Hello Everyone,

On the topic of how probation officers use MI in Ontario, Canada:

Every PPO begins their career with 8 weeks of basic training. Motivational interviewing takes up 2 weeks I believe. Each PPO is trained and encouraged to fully integrate MI into every interaction with a client (offender). I will speak of my history a little, but first just a bit on what this integration looks like:

In contemplating recovery, we understand this process to be client centred. One cannot fix another person. One can only use good methodology to help others explore their own issues and help them to gain the type of insight that leads to a personal internal momentum towards changing thoughts and behaviour (CBT).

We begin by utilizing a stage of change model (trans-theoretical stages of change – Di Clemente). The PPO is trained to complete a comprehensive assessment as part of the initial few meetings with the client. We use the LSI – Ontario Revision (Level of Service Inventory). With this, we assess the areas in which the client is most in need of intervention (companions, attitudes, substances, family/marital, employment/ education etc...). We also assess the risk level that each of these areas represents in terms of risk to recidivate. All of this is part of the RNR (risk, need responsivity) model of assessment, which I am happy to discuss at another time.

From the assessment we determine the risk levels in combination with the need areas. We only then plan intervention in need areas that represent a medium to high risk level – that is needs that are statistically correlated with a high enough recidivism risk to make proper intervention a good bet. From research we know that intervening in low risk/ non need areas, can only really lead to increasing recidivism risk.

What “proper” intervention looks like is where MI comes in. As has been pointed out, telling someone how to fix themselves is virtually useless – especially in the earlier stages of change. It only increases resistance, and reinforces maladaptive behaviour.

Instead, incorporating stage of change and RNR knowledge, we then use MI as a method of developing discrepancy, exploring ambivalence, and asking the kinds of questions that will help clients slowly assess themselves. As this progresses overtime, they begin to ask questions like: “how would I learn about this? Or; what would I do if I wanted that?” As they progress through the stages, the types of responses and interactions change. PPOs are trained to use stage appropriate language and strategy as time goes on.

I like to think of MI as “leading from one step behind.” I’m sure I am not the first to describe it thusly. The key is that as the discussions flow, the client feels that they are in control and are going down a path that they are finding and creating. As counsellors, PPOs attempt to frame the discussion, so that they are walking with the client, and exploring the issues with the same type of curiosity that the client is
developing.

As for how our training is reinforced – all of our training, from day one on, uses the same core building blocks – risk assessment, need identification, stage of change modelling, and motivational interviewing. This means that when we are trained to run groups for offenders, the same approach is engrained. From the very names we use for the groups we choose (Substance use rather than substance abuse, “Connections” rather than ‘anti-criminal thinking’) to the tentative language (“people” who find themselves having trouble with… rather than “you” have had trouble with…) – all is based on the comprehensive model of RNR, stages and MI.

Furthermore, because we assess risks and needs, we know which clients to spend more time with, and can manage our time accordingly. Research shows that low risk/ needs individuals should be exposed to the system as little as possible, so we schedule them infrequently, and even put them on non-reporting status once all court ordered tasks have been completed.

For me, this has meant that I can generally spend lots of time with the higher risk/ needs clients. And because I approach them with compassion and respect, using MI techniques, combined with real interest (a must to developing the necessary therapeutic alliance), I develop rapport relatively easily. Not all PPOs achieve a high level of proficiency, but this is true of counsellors, therapists, psychiatrists and university professors too. There really is no credential that makes someone a good counsellor, but the training we receive is vital and useful in the hands of someone who has a feel for it.

My past includes being the victim of serious crime in childhood, and having been in extensive (and very good) therapy as an adult. I am also a recovery addict in long term recovery. Because of my past, I always attempt to be mindfully self-aware and to employ the same coping techniques to deal with my PTSD that we attempt to relate to our clients All of this combines to increase my ability to empathize while maintaining necessary borders and boundaries. I have been a PPO for 10 years, and I am also an associate trainer, which means that I train other PPOs (and some jail guards) on how to run groups - and generally on the approaches discussed above.

PPOs in our province must have a university degree (most have done social work, criminology, psychology etc...). Not all see their role as counsellor, and that’s ok. They are still trained as case managers to understand all of the above, so that they can refer clients to appropriate in-house or external service providers. I make these referrals also, but find that my facility with the techniques discussed, and my experience, often makes me the most appropriate individual to implement the appropriate intervention strategy.

MI is a beautiful approach because it can be used in almost any duration interaction. It fits perfectly with TJ in my opinion. And I hope to encourage the essence of all of this as I move into the crown attorney’s office, starting in August of this year.
I hope this lengthy contribution is helpful, and I encourage contact from anyone wishing to discuss things further.

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