Work at the University of St. Thomas under the advisement of Katharine Hill, MSW, Ph.D., MPP, LISW, Associate Professor with the School of Social Work at the University of St. Thomas.

Background Information:

The purpose of this research study is to learn more about correctional agent's perceptions regarding the supervision they provide supervisees with a co-occurring disorders (i.e., mental illness and chemical abuse or dependency) while implementing Motivational Interviewing techniques.

The research question for this study asks: What are correctional agents' perceptions regarding the use of Motivational Interviewing with supervisees who have a co-occurring disorder? A nonpositivist qualitative approach using grounded theory was chosen for this research. The design of this study will include face-to-face semistandardized interviews.

A list of open-ended interview questions was developed from the review of the literature. The interview schedule was designed for sequencing questions around feelings, observations, insights, knowledge, and opinions.

Procedures:

If you agree to be in this study, I will ask you to do the following things: Participate in an audio-recorded one-hour interview. This interview is intended to feel conversational, during which, I will ask you scripted and unscripted questions. The questions will include a few basic questions to gather information on demographics. Mostly, the questions will focus on your perceptions regarding your professional work.

Risks and Benefits of Being in the Study:

There are no risks or benefits by participating in this research.

Confidentiality:

The records of this study will be kept confidential. In any sort of report I publish, I will not include information that will make it possible to identify you in any way. The types of records I will create include this Informed Consent document, a digital audio recording of this interview, digital audio files, Microsoft Word documents and hard copies of the transcript, written notes generated while analyzing the data, and a Transcriber Confidentiality Agreement. All forms of data will be stored in a locked location that I am the only person who has access. All consent forms will be destroyed in three years (May 2018) as per federal regulation.

Voluntary Nature of the Study:

Your participation in this study is entirely voluntary. Your decision whether or not to participate will not affect your current or future relations with the University of St. Thomas. If you decide to participate, you are free to withdraw at any time up to and until *March 1st, 2015*. Should you decide to withdraw data collected about you will not be used. You are also free to skip any questions I may ask. If you wish to withdraw after this interview, please phone me and indicate your request. My cell phone number is

Contacts and Questions

My name is Elizabeth Kalmon. You may ask any questions you have now. If you have questions later, you may contact me at _____ or my advisor for this research, Katharine Hill, MSW, Ph.D., MPP, LISW at _____. You may also contact the University of St. Thomas Institutional Review Board at _____ with any questions or concerns.

You will be given a copy of this form to keep for your records.

Statement of Consent:

I have read the above information. My questions have been answered to my satisfaction. I consent to participate in the study. I am at least 18 years of age. I agree to have this interview audio recorded. I understand that a professional transcriptionist may be used to transcribe the audio recording of this interview.

Signature of Study Participant

Date

Print Name of Study Participant