

Federal Judicial Center
Off Paper Episode 10 by Mark Sherman
With Kate Desmond, Alisha Moreland-Capuia & Keith Murphy

Mark Sherman: From the FJC in Washington, D.C., I'm Mark Sherman and this is *Off Paper*. What does it mean to engage in a neuroscientific, culturally-specific, trauma-informed approach to community supervision of justice-involved people? In other words, if the primary purpose of evidence-based community supervision is to reduce recidivism through behavior change and knowledge about neuroscience, cultural competence, and trauma-informed care to assist the parole, probation, or pre-trial services officer supervision practice in a way that will improve outcomes. Well, it so happens that Multnomah County Oregon's Department of Community Justice is at this very moment engaged in an initiative intended to answer these questions. And we're fortunate to be joined by three guests to talk about Multnomah County's Smart Supervision Project.

Kate Desmond is Community Justice Manager at the Multnomah County Department of Community Justice where she manages the department's Gresham office and leads the Smart Supervision Project Team. Dr. Alisha Moreland-Capuia is an assistant professor of public psychiatry at Oregon Health and Science University where she directs the Avel Gordly Center for Healing and serves as a subject matter expert for the Smart Supervision

Project Team. And Keith Murphy is a probation administrator at Multnomah County, an elite probation and parole officer on the Smart Supervision Project Team. So everybody listen up because we are about to get smart.

Mark Sherman: Kate Desmond, Alisha Moreland-Capuia and Keith Murphy, welcome to *Off Paper*.

Kate Desmond: Thank you. It's great to be here.

Keith Murphy: Yeah, great to be here.

Alisha Moreland-Capuia: Yeah. Thank you, Mark.

Mark Sherman: Wonderful to have you here. So Kate, I would like to begin with you as the Smart Supervision Project Team leader. I'm hoping you could tell us first just about the Multnomah County Department of Community Justice, sort of what is and what you all do generally. Then tell us how the Smart Supervision Project came about, the project's goals, and its basic structure.

Kate Desmond: Sure. First of all, Multnomah County Probation and Parole of the Department of Community Justice, we are somewhat different from some jurisdictions because our department has both adult and juvenile probation supervision. So we have a juvenile division, as well as the adult division. We have approximately 125 adult probation and parole officers, 30 juvenile clerk counselors. On the adult side, we serve both probation as well as post-prison supervision. So when people

are placed on probation through the courts, they are supervised by a probation officer with us. Or when they are released from prison, they will be on parole or post-prison supervision with a probation officer. We mix those two. So we don't have probation officers that just have post-prison cases and others that just have probation. You just have to pay attention to who the legal authority is.

On the juvenile side, as I've said, we have about 30 juvenile clerk counselors. Those youth are all on probation from the court. Then if they were sent to juvenile prison, it's with our Oregon Youth Authority. Then they would be on parole with them. We're funded through state and general funds. We are the largest, population-wise, county in Oregon. But we have the smallest footprint, so we're the smallest. But we have the most people and we are governed by our county commissioners. I think that kind of describes Multnomah County.

Mark Sherman: Okay. That's really helpful just to give us an idea of the department, where you're located, and what you all do. So now, Kate, if wouldn't mind, just give us a sense of the project - how it came about, the project goals, and the structure.

Kate Desmond: Sure. How our department is, we have a lot of specialty units. What I mean by that is we have the domestic violence unit, we have the sex offender unit, we have the gang

unit, mental health unit, and generics. We have drug courts. There's a wide variety. Really it was our director and our assistant director that were getting together and talking about are we doing business the most effective and the most efficient way and is there a better way that we could be doing supervision with our justice-involved individuals than the way we are doing it.

In Multnomah County, anyways, the police have the same specialty units that we do - robbery, domestic violence, and as well as the District Attorney's Office. But there is a lot of research out there about working with 15 to 25-year-olds and their brain development. Of course we are going to get a lot more into that later in the podcast. But we started thinking should we be focusing on that and should we be working with a certain age group as opposed to charged-based looking after their charge.

So we did write the grant. We got it from the BJA. We said that we want a probation officer who meets with an individual. We use the EPICS model, Effective Practices in Community Supervision. It's cognitive-based interventions that we do with people when they come into our office. So we wanted to enhance that. We think it's a good way to interact with folks and help them change their behavior, but we wanted to enhance it and so we focus on three things - brain development,

trauma-informed care, and then cultural responsiveness. Through that we talked, okay, how are we going to do that.

Again we are just so fortunate that we have Dr. Alisha Moreland-Capuia at Oregon Health Science University. We tapped in to her and she was really impressed with the grant as well and wanted to come onboard. When we picked the ages of 15 to 25, how we chose that is because that's our highest recidivism rate. It's that age group. So we thought if we're going to do this, let's focus on an age group and focus on brain development, trauma-informed care, and cultural responsiveness.

Mark Sherman: That's extremely helpful. Let me stop you there. Dr. Moreland, I do want to come to you in just a minute to ask you about that relationship between the supervision model and the Smart Supervision Project's neuroscience, cultural competence, and trauma-informed components.

But Kate, just sticking with you for another second, I wanted to emphasize the fact that you all do use the EPICS model. I imagine though you were seeing some improvement in terms of recidivism reduction, which is the goal of that model over time, but it sounds like you all felt like something more needed to be done.

Kate Desmond: Exactly. What is a huge concern of ours is our over-representation of people of color in our system. We really wanted to make an impact with that. Also I know so much

more now after working with Dr. Moreland. I thought I understood trauma-informed care, but I have a much more in-depth understanding of it and as a probation officer and as a juvenile court counselor how we can be impactful and aware of people's trauma.

Mark Sherman: Makes total sense. Particularly interesting because the federal system, the supervision model that we use called Staff Training Aimed at Reducing Re-arrest - or STARR for its acronym - is really almost identical to the EPICS model. We're in the midst of some very significant implementation of STARR that started several years ago and continues. I think this is really what piqued my interest in what you all are doing in Multnomah because this is something that potentially we could be doing in the federal system as well.

Dr. Moreland-Capuia, turning to you, talk about the relationship between EPICS and the Smart Supervision Project's neuroscience, cultural competence, and trauma-informed components because I think is really where things start to get interesting.

Alisha Moreland-Capuia: I think I just want to step back a quick second to give just a little bit more context. I think what we are dealing with in this country, the broader context, is that in the country folks are recognizing that there is a huge population of young people who we have decided from a moral

perspective that we don't just want to throw away. That we want to invest in, and we want to participate in this process of habilitation.

I think that the system in general is recognizing that there is a set of assumptions made about the young people who were involved and unfortunately entangled with the criminal justice system, that the way of doing of business in years past has not resulted in the types of outcomes that everyone had hoped for. So then behind that came, okay, perhaps we should be rethinking how we approach the system in general. In order to approach the system, there has to be some sort of larger understanding about how systems work and how systems change.

So Kate is absolutely right. When I caught wind of the fact that the county was going to engage in this particular process, the first thing I thought about was, wow, this is an awesome opportunity to impact the system for change. That's recognizing that a system changes two-ways, from the bottom up and from the top down. So how do you come in and effectively work with a group of individuals who do hard work, it is hard work, but to not just have them think about change from the perspective of how we change the person who is sitting in front of us. So not just how do we change the young person or the emerging adult who's sitting in front of us, but what must we do as individuals who are wanting to facilitate change. What type

of change must we do? What type of change must we undergo in order to inspire and continue to perpetuate the kind of change that we seek? So that's the basic premise.

Then moving down to it, it's the recognition that systems are intimately attached to people in that systems don't change if people don't, and that people don't change if there isn't an opportunity to tap into what I call the feeling space. Nothing in history has ever changed without someone feeling something and getting to a place that motivates them or compels them to do something different. So that is the basic frame at which I started the work in engaging with Multnomah County and the JCCs, or the juvenile court counselors, and the adult parole officers.

The model itself, as you've mentioned, you mentioned the Staff Training and Reducing Re-Arrest model which is similar to the EPICS model effective practices in community supervision, these models interestingly enough were designed for change. Right? So I want to stay consistent with this theme to tell a story here. These models were designed with the very idea in mind that we are going to help or assist to facilitate a population in this change process.

But there are a few things that may have not been considered upfront. These are purely cognitive-behavioral based models. I want to underscore the word cognitive. The cognitive piece, it turns out that it is very, very important because it

makes an assumption that the individuals who are going to be subject to this particular model of supervision are actually capable or in a space where they can actually access the cognitive aspect of their brain.

This is where it does get interesting where you say if we really want to get to the change that we seek and we see that these models, yes, they're good in theory but they are not getting us completely and fully to where we want to go, there maybe a few steps ahead of the curb or a few steps upstream that we've got to go back to in order to accomplish our goal. That's where things like understanding the potential threats to cognition and the ability for juveniles who are entangled with the law and even emerging adults who are entangled with the law to say maybe there are some things that have happened to them over the span of their lifetime that maybe have contributed to threatening their ability to access cognition.

What are those things? Well, very clear things like racism which is a form of toxic stress. Definitely the brain has experienced it that way. Substitute [sounds like] Early exposure to trauma. What we're knowing now from studies is that early exposure trauma is not just once the child is born. We're talking about the mother being pregnant in a chronic-stress/toxic-stress situation changing the in-utero milieu, the environment that the young person is in and already priming that

young person for increased risk of trauma, increased risk of behavioral challenges, and increased risk of also chronic health conditions. We know this now from studies.

So the question then becomes how do we effectively within a model take into consideration all of the potential threats to this young person's brain. We're expecting them to come in and to engage with us cognitively and rationally. Then when they don't, the assumption is made that they are not adhering to supervision or not compliant. Maybe that's not the right assumption to draw, that's not the right conclusion to draw. Maybe we need to consider the fact that they did come from trauma. They did emerge from situations where poverty or food scarcity and not knowing where the next meal came from or lack of connection. All of these things if we consider in the context of a model, and we ask parole officers to consider all of these social determinants in a real way, we can effectively change how they engage young people in the context of supervision. By changing that frame, we effectively move towards the change that we seek.

We want young people who did not get a fair start in some cases to do better because they can do better. We're not making assumptions about who they are in the moment, but we're asking questions about who they say they are. We're holding out hope in increasing capacity that they can become the great people

that we know they can because the brain can heal. That's what trauma-informed practices are about. Healing is completely possible if we employ the right models.

So that's where I came in - with helping the team really understand not just in a training model but also coaching it's one thing to give information, it's another thing to help people apply it and to kind of oversee that process and to challenge it and to reorganize it and to rethink it and to play with it and then to get to a point where you're using it. I will stop there but that is in a nutshell kind of where we find ourselves.

I believe that that's why we've been able to get the success we've experienced and that's why Kate and Keith are now able to continue on. Even though I'm not as present, they are able to continue on with a lot of the work because we've been in it together. Right? So it was a lot of coaching required and a lot of changing of structures. Not just the educating on neuroscience and cultural responsivity and trauma-informed practices and approaches but demonstrating what that looks like, providing tools and models for how to employ that effectively, sitting in supervision sessions with the parole officers and their clients and giving active feedback, establishing a group supervision model where we're recording sessions and giving active feedback and then going back and saying what did we learn and what more do we want to learn. It is an active ever present

model that is worthy of reevaluation on a regular basis with the ultimate goal being if we want the change, what type of change must we do as a system in order to facilitate the type of change we seek in the folks that we serve. I'll stop there.

Mark Sherman: It's a beautiful explanation. Thank you so much. I want to come back to later on the training model that you've been using and sort of how that has played out. Because I see it building on some of the training approaches that have been used in helping officers learn how to use core correctional practices but again layering on top of that this important knowledge that, as you say, helps clients access their cognitions or their cognitive facility which I think is a great way of thinking about this and perhaps can address some of the frustrations that officers sometimes experience when they're working with clients who can't access that because of what they've been through in their lives. So I do want to come back to that.

I want to bring Keith Murphy into the discussion for the last couple of minutes of this segment. Keith, I'm really interested in getting a summary from you at this point, and again we'll come back to it as we move deeper into the program, on sort of what you're seeing from the officer perspective in terms of outcomes among clients. You guys have been at this now for a couple of years. Maybe a little bit longer. So you've

had enough opportunity to see some of the results or outcomes. Just from your perspective, what are some of the things that you're seeing that you think are worth talking about?

Keith Murphy: One of the key things that I am seeing, as Dr. Moreland pointed out, is we've been able to have better access with the clients. Particularly because, given how we go about our approach with working with them now, they are showing up more routinely which offers more opportunity to make a meaningful difference in their lives. I would say that's most critical.

Again our officers are very invigorated at this time. They like this model. It got a very humanistic approach to it that makes them quite comfortable to an extent you can actually be vulnerable and lend yourself as an example to helping the clients move forward. Oftentimes in the industry we kind of take a standoffish approach and just focus on the client and their deficits and not become too close to them. With this model, we are active participants. Just more amicable in working with the clientele.

Most importantly, what I've noticed is, we are not sanctioning as often. That's very important. So the idea of not sanctioning as often means we are not seeing recidivism as much. I would think that is par for the course of us developing meaningful relationships with the clientele.

Mark Sherman: We're talking with Kate Desmond and Keith Murphy of Multnomah County, Oregon's Department of Community Justice; and, Dr. Alisha Moreland-Capuia of Oregon Health and Science University about an innovative community supervision project they're engaged in that incorporates knowledge about neuroscience, cultural competence, and trauma-informed care. We'll be back after a short break. This is *Off Paper*.

Hi everybody. I'm Mark Sherman, the host of *Off Paper*. I want to tell you about an exciting initiative underway at the FJC that will help you deepen your professional development. A few years ago FJC Director Judge Jeremy Fogel articulated a strategic vision for judiciary branch education that emphasizes curriculum-based planning. In other words, the educational resources the FJC produces should fit into a coherent structure designed to meet your most critical learning needs. Makes sense, right?

Our education division has been working on identifying those needs across the judiciary. I'm happy to report that our Advisory Committee on Probation and Pretrial Services Education and over 400 officers from across the country have helped create a set of competencies for experienced U.S. Probation and Pretrial Services officers. There are ten of them and I think you're going to like them a lot - confidence in decision-making, critical analysis, everyday leadership, investigative

objectivity, proactive planning, resilience, role awareness, supervision for success, team orientation, and workload management. The sole purpose of the competencies is to help you truly discover your excellence as a professional after you've graduated from the Federal Probation and Pretrial Academy and over the course of your career.

Now ten competencies can be a lot so you definitely don't want to try to master them all at once, and you don't need to. So here's what I recommend. First take some time to review the competencies, their associated behaviors and intended outcomes. You can download them from the FJC's Probation and Pretrial Services Education page at fjc.dcn. Then think about the job you're doing now and which competencies are most applicable. Once you've done that, ask yourself which of those competencies would make the most sense for you to focus on now and which ones can wait. Also if you are particularly ambitious and are looking to move into a specialist or management position at some point, you might want to think about which competencies will help you do that so you can build them into your plan.

When that's all done, take a look at the FJC's Probation and Pretrial Services Education page to find programming and resources that will help you master the competencies you've chosen to focus on. You might also want to check out training options and resources available from the Academy or the

Probation and Pretrial Services office at the AO, the Sentencing Commission, the NIC, NAPSA, FPPOA, APPA, or the National Drug Court Institute just to name a few. Now go out there and discover your excellence, okay?

We're back with Kate Desmond, Keith Murphy, and Dr. Alisha Moreland-Capuia. So Dr. Moreland, I really want to take some time now to talk with you about a couple of things. First if you could briefly describe your role in the project, sort of build upon some of the items and some of the points you made in our first segment, and then from your perspective as a psychiatrist with expertise in behavioral health issues that are prevalent among justice-involved populations. I think it would be really helpful to hear more regarding your opinion of the supervision model in terms of what it does well, where it falls short to the extent there's more to add - you talked about that again in the first segment - and how concepts operationalized by the Smart Supervision Project are designed to enhance the supervision model.

Alisha Moreland-Capuia: Absolutely. Thank you for the question, Mark. I was asked to participate in the Smart grant initially as a subject matter expert. So again it was the recognition that Multnomah County, at that time when I joined, they had been five years into adopting the EPICS model which stands for Effective Practices in Community Supervision. This

EPICS model was created at the University of Cincinnati and had been a demonstrated model back at the University of Cincinnati in reducing recidivism among the population that Keith and Kate have talked about which is 15 to 25-year-olds.

So when the county adopted it, again being very innovative and forward thinking, they adopted it with the expectation that it too would do what it had done at the University of Cincinnati which was to reduce recidivism amongst and within this particular population. What the county had demonstrated at that time is that the EPICS model, actually after five years of being into it, is that it actually did a great job of shifting the culture amongst parole officers and JCCs. So there were a lot of good things that happened in terms of sort of making a cultural shift to a framework that included things like check-ins, and review, then intervention and homework. So it standardized the process and at least got everyone thinking about a course that they could take and a framework that they could use in terms of supervision. Frameworks are always good. But the beautiful thing about frameworks is that they give you a nice blueprint. Once you learn the framework, it also should lend itself to some flexibility, creativity, and innovation because you got to work with who's in front of you.

I think the county recognized at that particular time, five years in, that it was doing something but it wasn't quite

hitting the target. Everyone is sort of understanding around brain development in this particular population, around trauma and what trauma does to brain development, how it interferes with one's ability to kind of be rational thinkers at times, how it interferes with the ability to sort of exercise good judgment at times. There are a number of things that trauma does to the brain and the body. As the understanding of that became greater amongst particular population, it wasn't just the criminal justice system, they said maybe we need to think more about how we thoughtfully integrate this knowledge into the work that we want to do.

So when I was called to come in, they said we see the work that you do. I'm actually a double-board certified addiction psychiatrist. So I do general adult psychiatry but I also do substance use treatment and manage and treat substance use disorders. I understand the impact that all of these things do have on the brain, the body systems, and family, society. So they asked me to come in and to bring that perspective into everything.

My first bout with the grant, it actually started with Multnomah County policies and practices. So they gave me all of their policies. They said can you look at these particular policies and these practices and can you make suggestions for changes based on a trauma-informed lens, based on a cultural

responsive lens, based on a neuroscientific lens. So that was my first order of business. The first four months of engaging is looking at all of the policies and adjusting the policies. Then once the policies were adjusted on paper, then it became now can we start the process of training and thinking about all of the specific topics.

The first three trainings that were core -- the first training was on trauma. Well, actually it was on brain development. So the parole officers got a full graduate level study on embryology and how the brain forms from the point of conception all the way up until about the age of 26 because it was important to have that framework to see how tenuous, how precious, and how easily the brain development process can be interrupted or disrupted by things in the environment.

Then the second critical training was on cultural responsiveness and learning about how individuals identify and how the society identify and how the mismatch between those things can cause a lot of friction and tension; understanding developmental phases like identity formation and how, when that's not fully formed because of multiple things, that that can get in the way of one's ability to sort of reconcile their role within the world.

Then the third important training was around trauma-informed practices. It was really focused on understanding the

connection between fear, which is a natural phenomenon, and this idea that we were all born with a natural and normal proclivity to seek safety first. That's all of us no matter who you are. That fear and fear acquisition and learning how to respond to threat is natural until it's not.

So then the questions becomes, well, what happens if everything feels like a threat? What happens when that response that's meant to keep us safe never turns off? What happens when I stay in a chronic state of seeking safety? How does that change the way I see the world? How does that change the way I interact with the world? So understanding that and making the connection of that fear to trauma, the impact of that on the brain, and then behaviorally how that manifests and to say can you see how a young person coming in to your system might not be able - not forever but at this time and under these current conditions if we don't change the approach - to engage effectively in this model if we do not first of all create safety.

So that was the base. We developed the trainings and then very specific practices around again looking at coaching models and what that looks like, live coaching as well as video coaching, and active feedback in a group supervision model that helped to reinforce these ideas within other trainings around cultural responsiveness, trainings around vicarious trauma,

understanding fear in depth, mindfulness as a practice and all the literature that it entails that supports the idea that it is a trauma-informed practice as it heals the brain. All of those things were given and then we were able to sort of discuss it.

Lastly, to your second question, I wouldn't say that the model was insufficient in any way. I would say that the model was great at base foundationally. I think, just as we have to sort of look at older buildings and foundations, the goal was to reinforce the foundation. It was how do we reinforce this model so that it is optimally effective because we do know just from a psychiatric literature and clinical practice that CBT is a very effective model when it's employed appropriately. The goal is to create safety and help people get to a place where they are not bottom brain survival mode living so that they can get to a place where they can actively get to that top part of their brain, which is the cortex, which is what the cognitive behavioral model mandates.

That's essentially where we've been and where we're going and what is understood. As Dr. Maya Angelou said, when you know better, you do better. When you get to give and when you learn, teach. That is really the basic essence of this; is that when we know better, we can certainly do better. Then

once we learn it, we can teach it. Once we get it, we can then give it.

Mark Sherman: So it sounds to me, Dr. Moreland, that you are basically -- and I've heard you use this. I'm cheating, I've heard you use this term before. That we are, through this process of training and coaching, creating a cadre of mini-clinicians.

Alisha Moreland-Capuia: That is correct.

Mark Sherman: Which I think is fascinating and really does build so beautifully on the training that officers get when they are first taught how to use EPICS and, on the federal side, how they're taught to use STARR. So it's just a very interesting approach that I have been wondering about for a long time.

Kate Desmond, the concepts that Dr. Moreland-Capuia has described here in this approach, they really aren't typically part of the educational backgrounds of most parole, probation, or in the Federal System Pretrial Services officers. The work is already pretty challenging and EPICS is a sophisticated supervision model. Now that you're adding knowledge about neuroscience, et cetera, on top of that, I'm really curious to know from your vantage point as a manager what does Smart Supervision Project training look like. Both from the officer

perspective but really from managers, what's your role and what have you learned?

Kate Desmond: A great question, Mark. I will try to share. Well, first of all I've been with the department for many, many years. I knew it was important to get a team together that wanted to be there. So the team is for probation and parole officers, and one juvenile court counselor, and then myself, and of course Dr. Moreland. That helped tremendously - that I had people that wanted a change, that were thirsty for new information and to be able to not only help a young person, that we're going to help facilitate change. They also, exactly what Dr. Moreland talked about, wanted to be part of a system's change. They knew if we did a good job, then we can move it on to other parts of our department. So the training, I had people eager and willing and wanting to learn.

The other way that we did the training, it was a lecture style. Dr. Moreland, as you can just tell listening to her today, she's engaging. She's very, very knowledgeable. She loves the brain. I mean she's just a great teacher and so there was always a lot of energy in the room. We could give her practical examples of challenging clients that we have and how the information she's giving us fit into it.

I guess, Mark, I'll just give you one quick example when Dr. Moreland taught us about the effects of trauma on the brain

and how it really has an impact. When people come to our office and they're high or they're under the influence of something, we don't expect them to be able to engage in conversations with us and learn an EPICS model or something. You know, cognitive intervention. We don't expect that because they're loaded. I didn't realize that people coming in with the traumas that they have, that they are not able to participate in cognitive intervention if they have not dealt with their trauma. So again Dr. Moreland would give us the classroom information but then we were able to get real examples. It was just always very interactive and people really wanted to learn.

That was the first I think eight, nine months. When it then got super exciting was when, well, as part of the grant - sorry - the probation officers and the juvenile court counselor have to submit a videotape on a weekly basis. Then it's evaluated to see how they're doing and are they following the model and what we could do differently. With those videotapes, then we reviewed them with Dr. Moreland as a team. So the whole team got to participate in this. The key dimension, be vulnerable. Again that is why when we did this, you know, we took it slow because it takes a lot of trust.

I mean I didn't have any brand new POs that were doing this or juvenile court counselor. I had people who for the

most part had been officers for over ten years. We had one officer that was newer, but for the most part it was people who had their career in community corrections. You put yourself on the line and be vulnerable and have critiqued again, but it was nurturing and loving - yeah, I used the L word - environment that we created for each other. Again people really wanted to learn and we saw significant differences with our population, with the folks that we see.

Mark Sherman: So Keith Murphy, you are one of these people. I'm very interested to hear your perspective on the training and how it's changed and impacted your thinking about your work as an officer.

Keith Murphy: Well, it shifted in many ways. Particularly I would like to start out with just certain things that we do differently. Our general perspective is we acknowledge that a clientele is entering our office, facilities, or meeting with us. Having experienced a significant amount of trauma and anxiety, we know that this has sometimes been exacerbated because of the historical connections to other social institutions like banks, schools, housing or even the criminal justice system itself. So that's a key component.

With that in mind - and I'm always thinking about the first visit when we're meeting with a client and subsequent

visits - that this client, having experienced this trauma and anxiety, is perhaps looking at us with a significant amount of suspicion. As Kate was pointing out and Dr. Moreland has addressed, there is no way for me - again I'm going to say this word quite a bit - to make a meaningful or substantial difference in regards to their cognitive processes if I can't help them relax. We go back to some of the things that we learned here. We're talking about the amygdala in particular right here and its location near the hippocampus. This is the fear side of the brain. Excuse me for saying it. It's just things you learn from working with Dr. Moreland.

Mark Sherman: You have learned well, *Padawan*.

Alisha Moreland-Capuia: I'm proud of you, Keith. I'm proud of you. I'm smiling real big over here.

Keith Murphy: I know it's incumbent upon me in order to help this individual meet their actual goals and expectations that they have of themselves and that I even have for them to help them be relaxed and feel safe. I think that speaks for anybody in any given situation. It's just hard to learn and focus if you feel anxious, stressed, or discomfort. So that's our main thing.

With that being stated, we've done with some novel things around our offices in terms of the approach of making a culture of safety. I always like to point out that our offices are not

the typical PO office from the past. You know, you walk into an office and you might see a marksman target or something on the wall. Our offices are adorned with inspirational posters, plants, and we have little fidget toys. Those fidget spinners, they're laying around everywhere. Little things to just try to relax people's minds. We conduct mindfulness exercise every time that we have a visit with a client. Basically it is to ground them as well as ourselves so that, again, we can kind of relax the amygdala. Maybe get in a place, the place being the prefrontal cortex, the PFC, so that we can actually do some meaningful planning in regards to helping the client move towards making success.

Other little things that we do that are quite different that I've just seen recently, and this is par for the Smart grant, we have in our office food provisions, diapers, water. It's been pointed out that a lot of our clientele, they come in deficient in some aspects including sleep, food amongst other things. Not just the typical things such as housing or something like that. We offer these items to the clientele in just trying to get them relaxed so that we can do some meaningful clienting and designing in regards to establishing a pathway for them to meet their goals and expectations in terms of supervision, as well as just personal long term. There's much more, but those are key things that we do particularly in

terms of establishing a culture of safety so that we can make a difference.

Mark Sherman: My guests are Dr. Alisha Moreland-Capua of Oregon Health and Science University and Kate Desmond and Keith Murphy of the Multnomah County, Oregon Department of Community Justice. After our break I'll talk more with Keith, Kate, and Dr. Moreland about the implications of the Smart Supervision Project for the practice of line officers, the outcomes they're observing, and their thoughts about what it all means for the future of supervision in community safety. I'm Mark Sherman, and you're listening to *Off Paper*.

Male Voice: Individuals with histories of trauma, mental health, and substance abuse disorders are among the criminal justice system's most significant challenges. Learning how to help and deal with them correctly requires knowing the science behind the most effective treatments for these individuals. To help judges and probation and pretrial services officers understand the role of science in federal criminal case recommendations and decisions, the FJC is offering a workshop on science-informed decision-making. The program is a collaboration between the FJC; the Center for Law, Brain, and Behavior in Massachusetts General Hospital; and, the Petrie-Flom Center for Health Law Policy, Biotechnology and Bioethics at Harvard Law School.

Participants in the two-and-a-half day workshop will learn from some of the leading clinicians and researchers in the country about effective interventions at key criminal case decision points including initial appearance, violation, pre-sentence investigation, and sentencing. The program is highly interactive with district teams working through case studies grounded in actual federal court case scenarios. Each participating team works through the case studies with assistance from workshop faculty and clinical fellows who are experts in forensic psychiatry, psychology, and neuroscience. To learn more about this upcoming workshop offering, visit the Probation and Pretrial Services Education page at fjc.dcn.

Mark Sherman: Welcome back. This is *Off Paper*. So Dr. Moreland-Capuia, I want to ask you about what your observations have been over the course of this project which, as I said earlier, has I think been going on for a little bit longer than two years in terms of what you've seen I guess both in what I would call process outcomes but also ultimate outcomes in terms of the behavior change that you have observed among clients in terms of rates of recidivism or of impacts on recidivism.

I think this is an issue that we are grappling with in all criminal justice systems but particularly those that are now taking advantage of core correctional practices and the risk, needs, responsivity framework and all of these evidence-based

approaches as ultimately the goal is recidivism reduction. So I'm very curious to hear your perspective about that. I know you've got to go soon, so I wanted to have you talk about that before we say so long.

Alisha Moreland-Capuia: Absolutely. I think that it is sort of multifaceted. I know Keith and Kate will be able to give even more specific examples of client successes. I think one of the most important things from sort of like a process infrastructural standpoint is we have now an opportunity to impact systems for incredible change. Meaning the systems that are designed to help and support can heal. So this is one I think incredible conclusion that I'm drawing and have drawn from this work, is that systems themselves are in need of healing. That when we can help systems heal, those systems who are intimately attached to people can then more readily facilitate the healing that is required and so readily needed in the particular populations that we seek to serve.

So that's one sort of larger kind of unintended intended consequence of the work. A lot of that draws from and is inspired from again being trauma informed. It is the recognition that every single person, as a human being, we all want to be connected, understood, loved. When those things take place, it changes the way we engage systems. It changes the way we engage in life. At the end of the day we have to

make a decision as a society of whether or not we are going to be a society that leads those who are chronically disadvantaged and chronically marginalized, if we're going to lead them off to the side or if we're going to do the right human thing which is to support them and to bring them along; and, to encourage them that no matter where they start, there is still capacity for goodness and there is still capacity for greatness. That in my mind is the role of these systems, is we're instilling hope where hope may not have been before. So I think there's an opportunity to do that with changing the approach.

The third and final thing is it also gives an opportunity for greater learning. It has implications across the system. So it's not just about keeping folks out of jail or out of the prison system. It's helping them not get there in the first place. So once they're there, I think that there are several approaches. There is intervention. Once they're there, what can we do to ensure that they don't come back? We don't want them to come back, not in this vein. Then there is what do we do to then keep them, prevent them from coming back. Once they've had some distance from the system, what can we do to prevent them from coming back?

I think that there are tools that we can give when a system assumes that young people who are entangled with the system, who disproportionately and unfortunately have been

exposed to trauma, do have a history of substance use, do have a history of neglect disproportionately. That if we change our approach and said we're going to assume that something happened to these young folks and that there is a set of skills that they just did not have the privilege to get so as a system our job is to ensure that they get these set of skills.

In order to get those set of skills, first - as Keith has eloquently stated - is we got to create safety. Then after we create safety, we have to thoughtfully engage to inspire and encourage. Then we educate and then we continue to also train and coach for that kind of change that we want in young people. What I can tell you is that it's possible. We've seen young people go on to get education, to get a job, to work more meaningfully in relationships. There's this process of building self-efficacy, for the first time seeing themselves as someone who can do something.

I'll give this last example. There's a difference if I say to a young person -- because a lot of the work in trauma-informed processes is understanding the power of narrative and how that narrative drives thinking and shapes behavior, and then that drives actions. Yes, that is a CBT-based model. But here's a basic simple thing. If I say to a young person you are a felon versus saying to a young person you are a young

person who unfortunately made some mistakes, there's a huge distinction between those two statements.

By calling a young person a felon which is again, felon, defendant, criminal - these are words that have traditionally been used in our system - it really effectively leaves very little room for a young person or an individual involved in the criminal judicial system to see themselves separate or to see themselves anything different from what they've been called. There is very little room for change in there. In other words it's like, well, if I'm a felon, that's all I'm going to be and I can't really work beyond that. But if I step back and I say you're a person who's made a mistake, there is now greater capacity for me to see the possibility for change because I can now see that there is still something good left in me. Still, as a person, I'm not just this one thing but I actually have capacity to do good. And yes, I recognize that I've done something that was not so awesome but that doesn't mean that I can't be awesome in the future.

There's a whole theory behind that. That's the whole purpose of what we call narrative therapy. It is separating the person from what they call the problem instead of having the person be the problem. It says there are some things that have happened. But if we separate the person from the problem, we leave room and capacity for change. But if we make the

person the problem, there's very limited opportunity for change. There are a number of implications, and the team learned that too. So that's why I would agree with you that there are many clinicians.

But I think there are implications for multiple systems. Not just the criminal justice system, but the education system. There are implications for the health care system. The implications are myriad and sundry. What we want is change so we've got to engage people differently and we got to get back to placing humanity at the epicenter of all we do.

Mark Sherman: For sure. Now Dr. Moreland-Capuia, I know you've got patients to see this afternoon. I know you need to go. I just want to thank you so much for joining us. I want to ask Kate and Keith just to stay on the line. But Dr. Moreland, thank you again so much for joining.

Alisha Moreland-Capuia: Thank you kindly. Talk to you soon, Kate and Keith. And thank you, Mark. I appreciate all that you've done.

Mark Sherman: Thanks again.

Keith Murphy: Take care, doc.

Kate Desmond: Thanks, Dr. Moreland.

Mark Sherman: So Kate, I want to come back to this issue of outcomes. I'm very interested and I know many of the practitioners and professionals in our audience would be very

interested to know from your perspective as a parole and probation manager what are some of results that you're seeing that might indicate or maybe that even do indicate that the Smart Supervision Project and that the approach is moving supervision in the right direction in terms of recidivism reduction. Have you seen any data that gives you a sense of that? What are you observing? Other than sort of anecdotally, is there sort of some hard evidence that you can talk about?

Kate Desmond: Sure. Well, the hard data I don't have yet. We're going to take a look at our recidivism rates compared to others, but we don't have that finished yet. The grant isn't over until June 2019. But what I've absolutely seen and Dr. Moreland really saw in the videos and in the live sessions that she did with us is that the probation officers and juvenile court counselors really stopped and slowed down. What I mean is very literal. Our offices are very busy. We have overhead pages. We have people. Nobody comes in our -- I don't want to say nobody.

Oftentimes our justice-involved individuals rely on public transportation or rely on friends to bring them to our offices. They're not there on time and they might not be on this right date. There's just those simple things like that. So then the PO or the juvenile court counselor is meeting with somebody and then they know that their next client is already in the lobby.

Everybody is just kind of -- it's somewhat chaotic. What we did was really just slow down. We do that first by the mindfulness, starting the session out in the mindfulness exercise.

Mark, if you thought it was easy to tell POs in the beginning that you were going to sit in the room with a client and close your eyes. Probation officers or pretrial release officers, we were looking at Dr. Moreland like she didn't know. Really? You want us to do that? So we all took a risk, we did it. The reason why we keep doing it is because the justice-involved individuals love it. They have some focus. They see that they are able to listen a little better. I think it is not miracle stuff that we're doing here, but we're trying to bring about a safe environment so that we can help with change.

Mark Sherman: It's a really interesting point that you're making. Earlier in the program, Keith, you described what characterizes as a few intermediate outcomes that are very positive. Keith, you just referred to them here and I think it's worth repeating. Clients are showing up for sessions. They're showing up on time. They may be showing up less often loaded. The officers are, quote/unquote, showing up in their own way. They are invigorated by the model. There are fewer sanctions. In other words, there's less sanctionable behavior and less sanctions therefore being doled out. I think these

are important intermediate outcomes that are worth thinking about in terms of connection ultimately with recidivism reduction.

Kate Desmond: Right. Let's use the jail beds. We've really decreased our jail beds as well.

Mark Sherman: I think all of that stuff is so important and it will be so interesting to see what the ultimate outcomes are. But I think sometimes, because we want to achieve greater public safety and we do want individuals to change and officers are now through models like EPICS and STARR seeing themselves as - quote/unquote - change agents, we tend to jump sometimes a little bit too quickly to what are those ultimate outcomes. But first we have to look at our intermediate outcomes and it looks like you're seeing some very positive trends.

Keith, you talked earlier when you were describing how the training has impacted your thinking and your practice. You talked about, for example, the culture of safety that you create as an officer. Kate has talked about mindfulness here. What are some of the other things, Keith, that you have engaged in as an officer in terms of your practice to try to improve the behavior of clients, to improve the work that you're doing with clients to achieve what I think is referred to in the core correctional practices literature as a therapeutic alliance? Right? What are some of those things?

Keith Murphy: Yeah. One of the other approach items is you create a culture of power. I will just go back to what Kate just described in terms of slowing session down. We know from the research that establishing rapport and having a working relationship with your client is indicative of a client being more successful. So when you slow things down and you take your time to extend beyond just focusing on the conditions --

Okay. You're here today and I'm just checking on did you go to your community service, is your UA going to be hot. We're going beyond that. I'm actually, okay, how is your mother or how is your kid or what else is going on with you. We're also focusing on empowering the client. What do you want to achieve today, which is a primary question we always ask them now. Again we are the facilitators of the process in terms of guiding them towards meeting their goals and expectations. We're kind of letting them somewhat be the driver of the bus. We act as the GPS so to speak. That's a big deal. The fact is the success, at the end of the day it benefits entire society but it's actually theirs. That's ultimately what we all want to see. So that's empowering them again.

Dr. Moreland also pointed out we routinely have to turn in videos. I'm talking about the POs who are part of the Smart

grant. They're assessed. It's a thorough assessment in regards to missed opportunities perhaps being addressed or just having to figure out ways that we can go about doing things better. So that empowers us too. It's very good coming from a subject matter expert who is so enthused about what she does. That's a big deal.

Again it's routine. It's not something that you do as in the case of going to a workshop. It's a one-time thing and you feel good. You might forget about it still. But we've been routinely coached up in terms of being able to deliver a high quality service to our clientele, so that's good. We haven't just been left to the wayside to let's see what you can do with this. We've been coached up in that regard. That's very beneficial.

Mark Sherman: When you and when Kate referred to slowing down the session, it's really about building that relationship with the client and focusing on needs - needs indicated or dynamic risk factors, criminogenic needs indicated by your risk assessment, but also just sort of on their basic human needs. I think that's got to be key.

Kate Desmond: Mark, can I add to that?

Mark Sherman: Sure.

Kate Desmond: Again this is what Dr. Moreland pointed out. It was so obvious. I'm sure she did it in the videos.

But what she saw when we're slowing down is that really we were seeking for understanding. We weren't just thinking of the person saying, yeah, I get it but giving out examples. Talking to them at length about different problem-solving things. I mean really making sure that they understood what we were asking and that they had an avenue that they could follow.

Mark Sherman: Well, Kate Desmond and Keith Murphy, thank you so much for talking with us this afternoon.

Keith Murphy: Thank you, Mark.

Kate Desmond: We really enjoyed it. We're glad that you asked.

Mark Sherman: My guests have been Dr. Alisha Moreland-Capua of Oregon Health and Science University and Kate Desmond and Keith Murphy of the Multnomah County, Oregon Department of Community Justice. They work closely together on the department's Smart Supervision Project. It's an innovative and fascinating program designed to reinforce and improve evidence-based community supervision through an understanding of neuroscience, cultural competence, and trauma-informed care.

Off Paper is produced by Paul Vamvas. The program is directed by Craig Bowden. I'm Mark Sherman. Thanks for listening. See you next time.

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