

Practice Guidelines for Community Supervision

Appropriateness Statement Package

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Introduction

Community supervision agencies are responsible for managing diverse populations with a range of offending behaviors such as shoplifting, violence or intimate partner violence, drug use, or involvement with street gangs. Complicating the picture are characteristics of the clients themselves. For instance, people under supervision have four to nine times higher rates of mental health and substance use disorders than the general population (Crilly et al., 2009; Fearn et al., 2016). Effectively supervising such a diverse range of people requires attention to the socio-economic/health needs that may drive offending behaviors and/or interfere with an individual's ability to meet their probation or parole conditions. This in turn requires careful consideration of which conditions of supervision are appropriate for individuals with different needs. Too many conditions can undermine the success of individuals on supervision—especially by weakening their ability to meet requirements. Too many conditions can overburden an individual on supervision, which contributes to perceptions of procedural injustice. Too many conditions can also overburden the staff working to monitor conditions that might be less relevant to the individual's success on supervision and in life.

This report presents 20 *appropriateness statements* on common supervision practices. While some conditions and practices¹ are evidence-based and associated with positive supervision outcomes (e.g., desistance from crime or substance abuse, as well as employment, education, and other quality of life outcomes), others have little evidence to show a positive effect. Some supervision practices that are commonly used are even associated with negative outcomes. To promote consistent, effective, and procedurally just supervision practices, these appropriateness statements highlight the benefits and drawbacks of these practices. In many cases, practices are neither entirely effective or entirely harmful—much depends on how and with whom they are used.

The statements synthesize research evidence with perspectives from the field to detail which practices are appropriate under different circumstances. To do this, this project used a modified RAND/UCLA Appropriateness Method (RAM; see Fitch et al., 2001). The RAM defines an *appropriate practice as one where the benefits exceed the consequences, with benefits and consequences determined by combining research and practice expertise*. To appraise the current research evidence, the project team conducted a systematic search of meta-analyses and studies of high-impact interventions and treatments. A framing document that summarizes the research can be found by contacting the study team (see Lee et al., 2021). Practice expertise was solicited from stakeholders in the supervision field (131 individuals in the supervision field) and individuals who have been involved in the criminal justice system (244 formerly or currently justice-system-involved individuals [JSI]). Respondents rated the appropriateness (i.e., never appropriate, sometimes appropriate, or always appropriate) of common conditions used in community supervision separately for Gang-Involved, General Violence, Intimate Partner

¹ The terms “condition” and “practice” are used interchangeably in this Guide.

Violence, Serious Mental Illness, and Substance Use Disorder populations. In addition, four focus groups were conducted with supervision staff and two with JSI to obtain practical insights on the use and effects of different practices.

Table 1*Supervision Practices with Level of Support from Research and Field Perspectives for Low and Medium/High Risk Populations*

Practice	Research Support	Field Support: Low Risk		Field Support: Med/High Risk	
		Probation	JSI	Probation	JSI
<i>Contacts</i>					
In-Person Contacts	Evidence-Based*	Moderate	Moderate	Wide	Moderate
Telephone Contacts	Promising	Moderate	Moderate	Moderate	Moderate
Kiosk Contacts	Promising	Moderate	Moderate	Minimal	Moderate
<i>Compliance-Based Practices</i>					
Employer Contacts	Inconclusive	Minimal	Minimal	Moderate	Moderate
Collateral Contacts	Inconclusive	Moderate	Minimal	Wide	Moderate
Drug Testing	Evidence-Based*	N/A	Minimal ^b	N/A	Moderate
Electronic Monitoring	Inconclusive	Minimal	Minimal	Moderate	Moderate
Phone-Based Monitoring	Promising	Moderate	Minimal	Moderate	Moderate
House Arrest	Promising	Minimal	Minimal	Moderate	Moderate
Restraining Orders	Inconclusive	Moderate	Minimal	Moderate	Moderate
Financial Restrictions	Inconclusive	Moderate ^a	Minimal	Moderate ^a	Moderate
<i>Treatments</i>					
Substance Use Evaluation	Evidence-Based*	Moderate	Moderate	Wide	Moderate
Mental Health Evaluation	Evidence-Based*	Moderate	Moderate	Wide	Moderate
Cognitive-Behavioral Therapy	Evidence-Based	Moderate	Moderate	Wide	Moderate
Alcohol & Drug Use Education	Not Evidence-Based	Moderate	Moderate	Moderate	Moderate
In- or Out-Patient Treatment	Evidence-Based	Moderate	Moderate	Wide	Moderate
<i>Motivation Techniques</i>					
Sanctions	Not Evidence-Based	Minimal	Minimal	Moderate	Moderate
Incentives	Evidence-Based	Moderate	Moderate	Wide	Moderate
Pro-Social Modeling	Evidence-Based	Moderate	Moderate	Wide	Moderate
<i>Additional Components</i>					
Transportation Resources	Promising	Moderate	Moderate	Wide	Moderate
Environmental Restructuring	Evidence-Based	Moderate	Moderate	Wide	Moderate

* = Evidence-based with qualifications

^a Probation respondents reported moderate support for fines and fees but wide support for restitution^b JSI respondents reported minimal support for scheduled drug testing but moderate support for random drug testing for low risk

Table 1 presents the overall findings from this project. The table shows the level of support for common supervision practices both from empirical research and the field (probation staff and JSI). Several common supervision components (particularly those in the “Treatments” domain) have empirical support. However, some common supervision conditions (particularly compliance-based techniques, such as restraining orders, house arrest, and fines/fees) did not have empirical support for reducing recidivism, improving individuals’ quality of life, or promoting other positive supervision outcomes (see Table 2 for definitions of the different levels of empirical support).

However, empirical support is only one piece of the puzzle. To determine how the field perceives different supervision components, the project also collected perspectives from the field. For low-risk individuals, probation staff and JSI were cautious with the use of supervision practices. With the exception of restitution (part of the Financial Restrictions practice domain), neither probation staff nor JSI expressed wide support for any one particular supervision practice². Additionally, probation staff and JSI reported minimal support for several practices (four for probation staff; nine for JSI), primarily in the *Compliance-Based Practices* domain.

For medium- and high-risk individuals, both groups were more supportive of various supervision practices. (Note: The study combined medium and high risk in the survey process.) With the exception of kiosk contacts (a low-intensity form of contact for which probation staff reported minimal support), stakeholder groups did not report minimal support for any practice. Instead, probation staff reported wide support for 10 practices (primarily evidence-based practices in the *Treatment, Motivation Techniques, and Additional Components* domains) and JSI reported moderate support for all practices. Notably, many of the components for which probation staff reported wide support for medium- and high-risk individuals are also evidence-based. This suggests an awareness of and appreciation for evidence-based practices in the field—at least when used with medium-/high-risk individuals. There is more uncertainty regarding how to supervise low-risk individuals.

As shown in Table 1, many practices are perceived to be appropriate only under certain circumstances. The attached appropriateness statements help clarify *when* different conditions are appropriate and *how* they can be used appropriately with different individuals. These statements can be used to help agencies develop practice guidelines that are specific to and considerate of the organizational culture in which they are implemented. That is, they can help to establish practice guidelines that are attentive to the diverse socio-economic/health needs of individuals under community supervision.

² Wide support indicates that a stakeholder group reported, on average, that a practice was “always appropriate.” Moderate and minimal support respectively indicate that a stakeholder group reported that a practice was “sometimes” or “never” appropriate.

Table 2*Definitions of Levels of Empirical Support*

Level of Empirical Support	Definition
Evidence-Based	There is strong research evidence for the effectiveness of this practice in reducing recidivism and/or promoting other positive supervision outcomes
Promising	There is some research evidence for the effectiveness of this practice, but more research is necessary for confirmation
Inconclusive	There is insufficient research evidence to determine if this practice is effective
Not Evidence-Based	There is research evidence to suggest that this practice can be ineffective and/or harmful

How to Use This Guide to Benefit Your Agency

This guide shows how to implement the statements in a supervision setting while cultivating a productive working alliance with people on supervision. Below we show how the guide is organized.

Section I: How to Use the Appropriate Statements to Develop Practice Guidelines

- A step-by-step guide to using the appropriateness statements to create a more structured, agency-specific resource for standardizing practice
- Use this resource to translate the appropriateness statements into practice by developing Practice Guidelines
 - These should be unique to your agency and informed by your own culture and existing practices

Section II: Implementing Appropriateness Statements

- Addresses potential challenges when implementing appropriateness statements and using them to craft Practice Guidelines
 - Implementation challenges can make it more difficult to translate appropriateness statements into ground-level practice
 - Consult this section for practical guidance to proactively address these challenges
- Refer to this section for general guidance; for practice specific guidance, see the introduction to each type of practice (e.g., contacts, motivational techniques, etc.)

Section III: Building the Working Alliance

- Details the importance of building a productive working alliance between officers and individuals on supervision
 - Working alliance is the positive working relationship between officers and clients
 - It has been shown to promote compliance with supervision conditions and positive supervision and quality-of-life outcomes
- Use this resource to learn how to use different supervision practices in a way that promotes positive relationships

Section IV: Appropriateness Statements

- Twenty statements on common supervision practices
 - Organized by type of practice (e.g., contacts, treatments, motivational techniques, etc.)
- Consult the appropriateness statements to learn more about the supervision practices you commonly use

Section I: How to Use the **Appropriateness Statements to** **Develop Practice Guidelines**

Each appropriateness statement (1) describes a common supervision condition and how it is used, (2) provides available evidence on the condition, (3) gives the perceptions of probation/parole staff and JSI to highlight issues that may arise when using the condition with diverse populations, (4) offers recommendations for when to use the conditions in a procedurally just manner, and (5) details considerations for five common supervision populations. See the Appropriateness Statement Outline below for what is contained in each statement.

This collection of statements is a tool to review and refine current policy and practices. The final products of this process are *Practice Guidelines*, which are written statements that define a practice (i.e., condition) while specifying when and how it should be used according to agency procedure. They are agency-specific in the sense that they are tailored to the agency, its personnel, and its working environment. Below are recommendations to accomplish this:

1. Assemble teams to review the practices (teams should be 8 to 12 members). The teams include a cross-section of the supervision agency including line, support and administrative staff. It is also useful to include a judge, prosecutor, defense attorney, treatment provider, person who has been under supervision, and other community members on the team.
2. Each office may have 2 to 3 teams to review different types of practices: contacts, compliance-monitoring, treatment, etc.
3. Each team is given data on the practice. When possible, the data should cover the past three years and be drawn from agency records. It should include:
 - a. How the practice is defined
 - b. How the practice is usually assigned (i.e., by judge/parole board, by agency requirements, by statute, by common practice)
 - c. The frequency that the practice is used
 - d. How the practice affects outcomes in terms of meeting requirements and completion of supervision
 - e. How the practice affects rearrest or technical violations during the period of supervision
 - f. The typical pattern of additional requirements usually assigned along with the practice
4. The team reviews the data and identify areas where the practice is useful and appropriate or burdensome and not appropriate.

5. The team then discusses why the practice is used and how to improve the practice, including limiting the practice to situations where it is warranted.
6. The team works toward reducing the number and type of unnecessary or unhelpful practices used to increase overall effectiveness.
7. The team writes up guidelines for each set of practices.
8. The team develops a presentation for other members of the agency and stakeholders to outline why changes in practices are needed and what those recommendations are.
9. The team designs a pilot to test out the new practices. Included in this design should be statements on:
 - a. Informing the person under supervision of the purpose of conditions/requirements and the pilot
 - b. Informing stakeholders about the pilot and the goal of the pilot
10. The pilot should run for 12 to 18 months where data is collected and progress reports routinely shared.

Appropriateness Statement Outline

- ❖ Practice evidence level – whether or not the research evidence support the effectiveness of the practice in producing positive supervision outcomes (see Table 2 for levels of evidence and definitions).

Summary of the Evidence

Brief summary of the practice, its effects (or lack thereof), and the evidence for it. This is intended as a snapshot for readers to quickly understand what the practice is and whether it is appropriate to use based on the available research evidence.

What Is The Practice?

In-depth summary of the practice and the evidence for/against it.

How Is It Used?

Overview of how the practice is typically used.

How Can It Be Used to Monitor Compliance?

Description of how the practice can be used to check if the client is being compliant with supervision conditions, if at all.

How Can It Be Used As A Supervision Tool?

Description of how the practice can be used in the general supervision process.

What Are the Costs Of The Practice?

The costs to the criminal legal system, supervision staff, and clients associated with the practice.

What Do Supervision Staff Think About the Practice?

Results from the project survey indicating whether supervision staff (officers, administrators, office staff, etc.) think the practice is appropriate and for whom (depending on risk level and subpopulation).

Compliance Level

The degree to which supervision staff think the practice is appropriate for clients depending on their compliance level (i.e., low compliance, moderate compliance, high compliance) with supervision conditions.

What Should You Expect When Using the Practice?

The anticipated outcomes of using the practice based on the available evidence.

Client Outcomes

Anticipated outcomes for clients.

Is the Practice an Evidence-Based Practice?

Whether or not the practice is supported by research evidence.

What Do People Formerly Involved in the Criminal Legal System Think About the Practice?

Results from the project survey indicating whether individuals involved in the criminal legal system think the practice is appropriate and for whom (depending on risk level and subpopulation).

Communication That Reinforces Officers' Role as Change Agent (Messaging)

Communication strategies that can help maintain and/or strengthen the officer-client relationship when the practice is used.

Special Considerations When Using the Practice With Subpopulations

Factors to consider when using the practice with five common subpopulations on supervision. These factors should affect how the practice is used to achieve optimal outcomes.

Gang-Involved	Individuals who are associated with gangs
General Violence	Individuals who have committed general violent offenses (e.g., assault, robbery, etc.)
Intimate Partner Violence	Individuals who have committed intimate partner violence
Serious Mental Illness	Individuals with serious mental illness (e.g., schizophrenia, bipolar disorder, etc.)
Substance Use Disorder	Individuals with substance use disorder

Additional Information on the Practice

List of resources that interested readers can consult to learn more about the practice and the information presented above.

Section II: Implementing Practice

Guidelines

Over the past 20 years, community supervision departments have made strides to improve client outcomes by adopting evidence-based practices to reduce recidivism. As the field continues to evolve, agencies struggle to improve their mode of implementing these practices. To assist supervision organizations in using the appropriateness statements to shape their policies and practices, this collection contains several implementation considerations sections. These implementation considerations operate from the perspective that supervision is most effective when taking a rehabilitative and humanistic approach to assist clients in changing their lives. Specifically, the implementation considerations cover five categories of practices (contacts, compliance-based practices, treatment, motivations, other practices) that represent many of the traditional conditions used across supervision departments nationwide.

Successful implementation strategies include: effective training for staff, adequate support from supervisors, improving staff perceptions that they have a say in the policies and procedures of the workplace, and have some autonomy within their job tasks (Gethun et al., 2008). This is in part due to the amount of discretion that front-line officers have when they work with clients. Officers exercise their discretion when determining what supervision conditions are important to emphasize, how to respond to non-compliance, and what behaviors adequately symbolize client success (Taxman, 2013). Consequently, when staff are cynical about change or perceive there are not enough resources to implement change, they will resist the changes (Rudes et al., 2011; Schlager, 2008). This resistance can be passive, such as staff claiming a lack of knowledge about a new practice or not using it in real-life client interactions. Staff resistance can also be active such as staff acknowledging the new practice but openly professing the old way was better (Lerch et al., 2011).

The attitudes that staff hold about change are not static. Instead, they are shaped by the organization's readiness to change and how the change is implemented (Lerch et al., 2011; Steiner et al., 2011). Organizational factors associated with organizational readiness include: organizational climate, staff commitment to the organization, and resource availability (Lerch et al., 2011). Measuring organizational readiness allows administrators to understand the specific challenges that organization has when introducing new policies or practices. Addressing these challenges prepares an organization's staff for the change process.

Once it is determined that a supervision organization is ready for a new policy or practice, it is recommended that they go through a systematic process to transfer the knowledge from theory into practice. Technology transfer is the process of taking science-based findings and moving the studied practice into general operations (Taxman & Belenko, 2011). Based on evidence, some

factors that organizations should consider when preparing to transfer technology to their staff are:

- (1) determining whether the rehabilitative or punitive nature of the innovation represents a departure from current and past organization culture
- (2) developing several channels (formal and informal) of communication that provide a consistent message supporting the innovation
- (3) determining the proper timing for implementing the innovation
- (4) measuring and tracking changes in the social structure of the organization during the implementation process (Rogers, 2003; Taxman & Belenko, 2011)

The following implementation suggestions are based on the framework presented by Taxman (2013). In this framework, Taxman suggests that there are seven core strategies to making evidence-based practices stick in supervision organizations. These include:

Strategy	Checklist of Advancing Implementation
1. Building capacity through a revised mission that focuses on aligning practices with the Risk-Need-Responsivity (RNR) model	<ul style="list-style-type: none"> • Revise the mission of the agency to focus on facilitating positive changes for clients and to build a workforce (i.e. probation supervisors and front-line officers) that is healthy and resilient • Revise the goals and objective of the agency to better support the mission
2. Building capacity through organizational plan and structure that supports and sustains the implementation of evidence-based practices (EBPs) and quality supervision	<ul style="list-style-type: none"> • Establish teams in the agency to <i>review</i> existing policy and <i>revise</i> to endorse and solidify support for EBPs. • Establish a team to review practices related to quality supervision and use of different supervision interventions and compliance-based practices recognizing that most compliance-based practices do not have sufficient evidence to support wide-spread use. The goals should be to <i>minimize the use of conditions</i> of supervision while enhancing the effectiveness of supervision. • Establish a team to develop and implement performance measures to monitor implementation using the notion that “what gets measured, gets done.” • Ensure that staff receive the proper training, so they have the skills needed (i.e., engagement skills, motivational enhancement strategies, intervention techniques) to successfully implement changes.

<p>3. Building capacity by planning for change in key areas (assessment tools, case planning, performance measures)</p>	<ul style="list-style-type: none"> • Implement standardized screening tools for risk assessment, mental health and substance use disorders, housing, antisocial values, antisocial peers, education and/or employment, and social supports • When using risk assessment tools, agencies should implement practices that promote accuracy, fairness, and transparency when using the tools. • Implement case planning that links needs to action steps • Implement performance measures such as proportion of new intakes that are screened and assessed, proportion of individuals screened that have case management plans consistent with needs assessment, proportion of individuals that are referred to appropriate services, proportion of individuals that have conditions consistent to their case plans and needs, proportion of individuals that initiate services, proportion of individuals that are active in services for 90 days, proportion that successfully complete services, and proportion that continue into other services
<p>4. Building resiliency through internal supports and through learning and practicing skills</p>	<ul style="list-style-type: none"> • Implement routine coaching for staff to include feedback on interactions among officers and individuals on supervision within 48 hours of the interaction • Implement pre-service training on skills in RNR practices, cognitive-behavioral techniques (CBT), motivational enhancements, shared decision making, proactive case planning, proactive monitoring of cascade of services (i.e., screening, assessment, referral, initiate care, stay in care), unique considerations when working with special populations (i.e., young adults, general violence, substance use disorder, etc.), and navigating on-job barriers to implementation (i.e., resource limitations, client resistance, misalignment between supervision mission and court orders). • Implement skill building sessions for staff as part of routine in-service training with required 32 hours a year (the typical supervision agency requirements for continuing education)

	<ul style="list-style-type: none"> • Implement case reviews for difficult cases to help staff address individuals who are resistant, unmotivated, and disengaged • Implement trauma informed care • Provide staff with wellness and health as part of routine office practices
<p>5. Build resiliency through improvements in work processes</p>	<ul style="list-style-type: none"> • Communicate with front-line staff to understand the barriers to implementation that derive from the current work processes • Streamline work processes to address barriers identified by staff to support change • For every new practice, refine or revise at least two other practices • Engage staff in discussion about refining work processes • Establish means for staff to obtain credentials
<p>6. Collaborating with agencies toward a common goal of improving client outcomes and promoting public safety</p>	<ul style="list-style-type: none"> • Establish common mission of health and safety to ensure improvements in the quality of life for individuals under supervision to reduce recidivism and improve functionality • Develop memorandum of agreement with other agencies such as behavioral health, housing, food security, transportation, employment, educational institutions and so on to provide ready, easy access to services • Work with other agencies to understand probation and parole services • Conduct cross-training with other agencies to ensure common mission and goals • Establish relationships and lines of communication between agencies in order to properly track individuals' progress and coordinate support to enhance success.
<p>7. Building resiliency by altering individual involvement in key decisions</p>	<ul style="list-style-type: none"> • Adopt shared decision-making as standard practice where individuals on supervision and staff jointly make decisions about supervision processes (i.e., requirements included in case plans, how to address compliance issues, how to incentive behavior) • Assist individuals on supervision in developing a future orientation with goals

Acknowledging that many departments have worked hard to implement some of these practices already, the intention of these appropriateness statements is to provide departments with a comprehensive vision of how they can supplement their current efforts to attain better outcomes. The seven core strategies covered above provide a general overview of what community corrections organizations can do to prepare themselves structurally for implementing change. The following pages also include more specific implementation considerations that take these seven core strategies and tailor them for use in particular types of supervision practices (e.g., compliance-based, treatment).

The first four strategies are structural—changes that are most effective when implemented as the foundation to introducing new changes. The final three strategies are able to address the specific considerations of the various practices. For instance, a supervision agency will have to consider these three strategies when attempting to reduce the number of compliance-based practices they use. As such, each of the following implementation considerations sections will be focused on the final three strategies presented above. These considerations are useful tools to help supervision organizations clarify what is needed to set themselves up for success when implementing new practices.

Section III: Building the Working Alliance

The relationship between an officer and the person under supervision has emerged as an effective tool of supervision, based on various research studies. Officers and individuals with prior experience in the criminal legal system (the “criminal justice” or “legal” system is referred to as the criminal legal system in this document) confirm the importance of a relationship founded on more than monitoring and recognize that the relationship sets the tone for supervision and affects outcomes. In therapy, this is considered the working alliance (WA), and it refers to the working relationship between a therapist and a client. WA has three main constructs: the development of *bonds*, the assignment of *tasks*, and agreement on *goals*. The WA requires all parties to share decisions regardless of their power dynamic.

A strong WA between a person on supervision and the officer may be complicated by the authoritarian role of the officer or by the mandated nature of the relationship. Since individuals are coerced into the relationship with their officer, a host of barriers must be navigated to develop a WA and set the tone for productive meetings. Some barriers include clients’ holding stereotypical views of officers as law-enforcement agents, clients’ past (traumatic) experiences within the criminal legal system and/or with other supervision officers, and clients’ lacking a voice in the supervision process. Officers must find a balance between enforcing the supervision requirements and helping individuals make decisions, including making them aware of consequences. Lovins and colleagues (2018) refer to this role as coach rather than referee, signaling that officers can facilitate success through deliberate guidance and interaction with the individual.

To be an effective “coach” or change agent, it is recommended that agencies and officers attend to four themes common in the research literature and in discussions with probation officials that will help officers develop a strong WA with their clients. The four themes are communication, transparency, acknowledging client experience and perspective, and collaboration.

- **Communication**
 - Communication (verbal and non-verbal) is critically important to developing WA.
 - Officers should speak to their clients in a respectful tone that lends itself to positive reinforcement and motivation.
 - Even when there is conflict, officers should never use an authoritarian communication style. This includes harsh and demeaning language such as name-calling or stigmatizing messaging (e.g., you’re a drug addict, you will never make it).

- Additionally, officers should use active listening (e.g., affirmative body language, repeating statements back to the individuals under supervision) when working with clients.
- **Transparency**
 - Transparency refers to officers being open and honest about how and why various practices will be used.
 - An officer can be transparent by having an open dialogue about the supervision process. This includes expectations, conditions, authority, communication, etc.
 - Transparency disrupts the fear of being on supervision and the assumption that officers are simply authority figures.
 - Understanding why a practice is being recommended and how that practice is intended to help the individual succeed reinforces the officer's position as a coach/change agent. This, in turn, increases trust and the likelihood that clients will turn to officers when they are having difficulties.
- **Client Experience/Perspective**
 - Client perspective and experience refer to officers being aware of how supervision processes impact their clients.
 - Many aspects of supervision can be inconvenient or feel punitive to clients. Officers who allow clients to voice their concerns and affirm their perspectives are more likely to disrupt preconceptions that officers are uncaring or ambivalent.
 - Hearing the client's concerns and acknowledging their perspective are essential elements for officers to demonstrate that they value the client. This is especially important when officers sanction clients or place limits on their movements.
 - Understanding the client's perspective can improve officers' ability to tailor interventions to the unique perspective of their client (responsivity).
- **Collaboration/Shared Decision-Making**
 - Collaboration refers to an officer including the client's perspective in the decision-making process where possible.
 - Not all aspects of the supervision process are subject to change (e.g., court-mandated conditions). However, officers can always provide opportunities for clients to voice their opinion.
 - Even when the outcome is not favorable to the client, allowing them to have their voice heard strengthens the relationship and helps the client view the consequence as fair.
 - Collaboration allows clients to feel a sense of autonomy within supervision. The feeling of guiding their own lives while the officer holds them accountable and supports them increases client engagement and satisfaction with supervision.

The following appropriateness statements provide useful information about how the various supervision practices can be used to reinforce an officer's role as a coach or change agent. Each

contains suggestions about how officers can communicate, be transparent, acknowledge their client's perspective/experience, and collaborate within the context of using each supervision tool. These are valuable tools that remind officers how to maximize the working relationship they build with their clients. Starting supervision by laying the groundwork for a positive, productive relationship will go a long way in improving outcomes.

Section IV: Appropriateness **Statements**

Contacts

The following section covers a number of commonly used contact practices: in-person contacts, remote contacts (telephone, kiosk), and the frequency of contacts (weekly, monthly, quarterly). Each area also includes implementation considerations on how organizations can prepare themselves to make changes to their contact policy. Finally, this section contains appropriateness statements which include the results of the empirical evidence analysis.

The following table shows a summary of the results from the evidence analysis. The practices is categorized according to four levels: appropriate, promising, inconclusive, and not evidence-based depending on the amount and type of research available (see Introduction Table 2 for definitions). Also included are the perceptions of individuals working in supervision agencies and individuals that have experience with the justice system to illustrate different views about the contacts. The following table summarizes the evidence level, the probation staff perceptions, and JSI perceptions of the practices in this section.

Table 3

Evidence Summary for Contact Practices

Practice	Research Support	Field Support: Low Risk		Field Support: Med/High Risk	
		Probation	JSI	Probation	JSI
In-Person Contacts	Evidence-Based*	Moderate	Moderate	Wide	Moderate
Telephone Contacts	Promising	Moderate	Moderate	Moderate	Moderate
Kiosk Contacts	Promising	Moderate	Moderate	Minimal	Moderate
<i>Frequency of Contacts</i>					
Weekly	Inconclusive	Minimal	Minimal	Wide	Moderate
Monthly	Inconclusive	Moderate	Moderate	Moderate	Moderate
Quarterly	Inconclusive	Moderate	Moderate	Minimal	Moderate

* = Evidence-based with qualifications

Contacts: Implementation Considerations

Strategy	Implementation Considerations
<p>Strategy 5: Build resiliency through improvements in work processes</p>	<ul style="list-style-type: none"> • Use datapoints collected by the performance measures established in Strategy 3 to examine how your agency is responding to proposed changes in the use of contacts <ul style="list-style-type: none"> ○ Look for areas where the agency is performing well and where more attention may be needed (for example, if some contacts are being used with high frequency without corresponding improvements in client engagement) ○ Focus efforts to improve work processes in areas where more attention is needed
<p>Strategy 6: Collaborate with agencies toward a common goal of improving client outcomes and promoting public safety</p>	<ul style="list-style-type: none"> • Work with key stakeholders in the criminal legal system (including judges, prosecutors, etc.) to familiarize them with the guidelines on types and frequency of contacts <ul style="list-style-type: none"> ○ Work to build an understanding that type and frequency of contact should be tailored to the client based on their needs and not necessarily the crime for which they were convicted • Ensure that proper referral to outside services and programs can still occur even if frequency of contact is minimal
<p>Strategy 7: Build resiliency by altering client involvement in key decisions</p>	<ul style="list-style-type: none"> • Work with the client to build a plan for contacts (type and frequency) that considers their needs • Discuss with the client what types of contacts are most beneficial to them and what frequency would allow them to complete supervision conditions and other responsibilities while still being fully engaged with the officer and the supervision agency

Types of Contacts

- ❖ In-Person/Face-to-Face Contacts – Evidence-based when used to deliver evidence-based interventions
- ❖ Telephone Contacts – The evidence is promising
- ❖ Kiosk Reporting – The evidence is promising

Summary of the Evidence

- While in-person/face-to-face contacts by themselves are not evidence-based practices, they can be used to deliver evidence-based interventions (e.g., motivational interviewing, cognitive-behavioral interventions).
 - Remote contacts are promising but more research is needed.
- Contacts are an important way for officers to interact with and supervise clients.
 - They provide opportunities to build rapport with clients and monitor their compliance with supervision conditions.
- Three types of contacts are most used: (1) in-person/face-to-face contacts, (2) telephone contacts, and (3) kiosk reporting.

What Are the Types of Contacts?

- There are three types of contacts typically used in community supervision:
 - In-person/face-to-face contacts require the client to visit the probation office to meet with their PO.
 - Telephone contacts require the client to contact the PO, respond to calls/messages from the PO, or use an automated smartphone application to check in.
 - Kiosk reporting requires the client to visit a kiosk (often located in courthouses, probation offices, or police stations) to check in.

How Are They Used?

- Contacts are used to check in on clients, ensure they are in compliance with supervision conditions, discuss issues they are experiencing, work on cognitive-behavioral interventions, collect probation fees, and more.
 - During contacts, clients often answer standard questions about their activities and compliance with supervision conditions.
 - Remote contacts like telephone or kiosk reporting may have the client use a biometric identification process (like a handprint or fingerprint scan) to confirm their identity.
- Kiosks may have a space for clients to pay probation fees.

How Can They Be Used to Monitor Compliance?

- All types of contacts require clients to report on their progress in meeting the conditions of supervision. This allows officers to determine if the client is complying with the conditions.

How Can They Be Used as a Supervision Tool?

- In-person/face-to-face contacts allow officers to determine if clients are complying with the conditions of their supervision (like obtaining employment or attending treatment).
 - In-person/face-to-face contacts also help officers build rapport with clients through regular interaction.
- Telephone contacts allow officers to speak with their clients, but they do not provide the same opportunity for face-to-face interaction.
 - Regular telephone contacts can help officers to establish rapport through repeated (sometimes unscheduled) check-ins.
 - Telephone contacts can reinforce the officer-client relationship by showing that the officer is invested in the client's wellbeing.
- Kiosk reporting helps officers monitor client compliance with supervision conditions, but it does not provide an opportunity for officers to build rapport with the client.

What Are the Costs of Different Types of Contacts?

- In-person/face-to-face contacts are time- and resource-intensive as they require officers to spend time meeting with clients.
- Telephone contacts require less time and resources than face-to-face contacts since officers can perform them quickly.
- Kiosk reporting costs vary widely from department to department. They may require substantial up-front costs to set up. But because they do not require officers to contact clients directly, they can be less time- and resource-intensive than face-to-face contacts.

What Do Supervision Staff Think About Types of Contacts?

- For low-risk clients:
 - In-person/face-to-face contacts are sometimes appropriate for all clients.
 - Telephone contacts are sometimes appropriate for all clients.
 - Kiosk reporting is sometimes appropriate for all clients, except those with a SUD and several additional criminogenic needs.
- For medium- and high-risk clients:
 - In-person/face-to-face contacts are always appropriate for all clients.
 - Telephone contacts are sometimes appropriate for all clients.
 - Kiosk reporting is never appropriate for all clients except for those convicted of intimate partner violence (IPV) and those with severe mental illness (SMI), for whom it is sometimes appropriate.

What Should You Expect When Using Types of Contacts?

Client Outcomes

- Contacts help build rapport between officer and client, which is an evidence-based way to promote client compliance with supervision conditions.
- Contacts help officers determine client compliance and serve as an accountability check.
- Contacts can help clients improve the quality of their life by encouraging and holding them accountable, which can help reduce drug use and stress.

Which Contacts Are Evidence-Based Practices?

- While in-person/face-to-face contacts by themselves are not an evidence-based practice, they involve a wide variety of activities, some of which (e.g., motivational interviewing, cognitive-behavioral interventions) are evidence-based practices.
 - Additionally, the rapport that can be built between officer and client during in-person contacts has been shown to lead to improved supervision outcomes and increase client compliance.
- The research evidence for telephone contacts is promising, but more studies are needed to establish it as an evidence-based practice.
 - Recent evaluations show that telephone contacts are effective in reducing client drug use and stress.
 - Other evaluations have found that officers are not able to build rapport with clients as effectively with telephone contacts as with face-to-face contacts.
- Kiosk reporting is not an evidence-based practice due to lack of studies, although preliminary evidence is promising.
 - Evaluations find that clients assigned to kiosk reporting are not rearrested or sanctioned more than clients assigned to face-to-face contacts.
 - Kiosk reporting shifts resources away from low-risk clients and toward medium- and high-risk clients.
- Overall, evidence indicates that remote contacts (telephone contacts and kiosk reporting) are cost-effective and do not lead to higher client recidivism/violation, but they may increase racial bias in supervision outcomes.
 - Black clients are less likely to be assigned to remote contacts than White clients.
 - When assigned to remote contacts, Black clients are more likely to receive technical violations than White clients for similar behaviors.

What Do People Formerly Involved in the Criminal Legal System Think About Types of Contacts (the “criminal justice” or “legal” system is referred to as the criminal legal system in this document)?

- For low-risk clients:
 - In-person/face-to-face contacts are never appropriate for gang-involved clients or those convicted of IPV. They are sometimes appropriate for all other clients.
 - Telephone contacts are sometimes appropriate for all clients.
 - Kiosk reporting is never appropriate for clients convicted of IPV and those with an SUD and one, two, or three additional criminogenic needs.
- For medium- and high-risk clients:
 - In-person/face-to-face contacts are sometimes appropriate for all clients.

- Telephone contacts are sometimes appropriate for all clients.
- Kiosk reporting is sometimes appropriate for all clients.

Communication That Strengthens the Officer-Client Relationship (Messaging)

- Officers should be aware that contacts can severely disrupt a client’s life and schedule.
 - In-person/face-to-face contacts require clients to visit the probation office, which may be located far from their home or workplace.
 - Telephone contacts (especially when unscheduled) may require the client to drop what they are doing to respond to the officer.
 - Kiosk reporting requires clients to visit a kiosk, usually located at probation offices, police stations, and courthouses. These locations can require the client to travel far out of their way.
- Officers should acknowledge that contacts can interfere with a client’s personal and professional life, and that they may make it more difficult for them to comply with the conditions of supervision.
 - Officers should work with clients to schedule contacts at times that will minimally disrupt the client’s schedule.
 - If the client lives far from the probation office or kiosk locations, officers should use face-to-face contacts and kiosk reporting only when necessary.
 - Officers should consider using telephone contacts more often in these cases.
- Officers should make it clear that contacts are not just a way to monitor client compliance; they are a way to check in with clients and make sure they are doing alright.
- Officers should use face-to-face and telephone contacts as an opportunity to interact with the client and build rapport.

Special Considerations Using Different Types of Contacts with Subpopulations

Gang-Involved	Same as the general population
General Violence	Same as the general population
Intimate Partner Violence	If the officer can ensure that clients convicted of intimate partner violence do not have inappropriate contact with their victim(s), there are no significant concerns with kiosk reporting or telephone contacts.
Serious Mental Illness	Some clients with serious mental illness may experience periodic psychosis or other conditions that make it difficult for them to check in using technology (e.g., kiosk reporting).
Substance Use Disorder	Many officers are concerned that clients with substance use disorder will have greater ability to use narcotics if they do

	not meet face-to-face. When feasible, kiosk or telephone contacts should be mixed with face-to-face contacts for these clients.
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Additional Information on Types of Contacts

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Crosse, S., Harmon, M. A., Claus, R. E., Bauer, E. L., Hagen, C. A., & Ahlin, E. M. (2016). *Multi-jurisdiction research on automated reporting systems: Kiosk supervision*. U.S. Department of Justice. <https://www.ojp.gov/pdffiles1/nij/grants/250173.pdf>

Saunders, J., Midgette, G., Taylor, J., & Faraji, S.-L. (2021). A hidden cost of convenience: Disparate impacts of a program to reduce burden on probation officers and participants. *Criminology & Public Policy*, 20(1), 71-122. <https://doi.org/10.1111/1745-9133.12534>

Viglione, J., & Taxman, F. S. (2018). Low risk offenders under probation supervision: Risk management and the risk-needs-responsivity framework. *Criminal Justice and Behavior*, 45(12), 1809-1831. <https://doi.org/10.1177/0093854818790299>

Frequency of Contact

- ❖ Frequency of Contact – The evidence is inconclusive

Summary of the Evidence

- The evidence in support of the effect of the frequency of contact on recidivism is inconclusive.
- Contacts between officer and client are a vital part of evidence-based supervision.
- The risk principle calls for increased contacts for individuals who are at higher risk of recidivism.
- Increased contacts introduce more opportunities for intervention but also increase the level of surveillance on clients.
- Increasing surveillance through frequency of contact can increase the number of technical violations detected.

What Is Frequency of Contact?

- Evidence-based supervision calls for regular meetings between officer and client as a part of effective case management and supervision.
- These contacts can come in many types (see types of contact statement for more information) and can occur with varying frequency (i.e., weekly, monthly, quarterly).
- The risk principle within the RNR model calls for greater intervention for higher-risk clients and less intervention for low-risk clients.
- More frequent contacts with their client gives officers more opportunity to gather information about the client's life, build trust, ensure compliance to supervision conditions, and conduct cognitive-behavioral interventions with them.

How Is It Used?

- Agency policy typically decides the frequency of contact.
- Officers should use the results of a validated risk-needs assessment to determine how often they should regularly meet based on the level of risk and need of their client.
- Typically, weekly contacts are recommended for the clients with the highest risk/need profiles.
 - Clients with high levels of non-criminogenic needs (i.e., housing, clothing, or food) may also require more frequent contact to assist in stabilizing their living situation.
- The standard frequency of contact for clients with moderate risk/need profiles is monthly.
 - Many low-risk clients are placed on monthly contact at the outset to allow the officer to build rapport with them and ensure they start on the right track.

- Quarterly contacts (once every three months) are typically reserved for low-risk clients who have established a track record of compliant behavior; these contacts are generally not face-to-face.

How Can It Be Used to Monitor Compliance?

- Increasing the number of regularly scheduled contacts between officer and client increases the surveillance on that client and the demand on the client's time, which can create conflicts with other obligations.
- Increasing the frequency of contacts also increases an officer's ability to check for a client's compliance with supervision conditions.
- Face-to-face contacts can be augmented by telephone contacts, Zoom calls, Facetime, etc.

How Can It Be Used as a Supervision Tool?

- Evidence-based supervision calls for officers to use their regularly scheduled contact to build rapport and develop a strong working relationship with their clients.
- Officers use their contacts with clients to supervise their client through effective case management techniques.
- Increasing the frequency of contacts should not be done at the expense of the quality of those contacts. Contacts between officer and client should be marked by rapport-building techniques (i.e., respect, active listening, positive reinforcement).
- Increasing the frequency of contacts between officer and client can offer more ability for officers to be familiar with the client's life and provide resources to assist the client.
- Increased number of contacts offers more ability for officers to detect troublesome behavior and intervene more quickly, potentially preventing criminal behavior or more serious supervision violations.
- Reducing the frequency of contact with clients can be used as an incentive for compliant behavior.

What Are the Costs of Frequency of Contact?

- The cost of frequency of contact for supervision staff and clients is measured in time.
 - Officers who have increased contacts with clients have less time for other job duties.
 - Clients often manage busy schedules in order to comply with their supervision conditions. Increasing contacts with them occupies their time, including time away from employment, and makes managing their schedules more difficult.
- More frequency of contact increases a client's transportation costs.

What Do Supervision Staff Think?

- Supervision staff report that weekly contacts are
 - never appropriate for all low-risk clients and
 - always appropriate for all medium- to high-risk clients except those with serious mental illness or substance use disorder, for whom it is sometimes appropriate.

- Supervision staff report that monthly contacts are
 - sometimes appropriate for all low-risk clients and
 - always appropriate for all medium- to high-risk clients, except those in the general violence or intimate partner violence special population, for whom they are sometimes appropriate.
- Supervision staff report that quarterly contacts are
 - sometimes appropriate for all low-risk clients and
 - never appropriate for all medium- to high-risk clients.

What Should You Expect When Determining Frequency of Contact?

Client Outcomes

- There is little empirical evidence that isolates the effect that the frequency of contact between officer and client can have on recidivism.
- There is some evidence that increasing the frequency of contact while offering rehabilitative services (i.e., substance use treatment, mental health services) can reduce recidivism.
- Increasing the frequency of contacts increases surveillance on the client, which has been shown to lead to more technical violations.

Is Frequency of Contact an Evidence-Based Practice?

- No. The evidence in support of frequency of contact is inconclusive.
 - There are not evaluations that have isolated the effects of the varying frequencies of contact.

What Do People Formerly Involved in the Criminal Legal System Think About Frequency of Contact?

- People with lived experience in the criminal legal system report that weekly contact is
 - never appropriate for all low-risk clients and
 - sometimes appropriate for all medium- to high-risk clients.
- People with lived experience in the criminal legal system report that monthly contact is
 - sometimes appropriate for all low-risk clients and
 - sometimes appropriate for all medium- to high-risk clients
- People with lived experience in the criminal legal system report that quarterly contact is
 - sometimes appropriate for all low-risk clients and
 - sometimes appropriate for all medium- to high-risk clients.

Communication That Strengthens the Officer-Client Relationship (Messaging)

- Officers should communicate with clients to specify the frequency of their regular contact.
- Officers should be transparent about the process of determining the frequency of regular contact.

- When placing clients on weekly contact, officers should communicate how that level of contact will benefit their client during supervision.
- When placing clients on weekly contact, officers should inform the client of the purpose of the frequency of contact—it's not to catch the client doing something wrong.
- The frequency of contact should be framed in terms of benefiting the client.

Special Considerations When Using Frequency of Contact With Subpopulations

Gang-Involved	Gang-involved clients are often considered to be more dangerous and placed at a higher risk level per department guidelines. If a client is placed on a higher risk level than their risk assessment would normally prescribe, the officer should initiate a conversation about the reasons for this decision.
General Violence	None
Intimate Partner Violence	IPV clients are more likely to have less criminal history than other special populations (e.g., general violence). Thus, IPV clients may be placed at a lower risk level and prescribed less frequent contact. Officers should always prioritize the protection of the victim, increasing the frequency of contact with a client who is a danger to their partner.
Serious Mental Illness	Clients with serious mental illnesses are more likely to have more complicated risk/needs profiles. Addressing these needs requires more intervention but officers should be wary of overwhelming their client by increasing the frequency of in-person contacts. Officers can use less time-intensive contacts (e.g., phone, Zoom, email) to stay up-to-date with their clients.
Substance Use Disorder	SUD clients are often mandated to undertake treatment services. Because of this, officers should be hesitant in increasing the frequency of contact in order to not overwhelm their clients. Officers can monitor clients' participation in programming through collateral contacts or use less time-intensive contacts (e.g., phone, email) instead of making them come into the office more frequently.

Additional Information on Frequency of Contact

Bourgon, G., Gutierrez, L., & Ashton, J. (2012). The evolution of community supervision practice: The transformation from case manager to change agent. *Fed. Probation, 76*, 27.

Taxman, F. S. (2002). Supervision—Exploring the dimensions of effectiveness. *Fed. Probation, 66*, 14

Compliance-Based Practices

The following section covers number of compliance-based (monitoring and oversight) practices. These include employer contacts, collateral contacts, drug testing, electronic monitoring, phone-based monitoring, house arrest, restraining orders, and financial restrictions (fines, fees, restitution). Also provided are implementation recommendation on how organizations can prepare to make changes to their policies on compliance-based practices. Finally, this section contains appropriateness statements which include the results of the empirical evidence analysis.

The following table shows a summary of the results from the evidence analysis. The practices is categorized according to four levels: appropriate, promising, inconclusive, and not evidence-based depending on the amount and type of research available (see Introduction Table 2 for definitions). Also included are the perceptions of individuals working in supervision agencies and individuals that have experience with the justice system to illustrate different views about the contacts. The following table summarizes the evidence level, the probation staff perceptions, and JSI perceptions of the practices in this section.

Table 4

Levels of Support for Compliance-Based Practices

Practice	Research Support	Field Support: Low Risk		Field Support: Med/High Risk	
		Probation	JSI	Probation	JSI
Employer Contacts	Inconclusive	Minimal	Minimal	Moderate	Moderate
Collateral Contacts	Inconclusive	Moderate	Minimal	Wide	Moderate
Drug Testing	Evidence-Based*	N/A	Minimal ^b	N/A	Moderate
Electronic Monitoring	Inconclusive	Minimal	Minimal	Moderate	Moderate
Phone-Based Monitoring	Promising	Moderate	Minimal	Moderate	Moderate
House Arrest	Promising	Minimal	Minimal	Moderate	Moderate
Restraining Orders	Inconclusive	Moderate	Minimal	Moderate	Moderate
Financial Restrictions	Inconclusive	Moderate ^a	Minimal	Moderate ^a	Moderate

* = Evidence-based with qualifications

^a Probation respondents reported moderate support for fines and fees but wide support for restitution

^b JSI respondents reported minimal support for scheduled drug testing but moderate support for random drug testing for low risk

Overall Compliance-Based Practice Implementation Considerations

Strategy	Implementation Considerations
<p>Strategy 5: Build resiliency through improvements in work processes</p>	<ul style="list-style-type: none"> • Departments should consider reviewing their own policies and procedures to determine what pre-existing policies and practices can potentially serve as barriers to change. • Compliance-based practices are often seen as an invaluable aspect of supervision. Because of this, it is important that departments redefine their policies and practices to support any changes which reduce their use. <ul style="list-style-type: none"> ○ Support should include: <ul style="list-style-type: none"> ▪ educational efforts to ensure staff understand the logic behind the proposed change ▪ how the change aligns with the rehabilitative and public safety mission of the department ▪ specifics about how the changes will work
<p>Strategy 6: Collaborate with agencies toward a common goal of improving client outcomes and promoting public safety</p>	<ul style="list-style-type: none"> • Departments can increase the effectiveness of evidence-based interventions through developing robust relationships with community service providers. <ul style="list-style-type: none"> ○ Consistent communication between officer and service provider is important in both supporting client success and ensuring client compliance • Departments will need to have the capacity to offer rehabilitative services in place of compliance-based practices if

	their department decides to make such changes.
Strategy 7: Build resiliency by altering client involvement in key decisions	<ul style="list-style-type: none">• Departments should consider involving clients in the decision-making process regarding what compliance-based practices are used in their supervision plan.<ul style="list-style-type: none">○ Research has shown that people are more accepting of the decisions made by law enforcement agents when their voice is heard during the process.• Supervision staff can increase client satisfaction of the supervision process by including client's voices during the decision-making process.

Collateral and Employer Contacts

- ❖ Employer Contacts – The evidence is inconclusive
- ❖ Collateral Contacts – The evidence is inconclusive

Summary of the Evidence

- The evidence supporting the effects of collateral (client's family and social supports) and employer contacts on recidivism is inconclusive.
- There are no empirical evaluations that isolate the effectiveness of collateral and employer contacts.
- Collateral and employer contacts are generally highly valued aspects of an officer's fieldwork.
- Positive encounters between officer and client in the community can build rapport.
- Rapport built through collateral contacts has been shown to increase the likelihood that the family member, close friend, or service provider will contact the officer when concerned about the client.

What Are Collateral and Employer Contacts?

- **Fieldwork** is a surveillance mechanism that helps verify a client's compliance with their programming and supervision conditions. It can include home visits, collateral contacts, and employer contacts.
- **Collateral contacts** occur when an officer contacts and collects information from a client's family and/or other social supports. This can include family, friends, caseworkers, social workers, etc.
- **Employer contacts** occur when an officer makes contact (phone call, email, in-person) with a client's employer or with the client at work

How Are They Used?

- Collateral contacts
 - Family contacts happen most often over the phone or during home visits.
 - During a home visit, contact information can be exchanged, and the officer can introduce themselves as a resource for the family member.
 - Officers should develop rapport with the family or social support through the mutual goal of the client's success.
 - Relationships with social workers, case managers, or treatment counselors are important to remain up-to-date on a client's progress in programming.
 - Contacts with caseworkers or social workers can be done by phone or through in-person meetings with all three parties (officer, caseworker, and client) present.
- Employer contacts

- Employer contacts can be conducted over the phone or in-person at a client's place of employment.
- Employer contacts have the potential to jeopardize a client's employment. This is especially true if in-person contacts are conducted in uniform with bulletproof vest and gun.

How Can They Be Used to Monitor Compliance?

- Both collateral contacts and employer contacts can be used as a tool that adds a level of accountability for clients.
- The added level of accountability can serve as motivation for clients to remain compliant between office visits.

How Can They Be Used as a Supervision Tool?

- Collateral and employer contacts can either reinforce an officer as a change agent or as an authoritative law enforcement agent depending on the officer's approach when making the contact.
 - Officers should use rapport-building techniques when conducting contacts.
- An officer being up-to-date and aware of the client's progress in programming reinforces that they are invested in their client's change.
- Coordinating with counselors/caseworkers can help the officer understand what areas a client might need additional support, so this can inform topics and skills to work on during office visits.
- Establishing open lines of communication with family and other social supports can serve to alert the officer when their client struggles with supervision.

What Are the Costs of Collateral and Employer Contacts?

- There are no financial costs for these contacts. The main cost attached to collateral and employer contacts for the officer is time.
- There may be a negative cost to a client by highlighting their criminal record during employer contacts.

What Do Supervision Staff Think?

- Supervision staff report that collateral contacts are
 - never appropriate for all low-risk clients and
 - always appropriate for all medium- to high-risk clients.
- Supervision staff report that employer contacts are
 - never appropriate for all low-risk clients and
 - sometimes appropriate for all medium- to high-risk clients.

What Should You Expect When Using Collateral and Employer Contacts?

- There are no empirical evaluations focused on identifying the effects of collateral or employer contacts on client outcomes.
- Evaluations that include collateral and employer contacts do not isolate the effects of those practices.

Is the Use of Collateral and Employer Contacts an Evidence-Based Practice?

- No.

What Do People Formerly Involved in the Criminal Legal System Think About Collateral and Employer Contacts?

- People with lived experience in the criminal legal system (the “criminal justice” or “legal” system is referred to as the criminal legal system in this document) report that collateral contacts are
 - never appropriate for all low-risk clients and
 - sometimes appropriate for all medium- to high-risk clients.
- People with lived experience in the criminal legal system report that employer contacts are
 - never appropriate for all low-risk clients and
 - sometimes appropriate for all medium- to high-risk clients, except for those in a general violence special population, for whom they are never appropriate

Communication That Strengthens the Officer-Client Relationship (Messaging)

- Officers should be aware of potential tension when conducting an in-person home visit or employer visit.
 - Officers should be aware that showing up at a client’s home or workplace can be embarrassing and stigmatizing.
 - This tension can be dissipated by a positive and encouraging tone and the use of active listening skills when communicating.
- Officers should explain their intention of making collateral contacts in the client’s life. This is especially important with spouses or other family members who may feel nervous around officers.
- Officers should discuss employer contacts with clients to avoid embarrassment, damaging rapport, or jeopardizing employment.
- Information gathered through collateral and employer contacts should be discussed with the client.
 - Information received through collateral/employer contacts should be shared with the client.
 - Officers shouldn’t automatically trust the information received during collateral/employer contact over that given by a client.
 - If concerning information about a client is communicated during collateral/employer contact, this information needs to be discussed with the client.

Special Considerations When Using Collateral and Employer Contacts with Subpopulations

Gang-Involved	Individuals who are gang-involved may be more sensitive to the stigmatizing effects of collateral or employer contacts. Officer should take special care to discuss these contacts with the client before making them. Developing transparent working relationships with the family of a gang-involved client may be more difficult due to negative feelings toward law enforcement.
General Violence	N/A
Intimate Partner Violence	It is important that the officer has an open line of communication with the victim of their client's IPV case. This will allow the officer to be notified if their client is breaking the conditions of their supervision by inappropriately contacting their victim.
Serious Mental Illness	Clients diagnosed with serious mental illnesses are more likely to have more complicated risk/need profiles. As such, these clients will need increased intervention to be successful. Officers should develop communication lines with a client's service providers to stay current with their client's progress with treatment. Officers should also be careful when making collateral contacts with the family as many clients with SMI have complicated family dynamics.
Substance Use Disorder	Officers should develop working relationships with any service provider their client is using for SUD treatment. Open communication with these contacts can offer officers important information on their client's progress. Officers should also establish a relationship with the family of their client with an SUD. Family may be able to spot troubling behavior between regular contacts and inform the officer.

Additional Information on Collateral and Employer Contacts

Campbell, W. L., Swan, H., & Jalbert, S. K. (2017). National variations in fieldwork goals, training, and activities. *Federal Probation*, 81(3), 15–21.

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Drug Testing

- ❖ Drug Testing – Evidence-based when paired with incentives (see Incentives Appropriateness Statement) for obtaining negative test results

Summary of the Evidence

- Drug testing on its own or coupled with sanctions is not an evidence-based practice.
 - It has no impact on recidivism.
- Evidence exists that providing incentives for obtaining negative drug test results is effective.
- Drug testing can help determine whether a client has substance-use issues.
- Increased levels of drug testing may lead to increased technical violations.

What Is Drug Testing?

- Drug testing is a practice where POs test the client to determine whether they have taken drugs within a certain period.
 - The amount of time that drug residue remains in a client’s system varies by the type of drug ingested, up to 14 days for men and 30 days for women.
- Drug tests can be either *positive* (the client has drugs in their system) or *negative* (the client does not have drugs in their system).
- Depending on the type of test, drug tests are not always accurate.
 - They can provide false positives or false negatives.

How Is It Used?

- Drug testing is most often done through urinalysis (a chemical test of the client’s urine), although other methods (i.e., hair testing, breathalyzer for alcohol) may be used.
 - Urinalysis often requires that officers monitor the client while they urinate to ensure that the client does not provide “clean” urine (urine from another individual who has not used drugs recently) or otherwise tamper with the sample.
 - Some publicly available products may be used by clients to detox (remove traces of drugs) or dilute (reduce the amount of drug residue in the client, allowing them to provide a negative test sooner).
- Drug testing can be done randomly (the client is not told they will be drug tested before receiving the test during a probation office visit) or on a set schedule, such as weekly or biweekly.

How Can It Be Used to Monitor Compliance?

- Drug testing can be used to determine if a client is using illicit substances (e.g., marijuana, cocaine, heroin, etc.).
 - If technical violations are given after a positive test, increased drug testing can lead to increased technical violations.

How Can It Be Used as a Supervision Tool?

- Drug testing can be used to determine whether a client is using narcotics.
- Drug testing with incentives for negative tests can help clients overcome substance-use issues by encouraging clients to attend treatment programming.
 - This may help them achieve other supervision goals, like getting a job or forming positive relationships with others who do not use drugs.
 - Incentives can be prizes (e.g., gift cards, electronics, etc.) or practical resources (e.g., bus passes, cell phone minutes, etc.).

What Are the Costs of Drug Testing?

- Urinalysis tests are relatively cheap.
- If technical violations are given for positive tests, drug testing can bring costs equal to those of the sanctions (e.g., jail time).

What Should You Expect When Using Drug Testing?

Client Outcomes

- No evidence exists that random or scheduled drug testing reduces recidivism.
 - However, evidence indicates that scheduled drug testing with incentives provided for negative tests can reduce client use of narcotics.

Is Drug Testing an Evidence-Based Practice?

- Drug testing with sanctions for positive samples **is not** an evidence-based practice.
 - Evaluations of drug testing (random or scheduled) have not found any impact on recidivism.
- Drug testing with incentives for negative samples **is** an evidence-based practice.
 - Incentive programs that reward clients for each negative drug test provided are effective in reducing substance use.
 - Some studies have found these programs to be effective with young adults, homeless individuals, and people with mental illness.

What Do People Formerly Involved in the Criminal Legal System Think About Drug Testing?

- Individuals who have been involved in the criminal legal system (the “criminal justice” or “legal” system is referred to as the criminal legal system in this document) generally believe that
 - random UAs are sometimes appropriate for all low-risk clients except for those with gang involvement (they believe it is never appropriate for gang-involved clients),
 - biweekly and weekly UAs are never appropriate for low-risk clients regardless of subpopulation (except for those with substance use disorder and/or those with two-to-three other criminogenic needs),

- random, biweekly, and weekly UAs are sometimes appropriate for all medium- to high-risk clients regardless of subpopulation (see Introduction for list and description of subpopulations).

Communication That Strengthens the Officer-Client Relationship (Messaging)

- Officers should explain to their clients their intention when performing drug tests.
 - Drug tests should be done to help the client stop using narcotics, not to catch the client breaking the rules and punish them.
- Officers should be aware that many clients may see drug testing as an additional burden and resent it as a result.
 - Drug testing requires the client to come into the probation office. This may require clients to travel long distances (potentially on public transportation) and can interfere with their other responsibilities (personal and professional).
 - Officers should be aware of the impact on the client and try to schedule drug testing at times most convenient for the client.
 - Urinating in front of an officer can be an uncomfortable experience for clients. This should be acknowledged and discussed with the client as a necessary process.
 - If clients are unable to urinate in front of an officer, they should not be immediately sanctioned for this. Instead, officers should discuss with the client how they can be made to feel more comfortable.
- Officers should discuss any test results (positive or negative) from the drug test with the client—negative tests should be acknowledged and affirmed. Positive tests should involve discussions about options to support non-use such as treatment, self-help groups, etc.

Special Considerations When Using Drug Testing With Subpopulations

Gang-Involved	Officers should work with gang-involved clients to determine the extent to which gang-involved peers may contribute to the client’s use of substances in the event of a positive drug test.
General Violence	Certain patterns of drug and alcohol use may amplify aggression and violent behavior.
Intimate Partner Violence	Clients with a history of IPV are more likely to report a history of substance use than clients who commit general violence offenses. Officers should be aware of this and consider whether a positive drug test is evidence of an underlying substance use disorder.

<p>Serious Mental Illness</p>	<p>Many clients with serious mental illness also struggle with substance use disorder, and they may use substances to self-medicate. Officers should consider this when deciding how to respond to positive drug tests, since clients with serious mental illness who test positive may not be willfully rejecting the conditions of probation by using drugs and therefore sanctions may have little impact.</p>
<p>Substance Use Disorder</p>	<p>Most people with SUD relapse multiple times before recovery. Clients with SUD may be on the road to recovery even if they relapse and test positive</p>

Additional Information on Drug Testing

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Electronic Monitoring

- ❖ Electronic Monitoring – The evidence is inconclusive

Summary of the Evidence

- The evidence of the effectiveness of electronic monitoring (EM) to reduce recidivism is inconclusive.
- The empirical evidence is both limited and mixed.
- Evidence shows EM *can be* effective when combined with other programming (e.g., substance use treatment programs).
- The costs of EM can be a burden to the individual.
- Wearing EM technology in public can be stigmatizing to clients.

What Is Electronic Monitoring?

- EM is a generic term for electronic surveillance. It encompasses a variety of strategies such as radio frequency electronic monitoring, GPS (global position satellite) tracking devices, and voice recognition.
- A variety of probation conditions may utilize EM for accountability purposes, including:
 - house arrest (Individuals are restricted to their house)
 - curfews (limits on when a person can be outside of their residence)
 - restraining orders (requirement that a person does not go near a home, facility, or other physical location)

How Is It Used?

- EM is typically used either to replace incarceration as a graduated sanction or to modify a sentence for greater monitoring.
- If an officer thinks a client needs more oversight, the officer should work with the court to authorize the addition of EM.
- Types of electronic monitoring include:
 - home unit – client wears a transmitter (e.g., ankle monitor) that sends an alert if the client leaves a physical location or travels outside the monitor’s range
 - passive GPS tracking – transmits the physical location of an individual; can be available through a smartphone

How Can It Be Used to Monitor Compliance?

- EM can track accountability and compliance.
- EM may be used as a graduated sanction.

- EM is most effective when used alongside evidence-based treatments.

How Can It Be Used as a Supervision Tool?

- EM by itself is *not* a “treatment” that directly targets values, cognitions, or skills.
- EM is a control tool that can increase the level of surveillance and reduce the capacity and opportunity to commit crimes.
- EM is most effective for medium- to high-risk clients when combined with evidence-based programming (e.g., substance use treatment, cognitive behavioral therapy).
- There’s some evidence that EM can be used to offer information to clients in real time related to their whereabouts (e.g., location of nearby substance-use meetings).

What Are the Costs of EM?

- EM can be a cost-effective alternative to incarceration.
- The costs of EM for an officer are mainly in time and effort, ensuring that the client is complying with the conditions of their sanction.
- The costs of EM for the client can be extensive.
 - EM can present a substantial financial burden to a client.
 - Clients’ financial circumstances should be considered when determining if/how much they contribute to the cost of EM.
 - Clients can suffer from negative social stigma from having to wear the electronic monitoring equipment in public.
 - Alternative GPS technology may be less intrusive to a client’s life (see phone-based monitoring statement).

What Do Supervision Staff Think About EM?

- Supervision staff report that EM is
 - never appropriate for low-risk clients and
 - sometimes appropriate for all medium- to high-risk clients.

Compliance Level

- Supervision staff report that physical sanctions like EM are
 - sometimes appropriate for low-risk clients that are in low or moderate compliance with their supervision conditions,
 - never appropriate for low-risk clients that are in high compliance with their supervision conditions,
 - always appropriate for medium- to high-risk clients that are in low compliance with their supervision conditions, and
 - sometimes appropriate for medium- to high-risk clients that are in medium or high compliance with their supervision conditions.

What Should You Expect When Using EM?

- EM is effective when it is being used (typically 3–4 months), but it is unclear whether this leads to a long-term reduction in criminal behavior.
- There is evidence of positive impact on medium- and high-risk individuals when combined with evidence-based treatment.
 - This combination may not be effective for low-risk individuals.
- There is a small amount of evidence of positive effects on individuals who have committed sex offenses.
- Individuals on EM say it increases perceptions of being caught if they break the law and increases the effort required to both offend and avoid detection.

Is EM an Evidence-Based Practice?

- The evidence supporting EM is inconclusive. Evaluations are limited in number and their results are mixed.

What Do People Formerly Involved in the Criminal Legal System Think About EM?

- People with lived experience in the criminal legal system (the “criminal justice” or “legal” system is referred to as the criminal legal system in this document) report that EM is
 - never appropriate for all low-risk clients and
 - sometimes appropriate for all medium- to high-risk clients.

Communication That Reinforces Officers’ Role as Change Agent (Messaging)

- Officer should be aware of the restrictions EM places on clients at home and in the community.
- Officers should be aware of and acknowledge the potentially harmful effects for clients (e.g., shame, embarrassment) of being on EM.
 - Officers should help clients develop strategies to manage these negative emotions.
- Officers should be aware of and acknowledge the potential financial burden placed on clients and their families when considering EM.
- Clients should be reminded of potential positive outcomes of EM (e.g., ability to keep working, not going to jail, remaining with family) when discussing EM.
- Officers should promote EM as an opportunity for the individual to demonstrate they can comply with conditions.
 - Completion of an EM sanction should be presented as a way for a client to regain the trust of their officer.

Implementation Considerations

Enhancers	Pitfalls
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<ul style="list-style-type: none"> • Officers who give EM in lieu of jail time can be seen as lenient. • Officers should allow clients to voice the difficulties they experience with EM. • Officers should present EM as an opportunity for the client to regain the trust of the officer. • After successful completion of EM, a client should be in good standing on supervision. 	<ul style="list-style-type: none"> • Officers who are overly authoritarian when discussing EM or giving the sanction reduce the likelihood clients will comply with the conditions. • If the financial burden of EM is not considered, EM could cause financial burdens that could reduce a client's likelihood of success on supervision.
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Special Considerations When Using Electronic Monitoring with Subpopulations

Gang-Involved	EM can be used to limit a gang-involved client from frequenting areas where they are most likely to spend time with fellow gang members or other delinquent peers.
General Violence	None
Intimate Partner Violence	EM can be used in accompaniment with restraining orders to ensure compliance. EM can also be used to limit a client's movement away from areas where their victim frequents (i.e., home, place of work).
Serious Mental Illness	Individuals who have SMI may have increased difficulty both affording and complying with the conditions of EM.
Substance Use Disorder	None

Additional Information on Electronic Monitoring

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Financial Restrictions (Fines, Fees, and Restitution)

- ❖ Fines – The evidence is inconclusive
- ❖ Fees – The evidence is inconclusive
- ❖ Restitution – The evidence is inconclusive

Summary of the Evidence

- The evidence for effects of fines, fees, and restitution on recidivism is inconclusive.
- There is limited evidence that shows crime-reducing effects, but there is evidence of the *harmful effects* of fines, fees, and restitution.
- Unpaid fines, fees, or restitution can lead to a host of negative consequences for clients, such as revocation, which make reintegration difficult.
- Fines, fees, and restitution are monetary sanctions meant to punish, redeem, and draw revenue from individuals on supervision.

What Are Financial Restrictions (Fines, Fees, and Restitution)?

- Monetary sanctions are the most common form of punishment imposed by the justice system. They fulfill both symbolic and practical functions, including retribution, deterrence, restoration, and revenue generation.
- Fines, fees, and restitution are three different forms of monetary sanctions.
- **Fines** are financial punishments assessed by a judge upon conviction for any level of offense.
- **Fees** can be imposed on clients by courts or service agencies to recoup costs such as drug testing, treatment, probation services, etc.
- **Restitution** is intended to compensate victims for crime-related costs such as damage to property, medical expenses, or others. There are two forms:
 - **Direct Restitution** is paid to the victim for some quantifiable harm.
 - **Indirect Restitution** is paid to the state for disbursement to victims who apply for compensation.
- Although restitution is meant as a symbol of accountability on the part of the client toward the victim, victims often do not receive these funds.
 - Victims often must apply for restitution, which can be an onerous process.
 - Often if the victim has a criminal record, they are not eligible for restitution.

How Are They Used?

- Fines are used as a punishment for criminal behavior.
- Fees are used to generate revenue or cover required services.

- Restitution is designed to be a restorative act that allows the individual to accept accountability for their crime.
- Fines, fees, and restitution are imposed by the court. As such, supervision officers often have no power to control them.
- Supervision departments impose fees on clients for the purposes of revenue generation.
- Often a client's readiness to be discharged from supervision is tied to their payment of supervision fees. A client may have their supervision extended for an inability to pay their fees.

How Can They Be Used to Monitor Compliance?

- Paying court fines, fees, and restitution, as well as supervision fees are typically stipulated in the conditions of supervision.

How Can They Be Used as a Supervision Tool?

- Supervision fees are standard practice for many supervision departments.
- There is no evidence that fines, fees, or restitution contribute to the rehabilitative purposes of supervision.
- Nonmonetary restitution allows the client to volunteer their time to tasks that improve their community. This may be a preferable option for the many clients with limited financial resources.

What Are the Costs of Financial Restrictions?

- There are no costs to the justice system for issuing fines, fees, and restitution.
- The costs of fines, fees, and restitution to the client can include
 - extra financial burden
 - punitive responses to failing to pay
 - increased difficulty of reintegrating into society

What Do Supervision Staff Think?

- Supervision staff report that fines are
 - sometimes appropriate for all low-risk clients and
 - sometimes appropriate for all medium- to high-risk clients.
- Supervision staff report that fees are
 - sometimes appropriate for all low-risk clients and
 - sometimes appropriate for all medium- to high-risk clients.
- Supervision staff report that restitution is
 - always appropriate for all low-risk clients except those with serious mental illness or those in the intimate partner violence special population, for whom it is sometimes appropriate, and
 - always appropriate for all medium- to high-risk clients.

What Should You Expect When Using Financial Restrictions?

- There is limited evidence that fines, fees, or restitution reduce recidivism.
- Fines, fees, and restitution can be a burden for an individual, making it more difficult to reintegrate into the community.

- Unpaid monetary sanctions can lead to the following consequences:
 - driver’s license suspension
 - loss of voting rights
 - wage garnishment
 - supervision violations
 - incarceration
- Difficulty reintegrating into society can lead to nonpayment of fines, fees, and restitution. Nonpayment of these monetary sanctions can lead to consequences that make it even more difficult to reintegrate. In this way, fines, fees, and restitution can create a negative cycle for a client.

Are Financial Restrictions Evidence-Based Practices?

- No.

What Do People Formerly Involved in the Criminal Legal System Think About Financial Restrictions?

- People with lived experience in the criminal legal system (the “criminal justice” or “legal” system is referred to as the criminal legal system in this document) report that fines are
 - never appropriate for all low-risk clients and
 - sometimes appropriate for all medium- to high-risk clients except those in a general violence special population, for whom they are never appropriate.
- People with lived experience in the criminal legal system report that fees are
 - never appropriate for all low-risk clients and
 - sometimes appropriate for all medium- to high-risk clients except those with serious mental illness or in a general violence special population, for whom they are never appropriate.
- People with lived experience in the criminal legal system report that restitution is
 - never appropriate for all low-risk clients except those with serious mental illness or in an intimate partner violence special population, for whom it is sometimes appropriate.
 - sometimes appropriate for all medium- to high-risk clients.

Communication That Strengthens the Officer-Client Relationship (Messaging)

- If your agency has a sliding scale for fees, the officer should discuss it with the client and advocate for reduced fees.
- Officers should express their understanding of the extra burden placed on clients by fines, fees, and restitution.
- Officers should speak to their clients about the purpose of fines, fees, and restitution, explaining the reasoning behind each.
- Officers should distinguish restitution from fines and fees as a means to be accountable for their actions.

Special Considerations When Using Financial Restrictions with Subpopulations

Gang-Involved	None
General Violence	None
Intimate Partner Violence	None
Serious Mental Illness	None
Substance Use Disorder	None

Additional Information on Financial Restrictions

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House Arrest

- ❖ House Arrest – The evidence is promising

Summary of the Evidence

- The evidence on house arrest on recidivism is limited but promising.
- There are few evaluations, but there is evidence that house arrest can be an effective alternative to incarceration.
- House arrest is often combined with electronic monitoring and a curfew (see electronic monitoring statement for guidance).

What Is House Arrest?

- House arrest is a punishment aimed at reducing opportunities for criminal behavior by restricting movement.
- House arrest can be used as a direct punishment or graduated sanction. There are typically two types:
 - *curfew* – the probation agency defines hours when the client can and cannot leave their home
 - *direct home incarceration* – the client can only leave their home for court-approved activities (i.e., employment, religious services, food shopping, etc.)

How Is It Used?

- House arrest is a sanction for clients who have a stable address and whose presence there does not pose a danger to themselves or others.
 - An agency's perspective on violent behavior may determine the use of house arrest.
- House arrest orders can be accompanied by electronic monitoring as the way of verifying the client's location.
- Types of electronic monitoring include:
 - home unit – client wears a transmitter (ankle bracelet) that will alert the probation office if the client leaves home or travels out of range of the home monitor
 - passive GPS tracking – through client's cell phone, monitors client's movement throughout the day and transmits information to the probation office

How Can It Be Used to Monitor Compliance?

- House arrest may be used as an intermediate sanction.

- House arrest can be effective when combined with a curfew.
- House arrest increases surveillance on clients while allowing them to keep their job or stay in school.

How Can It Be Used as a Supervision Tool?

- House arrest is not a therapeutic tool.
- House arrest is a control tool that increases the level of surveillance and reduces the capacity and opportunity to commit crimes.
- As an alternative to incarceration, house arrest can keep clients away from the negative effects of more restrictive sanctions and settings (e.g., work release, jail, prison).
- House arrest should be promoted as an opportunity for the individual to demonstrate they can comply with conditions.
- Completion of a house arrest sanction should be presented as a way for a client to regain the trust of their officer.

What Are the Costs of House Arrest?

- House arrest can be a cost-effective alternative to incarceration from the perspective of the justice system.
- The costs of house arrest for an officer are mainly in time and effort, ensuring that the client complies with the conditions of their sanction.
- The costs of house arrest for the client can be extensive.
 - If accompanied by electronic monitoring, house arrest can present a substantial financial burden on the client and their family.
 - A clients' financial circumstances should be considered when determining how much they are asked to contribute to the cost of electronic monitoring.
 - Clients can suffer from the negative social stigma associated with wearing the electronic monitoring equipment in public.
 - Alternative GPS technology may be less intrusive to a client's life (see phone-based monitoring statement).

What Do Supervision Staff Think About House Arrest?

- Supervision staff report that house arrest is
 - never appropriate for all low-risk clients and
 - sometimes appropriate for all medium- to high-risk clients.

Compliance Level

- Supervision staff report that physical sanctions like house arrest are
 - sometimes appropriate for low-risk clients that are in low and moderate compliance with their supervision conditions,
 - never appropriate for low-risk clients that are in high compliance with their supervision conditions,

- always appropriate for medium- to high-risk clients that are in low compliance with their supervision conditions, and
- sometimes appropriate for medium- to high-risk clients that are in medium or high compliance with their supervision conditions.

What Should You Expect When Using House Arrest?

- Evidence of effectiveness as a short-term intervention.
- There is some evidence that effectiveness can be enhanced when house arrest is coupled with electronic monitoring.
- There is some evidence that as a short-term, intermediate sanction, house arrest does not put the community at risk.
- House arrest and electronic monitoring should not be used as long-term interventions.
- House arrest can increase the likelihood that clients will not comply with their conditions.

Is House Arrest an Evidence-Based Practice?

- The evidence supporting house arrest is limited but promising.
 - There have been a few evaluations that support the effectiveness of house arrest.

What Do People Formerly Involved in the Criminal Legal System Think About House Arrest?

- People with lived experience in the criminal legal system (the “criminal justice” or “legal” system is referred to as the criminal legal system in this document) report that house arrest is
 - never appropriate for all low-risk clients and
 - sometimes appropriate for all medium- to high-risk clients.

Communication That Reinforces Officers’ Role as Change Agent (Messaging)

- Officers should be aware that house arrest and electronic monitoring place restrictions on clients at home and in the community.
- Officers should be aware of and acknowledge the potentially negative effects for clients (e.g., shame, embarrassment) of being on house arrest.
 - Officers should help the client develop strategies to manage these negative emotions.
- Officers should remind clients of positive outcomes of house arrest (ability to keep working, not going to jail, remaining with family).
- Officers should communicate that they understand and acknowledge the financial burden being placed on them and their families when sentenced to house arrest.

Special Considerations When Using House Arrest With Subpopulations

Gang-Involved	Individuals in gangs are less likely to live in healthy and stable housing situations. If a gang-involved client is eligible, house arrest could keep them off the streets and away from delinquent peers. Consequently, officers should be open to house arrest as an alternative sanction only if the client has the proper housing situation.
General Violence	None
Intimate Partner Violence	Officers should do a thorough investigation of the status of the household before placing an individual with a history of IPV on house arrest. House arrest should only be used in situations where the officer feels confident it will not lead to further violence or abuse.
Serious Mental Illness	None
Substance Use Disorder	House arrest can keep clients with a substance use disorder off the streets at night and away from delinquent peers who may influence them to use.

Additional Information on House Arrest

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Phone-Based Monitoring

- ❖ Phone-Based Monitoring – The evidence is promising

Summary of the Evidence

- The evidence on phone-based monitoring on recidivism is promising.
- Phone-based monitoring can include phones, text, emails, videoconference, etc.
- Phone-based monitoring can be used as a replacement for or supplement to face-to-face contacts with an officer.
- Phone-based monitoring can be used to support the positive change of a client and monitor compliance to supervision conditions.

What is Phone-Based Monitoring?

- **Phone-based monitoring** occurs whenever an officer uses cell phone technology to carry out the objectives (rehabilitative or law enforcement) of supervision.
- Phone-based monitoring can take many different forms.
 - Voice recognition telephone monitoring can be a replacement for monthly face-to-face meetings with officers.
 - Various smartphone functions can be (re)purposed for use in supervision, including:
 - text messages
 - GPS technology
 - applications (i.e., apps)

How Is It Used?

- Voice recognition telephone monitoring
 - clients call in once a week (or some frequency) to an automated system
 - clients may complete a series of short interview questions once a month during the randomly selected call
 - typically reserved for low-risk clients
 - allows officer to reallocate their time and energy to higher risk clients per the risk principle
- Smartphone technology
 - text messages
 - can be used for a variety of purposes, including sending reminders for appointments, giving a client access to their officer between visits,

- providing positive reinforcement, providing brief surveys, allowing check-ins between visits, and providing information (i.e., programs, jobs)
- GPS technology
 - smartphone GPS can be used as a replacement for more intrusive and potentially stigmatizing versions of GPS technology (i.e., ankle bracelet)
 - can also be used to offer warnings to clients when they are getting close to areas that are triggers (environmental)
- Applications
 - smartphone applications exist which provide support (i.e., self-help, mental health, substance abuse) for clients

How Can It Be Used to Monitor Compliance?

- Phone calls between office visits can be used to ensure a client is following through with tasks/goals established during visits.
- GPS tracking can monitor the geographic location of a client and alert the officer if the client leaves the prescribed area.
- GPS technology can track a client's everyday activities and alert officers of aberrations (e.g., not going to work, staying at home multiple days in a row).
- Brief surveys embedded in text messages between face-to-face visits can alert the officer to concerning behavior and allow for early intervention.

How Can It Be Used as a Supervision Tool?

- Text messaging can be positive reinforcement for achieving supervision milestones, promoting effective behavior change, and fostering a positive supervision climate.
- Text messaging can remind clients of their appointments and other supervision responsibilities, cutting down on technical violations for nonattendance.
- Information about job openings, programs that offer services, or self-improvement classes can be sent via phone.
- An officer who contacts clients between office visits via phone shows they care about the success of the client.
- Shifting a medium-risk client to low-risk by placing them on voice recognition telephone monitoring can be a reward for success on supervision.

What Are the Costs of Phone-Based Monitoring?

- The main cost of phone-based monitoring for officers is their time and effort.
- The costs of phone-based monitoring for clients is minimal.
 - Financial costs can include the cell phone and the charge for minutes or text messages. Usually, this is borne by the client, which can be a burden.

What Do Supervision Staff Think?

- Supervision staff report that phone-based monitoring is
 - sometimes appropriate for all low-risk clients and
 - sometimes appropriate for all medium- to high-risk clients except for those with substance use disorders, for whom it is always appropriate.

What Should You Expect When Using Phone-Based Monitoring?

- Phone-based monitoring strategies can be used to promote rehabilitation of the client and monitor their compliance with supervision conditions.
- Phone-based monitoring can be used to build rapport between office visits by providing clients with positive reinforcement and resources that assist their success on supervision.
- Some evidence exists that using phone-based monitoring as a replacement for a face-to-face meeting with low-risk clients can reduce recidivism.
- Some limitations of using phone-based monitoring to replace regular office visits include
 - less opportunity to build rapport, address client needs, or become familiar with the client and
 - more challenge in tracking down noncompliant clients with whom the officer has less familiarity or depth of relationship.

Is Phone-Based Monitoring an Evidence-Based Practice?

- The evidence supporting phone-based monitoring is limited but promising.

What Do People Formerly Involved in the Criminal Legal System Think About Phone Monitoring?

- People with lived experience in the criminal legal system (the “criminal justice” or “legal” system is referred to as the criminal legal system in this document) report that phone-based monitoring is
 - never appropriate for all low-risk clients except those who are gang-involved or in the intimate partner violence special population, for whom it is sometimes appropriate, and
 - sometimes appropriate for all medium- to high-risk clients except those in the general violence special population, for whom it is never appropriate.

Communication That Strengthens the Officer-Client Relationship (Messaging)

- Officers should use rapport-building techniques when communicating by text message with their client.
- Officers should be aware of essential milestones in their client’s life (i.e., sobriety date, graduation) and recognize those accomplishments when they come.
- When using a cell phone as a GPS monitoring tool, officers should discuss with the client the extent to which they will be monitored and remind them how this contributes to their long-term success.

- Officers should communicate clearly when texting so that nothing gets lost in translation.

Special Considerations When Using Phone Monitoring with Subpopulations

Gang-Involved	Some departments automatically place gang-involved clients on at least medium-risk to increase supervision. These departments resist replacing face-to-face contacts with phone-based monitoring. There is no evidence supporting this practice.
General Violence	Some departments automatically place violent clients on at least medium-risk to increase supervision. These departments will resist replacing face-to-face contacts with phone-based monitoring. There is no evidence supporting this practice.
Intimate Partner Violence	Some departments automatically place IPV clients on at least medium-risk to increase supervision. These departments will resist replacing face-to-face contacts with phone-based monitoring. There is no evidence supporting this practice.
Serious Mental Illness	Some departments automatically place SMI clients on at least medium-risk in order to increase supervision. These departments will resist replacing face-to-face contacts with phone-based monitoring. There is no evidence supporting this practice.
Substance Use Disorder	None

Additional Information on Phone-Based Monitoring

McGreevy, G. (2017). Changing lives: Using technology to promote desistance. *Probation Journal*, 1–6

Pattavina, A., & Corbett, R. P. (2019). How smartphone technology can link the theoretical, policy, and practical contexts of community supervision reform: Voices from the field. *Victims & Offenders*, 14(7), 777-792.

Russo, J., & Drake, G. (2018). Monitoring with smartphones: A survey of applications. *The Journal of Offender Monitoring*, 5–36.

Viglione, J., & Taxman, F. S. (2018). Low risk offenders under probation supervision: Risk management and the risk-needs-responsivity framework. *Criminal Justice and Behavior*, 45(12), 1809-1831.

Restraining Orders

- ❖ Restraining Orders – The evidence is inconclusive

Summary of the Evidence

- The evidence on restraining orders on recidivism is inconclusive.
- Often restraining orders are issued in response to an abusive intimate relationship but can be issued for other domestic relationships as well (e.g., family members).
- The empirical evidence refers to the use of restraining orders used in domestic abuse circumstances. Less is known about no-contact orders used in supervision.

What Are Restraining Orders?

- **Restraining orders** are a form of legal protection that prohibits abusers from having contact (physical or communication) with victims. They can come in the form of temporary restraining orders (TROs) or permanent restraining orders (PROs).
 - TROs are protective orders that last for short periods (weeks/months).
 - PROs are protective orders that last for more extended periods (years).
- The total length of time a restraining order can last depends on local and state laws.
- Victims of domestic abuse can file for restraining orders against their abusers without having to wait for the traditional criminal justice processes to occur.
- **No-contact orders** have the same effect as a restraining order, but they are issued by the courts or by supervision departments rather than being requested by victims.

How Are They Used?

- A no-contact order with victims is often issued as a standard supervision condition.
 - Officers often have no say in this process.
- Restraining orders, which are processed more quickly and with lower standards of proof than criminal prosecutions, are cost-effective legal actions available to victims.
- The purpose of restraining orders is to provide immediate relief and protection for abuse victims.
- Restraining orders may include the following restrictions:
 - physical contact
 - telephone contact
 - distance maintained from victim's residence or place of employment
 - the type, frequency, and duration of any contact that is allowed
- Restraining orders may also include conditions of mental health counseling or substance abuse assessment/treatment.

How Can They Be Used to Monitor Compliance?

- Restraining orders are surveillance tools by nature.
- Officers can use GPS technology (See electronic monitoring and phone-based monitoring statements) to ensure compliance with the conditions of the restraining order.
- If GPS technology is not used, the officer can use collateral contacts and relationships with the client to ensure compliance with the restraining order.

How Can They Be Used as a Supervision Tool?

- Restraining orders are not treatment tools.
- The use of restraining orders does little to enhance the treatment goals of supervision.
- Restraining orders can limit contact with an unhealthy relationship, helping create an environment conducive to success.

What Are the Costs of Restraining Orders?

- There are no costs associated with restraining orders.

What Do Supervision Staff Think?

- Supervision staff report that restraining orders are
 - sometimes appropriate for all low-risk clients and
 - sometimes appropriate for all medium- to high-risk clients except for those in an intimate partner violence special population, for whom it is always appropriate.

Compliance Level

- Supervision staff report that physical sanctions like restraining orders are
 - sometimes appropriate for low-risk clients that are in low or moderate compliance with their supervision conditions,
 - never appropriate for low-risk clients that are in high compliance with their supervision conditions,
 - always appropriate for medium- to high-risk clients that are in low compliance with their supervision conditions, and
 - sometimes appropriate for medium- to high-risk clients that are in medium or high compliance with their supervision conditions.

What Should You Expect When Using Restraining Orders?

Client Outcomes

- There is mixed support for the effect of restraining orders on recidivism.
- Most of the evaluations of restraining orders focus on women who obtain orders against abusive domestic partners.
- Assessment of the effectiveness of restraining orders depends on the follow-up period used in evaluation.
 - Studies with shorter follow-up periods (under six months) report stronger effects.

- There is some evidence that PROs are more effective than TROs in reducing abuse.
- Other evidence shows differing results for TROs and PROs.
 - TROs are more effective at preventing psychological abuse.
 - PROs are more effective at preventing physical abuse.

Are Restraining Orders Evidence-Based Practices?

- No, restraining orders are not evidence-based practices.

What Do People Formerly Involved in the Criminal Legal System Think About Restraining Orders?

- People with lived experience in the criminal legal system (the “criminal justice” or “legal” system is referred to as the criminal legal system in this document) report that restraining orders are
 - never appropriate for all low-risk clients and
 - sometimes appropriate for all medium- to high-risk clients.

Communication That Strengthens the Officer-Client Relationship (Messaging)

- Officers should make sure that clients fully understand the conditions of any restraining or no-contact orders.
- Officers should walk through troublesome scenarios (e.g., victim contacting client) and options for handling the situation.
- Officers should communicate the consequences of breaking a restraining order.
- Officers should communicate their obligation to protect victims so that they do not jeopardize their position as a change agent for the client.
 - This can be done by avoiding overly authoritarian communication and reassuring client that the officer is working to help them.

Special Considerations When Using Restraining Orders With Subpopulations

Gang-Involved	None
General Violence	None
Intimate Partner Violence	Restraining orders can potentially illicit negative responses from clients. Clients may be angered by the order and seek revenge or break the order in an attempt to reconcile with the victim. Victims can also seek contact with the client despite the order being in place.
Serious Mental Illness	None
Substance Use Disorder	None

Additional Information on Restraining Orders

Klein, A. R., & Crowe, A. (2008). Findings from an outcome examination of Rhode Island's specialized domestic violence probation supervision program: Do specialized supervision programs of batterers reduce reabuse? *Violence Against Women, 14*(2), 226-246.

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Kanuha, V. K., & Ross, M. L. (2004). The use of temporary restraining orders (TROs) as a strategy to address intimate partner violence. *Violence and Victims, 19*(3), 343-356.

Carlson, M., Harris, S., & Holden, G. (1999). Protective orders and domestic violence: Risk factors for re-abuse. *Journal of Family Violence, 14*, 205-226.

Treatments

The following section covers a number of commonly used treatment and therapeutic practices. These include substance use screening and evaluation, mental health screening and evaluation, cognitive-behavioral therapy, alcohol and drug education, and drug treatment (in-patient, out-patient). Also provided are implementation recommendations on how organizations can prepare themselves to make changes to their policies on treatment practices. Additionally, this section contains practice guidelines which include the results of the empirical evidence analysis.

The following table shows a summary of the results from the evidence analysis. The practices is categorized according to four levels: appropriate, promising, inconclusive, and not evidence-based depending on the amount and type of research available (see Introduction Table 2 for definitions). Also included are the perceptions of individuals working in supervision agencies and individuals that have experience with the justice system to illustrate different views about the contacts. The following table summarizes the evidence level, the probation staff perceptions, and JSI perceptions of the practices in this section.

Table 5

Levels of Support for Treatment Practices

Practice	Research Support	Field Support: Low Risk		Field Support: Med/High Risk	
		Probation	JSI	Probation	JSI
Substance Use Evaluation	Evidence-Based*	Moderate	Moderate	Wide	Moderate
Mental Health Evaluation	Evidence-Based*	Moderate	Moderate	Wide	Moderate
Cognitive-Behavioral Therapy	Evidence-Based	Moderate	Moderate	Wide	Moderate
Alcohol & Drug Use Education	Not Evidence-Based	Moderate	Moderate	Moderate	Moderate
In- or Out-Patient Treatment	Evidence-Based	Moderate	Moderate	Wide	Moderate

* = Evidence-based with qualifications

Treatment Implementation Considerations

<p>Strategy 5: Build resiliency through improvements in work processes</p>	<ul style="list-style-type: none"> • Supervision managers equipped with the necessary skills needed to support the officers they supervise increase the effectiveness of treatment efforts <ul style="list-style-type: none"> ○ Managers support includes motivating as well as being a resource for officers who have questions about how supervision practices can support treatment efforts. • We recommend departments emphasize providing officers with the resources that enable them to implement changes within the specific context of their caseload and their department. <ul style="list-style-type: none"> ○ This includes receiving proper training on the unique needs of their caseload if supervising a special population • Departments should consider implementing processes where officers can support each other through regular communication and sharing experiences. This can allow officers to learn from each other building connectivity and camaraderie.
<p>Strategy 6: Collaborate with agencies toward a common goal of improving client outcomes and promoting public safety</p>	<ul style="list-style-type: none"> • The most effective forms of assessment and treatment are provided by expert clinicians in the community. As such, one of the most important tasks for departments is developing a robust network of community resources to supply the treatment needed by their clients. • Departments should encourage frequent communication and collaboration between officers and community resources. This allows officers to be aware of client progress and to structure supervision efforts to supplement treatment efforts.

<p>Strategy 7: Build resiliency by altering client involvement in key decisions</p>	<ul style="list-style-type: none">• All assessment results should be discussed with clients.<ul style="list-style-type: none">○ We recommend this discussion include<ul style="list-style-type: none">▪ taking the time to fully explain the results▪ making room for clients to ask clarifying questions▪ allowing clients to express any disagreement.• Officers should discuss the treatment interventions that the department suggests as a result of the assessments.<p>When doing so, the client and officer should collaborate to decide what treatment intervention is the best for the client.</p>
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Anger Management

- ❖ Anger Management – Evidence-based practice when based on cognitive-behavioral therapy (CBT)

Summary of the Evidence

- CBT-based anger management is an evidence-based practice.
- Anger management programs that are educational or awareness building are not effective.
- Evidence indicates that CBT-based anger management programs reduce general and violent recidivism.
- Skills taught in anger management programs help clients build strong interpersonal relationships and comply with the conditions of supervision.

What Is Anger Management?

- Anger management is a therapeutic treatment program that aims to help clients manage anger and change hostile attitudes without engaging in violent behavior.
- Anger, aggression, and hostility are different:¹
 - Aggression is *behavior* that is intended to cause harm to another person or damage property (can include verbal abuse, threats, or violent acts).
 - Anger is an *emotion* which does not necessarily lead to aggression.
 - Hostility is an *attitude* that involves disliking others and evaluating them negatively; it can lead to aggressive behaviors.
- Clients (like everyone) may experience anger. Effective anger management programming is about managing angry feelings without engaging in aggression.
- Effective anger management is grounded in the principles of cognitive behavioral therapy (see CBT Appropriateness Statement).

How Is It Used?

- Anger management uses cognitive restructuring (changing thought patterns) to help clients recognize emotions, angry thought patterns and their triggers, identify the potential consequences of an angry or violent reaction, use cognitive skills to redirect or stop escalation of negative thoughts leading to violence, and cope with anger without resorting to violence.
- Anger management also teaches clients to create plans for how they will respond to potential triggers of anger in a nonviolent way.
- Clients who have engaged in violent crimes or whose crimes are motivated by uncontrolled anger (for example, some forms of property destruction) may be ordered to complete an anger management program.

How Can It Be Used to Monitor Compliance?

- Anger management is designed to help clients manage their emotions and respond to difficult situations in positive, nonviolent ways. It is not intended to monitor compliance with supervision conditions.

How Can It Be Used as a Supervision Tool?

- Anger management can help clients address problems in nonviolent ways.
 - This can help clients comply with supervision conditions without becoming frustrated and acting out in violent ways.

What Are the Costs of Anger Management?

- Clients typically pay for anger management programs if there is a fee involved.
 - This can be problematic if the client is unable to afford the program.

What Do Supervision Staff Think About Anger Management?

- Supervision staff report that anger management is
 - sometimes appropriate for low-risk clients, except those who are gang-involved, for whom it is never appropriate, and
 - always appropriate for medium- and high-risk clients, except those who are gang-involved or who have substance use disorder, for whom it is sometimes appropriate.

Compliance Level

- Supervision staff report that psychological interventions like anger management are
 - sometimes appropriate for all low-risk clients, regardless of whether they are in compliance with the conditions of supervision,
 - sometimes appropriate for medium- and high-risk clients who are in moderate or high compliance with the conditions of supervision, and
 - always appropriate for those who are in low compliance with supervision conditions.

What Should You Expect When Using Anger Management?

Client Outcomes

- Anger management can teach clients skills like identifying angry/negative emotions, addressing interpersonal conflict, and finding positive outlets to handle anger.
- Anger management skills can help clients build and maintain positive relationships, which can facilitate participation in school, work, and other activities.

Is It an Evidence-Based Practice?

- Yes, anger management is an evidence-based practice that is shown to reduce general and, especially, violent recidivism.
 - There is evidence that anger management programs that are shorter (~50 hours) are more effective than programs that are longer (over 144 hours).

What Do People Formerly Involved in the Criminal Legal System Think About Anger Management?

- People who have been involved in the criminal legal system (the “criminal justice” or “legal” system is referred to as the criminal legal system in this document) report that anger management is
 - sometimes appropriate for all low-risk clients,
 - sometimes appropriate for all medium- and high-risk clients, and
 - always appropriate for those who have committed intimate partner violence.
 - NOTE: Evidence suggests that anger management programs are less effective with individuals who have committed intimate partner violence (see “Special Considerations When Using Anger Management with Subpopulations” section below).

Communication That Strengthens the Officer-Client Relationship (Messaging)

- Officers should be aware that clients may have participated in anger management before (including in jail/prison).
 - Clients may perceive anger management programs to be ineffective if they have been mandated to participate in them repeatedly and have not benefitted or learned effective anger management skills.
 - Not all anger management programs are effective or based on evidence-based principles.
 - Anger management programs that are educational or awareness building are not effective.
 - Evidence indicates that CBT-based anger management programs are effective in reducing general and violent recidivism.
 - It is important to discuss past anger management programs the client may have participated in, since a negative experience may be due to an ineffective program.
- Officers should communicate that anger management is not just another “hoop to jump through,” but a way to learn effective emotional regulation skills.
- Officers should discuss anger management programs in a nonjudgmental way with the client.
 - Having difficulty controlling emotions does not mean that the client is “sick.”
 - Emotional regulation skills are important for people regardless of whether they have difficulty managing anger without resorting to violence. This should be communicated to the client.

Special Considerations When Using Anger Management With Subpopulations

Gang-Involved	Anger management may be less effective at preventing gang-related violence, since this form of violence is often motivated by survival needs and aggression instead of emotional responses.
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General Violence	Because it develops communication skills, anger management can be particularly effective with individuals who have committed violent crimes resulting from difficult situations.
Intimate Partner Violence	Anger management may not be effective at preventing intimate partner violence, possibly because this form of behavior relates more to domination and control than to managing emotions.
Serious Mental Illness	People with mental illness may have higher levels of impulsivity and low self-control, which can be addressed using the skills taught in anger management programs.
Substance Use Disorder	It is important to determine whether violent behavior is due to difficulty regulating emotions, the influence of substances, or both, because anger-management programs may be less effective with individuals who abuse substances like alcohol.

Additional Information on Anger Management

Faupel, A., Herrick, E., & Sharp, P. M. (2017). *Anger management: A practical guide for teachers* (3rd ed.). Routledge. <https://doi.org/10.4324/9781315110639>

Gilchrist, G., Munoz, J. T., & Easton, C. J. (2015). Should we reconsider anger management when addressing physical intimate partner violence perpetration by alcohol abusing males? A systematic review. *Aggression and Violent Behavior, 25*, 124-132. <https://doi.org/10.1016/j.avb.2015.07.008>

Henwood, K. S., Chou, S., & Browne, K. D. (2015). A systematic review and meta-analysis on the effectiveness of CBT informed anger management. *Aggression and Violent Behavior, 25*, 280-292. <https://doi.org/10.1016/j.avb.2015.09.011>

Reilly, P. M., & Shopshire, M. S. (2019). *Anger management for substance use disorder and mental health clients: A cognitive-behavioral therapy manual*. Substance Abuse and Mental Health Services Administration. <https://permanent.fdlp.gov/gpo129407/pep19-02-01-001.pdf>

¹ Page 17 – Reilly, P. M., & Shopshire, M. S. (2019). *Anger management for substance use disorder and mental health clients: A cognitive-behavioral therapy manual*. Substance Abuse and Mental Health Services Administration. <https://permanent.fdlp.gov/gpo129407/pep19-02-01-001.pdf>

In-Patient & Out-Patient Treatment

- ❖ In-Patient Treatment – Evidence-based practice
- ❖ Out-Patient Treatment – Evidence-based practice

Summary of the Evidence

- Both in-patient (residential) and out-patient (community-based) treatment for alcohol and drug use are evidence-based practices shown to reduce both drug use and recidivism.
- Treatment that follows the RNR principles is more effective than treatment that does not.
- In-patient and out-patient care can include many of the same services (i.e., individual therapy, group therapy, etc.) but they differ in the amount they control the client's environment while receiving services.

What Are In-Patient and Out-Patient Treatment?

Most individuals who enter the criminal legal system (the “criminal justice” or “legal” system is referred to as the criminal legal system in this document) either have substance use difficulty or were using alcohol or illegal drugs during the time of their crime.

- Alcohol and drug treatment offered to those on supervision can reduce substance use and subsequently reduce recidivism.
- The treatment offered by supervision comes in many types, including alcohol and drug education (see psychosocial education for drug use statement for more), intensive out-patient, out-patient treatment, in-patient treatment, and medication-assisted treatment.
- ***In-patient/residential treatment*** broadly refers to therapeutic interventions provided in varied residential settings where patients live during some periods of treatment.
- ***Out-patient treatment*** broadly refers to interventions provided in settings where recipients live in the community at their usual place of residence.

How Are They Used?

- Treatment programs that follow the risk-need-responsivity (RNR) principles are more effective than those that do not.
- The RNR principles for effective treatment include the following:
 - conducting comprehensive actuarial assessment of static (unchanging) and dynamic (changeable) risk factors with periodic reassessment
 - prioritizing treatment resources for higher-risk clients or clients with higher needs in a particular area
 - targeting specific criminogenic needs
 - providing treatment that is responsive to an individual's temperament, learning style, motivation, culture, and gender

- In-patient treatment is effective for the following reasons:
 - it removes individuals from environments that promote alcohol and drug use
 - it provides an environment where treatment efforts can be concentrated
 - it offers medical/psychiatric care and emotional support to patients
- Out-patient treatment is effective for the following reasons:
 - it keeps individuals in their environment
 - it allows the individual to apply their skills in managing themselves and the environment
 - it provides opportunities for the client to address difficulties “real-time” and coping strategies to be created and tested while having the support provided by the treatment
 - it can teach clients to mobilize support within their environment to manage relapse
- Both in-patient and out-patient treatment can include some combination of the following:
 - individual therapy sessions
 - group therapy sessions
 - medication services
 - CBT interventions
 - alcohol and drug use education
 - life skills
 - mental health services
 - compulsory self-help meetings (i.e., 12-step recovery)
 - support services

How Can They Be Used to Monitor Compliance?

- Clients are often mandated to treatment as a part of their conditions of supervision. If this is the case, their participation and progress in treatment can be monitored.
- Treatment providers and officers should be familiar with each other to offer the client the best possible support for participation and progress in treatment.
- Quality working relationships with the client increase the possibility that clients will discuss difficulties they are having with treatment. This can prevent clients from abstaining from treatment and thus violating their supervision.

How Can They Be Used as a Supervision Tool?

- Both in-patient and out-patient treatment are rehabilitative tools designed to help clients reduce their use and improve their lives.
- An officer can reinforce their position as a change agent by offering treatment services in response to their client’s difficulty with substance use.
- If a client relapses, an officer can reinforce their position as a change agent by understanding and encouraging while working with their client to determine what adjustments would improve chances of long-term abstinence.
 - Often clients need multiple attempts at treatment programming before they remain abstinent long-term. Because of this, officers should not view treatment failure as proof that their client is not capable of change.

- Substance use is a relapsing disorder that requires various strategies to obtain long-term success.

What Are the Costs of In-Patient and Out-Patient Treatment?

- Due to the considerable costs of treatment, referrals to both in-patient and out-patient treatment are limited
- Treatment services should only be offered to someone who has gone through a validated substance use evaluation and diagnosed with a substance use disorder

What Do Supervision Staff Think?

- Supervision staff report that in-patient and out-patient treatment are
 - sometimes appropriate for all low-risk clients and
 - always appropriate for all medium- to high-risk clients.

Compliance Level

- Supervision staff report that psychological sanctions like in-patient and out-patient treatment are
 - sometimes appropriate for low-risk clients who are in low, medium, and high compliance with their supervision conditions,
 - always appropriate for medium- to high-risk clients in low compliance with their supervision conditions, and
 - sometimes appropriate for medium- to high-risk clients in medium and high compliance with their supervision conditions.

What Should You Expect When Using In-Patient and Out-Patient Treatment?

- There is substantial evidence that both in-patient and out-patient treatment can reduce alcohol and drug use as well as reduce recidivism.
- Treatment that is structured to follow the RNR principles is more effective than treatment that does not.
- High-quality substance use treatment programming often is multimodal, offering an array of services that both educate clients about substance use and teach the skills needed to successfully abstain from using.

Are In-Patient and Out-Patient Treatment Evidence-Based Practices?

- Yes, a substantial body of empirical evidence exists to support both in-patient and out-patient treatment.

What Do People Formerly Involved in the Criminal Legal System Think About In-Patient and Out-Patient Treatment?

- People with lived experience in the criminal legal system report that in-patient and out-patient treatment are
 - sometimes appropriate for all low-risk clients and

- sometimes appropriate for all medium- to high-risk clients.

Communication That Strengthens the Officer-Client Relationship (Messaging)

- Officers should openly discuss the results of substance use evaluations with their clients.
- Officers should openly discuss the potential treatment options available to the client.
- Officers should make room for the client to express their feelings, both positive and negative, about the different treatment options and their prior experience in treatment.
- Officers should be open to modifying treatment plans based on the client’s changing needs.
- Officers should reach a mutual agreement with the client regarding their chosen treatment option.
- If treatment is mandated by the court or as a condition of supervision, officers should be transparent about the potential consequences if the client does not complete or relapses during treatment.

Special Considerations When Using In-Patient and Out-Patient Treatment with Subpopulations

Gang-Involved	None
General Violence	None
Intimate Partner Violence	IPV clients have a high likelihood of having a history of substance abuse. Additionally, research suggests that addressing any substance use disorders should be a part of an intervention plan for IPV clients. As such, both in-patient and out-patient treatment may be important for both client success on supervision and the safety of victims.
Serious Mental Illness	Substance use is the norm rather than the exception for this group with rates as high as 85% for justice-involved individuals with mental illnesses. Aside from the typical reasons that individuals use substances, individuals with mental illnesses often use substances to deal with their mental health symptoms—anxiety, paranoia, auditory and visual hallucinations, etc. Because of this, both in-patient and out-patient treatment services may be especially helpful for SMI clients.
Substance Use Disorder	Individuals with a diagnosed substance use disorder (via substance use disorder evaluation) who are willing to seek treatment should be given the information and resources that make this possible.

Additional Information on In-Patient & Out-Patient Treatment

Belenko, S., Hiller, M., & Hamilton, L. (2013). Treating substance use disorders in the criminal justice system. *Current Psychiatry Reports*, *15*(11), 1-11.

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Tiet, Q. Q., Ilgen, M. A., Byrnes, H. F., Harris, A. H., & Finney, J. W. (2007). Treatment setting and baseline substance use severity interact to predict patients' outcomes. *Addiction*, *102*(3), 432-440.

Mental Health Screening and Evaluation

- ❖ Mental Health Screening and Evaluation – Evidence-based practice

Summary of the Evidence

- Mental health screening and evaluation is a process to (1) determine if a client experiences mental illness (screening) and (2) identify the mental illness and determine how it may be affecting the client (evaluation).
- Mental health screening and evaluation is an evidence-based practice that can help officers select the best strategies to work with clients who experience mental illness.
- Supervision staff and people involved in the criminal justice system are generally favorable toward mental health screening and evaluation.

What Is Mental Health Screening and Evaluation

- Because mental illness can affect a client's quality of life and may serve as a barrier to their achieving certain prosocial goals (e.g., employment), it is important to conduct mental health screenings and evaluations with clients who need them.
 - **Screening** is the process for determining if a client has symptoms associated with mental illness. The outcome is typically yes or no.
 - Screening is often done with a short form that an officer completes with a client.
 - Screening should be completed with all clients at intake, or if they start to show signs of mental illness or high stress.
 - **Evaluation** is the process of defining the nature of the problem, determining the diagnosis, and developing specific treatment recommendations for addressing the problem or diagnosis (SAMHSA, 2019).
 - Evaluation should be completed if a mental health screener indicates the presence of a mental illness.
- There are many cases where clients who screen positive for mental illness may not need/want intervention to address that illness. Officers should always be ready to provide resources/referrals to assist clients with mental illness, but mandatory treatment is often unnecessary.

How Is Mental Health Screening and Evaluation Used?

- It is recommended that an evidence-based screener be used (see Appendix A1 for a list of free, online tools).
- An evidence-based screener should include the following elements:
 - type of mental health symptoms the client is experiencing (e.g., anxiety, depression, hallucinations [auditory or visual], mood swings)
 - frequency with which the client experiences these symptoms

- last time the client experienced these symptoms
- negative impact (social, legal, employment, family) these symptoms may have had on the client's life
- Risk-need assessment tools are not substitutes for a dedicated mental health screening tool.

How Can It Be Used to Monitor Compliance?

- Screening and evaluation should never be done with the purposes of monitoring the client.

How Can It Be Used as a Supervision Tool?

- If a client begins to have a small-to-moderate amount of compliance issues, screening and evaluation can be an appropriate response to noncompliance to determine the role mental illness is playing.
- When the screener/evaluation has identified a mental illness and when client behavior is connected to the mental illness, psychological interventions (e.g., CBT, DBT, individual or group therapy) are an appropriate response for medium- and high-risk clients with a lot of compliance problems. Such interventions should only be used as a last resort and in cases where the client's noncompliance is clearly and directly connected to mental illness (e.g., an individual with schizophrenia who is unwilling to apply for a job due to paranoid thought patterns).
 - In all cases, the officer should encourage the client to seek treatment voluntarily first.

What Are the Costs of Mental Health Screening and Evaluation?

- There are many validated mental health screening and evaluation tools available free online (see Appendix A1). In most cases, the cost is equal to the officer's time taken to administer the tool.

What Do Supervision Staff Think About Mental Health Screening and Evaluation?

- Supervision staff report that mental health screening and evaluation are
 - sometimes appropriate for all low-risk clients and
 - always appropriate for all medium- and high-risk clients.

What Should You Expect When Using Mental Health Screening and Evaluation?

Client Outcomes

- Mental illness can manifest as one of several conditions which may affect a client's quality of life. Such conditions include anxiety, depression, bipolar disorder, and schizophrenia.
- While mental illness can affect a client's quality of life, evidence indicates that it is not directly linked to criminal behavior.
 - In some cases, in the presence of certain social conditions, mental illness can contribute to criminal behavior.

- This can occur when people with mental illness are denied access to employment, housing, transportation, etc. In some cases, this may occur due to discrimination.
 - Co-occurring issues like substance use disorder can also make it more likely that a person with mental illness will commit a crime.
- Mental illness can also severely impact a client’s quality of life, contributing to both personal and professional problems.
 - In some cases, these problems can result from the mental illness directly. In other cases, they can result from society’s response to people with mental illness.
- If mental illness is not found to be contributing to dangerous behavior, officers should go no further than to provide resources (and, if requested, assistance) for the client to seek treatment.
 - It is important to remember that not everyone with mental illness wishes to be “cured.”
 - In some cases, the medications used to suppress the symptoms of mental illness are accompanied by unpleasant side effects. For some people experiencing mental illness, these side effects may be more unpleasant and undesirable than the symptoms of the mental illness itself.
- In cases where mental illness severely impacts a client’s quality of life, screening and evaluation can benefit the client by identifying the potential presence of mental illness and revealing how it might be connected to negative life outcomes in ways previously unknown by both officer and client.

Is Mental Health Screening and Evaluation an Evidence-Based Practice?

- Yes, there is a large body of research supporting the effective use of mental health screening and evaluation with clients inside and outside of the criminal legal system (the “criminal justice” or “legal” system is referred to as the criminal legal system in this document).

What Do People Formerly Involved in the Criminal Legal System Think About Mental Health Screening and Evaluation?

- People who have been involved in the criminal legal system report that mental health screening and evaluation is
 - sometimes appropriate for all low-risk clients and
 - sometimes appropriate for all medium- and high-risk clients, except for those who have committed intimate partner violence, for whom it is always appropriate.

Communication That Strengthens the Officer-Client Relationship (Messaging)

- Discuss with the client why the screening and evaluation is occurring and ensure they understand how the information can be used to benefit them.
- Inform the client that the screening is a standard procedure done with all clients on supervision.

- Clients may disagree with the results of the screening/evaluation. When this occurs, clients are more open to officers who present themselves as helpers and who use their experience on the job to push back on clients' ideas.
- Tell clients how noncompliance with treatment will be treated.
- Client and officer should agree on what the client should do in the case they feel treatment is not working for them.
- Discuss with the client any concerns they might have surrounding mental illness. Potential topics can include stigma, side effects of medication, and time/resources necessary to seek treatment.

Special Considerations When Using Mental Health Screening and Evaluation with Subpopulations

Gang-Involved	Same as the general population
General Violence	Screening and evaluation are important to determine if violent behavior is affected by mental illness.
Intimate Partner Violence	People who have committed intimate partner violence are at higher risk for experiencing personality disorders (Holtzworth-Munroe et al., 2000), a history of trauma (Rhodes et al., 2009), and/or conduct disorder (Ehrensaft et al., 2004). These are or can be associated with mental illnesses.
Serious Mental Illness	Mental health screening and evaluation are essential to determine if a client experiences serious mental illness(es). Many people on supervision with mental illness have had poor experiences with treatment providers in the past, and they may be mistrustful of them and hesitant to engage in treatment.
Substance Use Disorder	People with substance use disorder often experience mental illness, making mental health screening and evaluation especially important for this population.

Additional Information on Mental Health Screening and Evaluation

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Appendix A1: Screening and Assessment Tools

The following is a list of evidence-based screening tools. All tools are free, accessible online or by emailing the creator, and contain less than 50 items.

Name	Where to Obtain	Number of Items	Sensitive to Change	Screening	Diagnosis	Tx Monitoring & Evaluation
Anxiety						
The Clinically Useful Anxiety Outcome Scale (CUXOS)	http://www.outcometracker.org	2Q	X	X		X
Generalized Anxiety Disorder Screener (GAD-7)	http://www.phqscreeners.com	7	X	X	X	X
Hamilton Rating Scale for Anxiety (HAM-A)	http://www.outcometracker.org	15	X	X		X
Liebowitz Social Anxiety Scale Clinician-Report (LSAS-CR)	http://healthnet.umassmed.edu/mhealth/LiebowitzSocialAnxietyScale.pdf	24	X	X		X
Liebowitz Social Anxiety Scale Self-Report (LSAS-SR)	http://asp.cumc.columbia.edu/SAD/					
Panic Disorder Severity Scale (PDSS)	http://www.outcometracker.org	7	X	X	X	X
Fear Questionnaire (FQ)	http://www.outcometracker.org	24	X			X

Name	Where to Obtain	Number of Items	Sensitive to Change	Screening	Diagnosis	Tx Monitoring & Evaluation
Anxiety (continued)						
Penn State Worry Questionnaire (PSWQ)	http://www.outcometracker.org	16	X	X		X
Social Phobia Inventory (SPIN)	http://www.psychtoolkit.com	17	X	X		X
Worry and Anxiety Questionnaire (WAQ)	http://www.psychology.concordia.ca/fac/dugas/downloads/en/WAQ.pdf	11	X	X	X	X
Depression						
The Clinically Useful Depression Outcome Scale (CUDOS)	http://www.outcometracker.org	18	X	X	X	X
Hamilton Rating Scale for Depression (HAM-D)	http://www.outcometracker.org	17		X		
The Inventory of Depressive Symptoms and the Quick Inventory of Depressive Symptoms (IDS and QIDS)	http://www.ids-qids.org	30 16	X	X	X	X
Patient Health Questionnaire-9 (PHQ-9)	http://www.phqscreeners.com/	9	X	X	X	X

Name	Where to Obtain	Number of Items	Sensitive to Change	Screening	Diagnosis	Tx Monitoring & Evaluation
Eating Disorders						
Eating Disorder Diagnostic Scale (EDDS)	http://homepage.psy.utexas.edu/homepage/group/sticelab/scales/#edds	22	X	X	X	X
Sick, Control, One, Fat, Food Screening Tool (SCOFF)	http://www.marquette.edu/counseling/documents/AQuickAssessmentforEatingConcerns.pdf	5		X		
Mania						
Altman Self-Rating Mania Scale (ASRM)	http://www.cqaimh.org/pdf/tool_asrm.pdf	5	X	X		X
Bech-Rafaelsen Mania Scale (MAS)	http://opapc.com/images/pdfs/MRS.pdf	11	X	X		X
Young Mania Rating Scale (YMRS)	http://dcf.psychiatry.ufl.edu/files/2011/05/Young-Mania-Rating-Scale-Measure-with-background.pdf	11	X	X		X
Overall Mental Health						
National Institutes of Health Patient Reported Outcomes Measurement Information System (PROMIS)	https://www.assessmentcenter.net/promisforms.aspx	4-30		X		
Patient Health Questionnaires (PHQ)	http://www.phqscreeners.com/	11	X	X	X	X
Recovery Assessment Scale (RAS)	http://www.power2u.org/downloads/pn-55.pdf	41	X			X

Name	Where to Obtain	Number of Items	Sensitive to Change	Screening	Diagnosis	Tx Monitoring & Evaluation
Personality Disorders						
Borderline Evaluation of Severity over Time (BEST)	http://psychiatry.ucsd.edu/borderlineServices.html	15	X	X	X	X
Suicidality						
Columbia-Suicide Severity Rating Scale (C-SSRS)	http://www.cssrs.columbia.edu	20	X	X	NA*	X
The Suicide Behaviors Questionnaire - Revised (SBQ-R)	http://www.integration.samhsa.gov/images/res/SBQ.pdf	4		X	NA*	
Trauma						
Impact of Event Scale-Revised (IES-R)	ude.fscu@ssiew.leinad	22		X		
Los Angeles Symptom Checklist (LASC)	ude.enidrepppep@yofd	43		X	X	
The Post-Traumatic Stress Disorder Checklist - Civilian Version (PCL-C)	http://www.ptsd.va.gov	17		X	X	
The Trauma History Screen (THS)	http://www.istss.org/AssessmentResources/5347.htm	14		X		
The Trauma History Questionnaire (THQ)	http://ctc.georgetown.edu/toolkit/	24		X		

Note. * = not a diagnosable disorder; cannot be a diagnostic tool.

Table adapted from: Beidas, R. S., Stewart, R. E., Walsh, L., Lucas, S., Downey, M. M., Jackson, K., Fernandez, T., & Mandell, D. S. (2015). Free, brief, and validated: Standardized instruments for low-resource mental health settings. *Cognitive and Behavioral Practice, 22*(1), 5-19. <https://doi.org/10.1016/j.cbpra.2014.02.002>

Substance Use Screening and Evaluation

- ❖ Substance Use Screening and Evaluation – Evidence-based practice

Summary of the Evidence

- Substance use screening and evaluation are evidence-based practices.
- Strong empirical evidence supports the use of evidence-based screenings and evaluations.
- If possible, probation staff should outsource their screening and evaluation to clinical staff trained to diagnose behavioral health disorders.
- Risk-assessment tools are not effective SUD screeners or evaluations.

What Are Substance Use Screenings and Evaluations?

- **Screening** is the process of evaluating the possible presence of a problem. The outcome is typically yes or no.
- **Evaluation** is the process of defining the nature of the problem, determining the diagnosis, and developing specific treatment recommendations for addressing the problem or diagnosis (SAMSHA).
- Alcohol and substance abuse is one of the more prevalent needs individuals exhibit on community supervision.
- Substance use behavior is often a symptom of other needs the client has (e.g., mental health).
- Clinical experts recommend that all clients receive a substance-use screening upon intake to supervision.

How Are They Used?

Screening Tool

- When possible, an evidence-based screener should be used (e.g., Drug Abuse Screening Test [DAST]). (See additional sources for more information.)
- Most risk-need assessment tools are not effective screeners.
- Substance use screening should focus on use within the past 30 days.
- When an evidence-based tool is not available, departments should develop a screener that includes the following domains:
 - type of substance used (alcohol, marijuana, opioids, other hard drugs)
 - frequency of use by substance category
 - negative impact (social, legal, employment, family) of substance use
 - negative impact by substance category
- Officers should discuss the results of any screenings. Clients should then be informed if an evaluation is necessary.

Evaluation Tool

- Evaluations should be administered with all clients identified by the screener as potentially having a problem.
- In-depth substance use evaluations are best administered by a trained clinician.
 - If administered by an outside practitioner, evaluation results should be communicated to the supervising officer.
- Officers should discuss the evaluation results with the client and work collaboratively with them to incorporate those results into the client's case plan.

How Can They Be Used to Monitor Compliance?

- Officers should not use treatment evaluation as a form of punishment for their clients.
- When a client is referred to treatment through the evaluation process, officers should discuss the consequences of noncompliance (e.g., relapse, not completing).
- Emphasis should be on helping the client address substance use need.
- Officers should minimize the use of authoritarian communication when using these tools or discussing their results.

How Can They Be Used as Supervision Tools?

- Screening and evaluation are best viewed as a therapeutic process.
- If administered correctly, the screening and evaluation process can solidify an officer as a helper, improving the working alliance.
- Screening and evaluation should never be used as a control tool.

What Are the Costs of Screening and Evaluation?

- There may be a cost of obtaining an evidence-based screener or evaluation and for training staff on the use of the tool.

What Do Supervision Staff Think?

- Supervision staff report that Substance Use Screenings and evaluations are
 - sometimes appropriate for all low-risk clients and
 - always appropriate for all medium- to high-risk clients.

What Should You Expect When Using Substance Use Screening and Evaluation?

- Screeners/evaluations identify whether a client has a substance use disorder and the proper treatment.
- When used in response to noncompliance, screeners/evaluations should be presented as a way to help the client succeed.
- Using screeners and evaluations as punishment can limit the effectiveness of the prescribed treatment.

Are Screenings and Evaluations Evidence-Based Practices?

- Yes, there is strong evidence supporting the effectiveness of using evidence-based Substance Use Screenings and evaluations.

What Do People Formerly Involved in the Criminal Legal System Think About Screening and Evaluation?

- People with lived experience in the criminal legal system (the “criminal justice” or “legal” system is referred to as the criminal legal system in this document) report that Substance Use Screenings and evaluations are
 - sometimes appropriate for all low-risk clients and
 - sometimes appropriate for all medium- to high-risk clients.

Communication That Strengthens the Officer-Client Relationship (Messaging)

- Officers should explain why the screening/evaluation is being used and how they benefit the client.
- If screening is a standard procedure, officers should explain this to clients.
- Officers should present themselves as helpers and use their experience on the job to counter clients’ ideas when dealing with conflict surrounding screening/evaluations.
- Officer should explain precisely how they will respond to noncompliance.

Special Considerations When Using Screening and Evaluation with Subpopulations

Gang-Involved	None
General Violence	None
Intimate Partner Violence	IPV clients have a high likelihood of a history of substance abuse. Research suggests that addressing any substance use disorders should be part of an intervention plan for IPV clients. Identification of any substance use disorder is therefore important for both client success on supervision and the safety of victims.
Serious Mental Illness	Substance use is the norm rather than the exception for this group, with rates as high as 85% for individuals with mental illnesses who are involved with the criminal legal system. Aside from the typical reasons that individuals use substances, individuals with mental illnesses often use substances to deal with their mental health symptoms— anxiety, paranoia, auditory and visual hallucinations, etc.
Substance Use Disorder	Because of the strong connection between substance use behaviors and recidivism, all people should be screened for substance use (and referred to treatment as appropriate) using an evidence-based screener that measures type of substance, frequency, and negative impact. Traditional criminogenic/risk needs assessments are usually not sufficient indicators of substance use and abuse.

Additional Information on Substance Use Screening and Evaluation

Hiller, M. L., Belenko, S., Welsh, W. N., Zajac, G., & Peters, R. H. (2011). Screening and assessment: An evidence-based process for the management and care of adult drug-involved offenders. In C. Leukefeld, T. P. Gullotta, & J. Gregrich (Eds.), *Handbook of Evidence-Based Substance Abuse Treatment in Criminal Justice Settings* (pp. 45-62). Springer, New York, NY.

Lundgren, L., & Krull, I. (2018). *Screening, assessment, and treatment of substance use disorders: Evidence-based practices, community and organizational setting in the era of integrated care*. Oxford University Press.

National Institute on Drug Abuse. Screening and Assessment Tools Chart.

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Alcohol and Drug Use Education

- ❖ Alcohol and Drug Use Education – Not an evidence-based practice

Summary of the Evidence

- Alcohol and drug use education (ADE) is educational but does not provide clinical services. It is not an evidence-based practice.
- There is evidence that ADEs may reduce both alcohol and drug use for youth, but the effects are small.
- ADE is often a component of in-patient and out-patient treatment, but it is not a replacement for clinically based drug treatment services. The goal is to provide an understanding of the neurobiological impact that substance use has on behavior and functioning.

What Is Alcohol and Drug Use Education?

- *Alcohol and drug use education (ADE)* is a strategy meant to prevent, delay, or reduce alcohol and/or drug use by providing knowledge of the consequences of such use and/or abuse.
- ADE programs typically have two components: education and skill development.
 - The first component covers knowledge about the consequences of using and abusing substances.
 - The second component teaches coping strategies to resist social pressures to use.
- ADE is an intervention that typically targets young people, but that is often included as a part of most in-patient and out-patient SUD treatment services to increase awareness about the neurobiological effects of using substances.
- ADE programs are based on the following assumptions:
 - People use drugs because they do not have adequate knowledge about the consequences of using. If they did have such knowledge, they would make the rational choice not to use.
 - People experience a great deal of social pressure from certain peers to use drugs and alcohol.
 - There are skills individuals can learn to help them resist this pressure to experiment or use substances.

How Is It Used?

- ADE is most often delivered in community settings such as clinics, school settings for youth, and over the internet. Within the community supervision setting, ADE is typically included as a part of a client's in-patient or out-patient treatment.
- ADE programs aim to do the following:

- provide information about the neurological and biological effects of substance use to help individuals understand how the brain operates and why substances can be addictive
- provide information about the negative consequences (social, physical, cognitive) of alcohol abuse and illicit drug use
- educate individuals on the nature of social pressures to use alcohol and drugs
- teach a set of personal and social resistance skills to help individuals resist pressure from peers
- Within community supervision, ADE is considered an intervention aimed at reducing substance use because most individuals in the criminal legal system (the “criminal justice” or “legal” system will be referred to as the criminal legal system in this document) have used drugs and alcohol before entering the system.
- ADE is effective when it is a component of a broader health and personal development curriculum concerned with an individual’s social and mental health well-being.
- Effective ADE programs often include an interactive curriculum that engages participants in learning problem-solving and critical thinking skills. These skills can be used to craft strategies for real-world situations.
- ADE is most effective when it is responsive to the specific cultural and social needs of the individuals.

How Can It Be Used to Monitor Compliance?

- ADE is not a tool to monitor compliance.

How Can It Be Used as a Supervision Tool?

- ADE is by nature a rehabilitative tool meant to assist clients in reducing drug use and, subsequently, recidivism.
- As a change agent, officers can recommend ADE to their clients as a part of treatment services.

What Are the Costs of Alcohol and Drug Use Education?

- ADE is often included in in-patient and out-patient treatment; there are considerable costs tied to ADE.

What Do Supervision Staff Think?

- Supervision staff report that ADE is
 - sometimes appropriate for all low-risk clients and
 - sometimes appropriate for all medium- to high-risk clients except those who are gang-involved or in an intimate partner violence special population, for whom it is always appropriate.

Compliance Level

- Supervision staff report that a psychological sanction such as ADE is

- sometimes appropriate for low-risk clients who are in low, medium, and high compliance with their supervision conditions,
- always appropriate for medium- to high-risk clients in low compliance with their supervision conditions, and
- sometimes appropriate for medium- to high-risk clients in medium and high compliance with their supervision conditions.

What Should You Expect When Using Alcohol and Drug Use Education?

- Most evaluations of ADE have focused on its impact on youth.
- ADE has been shown to reduce alcohol and illicit drug use among youth, although the effects are considered small.
- The most evaluated ADE program is the DARE program, and these results have been mixed.
- Because it is often included as a component of a larger intervention, it is difficult to isolate the specific effects of ADE.

Is Alcohol and Drug Use Education an Evidence-Based Practice?

- No. The evidence supporting the effect of ADE is inconclusive—there are both positive and harmful effects.
- There is some evidence that ADE can reduce use and extend the time before first use, but there is also evidence that ADE can increase use.

What Do People Formerly Involved in the Criminal Legal System Think About Alcohol and Drug Use Education?

- People with lived experience in the criminal legal system report that ADE is
 - sometimes appropriate for all low-risk clients and
 - sometimes appropriate for all medium- to high-risk clients.

Communication That Strengthens the Officer-Client Relationship (Messaging)

- Officers should discuss the results of substance use assessments or evaluations (see substance use evaluation statement for more information) openly with their clients.
- Officers should reinforce abstinence from substance use during interactions with their client.
- Officers should offer treatment services that include ADE as a response to difficulty a client is having living alcohol and drug free.
- Officers should discuss and use the concepts and skills taught in ADE with their client.

Special Considerations When Using Alcohol and Drug Use Education with Subpopulations

Gang-Involved	None
General Violence	None
Intimate Partner Violence	None
Serious Mental Illness	None
Substance Use Disorder	ADE is mainly a preventive intervention. It is often included in in-patient and out-patient SUD treatment but is not an effective as a stand-alone intervention.

Additional Information on Alcohol and Drug Use Education

Cahill, H. W. (2007). Challenges in adopting evidence-based school drug education programmes. *Drug and Alcohol Review*, 26(6), 673-679.

Midford, R. (2000). Does drug education work? *Drug and Alcohol Review*, 19(4), 441-446.

Rosenbaum, D. P., & Hanson, G. S. (1998). Assessing the effects of school-based drug education: A six-year multilevel analysis of project DARE. *Journal of Research in Crime and Delinquency*, 35(4), 381-412.

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Cognitive Behavioral Techniques

❖ Cognitive Behavioral Techniques – Evidence-based practice

Summary of the Evidence

- Cognitive behavioral techniques help clients assess their responses to situations and change their patterns of thinking (cognitions) and behaving.
- Officers can use these techniques during face-to-face contacts with clients.
- Cognitive behavioral techniques are evidence-based and can be used without formal clinical training (unlike cognitive behavioral *therapy*, which should be done by trained therapists).
- Probation staff and people involved in the criminal legal system (the “criminal justice” or “legal” system is referred to as the criminal legal system in this document) are generally favorable to the use of cognitive behavioral techniques with clients, particularly clients at medium and high-risk levels of recidivism.

What Are Cognitive Behavioral Techniques?

- Cognitive behavioral (CB) techniques are based on the principles of cognitive behavioral therapy (see Appendix A for more information) and can be used in individual sessions/meetings. These are evidence-based strategies for correctional and non-correctional settings to facilitate behavior change.
- CBT addresses issues related to decisions that individuals make that affect their behavior.
- CBT and techniques are an evidence-based practice/treatment.
- CB techniques
 - could include working with clients to identify prosocial goals, then changing thought and behavior patterns to help clients achieve those goals
 - involve engaging in active listening to understand the client’s perspective and sharing decision-making to empower the client to make decisions
 - can be used effectively by officers with no background in clinical skills
- CB techniques come in multiple forms and may be distinct from traditional therapy-based CBT.
 - CB techniques often incorporate strategies used in conversation or face-to-face contacts.
 - Officers using CB techniques may focus on aspects of a client’s life choices and events that contribute to criminal behavior.
 - Officers can focus on and act upon factors (e.g., housing, food security, transportation, etc.) that can affect a client’s life and contribute to criminal behavior.
 - Officers can refer clients to licensed clinical practitioners for traditional CBT if the client suffers from a psychological disorder (see Appendix A).

How Are CB Techniques Used?

- CB techniques have three different strategy sets:
 - Strategy 1 (Behaviorism): Focuses on changing observable behaviors to reduce a person's risk of future criminality.
 - Strategy 2 (Cognitive): Focuses on changing thought processes to improve decision-making that will reduce a person's risk of future criminality.
 - Strategy 3 (Mindfulness): Focuses on increasing client's awareness and acceptance of internal processes, and aligning their behaviors with their prosocial values.
- Clients should be assessed to determine if they will benefit from CB techniques. Potential factors which may make CB techniques more difficult to use with clients are:
 - presence of mental illness
 - presence of SUD
 - client unready to change
 - client unreceptive to CB techniques
 - frequency of offending behavior
 - offending behavior is motivated by social circumstances (not mindset)
 - literacy
- Clients should be assessed periodically to determine if CB techniques are still appropriate.
- CB techniques are appropriate for all risk levels.

How Can They Be Used to Monitor Compliance?

- CB techniques should not be used to monitor client compliance or determine if they are able to follow supervision conditions.
- Cognitive behavioral techniques can be a useful tool to review and process (deconstruct) noncompliant events.
 - Officers can use CB techniques to have clients walk them through their thought process leading up to a noncompliant decision.
- While CB techniques are generally appropriate for clients regardless of their compliance level, there are some circumstances where it may be ineffective or even detrimental.
 - If a client is noncompliant with some conditions of supervision and seems unreceptive or resistant to CB techniques, forcing the client to participate is unlikely to lead to positive outcomes.
 - CB techniques work better with clients who are more engaged and interested in the process.
 - If a client is unreceptive to CB techniques, it may be better to first focus on explaining to them why the process is important and addressing their concerns in order to achieve buy-in.
 - Client motivation and engagement may be area-specific—they may be more ready to engage in CB techniques targeting one aspect of their life than another.

- It can be helpful to “go where the motivation is” and address those areas of a client’s life that they are ready to work on. This can be a helpful way to establish buy-in and trust before transitioning to addressing other areas of a client’s life as they become ready.
- It can also be helpful to work with a client to set priorities. This happens when the client picks one aspect of their life to address and the officer picks another. Both aspects are subsequently worked upon, so both parties have a say in what is discussed.
- CB techniques may be a useful tool to get clients interested in the therapeutic process if they are not yet ready to engage with full CBT.

How Can They Be Used as a Supervision Tool?

- CB techniques can
 - improve quality of life
 - change cognitions
 - facilitate behavior change and desistance (including reduced recidivism)
 - promote prosocial relationships (including between officer and client)
 - facilitate conversation and direct attention at achieving goals

What Are the Costs of CB Techniques?

- Learning CB techniques and becoming competent will entail training costs.
- Using CB techniques with clients can be integrated into routine activities with officers, lowering the cost required to use them.

What Do Supervision Staff Think About Cognitive Behavioral Techniques?

- Supervision staff report that CB interventions are
 - sometimes appropriate for all low-risk clients, except clients who are gang-involved, for whom they are never appropriate and
 - always appropriate for all medium- and high-risk clients.

What Should You Expect When Using CB Techniques?

Client Outcomes

- CB techniques can facilitate behavior change and quality of life improvements for clients.
 - There is strong evidence connecting CB interventions to behavior change and quality of life improvements when used to target mental illness.
- CB techniques may change thought patterns that contribute to criminal behavior.
 - However, CB interventions alone cannot change socioeconomic circumstances (e.g., poverty, lack of opportunity, cumulative disadvantage) that may drive this behavior.

Are CB Techniques an Evidence-Based Practice?

- Yes, evidence shows that CB techniques are effective in reducing recidivism and promoting behavior change.

What Do People Formerly Involved in the Criminal Legal System Think About CB Techniques?

- People involved in the criminal legal system report that CB techniques are
 - sometimes appropriate for all low-risk clients and
 - sometimes appropriate for all medium- and high-risk clients, except those who have committed intimate partner violence, for whom it is always appropriate.

Communication That Strengthens the Officer-Client Relationship (Messaging)

- Officers should be transparent and honest with the client throughout the process. This involves making sure the client understands
 - CB interventions are evidence-based practices that can lead to positive life outcomes, including behavior change and increased life satisfaction
 - which outcomes the court/officer wants to achieve through CB techniques
 - participating in CB techniques does not imply the client is “sick,” “weak,” or different than other people
- Noncompliance with CB techniques should not necessarily be viewed as “bucking the system” or an inability to follow the rules. Clients may have genuine concerns about engaging with CB techniques that the officer should talk through with the client. These concerns may include
 - taking time off from work, family responsibilities, or other conditions of supervision to engage with CB techniques during office visits
 - finding transportation to and from office visits
 - being seen as “sick”
 - discussing difficult and/or sensitive topics with the officer
 - having engaged with and tried to use CB techniques without seeing any results
- In the event the client is resistant to CB techniques, the officer should take time to hear and address their concerns.

Special Considerations When Using CB Techniques With Subpopulations

Gang-Involved	CB techniques can be used to help identify prosocial and detrimental aspects of gang membership.
General Violence	None
Intimate Partner Violence	CB techniques can be used to address emotional dysregulation (inability to regulate emotions), cognitive distortions (false or misleading beliefs), relationship skills deficits (difficulty forming and maintaining relationships), and power and control issues.

	<p>There is evidence that interventions following Strategy 3 (Mindfulness) show promise for individuals who have committed IPV when it focuses on factors connected to the offense, such as the individual's own trauma history and emotion regulation skills.</p>
<p>Serious Mental Illness</p>	<p>Officers may need to adapt CB techniques for use with clients with severe mental illness, particularly those with cognitive impairments. Strategies include walking through material, reviewing material, etc.</p> <p>CB techniques may not be effective if the client is experiencing active psychosis, or if they have intellectual/developmental disabilities or cognitive impairments.</p>
<p>Substance Use Disorder</p>	<p>Officers can use CB techniques during office visits to reinforce concepts (like self-control and finding alternatives to using narcotics) that clients are learning and practicing in substance use treatment programs.</p>

Appendix A2: CB Therapy (CBT)

- While officers can use CB techniques in their interactions with clients, it is often preferable to refer clients to trained professionals in the community for regular and fully structured CBT sessions.
- CB therapy (CBT):
 - CBT uses individual or group therapy sessions and out-of-session skill-building exercises to alter the cognitions (thought patterns) that can lead to the targeted behavior.
 - CBT targeting mental illness is different than CBT targeting criminal behavior, substance abuse, or criminogenic thought patterns.
 - CBT can be effective in changing criminogenic thought patterns, improving client life satisfaction, and when used correctly, building the working alliance between officer and client.
- Avoid telling the client to get CBT without providing referrals and resources for doing so.

Additional Information on Cognitive Behavioral Techniques

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Motivation Techniques

The following section covers a number of commonly used motivation technique practices. These include incentives, sanctions, and pro-social modeling. Also provided are implementation recommendations on how organizations can prepare themselves to make changes to their policies on motivation techniques. Finally, this section contains appropriateness statements which include the results of the empirical evidence analysis.

The following table shows a summary of the results from the evidence analysis. The practices is categorized according to four levels: appropriate, promising, inconclusive, and not evidence-based depending on the amount and type of research available (see Introduction Table 2 for definitions). Also included are the perceptions of individuals working in supervision agencies and individuals that have experience with the justice system to illustrate different views about the contacts. The following table summarizes the evidence level, the probation staff perceptions, and JSI perceptions of the practices in this section.

Table 6

Levels of Support for Motivation Techniques

Practice	Research Support	Field Support: Low Risk		Field Support: Med/High Risk	
		Probation	JSI	Probation	JSI
Sanctions	Not Evidence-Based	Minimal	Minimal	Moderate	Moderate
Incentives	Evidence-Based	Moderate	Moderate	Wide	Moderate
Pro-Social Modeling	Evidence-Based	Moderate	Moderate	Wide	Moderate

Motivational Techniques Implementation Considerations

Strategy	Implementation Considerations
<p>Strategy 5: Build resiliency through improvements in work processes</p>	<ul style="list-style-type: none"> • Administrators and supervisors should be attentive to the work processes of officers as they pertain to use of motivational techniques. They should be familiar with the routine duties of officers and be trained to ask about and address any barriers officers may face when using motivational techniques. <ul style="list-style-type: none"> ○ Ask officers during initial trainings (and subsequent meetings) if they perceive any barriers to their use of motivational techniques (e.g., lack of resources, unsupportive workplace culture, not enough time with clients) and work to address them • Follow up with officers to promote proper use of motivational techniques as outlined in trainings (see Strategy 4)
<p>Strategy 6: Collaborate with agencies toward a common goal of improving client outcomes and promoting public safety</p>	<ul style="list-style-type: none"> • Work with and use research/empirical evidence to convince court actors (judges and prosecutors) to: <ul style="list-style-type: none"> ○ Promote the use of incentives and make court actors open to the idea of reduced supervision incentives ○ Grant officers the discretion to refrain from giving a sanction if they feel it will not benefit the client based on their circumstances (officer should be able to justify this decision) • When possible, bring in external and/or cross-agency professionals to train officers in the use of pro-social techniques
<p>Strategy 7: Build resiliency by altering client involvement in key decisions</p>	<ul style="list-style-type: none"> • Establish standard guidelines/conditions for your agency and be transparent with clients about the conditions when incentives and sanctions will be given/used • Develop routine procedures for soliciting client feedback when setting rules for supervision <ul style="list-style-type: none"> ○ For example, what the sanction will be (e.g., more drug treatment) if a client tests positive for narcotics

	<ul style="list-style-type: none">• Engage in two-way dialogues with clients about pro-social modelling techniques to determine what works well and what does not
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Incentives

❖ Providing Incentives – Evidence-based practice

Summary of the Evidence

- Incentives are a way to change behavior by rewarding clients for addressing pre-determined goals and complying with supervision conditions.
- Incentives are effective with diverse populations.
 - Incentives are generally found to be more effective than sanctions at changing behavior; it is recommended to give four incentives for each sanction (4:1 ratio).
- Supervision staff and people involved in the criminal legal system (the “criminal justice” or “legal” system is referred to as the criminal legal system in this document) generally support the use of incentives.
 - Supervision staff particularly favor the use of incentives with medium- and high-risk clients.

What Are Incentives?

- Incentives are an important part of the behavior change process.
 - Incentives are reinforcers for desired behaviors.
 - “Contingency management” refers to the offering of incentives or rewards for positive behavior change.
 - Contingency management is effective in substance use treatment settings.

How Are Incentives Used?

- Several forms of contingency management have shown promise in reinforcing patterns of behavior change.
 - Some programs provide participants with a choice of various rewards (some monetary and others social).
 - Some programs increase the amount of the reward offered to participants the longer they maintain the pattern of behavior change.
 - Some programs allow participants to draw from a prize bowl containing redeemable slips for prizes. The number of draws a participant receives increases as they maintain the pattern of behavior change and resets back to one if they slip up.
 - The principles of contingency management can be applied to reinforce many indicators of behavior change.
 - First the individual/officer must agree on goals and short-term steps.
 - The agreement should include what behaviors are to be reinforced and how frequently the incentives are given.

- During the early phase, it is important to reward often and frequently to get a neuro-physical reaction.
 - During the later phase, incentives should be staggered to maintain the changed behavior.
 - Incentives can be financial (gift card, voucher, etc.) or social (use computers in the office, get a letter from the officer indicating they are doing well).
 - Positive behaviors may include seeking employment, taking educational classes, participating in community activities, etc.
 - *Desistance from* negative behaviors can also be included (e.g., refraining from hanging out with friends the client has identified as detrimental to the desired behavior change, successfully resisting a temptation to commit a crime, etc.).
- Incentives can come in several forms.
 - Financial prize-based incentives include items like TV sets, gaming systems and radios.
 - Social rewards like reduced-supervision incentives include actions like reducing a client's time on supervision, the number of visits they are required to make to the probation office each week/month, and the frequency they are required to submit for drug testing.
 - Financial practical incentives include items that help clients (and potentially facilitate compliance with other supervision conditions), such as transportation vouchers and cell phone minutes.

How Can They Be Used to Monitor Compliance?

- Incentives are designed to change client behavior and should not be used to monitor compliance.

How Can They Be Used as a Supervision Tool?

- Incentives can encourage positive behavior (e.g., seeking employment, taking educational classes, participating in community activities, etc.) and compliance with supervision conditions.
- Incentives can help with establishing goals.
- Incentives discourage negative behavior that can lead to the client not receiving the incentive (e.g., refraining from hanging out with friends the client has identified as detrimental to the desired behavior change, successfully resisting a temptation to commit a crime, etc.). This discourages noncompliance with supervision conditions.

What Are the Costs of Incentives?

- Incentives vary in cost.
 - Prize-based incentives are generally the most expensive.
 - Practical incentives vary in cost but are generally affordable when they come in the form of transportation vouchers and cell phone minutes.

- Reduced-supervision incentives have no cost and may save the supervision department money by taking less officer time to meet with clients.
- Some incentives (such as social incentives) do not have an associated cost.

What Do Supervision Staff Think About Incentives?

- Supervision staff report that incentives are
 - sometimes appropriate for all low-risk clients and
 - always appropriate for medium- and high-risk clients, except those who have committed intimate partner violence, for whom it is sometimes appropriate.

What Should You Expect When Using Incentives?

Client Outcomes

- Encourage setting small steps (goals).
- Achieve longer-term goals.
- Incentives can promote behavior change and encourage client compliance with the conditions of supervision if a client is not being compliant.
- Incentives may help build a working alliance between officer and client by showing that the officer is interested in the client's wellbeing.
- Incentives shift attention to progress and goals instead of compliance.
 - Incentives may show a client that the officer is not solely interested in punishing them. This can help foster a more trusting relationship between officer and client.
- Practical incentives like bus passes and cell phone minutes (things which help the client complete their daily tasks and/or conditions of supervision) may also show the client that the officer wants to help them succeed on supervision.

Are Incentives an Evidence-Based Practice?

- Yes, evidence shows that incentives are effective at changing behavior.
 - Incentives are generally more effective than sanctions.

What Do People Formerly Involved in the Criminal Legal System Think About Incentives?

- People who have been involved in the criminal legal system report that incentives are
 - sometimes appropriate for all low-, medium-, and high-risk clients.

Communication That Strengthens the Officer-Client Relationship (Messaging)

- Clearly lay out the ground rules of the incentive, including:
 - under what conditions the client will receive an incentive (same is true for sanctions)
 - under what conditions the client will *not* receive an incentive
 - the process by which a client can begin to receive the incentive again if they fail to meet the conditions to receive it
 - what the incentive is and how the client can redeem it (if applicable)

- Ensure that the client understands that the incentive is being given in response to positive behavior on their part.
 - Connect the client’s receipt of the incentive to something they are actively doing (or not doing).

Special Considerations When Using Incentives with Subpopulations

Gang-Involved	Gang-involved clients may have concerns that receiving incentives may be seen by other gang-involved peers as cooperating with law enforcement and may result in retaliation. Officers should help gang-involved clients to navigate these issues, explain to peers the purpose of incentives, and stay safe.
General Violence	Incentives (and the possibility of losing incentives) may help decrease violent behavior and get individuals to think about and reconsider violence before committing it.
Intimate Partner Violence	Incentives can help address behaviors (like alcohol or narcotics use) that may contribute to intimate partner violence.
Serious Mental Illness	Incentives are usually effective with people who experience mental illness and may be a way to encourage participation in a treatment program.
Substance Use Disorder	Contingency management with rewards for abstinence from drugs has been studied extensively and is an evidence-based practice.

Additional Information on Incentives

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Prosocial Modeling

- ❖ Prosocial Modeling – Evidence-based practice

Summary of the Evidence

- The evidence shows that prosocial modeling is effective in reducing recidivism.
- There is evidence that supervision models that include prosocial modeling have lower recidivism rates compared to those that do not.
- Evidence shows that clients prefer working with an officer who promotes success through positive communication, active listening, respect, and empathy.

What is Prosocial Modeling?

- **Prosocial modeling** refers to the display of positive behaviors that benefit others, such as kind interactions, addressing conflict instead of getting angry, and respecting others.
- Prosocial values include respect for others and the legal authorities.
- Prosocial modeling includes the following skills:
 - prosocial expressions and actions
 - negatively reinforcing or confronting pro-criminal actions in a manner that addresses the behavior while allowing for the possibility of change
 - collaborative problem-solving instead of demanding one perspective; weighing costs and benefits
 - role clarification
 - establishing the boundaries of the officer's law-enforcement and social work roles
 - transparent discussions about the use of authority
 - providing space for clients to express preferences and concerns about officers' role and/or use of authority
 - collaborative decision-making
- Clients perform better on supervision when they work with officers who exhibit these skills.

How Is It Used?

- Officers model prosocial values in a variety of ways, including through their actions, positive reinforcement, negative reinforcement, and empathy.
- Officers should promote the following prosocial behaviors: complying with supervision conditions, being punctual, not offending, collaborative problem-solving, expressing empathy, and treating others with respect.

- To establish legitimacy, officers should behave in a way that aligns with the values they will promote to clients.
- Officers can reinforce their client's prosocial values through their body language (e.g., smiling, active listening) and verbally through words of affirmation and acknowledgment.
- Officers can reinforce their client's prosocial behaviors through rewards.
 - Effective rewards can be material (i.e., clothing referrals, transportation services), reducing the frequency of contact, or investing additional time helping the client.
- Officers can effectively negatively reinforce non-prosocial behaviors by giving space for clients to express their negative feelings, suggesting alternative perspectives or behaviors, and working with clients to find new ways to deal with difficulties.
 - Officers should avoid harsh criticism and confrontation during these encounters.

How Can It Be Used to Monitor Compliance?

- Prosocial modeling is not designed as a tool to monitor compliance.

How Can It Be Used as a Supervision Tool?

- Officers who model the prosocial behaviors they promote to their clients establish their legitimacy.
- Officers exhibiting prosocial behaviors while using communication techniques to reinforce their client's positive behavior solidifies their position as a change agent.
- The skills included in prosocial modeling (i.e., exhibiting empathy, respect, positive communication, active listening) are aligned with those promoted by evidence-based supervision models.

What Are the Costs of Prosocial Modeling?

- There are no financial costs of prosocial modeling.
- The only potential cost of prosocial modeling for officers is their time. Prosocial modeling may cause contacts between client and officer to run longer than they would otherwise.

What Do Supervision Staff Think?

- Supervision staff report that prosocial modeling is
 - sometimes appropriate for all low-risk clients except for those with serious mental illness, for whom it is always appropriate and
 - always appropriate for all medium- to high-risk clients.

What Should You Expect When Using Prosocial Modeling?

- There is evidence that clients working with officers who exhibit prosocial behaviors have more success on supervision.
- Evidence shows that prosocial modeling is related to increased client satisfaction on supervision.

Is Prosocial Modeling an Evidence-Based Practice?

- Yes, there is evidence that supervision models that include prosocial modeling have lower recidivism rates compared to those that do not.

What Do People Formerly Involved in the Criminal Legal System Think About Prosocial Modeling?

- People with lived experience in the criminal legal system (the “criminal justice” or “legal” system is referred to as the criminal legal system in this document) report that prosocial modeling is
 - sometimes appropriate for all low-risk clients and
 - sometimes appropriate for all medium- to high-risk clients.

Communication That Strengthens the Officer-Client Relationship (Messaging)

- Officers should offer encouragement to their clients when they see them exhibiting prosocial behavior.
- Officers should explain to their clients how they will be rewarded for their prosocial behavior.
- Officers should avoid overly harsh criticism or confrontation when negatively reinforcing the harmful behaviors of their clients.
- Officers should use positive communication and rapport-building techniques when collaborating with their clients to work through difficult moments.

Special Considerations When Using Prosocial Modeling with Subpopulations

Gang-Involved	None
General Violence	None
Intimate Partner Violence	None
Serious Mental Illness	None
Substance Use Disorder	None

Additional Information on Prosocial Modeling

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Sanctions

- ❖ Sanctions – Not an evidence-based practice and may be harmful

Summary of the Evidence

- Sanctions are widely used in community supervision and can include legal pressure, legal mandates, and involuntary requirements, **often considered coercive**. Sanctioning is not monitoring, but it is how the monitoring is delivered.
- Sanctions are not an evidence-based practice due to insufficient studies that demonstrate how to use the authority of supervision officers.
- While probation and parole officers must often balance compliance/monitoring (law enforcement) and care (social work/treatment), evidence suggests that sanctioning has less impact on long-term behavior change than incentives.
- Sanctions may damage the PO-client relationship. This can undermine efforts to foster engagement in change-producing services and efforts, as well as reduce long-term behavior change in clients.
- Since sanctions may involve the threats of punishment (e.g., incarceration), it can incur high costs if those sanctions are used in response to noncompliant behavior.

What Are Sanctions?

- Sanctions rely on *coercion*.
 - Coercion is defined as the “act or process of persuading someone forcefully to do something that they do not want to do” (Collins Dictionary). It often involves threats or intimidation.
 - In the context of probation and parole, coercion can appear as POs presenting clients with an ultimatum: either they change their behavior, or they will receive a sanction. In this case, the threat of the sanction is used to motivate the client to change their behavior.
- While similar, coercion and accountability mechanisms are different.
 - Coercion is done for the purpose of inducing behavior change in clients. Accountability mechanisms ensure that the client has changed their behavior; if the client has not changed, sanctions (often involving incapacitation to keep the client from harming others) may be applied.
- There is little evidence of coercion’s effectiveness in changing client behavior in probation and parole settings.
 - Some evaluations have found that sanctions can be effective in changing behavior when they are applied swiftly and certainly in response to noncompliant behavior.
 - These studies have not been replicated widely, and there is evidence that programs using this approach are not more effective than traditional probation.
 - Evidence indicates that incentives to reinforce legal mandates/requirements are more effective than coercion.

- Open, honest, and respectful relationships between POs and clients are more effective drivers of behavior change than sanctions.
 - To the extent that coercion damages such a relationship (e.g., by making the client resentful toward or distrustful of the PO), it may not create behavior change.

How Are They Used?

- Sanctions are used to induce behavior change through threats of punishment for noncompliant behavior.
- A variety of potential sanctions exist in community supervision. These can be jail time, fines, house arrest, electronic monitoring, or verbal reprimand from the PO.
 - POs may be able to use verbal reprimand or other forms of expressing disapproval and disappointment as a sanction.
 - For this to be effective, the PO-client relationship must be strong enough for the client to be invested in the PO's opinion of them.
 - This may require that the PO refrain from using sanctions too much since this can damage the PO-client relationship (see below).

How Can They Be Used to Monitor Compliance?

- Sanctions should not be used to monitor compliance. It undermines the efforts to engage individuals in behavior change.
- Sanctioning is not the same as boundary setting, where the PO clearly articulates what is considered appropriate behavior. Boundary setting, including informing the individual of what constitutes compliant and noncompliant behavior, is important.

How Can They Be Used as a Supervision Tool?

- While there is little evidence of their effectiveness, sanctions are often used as a supervision tool to change client behavior.
 - Very limited evidence suggests that the threat of swift and certain sanctions in response to noncompliant behavior may be effective in some contexts.
 - Incentives are more effective.

What Are the Costs of Sanctions?

- POs may sometimes need to follow through with threats of sanctions in order to maintain the validity of the threat. In these cases, sanctions cost both the legal system (through costs associated with incarceration, electronic monitoring, etc.) and the client (through fines, time missed at work, etc.)

What Do Supervision Staff Think About Sanctions?

- Supervision staff report that sanctions are
 - sometimes appropriate for clients classified as medium- to high-risk using a standardized risk assessment tool,

- never appropriate for low-risk clients who are gang-involved, convicted of general violence offenses, or struggling with substance use disorder, and
- sometimes appropriate for clients convicted of intimate partner violence or those with serious mental illness.

What Should You Expect When Using Sanctions?

Client Outcomes

- There is little evidence that sanctions change client behavior.
- Sanctions can contribute to more technical violations.
- In some cases, sanctions may damage the PO-client relationship. This relationship has been found to be a more effective means of changing client behavior.

Is Sanctioning an Evidence-Based Practice?

- No. While studies have found certain sanction-based models of supervision to be effective, wide-scale replication of these studies has not found them to be any more effective than traditional probation.

What Do People Formerly Involved in the Criminal Legal System Think About Sanctions?

- People formerly involved in the criminal legal system (the “criminal justice” or “legal” system will be referred to as the criminal legal system in this document) generally find coercion to be inappropriate for clients classified as low risk using a standardized risk assessment tool.
- People formerly involved in the criminal legal system report that coercion is sometimes appropriate for clients classified as medium- to high-risk, except for those convicted of general violence offenses, for whom coercion is never appropriate.

Communication That Reinforces Officers’ Role as Change Agent

- If sanctions are used, it is important that the officer explain that they are being used to encourage the client to change their behavior, not to continuously punish them.
 - But, in general, coercive relationships undermine any attempts by the officer to portray themselves as a change agent.
 - Officers should explain at the beginning of supervision and throughout what is considered compliant and noncompliant behavior. Recognizing that the person is in compliance throughout supervision can be an effective tool in managing individuals.

Special Considerations When Using Sanctions With Subpopulations

Gang-Involved	Same as the general population
General Violence	Sanctions may reinforce patterns of thinking that normalize using unpleasant consequences (like violence) to resolve conflict. This can be counterproductive to trying to get

	clients who have used violence to move towards more positive ways to resolve conflict.
Intimate Partner Violence	While sanctions to remove people who have committed intimate partner violence from their victims are sometimes appropriate, overuse of sanctions can reinforce patterns of thinking that normalize using unpleasant consequences (like violence) to resolve conflict. This can be counterproductive to trying to get clients who have used violence to move towards more positive ways to resolve conflict.
Serious Mental Illness	Clients with serious mental illness may not understand why they are being sanctioned or what is involved in the sanction (e.g., house arrest). Some sanctions (e.g., house arrest) may be more harmful to the mental health of a client with serious mental illness than a client without it.
Substance Use Disorder	Clients with SUD may not understand why they are being sanctioned or what is involved in the sanction (e.g., house arrest). They may consider it punitive for their health condition.

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Additional Components

The following section covers some additional supervision components that do not fall into the previous themed categories. These include transportation resources and environmental restructuring. Also provided are implementation recommendations that provide suggestions on how organizations can prepare themselves to make changes to their policies surrounding these practices. Finally, this section contains appropriateness statements which include the results of the empirical evidence analysis.

The following table shows a summary of the results from the evidence analysis. The practices is categorized according to four levels: appropriate, promising, inconclusive, and not evidence-based depending on the amount and type of research available (see Introduction Table 2 for definitions). Also included are the perceptions of individuals working in supervision agencies and individuals that have experience with the justice system to illustrate different views about the contacts. The following table summarizes the evidence level, the probation staff perceptions, and JSI perceptions of the practices in this section.

Table 7

Levels of Support for Additional Supervision Components

Practice	Research Support	Field Support: Low Risk		Field Support: Med/High Risk	
		Probation	JSI	Probation	JSI
Transportation Resources	Promising	Moderate	Moderate	Wide	Moderate
Environmental Restructuring	Evidence-Based	Moderate	Moderate	Wide	Moderate

Additional Components Implementation Considerations

Strategy	Implementation Considerations
Strategy 5: Build resiliency through improvements in work processes	<ul style="list-style-type: none"> • Monitor (through review of case records and one-on-one meetings with front-line officers) when and how officers use additional components and connect these to client outcomes • Ask officers who use additional components less why this is so <ul style="list-style-type: none"> ○ Work to address any barriers to using additional components that they identify
Strategy 6: Collaborate with agencies toward a common goal of improving client outcomes and promoting public safety	<ul style="list-style-type: none"> • With clients' permission, work with social service agencies to which they are connected to identify steps that can be taken to improve their environment (e.g., for clients experiencing housing instability, work with local housing agencies to facilitate change in location) • Work with public transportation authorities to secure subway and/or bus passes <ul style="list-style-type: none"> ○ Discounts may be available if passes are purchased in bulk • When providing transportation resources, work with court actors (judges and prosecutors) to ensure that officers have discretion to provide these resources to clients
Strategy 7: Build resiliency by altering client involvement in key decisions	<ul style="list-style-type: none"> • Consult with clients to determine (a) if environmental restructuring is beneficial overall and, if so, (b) what aspects of their environment (e.g., peer group vs. physical location) should be focused upon • Ask clients what type of transportation resources (e.g., bus or subway passes) they are most in need of

Environmental Restructuring

- ❖ Environmental Restructuring – Evidence-based practice

Summary of the Evidence

- Environmental restructuring is an evidence-based practice.
- Environmental restructuring involves working to change the people clients associate with and the places they frequent.
- Environmental restructuring relies on the officer-client relationship to be most effective.
- Supervision staff and people involved in the criminal legal system are generally favorable toward environmental restructuring. (The “criminal justice” or “legal” system is referred to as the criminal legal system in this document.)

What Is Environmental Restructuring?

- Environmental restructuring is defined as “changing the physical or social context”¹ of an individual.
 - Examples of physical context include place of residence, work, or leisure activities.
 - Physical context includes the places a client frequents and the characteristics of such places (dangerous vs. peaceful, dirty vs. clean, etc.).
 - Examples of social context include family members, friend(s), and recreational activities a client engages with or is around.

How Is Environmental Restructuring Used?

- Since officers have limited ability to modify the environment that a client resides in (for example, lower the crime rate, provide better recreational facilities, or even improve street lighting), environmental restructuring in community supervision typically requires officers to make clients aware of the risks associated with their environment so that they make changes to it or move to a new one.
- Traditionally, environmental restructuring in community supervision often involves mandates prohibiting clients from frequenting certain areas (physical contexts) or associating with certain friends and family members (social contexts) via curfews, electronic monitoring, etc.
 - These mandates can be accompanied by a sanction if the person is unable to make the changes immediately or at all.
- Environmental restructuring is best achieved by building and relying on the officer-client relationship.

How Can It Be Used to Monitor Compliance?

- Environmental restructuring should not be used to monitor compliance.

How Can It Be Used as a Supervision Tool?

- Environmental restructuring is an effective way to help clients find positive and supportive physical and social contexts.
 - This can help an individual change behavior and comply with supervision conditions.

What Are the Costs of Environmental Restructuring?

- Large-scale environmental restructuring (e.g., changing a housing complex so that it is safer) is very expensive and often beyond the abilities of probation officers.
- Increasing a client's awareness of the risks posed by their environment so that they are motivated to change it in realistic ways (i.e., no drastic changes; the client must be ready and able to make a change) is inexpensive as it can be done during regular office and field visits.
 - Threats of sanction cannot "convince" a person to change their environment.
 - Officers should work on persuasion approaches to help clients consider the value of changing contexts.
 - This can raise the costs of environmental restructuring if sanctions involve electronic monitoring, jail stays, etc.

What Do Supervision Staff Think About Environmental Restructuring?

Supervision staff report that environmental restructuring is

- sometimes appropriate for all low-risk clients and
- always appropriate for medium-/high-risk clients, except those who have committed general violence offenses, for whom it is sometimes appropriate.

What Should You Expect When Using Environmental Restructuring?

Client Outcomes

- Changing a client's environment can make it easier to address antisocial or self-harming (e.g., drug use) behaviors and develop/maintain prosocial or self-supporting behaviors.
 - It can be difficult to address an antisocial behavior (e.g., drug use) if there are not realistically obtainable prosocial behaviors (e.g., attractive work and/or leisure opportunities) in the surrounding environment.
- Clients who associate with friends and family members who support positive behavior changes may be better able to follow supervision requirements than those with friends and family members who encourage them to continue offending or harmful behavior.

Is Environmental Restructuring an Evidence-Based Practice?

- Yes. Environmental restructuring is an evidence-based practice that has been shown to reduce participation in criminal and/or problem behaviors and improve mental health, physical health, and life satisfaction.

What Do People Formerly Involved in the Criminal Legal System Think About Environmental Restructuring?

- Environmental restructuring is sometimes appropriate for all low-, medium-, and high-risk clients.

Communication That Strengthens the Officer-Client Relationship (Messaging)

- Officers should explain that environmental restructuring can create circumstances that support the client in changing their behavior and leading a better life.
- Officers should ask the client for feedback regarding what types of restructuring are feasible to undertake.
 - It may be unrealistic to expect a client to completely change who they associate with and where they live.
 - Clients may be unable to make these environmental changes due to cost, longstanding relationships/connections, etc.
- Officers should be aware that the places a client frequents and the people they associate with are rarely either positive or negative. They can be both, and part of an officer's effort is to help others see the positive and negative aspects of the client's environment.
 - Some friends may continue to use drugs themselves but actively encourage the client to stop and support other aspects of behavior change.
 - Some places may be violence-prone but still offer valuable friend groups and prosocial activities for the client.
- Discuss the pros and cons of changing their environment with the client to help them determine whether they should do so.

Special Considerations When Using Environmental Restructuring with Subpopulations

Gang-Involved	May help clients distance themselves from gang-involved peers, although this may remove the client from valuable support systems offered by these peers.
General Violence	May remove clients from violence-prone environments that can serve as triggers for aggression and violence.
Intimate Partner Violence	Environmental restructuring designed to separate clients with a history of IPV from their partners is not always effective, and it is easy for clients to violate protective orders if they do not accept that the order benefits them and the victim.
Serious Mental Illness	Clients with serious mental illness often are unemployed and live in unsafe and inadequate housing.
Substance Use Disorder	Help clients with substance use disorder engage with non-substance users and structure their time to avoid use.

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Transportation Resources

- ❖ Transportation Resources – the evidence is promising

Summary of the Evidence

- Transportation resources (reliable transportation to meet supervision requirements provided by the officer/supervision agency to the client) are an evidence-informed practice.
 - Clients without access to transportation are less likely to be able to access treatment and obtain employment, and they may be more likely to abscond.
- Providing clients with transportation resources can help build and/or maintain the officer-client relationship.

What Are Transportation Resources?

- Transportation resources are resources provided by the officer/supervision agency to the client to help them access transportation.
- Transportation can be public (e.g., bus, metro) or private (e.g., Uber, Lyft, taxi).
- Resources can come in the form of vouchers, fare passes, or even officers calling a taxi or Uber for the client.

How Are Transportation Resources Used?

- Transportation resources are usually provided in two ways:
 - as an incentive for clients who comply with the conditions of supervision (for example, some programs provide clients with bus passes for every negative drug test the client provides showing they have not used drugs recently)
 - on a scheduled basis to help clients comply with supervision conditions and get where they need to go (for example, the officer may provide the client with bus passes to help them get to work, a treatment center, or the supervision agency office)

How Can They Be Used to Monitor Compliance?

- Transportation resources are intended to help the client and should not be used to monitor compliance.

How Can They Be Used as a Supervision Tool?

- Transportation resources help the client find employment, attend treatment, meet with the supervision officer, and otherwise get where they need to go.
 - This can help clients remain in compliance with supervision conditions (e.g., attending treatment) and complete the supervision process.

- Some evidence suggests that clients without access to transportation may be less likely to come to the supervision office for scheduled visits, making them more likely to abscond.

What Are the Costs of Transportation Resources?

- Transportation resources can be expensive depending on the price of transportation in the area and the frequency with which they are given to the client.
 - Resources for public transportation may be less expensive than those for private transportation.

What Do Supervision Staff Think About Transportation Resources?

- Supervision staff report that transportation resources are
 - sometimes appropriate for all low-risk clients and
 - always appropriate for all medium- and high-risk clients, except for those who have committed intimate partner violence, for whom they are sometimes appropriate.

Compliance Level

- Supervision staff report that practical incentives like transportation vouchers are
 - sometimes appropriate for low-risk clients in low, moderate, or high compliance with the conditions of supervision and
 - always appropriate for medium- and high-risk clients in low, moderate, or high compliance with the conditions of supervision.

What Should You Expect When Using Transportation Resources?

Client Outcomes

- Evidence indicates that access to reliable transportation is essential for clients to succeed on supervision.
 - Transportation to and from the supervision office is necessary for clients to attend regular check-ins with the officer.
 - Clients without access to this may be more likely to abscond.
 - Transportation to and from treatment (mandated or voluntary) is necessary for clients to maintain physical health, mental health, and overcome issues like drug addiction.
 - Transportation to and from a place of employment is necessary to obtain and maintain a job.
 - Some employers will not hire individuals who do not have access to reliable transportation to work.
 - Transportation is empowering since it allows clients to move around freely. This can build self-efficacy and lead clients to feel more in control of the direction of their lives.
- Providing clients with transportation resources can help them improve their lives, comply with supervision requirements, and experience self-efficacy.

- Providing clients with transportation resources may help establish the officer as a helper in the eyes of their client, building their working alliance.

Are Transportation Resources an Evidence-Based Practice?

- Transportation resources are an evidence-informed practice.
 - Studies have not specifically looked at whether officer-provided transportation resources are beneficial.
 - Research has established that many people on supervision have difficulty accessing reliable transportation, and clients without access to reliable transportation experience worse supervision and personal outcomes than those with access.

What Do People Formerly Involved in the Criminal Legal System Think About Transportation Resources?

- People with lived experience in the criminal legal system (the “criminal justice” or “legal” system is referred to as the criminal legal system in this document) report that transportation resources are sometimes appropriate for all low-, medium-, and high-risk clients.

Communication That Strengthens the Officer-Client Relationship (Messaging)

- Officers should ask clients which locations pose transportation challenges.
 - Officers should work with clients to identify what kinds of transportation resources would be most helpful in reaching these locations.
- In addition to their practical benefits to the client, officers should use transportation resources to build the officer-client relationship.
 - Officers should take the opportunity to establish themselves as helpers when providing transportation resources.
 - Officers should be clear that they want the client to succeed on supervision and point out that providing transportation resources is one way the officer can help with this.

Special Considerations When Using Transportation Resources with Subpopulations

Gang-Involved	In some cases, clients with gang-involvement may have difficulty obtaining employment if they are known as a gang member. In these cases, clients may need transportation resources to find employment elsewhere.
General Violence	Clients with a history of general violence may be likely to be mandated to attend anger management classes. They may need transportation resources to attend these classes, especially if the classes are not offered widely in the area.
Intimate Partner Violence	Clients with a history of IPV may be likely to be mandated to attend specialized treatment programming. They may need transportation resources to attend treatment sessions, especially if the programming is not offered in the area.
Serious Mental Illness	Many clients with serious mental illness do not have driver's licenses and may experience greater difficulty obtaining transportation than other clients.
Substance Use Disorder	Clients with substance use disorder may be especially in need of transportation resources if their license has been suspended or revoked. They may also need transportation resources to attend substance use treatment.

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