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Federal PROBATION

a journal of correctional philosophy and practice

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THIS ISSUE IN BRIEF

Most of this issue of Federal Probation *consists of a collection of six articles offering guidelines for probation staff supervising special populations. We are grateful to Faye S. Taxman, JoAnn Lee, CJ Appleton, and Ben Mackey for offering us the opportunity to publish this set of articles on evidence-based practice guidelines for supervising those with criminogenic thinking, substance use and misuse, mental illness, violence and gun violence, intimate partner violence, and finally, young adult justice-involved persons. We think this collection of high-level but meticulously referenced and evidence-based guides will prove useful to all those involved with community supervision of justice-involved persons.*

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Within days of each other, in January 2022, two long-time contributors to Federal Probation *and members of our Advisory Committee died: Alvin W. Cohn (1934-2022) and Edward J. Latessa (1954-2022). In this issue we include an article by each: "Beyond Correctional Quackery—Professionalism and the Possibility of Effective Treatment" (co-written with Francis T. Cullen and Paul Gendreau), which appeared in the Sept. 2002 issue of* Federal Probation*, was a stand-out contribution to a special issue dedicated to "'What Works' in Corrections" that was guest-edited by Alvin W. Cohn. We therefore also include Alvin's contribution to the issue he guest-edited, titled "Managing the Correctional Enterprise: The Quest for 'What Works.'" We will miss them both, but are grateful for their contributions, personal and professional, to evidence-based community supervision. And in the smaller sphere of this journal, we are grateful for their articles, advice, and contributions as members of our Advisory Committee.*

—Ellen W. Fielding
Editor, *Federal Probation*

Introduction to Practice Guidelines for Probation Staff Supervising Special Populations

THOSE SUPERVISING PROBATION and parole populations have an enormous responsibility and opportunity. The responsibilities range from facilitating behavior change to managing conditions of release. The unique opportunity in community supervision is the ability to tailor justice system responses to the risk and need factors of individuals, as well as the social determinants of health impacting them. The challenge is that supervision staff must deal with anyone who is placed on supervision, regardless of whether the agency has the resources or skills to properly manage them. Some agencies have special caseloads for certain types of individuals, but this is rare. Instead, supervision staff are expected to manage individuals belonging to a variety of special populations—such as those with substance use disorders, mental illness, gang involvement, a history of violent behavior or intimate partner violence, and young adults—without specific guidance on the unique needs of the population. As the late Ed Latessa and his colleagues (2009, reprinted in this issue) wrote, the failure to supervise based on the different risk and need factors is a form of "correctional quackery" where individuals are treated the same regardless of their varied backgrounds, experiences, needs, and risks—even though evidence shows these factors should be used to decide how best to assist individuals to become crime and drug free. Consequently, it is vitally important for supervision agencies to allow for individual (person-centered) care, where supervision requirements and conditions are specifically tailored to the unique needs of those they supervise.

With funding from Arnold Ventures, a team from George Mason University (Dr. Faye Taxman, Dr. JoAnn Lee, CJ Appleton, Benjamin Mackey, and Sarah Skidmore) have created appropriateness statements for each tool of supervision, with specific markers for how the tool should be used for each special population. The appropriateness statements reconcile research findings with the opinions and perspectives of supervision staff and people who have been involved in the criminal legal system. This means that the perspectives of staff and those who have experienced the legal system are considered simultaneously with the research findings. This merger also answers questions about how to incorporate research findings into practice. One example of this is the article published in the December 2021 issue of *Federal Probation* on three waves of cognitive behavioral techniques that identify how supervision staff can use different techniques in working with individuals (Tafrate et al., 2021).

Unsurprisingly, there is insufficient evidence from research studies in many areas due to the lack of detailed and/or rigorous studies. Input from the field (both staff and those impacted by the justice system) assists in identifying best practices when using different supervision tools, such as contacts, monitoring controls, psychological restrictions (i.e., assessment, treatment), financial restrictions, motivational techniques, and spatial restrictions. A detailed description of the process of the construction of the appropriateness statements is found in Mackey, Appleton, Lee, and Taxman (2021) in *Aggression and Violent Behavior.* The appropriateness statements will be available through the websites of the Center for Advancing Correctional Excellence (ACE!, www.gmuace.org) and the American Probation and Parole Association (https://www.appa-net.org/).

More importantly, during the process of developing the appropriateness statements, we also found that there is a dearth of information about how to supervise individuals with special needs. That is, we could not identify guidance for probation and parole officers on these special populations. The following articles are designed to provide guidance on special populations, with an emphasis on the tools that officers should use to supervise individuals. We have articles devoted to criminal thinking (Dr. Chip Tafrate), substance use disorders (Dr. Scott Walters), mental illness (Dr. Gary Cuddeback), general violence (Dr. Faye Taxman), intimate partner violence (Dr. Denise Hines), and young adults (Dr. JoAnn Lee), authored by experts in the field.

These are guidelines for staff on how to work with special populations to reduce any "correctional quackery." This collection of articles aims to move the field closer to understanding the nuances of supervising different types of individuals with varying needs.

Faye S. Taxman
JoAnn Lee
CJ Appleton
Ben Mackey

Latessa, E., Cullen, F.T., & Gendreau, P. (2002). Beyond correctional quackery—Professionalism and the possibility for effective treatment, *Federal Probation, 66*(2), 43-49. https://uscourts.gov/federal-probation-journal/2002/09/beyond-correctional-quackery-professionalism-and-possibility

Mackey, B., Appleton, C.J., Skidmore, S., Lee, J., & Taxman, F.S. (online). At the intersection of research and practice constructing guidelines for a hybrid model of community supervision. *Aggression and Violent Behavior.* https://doi.org/https://doi.org/10.1016/j.avb.2021.101689.

Criminogenic Thinking among Justice-Involved Persons: Practice Guidelines for Probation Staff[1]

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What Do Probation Staff Need to Know about Criminogenic Thinking?

Many terms are used to describe the thinking that underlies criminal behavior: *procriminal attitudes*, *antisocial cognitions*, *criminal thinking*, and *criminal thought process*, just to name a few.[2] Since this type of thinking itself is not illegal, the term *criminogenic thinking* is more applicable and refers to *cognitive patterns that facilitate antisocial, criminal, and self-destructive behaviors* (Mitchell & Tafrate, 2012; Whited et al., 2017). The goal of forensic cognitive-behavioral therapy (CBT) interventions is to alter the thinking patterns that drive risky and criminal decisions in broad life areas (e.g., relationships, routines, and habits) while increasing thinking that leads to productive decisions, prosocial outcomes, and ultimately a non-destructive life (Morgan et al., 2018; Tafrate et al., 2018).

Criminogenic thinking isn't unique to justice-involved clients. It's something we all have, to one degree or another. In training workshops, we sometimes make this point by having participants pair up; the trainee in the client role follows this instructional set: "Talk about something you do or don't do that you think is not helpful or not healthy" (this type of exercise is also called a *real-play*). Trainees in the client role often pick a lifestyle issue such as unhealthy eating habits, reckless driving, shopping sprees, staying up too late, or procrastinating on projects. Trainees in the probation officer role are instructed to interview their "client" with a goal of pinpointing the specific thoughts that preceded the unhealthy behavior: What does it sound like in the client's mind when they give themselves "permission" to engage in self-defeating behaviors? After a few minutes or so, we debrief the group and get examples of these permission giving moments. Here are some typical examples that emerge in group after group:

- "I've had a long day, I deserve it."
- "Just this one time."
- "No one will know."
- "It's not really hurting anyone, so why not."
- "Fuck it."

It quickly becomes obvious to trainees in the client role that they can sound a lot like justice-involved clients because we all have criminogenic thinking moments. This exercise is beneficial because once probation officers understand the *nature* of criminogenic thinking, they know what to look for in their clients (e.g., the permission-giving moment prior to a risky/criminal behavior).

Since probation clients are not making risky decisions 100 percent of the time, it is also instructive to identify the other voice—their prosocial thinking when healthier choices are made. To that end, in the second half of the real-play, trainees in the probation officer role interview their "client" with a goal of pinpointing the specific thoughts that preceded a time when the person made a healthy decision in the same situation: What are thoughts like in the client's mind when they don't give themselves "permission" to engage in self-defeating behaviors and instead choose a healthier outcome?

Changing criminogenic thinking does not involve a sudden seismic shift in thinking so much as a gradual strengthening of thinking that is already (perhaps weakly) present in the client. The process of addressing criminogenic thinking in supervision is one of (1) building clients' awareness of the impact their thoughts have on decisions, (2) weakening criminogenic thinking that precedes risky decisions, and (3) strengthening prosocial thinking that leads to better decisions and outcomes.

What Are Common Pitfalls in Addressing Criminogenic Thinking?

Several pitfalls may emerge in probation settings when it comes to assessment and case planning. We highlight three in particular that we believe can lead to misidentification of relevant cognitive supervision targets.

Pitfall 1: The rearview mirror. Often criminogenic thinking is assessed from a "rearview mirror" perspective in which clients are asked about their attitudes toward their most recent or past offenses. In this way of operating, probation officers are likely to obtain statements in which clients minimize the offense or avoid taking full responsibility for prior criminal behaviors. This maneuver typically produces minimizations and justifications (Maruna & Mann, 2006), and sometimes expressions of regret. Unfortunately, this type of conceptualization misses the main

[1] This work was funded by Arnold Ventures. The views and opinions expressed here are those of the authors and do not necessarily reflect the position of the funding agency.

[2] There are also many terms used to describe people receiving services in community corrections (e.g., probationer, parolee, probation client, justice-involved client/person, etc.). Throughout these practice guidelines we use the term "client" in the interest of brevity.

point, because the focus is on thoughts that come after the destructive decisions and behaviors have been made.

The original cognitive models developed by Ellis (1957, 1962) and Beck (1963, 1967) were formulated around "hot cognitions" that precede and exacerbate symptoms of anxiety and depression (e.g., "What were you telling yourself right before you got depressed last Tuesday?" "What were you saying to yourself when you became anxious about going to the party and decided to avoid it?"). Imagine the absurdity of solely asking people what they thought about their past depressive or anxious episodes after the fact (e.g., "Looking back, what do you think now about being depressed last Tuesday?"). The cognitive focal point of interventions for mental health problems is about the thinking that leads to the symptoms (Barlow et al., 2017; Beck, 2011; DiGiuseppe et al., 2014), not the thinking that follows them. We suggest the same principle be applied to forensic CBT. Target the criminogenic thinking that precedes specific instances of risky and criminal behavior, not the thinking that follows.

This does not mean that asking clients about how they view their past criminal actions is unnecessary or unproductive. For example, asking them to look in their rearview mirror can reveal how they have mentally reinforced their behavior (which makes it more likely it will recur) and reveal other relevant criminogenic thinking patterns in their risk profile. The point is that assessment of criminogenic thinking should not be done solely as a rearview mirror enterprise, nor should such thoughts be the focus of supervision or intervention.

Pitfall 2: Mistaking mental health symptoms for criminal risk factors. Major mental disorders are common across justice-involved populations (both in prisons and probation/parole), with prevalence rates exceeding those found in non-justice community samples (Brooker et al., 2012; Steadman et al., 2009). This can lead to the assumption that mental health symptoms have a causal relationship with criminal behavior, and that addressing the symptoms will reduce recidivism. This perspective is embedded in the idea that criminal behavior is primarily a product of psychological distress. There is an intuitive appeal to the notion that targeting mental health symptoms will reduce recidivism; however, criminal behavior is largely determined by larger criminogenic life areas (e.g., criminal peers, unemployment, substance misuse, criminogenic thinking patterns, etc.). For most cases, focusing on mental health symptoms alone is unlikely to have a significant impact on future criminality (Bolaños et al., 2020; Bonta et al., 2014; Morgan et al., 2012; Peterson et al., 2014; Skeem et al., 2016).

Adding to the misconception, CBT interventions were developed within a mental health context and have established themselves as one of the most empirically supported intervention modalities for a wide variety of psychological disorders (Butler et al., 2006; Kazantzis, 2018). Although restructuring dysfunctional thinking patterns is central to CBT-oriented interventions, a meaningful distinction can be made regarding the nature of the thinking patterns that should be targeted when addressing mental health disorders versus criminal behavior. Criminogenic thinking is not the thinking that drives mental health symptoms. Specifically, typical anxious and depressive thinking patterns overestimate and exaggerate potential dangers, emphasize self-blame, and undercut self-efficacy (Barlow et al., 2017; Beck, 2011; DiGiuseppe et al., 2014). In contrast, criminogenic thinking patterns involve a tendency to underestimate risk in favor of overly optimistic and self-serving predictions, shift blame to others, and are unrealistically self-confident (Kroner & Morgan, 2014; Mitchell et al., 2015; Walters, 2014). An example of anxious thinking in the workplace would sound like, "I know my boss is going to fire me if I'm late again and then I'll never find another job" whereas, criminogenic thinking sounds like, "It's no big deal if I'm late for work, nothing much happens in the first hour of my shift anyway. My boss is lucky I show up to begin with."

Even for probation clients who present with both mental health and criminal problems—as is common—the cognitions that amplify their dysphoric symptoms will be different from those that drive their criminal decisions. Thus, an exclusive focus on the thinking that drives mental health symptoms is ill-advised when working with clients if a goal of supervision and intervention is to reduce their justice involvement. If CBT interventions aimed at reducing justice-involvement are to match the effectiveness of those developed to reduce anxiety and depression, understanding the thinking patterns that drive criminal behavior is critical. This means that mental health treatment referrals for clients will supplement, but not replace, efforts by probation officers to address criminogenic thinking. Hopefully, the benefits clients obtain from mental health treatment, such as a reduction in psychological distress, will make their efforts to alter criminogenic thinking in the risk-relevant areas of their lives more productive.

Pitfall 3: The "attitude" problem. Criminogenic thinking is not about the client's general demeanor or attitude toward being supervised. Clients who report for intakes and state that their sentence seems unfair and that referrals for intervention are unnecessary may be perceived as having a "negative attitude" and exhibiting high levels of criminogenic thinking. Conversely, clients who state they are amenable to court-ordered conditions, office visits, and community referrals may be perceived as having minimal criminogenic thinking. While there is evidence that criminogenic thinking is associated with poor responsivity and program attrition (Best et al., 2009; Garner et al., 2007; Mitchell et al., 2013; Olver et al., 2011; Taxman et al., 2011), this is a flawed marker for identifying criminogenic thinking. A client's attitude toward supervision is heavily influenced by previous experiences with "the system" and a whole range of chaotic personal life circumstances. Another factor influencing client cooperativeness is the relational style of the probation staff. A relational style that is authoritarian, overly directive, and lacks compassion will elicit discord, noncompliance, or lead to the client shutting down (Kennealy et al., 2012; Moyers & Miller, 2013). Further, clients who are pleasant and cooperative can simultaneously harbor thinking patterns likely to produce another offense. The strategies described below will provide more useful indicators of criminogenic thinking than the client's attitude and demeanor during the intake process.

What Do Criminogenic Thinking Patterns and Thoughts Sound Like?

We find it helpful to distinguish between criminogenic thinking *patterns* and criminogenic *thoughts*. Criminogenic thinking patterns emerge from individual experiences, environmental circumstances, and reinforcement histories. They are abstract and operate like rules or assumptions people live by and produce criminogenic thoughts. Patterns can be likened to wearing a set of goggles that color the world a certain way. Criminogenic thoughts are more automatic and spring up spontaneously in response to different events. They become the words that people utter out loud and/or to themselves (i.e., the "permission giving moment" described earlier).

Thinking patterns are important because they influence thoughts over time and across situations (Beck, 2011). For example, a client with an entrenched pattern of Exploit (see Table 1 below) might have the following thoughts across situations in his life:

- **Work:** "When my boss takes a lunch break, I'm not going to ring up the sales. I'm just going to pocket the money. I need the money more than he does. He'll never know."
- **Family:** "I'll crash on my brother's couch for the summer. He owes me anyway."
- **Intimate relationships:** "I'm not that into her. I'll just use her for sex for a few weeks and try to get close to her friends."
- **Friendships:** "I don't really like Rick. But I'll hang with him once in a while because he has a car that I can use on weekends."
- **Parenting:** "Why should I pay child support. My ex's boyfriend has money and can pay for stuff."

Notice how the cognitive theme *Exploit* (criminogenic thinking pattern) is manifested in a variety of ways and influences how this client thinks in the moment (criminogenic thoughts) and acts (decisions/behaviors) across a range of life situations. Not all the resulting decisions in this example are criminal. However, the presence of this pattern will put this client at risk for future criminality. Also, such thinking is likely to have a damaging effect on the client's relationships and career path.

Another complexity is that criminogenic thinking is multifaceted and not adequately represented by a single cognitive pattern. Criminogenic thinking patterns can be conceptualized effectively by taking into consideration the empirical literature that has emerged since the mid-1990s around a collection of self-report assessment instruments for use with justice-involved populations (these are marked in the reference list *). Because each of these instruments feature multiple subscales, a sizable array of distinct criminogenic thinking patterns has emerged. When considered as a whole, this literature reveals 13 broad-spectrum thinking patterns that can be useful in guiding supervision and intervention (see Table 1). Keep in mind that no client has all 13 patterns. In applying this model to a specific case, probation staff identify the criminogenic thinking patterns—usually one or two—that most commonly drive criminal and destructive decisions for that case.

The literature on criminogenic thinking patterns is still a work in progress with several unanswered questions and controversies remaining to be resolved. Some of these issues are discussed later in this paper. Nonetheless, this literature can serve as a practical guide. In training workshops, we present a variety of audio clips from probation office visits and ask probation officers to listen for criminogenic thoughts, as they are verbalized by clients,

TABLE 1.
Criminogenic Thinking Patterns and Criminogenic Thoughts

Criminogenic Thinking Pattern	Description of Pattern	Sample Criminogenic Thought
Identifying with Antisocial Companions	Viewing self as being similar to, and relating best to, antisocial peers; sees relationships with prosocial peers as unimportant.	"I don't have anything in common with people who live a straight life."
Disregard for Others	Belief that the needs/rights of others are unimportant; antipathy/hostility toward others; lack of empathy and remorse for hurting others.	"There's no point worrying about people you hurt."
Emotionally Disengaged	Belief that avoiding intimacy and vulnerability is good; lack of trust; fears of being taken advantage of.	"I don't talk about personal issues. If I open up to someone, they will take advantage of me."
Hostility for Criminal Justice Personnel	Adversarial and suspicious attitude toward police, lawyers, judges, case managers, and so forth.	"Probation officers just want to violate you. That's why they always ask about your address—so they know where to find you when they want to arrest you."
Grandiosity & Entitlement	Inflated beliefs about oneself; belief that one is deserving of special treatment.	"I won't go to treatment unless you can find a facilitator smarter than me."
Power & Control	Seeking dominance over others; seeking to control the behavior of others.	"Nobody can tell me what to do. I tell other people what to do."
Demand for Excitement	Belief that life should be focused on thrill seeking and risk taking; lack of tolerance for boredom.	"There is no better feeling than the rush I get when stealing."
Exploit	General intent to exploit situations or relationships for personal gain when given the opportunity.	"Why should I pay child support? She has a rich boyfriend who can support my kid."
Hostility for Law & Order	Hostility toward rules, regulations, and laws.	"Laws are there to hurt you, not help you." "That's the way I am. I make my own rules."
Justifying and Minimizing	Justification, rationalization, and minimization of harmful behaviors.	"If I don't sell drugs in my neighborhood, somebody else will."
Path of Least Resistance	"Easiest way" approach to problem solving; a "no worries" and "no plan needed" and "in the moment" style of life.	"Everything will take care of itself."
Inability to Cope	Giving up in the face of adversity; low frustration tolerance.	"When I don't understand things, I give up." "All these programs and appointments you're making me do are stressing me out, I'd rather be back in jail."
Underestimating	Underrating the negative consequences of risky behaviors; over-confidence in decision-making skills.	"What's the worst thing that could happen to me—nothing!" "I won't go to jail for selling. I know all my clients."

and then connect those thoughts to larger criminogenic thinking patterns. Probation officers get very good at this exercise. With practice they eventually use the 13 patterns like "hooks" to hang information, which helps to organize what they are hearing from their clients and guide future discussions.

How Do Probation Staff Start Conversations with Clients about Criminogenic Thinking?

When it comes to addressing criminogenic thinking, the initial challenge for most probation officers is that they do not know how to access their client's thoughts and launch into productive conversations about thinking. The challenge for most clients is that they are unaware of the destructive impact their thinking is having on their lives. As described earlier, the *first step* is to bring the client back to the actual criminal event and the moment that preceded the risky/destructive decision and behavior. This includes official offenses (especially recent ones) that have triggered justice-involvement, violations of probation conditions, and even incidents for which the client was never formally charged. As a rule, the more events explored, the greater the likelihood that relevant thinking patterns related to risky decisions and criminal behavior will become evident.

The *second step* is to ask questions that are likely to access in-the-moment criminogenic thoughts. Keep in mind that many justice-involved clients are unaware of their own fleeting thoughts, so gentle persistence is sometimes required. Here are some question stems that can be helpful:

- "What were you telling yourself when you… [went to the street corner to sell drugs]?"
- "What were you telling yourself that gave you permission to… [touch her inappropriately]?"
- "What was going through your mind when you… [hopped into the car to take it]?"
- "Tell me the exact thought you were saying to yourself when you... [had that last beer before you drove home]."
- "What was going through your mind when you gave yourself permission to… [hit her]?"

Exploring offenses with clients is likely to reveal a complex behavioral chain of events. There may be multiple decision points to ask the client about. For example, what was the client thinking when he got in the car with Tony? What was going through his mind when he and Tony were discussing plans to break into the house? What was he telling himself that gave him permission to pry the window open and climb into the house? Probation officers will need to decide the point(s) in the chain that are most relevant to pursue.

In terms of understanding the case, the *third step* is to connect the criminogenic thoughts that emerge to one or two of the 13 larger criminogenic thinking patterns. Some thoughts connect neatly to a pattern, while others may represent a blend of several patterns. Those patterns that are most relevant for a particular client will become the cognitive focal points during supervision.

A conversation about client thinking isn't a one-shot deal or single session endeavor. It's more like a thread to keep pulling on. Therefore, it will be important to *hover* around a thinking pattern or two over the course of supervision.

What Techniques Can Probation Staff Use to Alter Criminogenic Thinking?

The process of cognitive restructuring with probation clients is to gradually weaken the influence of their criminogenic thinking on decision-making, while strengthening the influence of their prosocial thinking. There are myriad ways probation staff can stay focused (i.e., hover) on criminogenic thinking patterns and work to alter cognitions (for details, see Tafrate et al., 2018). We will briefly describe five of our favorite techniques.

(1) Make the client aware of a conspicuous criminogenic thinking pattern. The delivery style of CBT is active-directive (led by the practitioner). Therefore, when probation officers believe they have identified a relevant criminogenic thinking pattern for a client, they can begin a focused conversation about that pattern using language like:

> "We are all guided by our thinking. As we go through life, we develop rules for how we interpret things, see ourselves, and react to others. With repetition our thinking becomes automatic and inflexible, and we become less aware of how our thinking guides our everyday choices. Some of the ways of thinking that people live by can cause problems for them. Would it be OK if I shared with you one pattern I noticed? [most clients say "Yes" when asked this way] One pattern that comes up for you is a tendency to . . ." [describe the pattern].

In most cases, more than one criminogenic thinking pattern will exist. Resist the temptation to discuss multiple patterns at once. Put the focus on one pattern at a time.

It is important to describe the thinking pattern by using non-judgmental language. For example, do not say, "You have a tremendous disregard for others." Rather, say, "You have a tendency to look out for yourself and not always think about how your actions affect others." Do not say, "You are emotionally disengaged." Instead, say, "You have a tendency to avoid showing your emotions to others, because you think they will take advantage of you, or it will make you look weak." Techniques for describing criminogenic thinking patterns in client-friendly language have been presented elsewhere (Tafrate et al., 2018).

Once the thinking pattern is put on the table, the impact of the pattern on the client's life can be explored with several key questions:

- "How has this way of thinking affected your life overall?"
- "What kinds of things have you lost in your life when you followed this way of thinking?" [Ask about areas such as relationships, jobs, money, health, freedom, respect, opportunities.]
- "What will keep happening if you continue to follow this way of thinking?"
- "What is a new way of thinking that might work better?"

(2) Have the client self-monitor a criminogenic thinking pattern or thought. One way to raise awareness is to have the client self-monitor when a specific criminogenic thought or thinking pattern emerges in the client's day-to-day life. This exercise also provides an opportunity for clients to talk back to and reshape their own thinking. This can be done on a worksheet, blank piece of paper, or any type of notes application on a smartphone.

To start, the probation officer identifies the thinking pattern to monitor (again, using non-judgmental language). The client is asked to pay attention to situations where the thinking occurs. Once noticed, the client writes down: (a) a brief description of the situation or circumstances where the thinking emerged, (b) the initial thoughts as a sentence in the client's head, (c) the decision and action that was taken—positive or negative, and (d) an alternative way of thinking that would lead to better decisions and outcomes.

It is often useful to work through this exercise together with a real-life example the first time it is assigned, so that the instructions are clear. The exercise is then reviewed

at the next office visit. We have been surprised by the willingness of many clients to complete such an assignment. Many (but not all) want help and will seize the opportunity to do something to improve their own lives. If the exercise is not completed, another recent example of when the pattern emerged can be reviewed together during the next office visit.

(3) Consistency/Discrepancy discussions: Explore a recent decision that is consistent with better thinking and a recent decision that is discrepant with better thinking. Once discussions around better ways of thinking have occurred, in subsequent contacts, the probation officer can ask for recent examples of decisions the client made that were consistent with the better ways of thinking and examples of decisions that were inconsistent (i.e., destructive). Here are some straightforward questions:

- "Tell me about a decision you made recently that was in line with the better thinking we talked about. Recall, your better thinking was _____."
- "How do you think your life can be different if you keep making decisions that are consistent with better thinking?"
- "Tell me about a decision you made recently that wasn't in line with the better thinking we discussed last time."
- "What makes the decision inconsistent with the better thinking?"
- "In the past, how have decisions like this gotten you in trouble?"

These kinds of discussions can enhance motivation for change, provide opportunities for the client to receive reinforcement for prosocial thinking and decision-making, and foster increased awareness of the link between prosocial and criminogenic thinking on their behavior.

(4) Client-generated solutions. Another way to strengthen the connection between prosocial thinking and decision-making is for clients to generate ideas about what would help them be more likely to act on their better thinking in the future. Again, direct questions work best:

- "What's one thing you could do that will make it more likely for you to follow the better thinking in the future?"
- "What would help you make a decision based on better thinking in the future?"

(5) Role-play criminogenic and better thinking. Probation officers who are adventurous can strengthen prosocial thinking by engaging the client in role-playing healthy thinking in response to their own criminogenic thoughts. The purpose of this exercise (also called the *two voices role-play*) is to build clients' ability to counter their own destructive thinking. During the role-play, the probation officer plays the role of the client's criminogenic thoughts and verbally presents these to the client. The client plays the role of the better thinking voice and tries to counter the criminogenic thinking. Below is a brief sample dialog:

Officer: Today we are going to do a little acting. I'm going to be a voice that is tempting you to hang out with your friends who get in trouble. I'm going to say the kinds of things that come from that voice. I want you to be the better thinking voice and counter what I say. So, we are going to role-play these two voices. We will start slow. Ready?

Client: Okay.

Officer: I can still hang out with my friends that are getting arrested as long as I don't do anything wrong. What they are doing won't affect me.

Client: I only get arrested when I hang out with these guys. It sometimes ends badly for me.

Officer: Good job. That was great. Now, do you think we can kick it up a notch?

Client: Yeah.

Officer: But these guys are like my family. They're always there for me.

Client: They weren't there for me when I got arrested last time. They vanished and left me to deal with the cops. I'm on probation and I don't want to go back to jail. I can't risk it.

Officer: Good. You handled it again.

Officer & Client: [Both laugh]

Officer: How can you strengthen that voice moving forward?

This type of exercise can be done periodically to provide repeated practice for countering criminogenic thinking. One advantage of this role-play is that it's memorable for the client. We understand that at first this exercise may seem odd or unusual for probation officers. With a little practice, many officers find this to be among their favorite techniques. Also, consider what's at stake for clients in some situations: Loss of freedom? Physical injury? Death? Why not practice skills with clients that might improve their real-world decisions and reduce the most serious negative outcomes?

What Topics Need More Scientific Attention? (for curious readers)

There are still a number of unanswered questions regarding criminogenic thinking. We raise several questions that require further investigation to bring more clarity to this area.

How many criminogenic thinking patterns are there? As noted earlier, criminogenic thinking instruments have multiple subscales, with each measuring a different constellation of patterns. The 13 patterns we emphasized come from a conceptual review of these available self-report assessment instruments. To our knowledge, there has never been an attempt at a statistical integration of *all* the instruments. Such an analysis might reduce the number of patterns even further.

There is also the possibility that other relevant patterns may emerge that are not being currently measured on any instruments. For example, McGill et al. (2021) found that the "code of honor" (e.g., the idea that perceived disrespect warrants retaliation) is a strong predictor of violent behavior. This suggests that more patterns may be identified in the future.

Are all patterns equally criminogenic? It seems likely that some patterns may be more relevant for offending while others are more connected to the establishment of the working alliance with probation staff. For example, Hostility Toward Criminal Justice Personnel seems unlikely to be a thinking pattern that leads to someone being placed on probation. Instead, the pattern may represent a barrier or responsivity factor for working with clients who will see probation staff negatively as part of a punitive system. Probation officers must be mindful that clients in communities that are routinely subjected to unprofessional policing practices may enter supervision with negative views toward officers.

A related area of future exploration is the extent to which different criminogenic thinking patterns or "profiles" might be related to specific offenses. For example, we have noticed that a Demand for Excitement seems to emerge in cases where youth describe stealing cars and a Power and Control theme seems strong in domestic violence cases. We are not aware of any studies that have attempted to match specific patterns with offense profiles outside of those that involved sex offending.

What about girls and women? Over the past few decades, a notable controversy has emerged regarding the relevance of criminogenic thinking to justice-involved girls and women (O'Hagan et al., 2019). Largely based on qualitative accounts, feminist scholars posit that such thinking patterns are not particularly germane to the criminal conduct of women, arguing that women largely become enmeshed in the justice system due to a constellation of systemic factors linked to patriarchal oppression,

sexual victimization, intimate partner abuse, economic hardship and survival needs, childcare responsibilities, and a desire to maintain relationships (e.g., Salisbury & Van Voorhis, 2009; Steffensmeier & Allan, 1996). Feminist scholars argue that an unfortunate byproduct of focusing on criminogenic thinking in correctional assessment and treatment is the placement of unnecessary blame and responsibility on girls and women by decontextualizing their criminal behavior (Hannah-Moffat, 2006; Van Dieten & King, 2014).

Further fueling the argument that criminogenic thinking is an androcentric construct is the fact that men are more highly represented in the justice system worldwide and, resultantly, criminogenic thinking models, formulations, and instruments have primarily been developed on male samples—potentially rendering these tools less relevant to women. Notwithstanding these concerns, a recent pilot study suggests that criminogenic thinking in justice-involved women is highly relevant and was a better predictor of new arrests for women than for men. However, the specific criminogenic thinking patterns that predicted rearrest for women were different than those found in men (Jones et al., 2021).

Summary

In the face of life's challenges and struggles everyone has the potential to crave excitement, make excuses for poor conduct, or fail to sufficiently consider the impact of one's actions on the suffering of others. For some people, such patterns become more prevalent and automatic, setting the stage for decisions that are likely to lead to criminal behavior, cause harm to oneself and others, and create a cycle of justice-involvement. By recognizing and assessing criminogenic thinking patterns when they emerge in supervision, probation officers have the opportunity to reduce a significant risk factor. This is a process that will entail directly (but nonjudgmentally) bringing these destructive patterns to the clients' awareness and using CBT techniques to weaken the criminogenic thoughts that precede poor decisions, while reinforcing the prosocial thinking that precedes better decisions. Because criminogenic thinking patterns are likely to be longstanding with a history of strong reinforcement, altering them is a gradual process. Similarly, the strengthening of healthier thinking patterns will take time, as clients experience the real-world reinforcement of newer ways of thinking. Thus, addressing criminogenic thinking occurs over the course of supervision rather than during one or two office visits.

Key Terms

Criminogenic thinking: Thoughts and beliefs that facilitate criminal, antisocial, and self-destructive behavior.

Criminogenic thinking patterns: Cognitive rules or assumptions that produce criminogenic thoughts and guide criminal behavior across different life areas.

Criminogenic thoughts: Automatic thoughts that spontaneously arise in response to different situations. Such thoughts influence in-the-moment decisions.

Cognitive-behavioral therapy (CBT): A relatively short-term treatment focused on the way a person's thoughts, emotions, and behaviors are connected and affect one another. Clients are taught skills to alter thinking and behavior patterns that contribute to their problems.

Active-directive: An interaction style where the focus of the office visit is led by the practitioner (e.g., probation officer), while also actively involving the client. Office visits are organized and structured with a beginning, middle, and end.

Forensic CBT: CBT interventions to alter the thinking patterns that drive criminal/antisocial behavior, while increasing thinking that leads to productive decisions and prosocial outcomes.

Key Takeaways

1. The nature of criminogenic thinking is familiar to all of us. It's that fleeting voice in our minds when we give ourselves "permission" to do something harmful or self-defeating.
2. In working with probation clients, it is critical to target the thinking that precedes specific instances of risky and criminal behavior, not the thinking that follows.
3. Criminogenic thinking *patterns* are important because they operate like internal rulebooks, influencing a client's spontaneous thoughts and decisions across situations.
4. The first step in altering criminogenic thinking is to raise clients' awareness of the consequences of their own thinking and its impact on day-to-day decision-making.
5. There are a variety of cognitive behavioral techniques that probation officers can use to alter criminogenic thinking. A focus on criminogenic thinking should be an ongoing part of supervision.
6. Although criminogenic thinking is considered a major risk factor for criminal behavior, it is often misunderstood. Our knowledge in this area is still evolving.

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Substance Use and Misuse among Justice-Involved Persons: Practice Guidelines for Probation Staff[1]

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What Do Probation Staff Need to Know about Substance Use and Misuse?

A substance use disorder (SUD) is a pattern of alcohol or drug use that causes significant impairment or problems. Of course, not everyone who uses substances will go on to develop a SUD. The number of people who use a substance who then develop a SUD is called "conditional dependence." On average, about 12 percent of people who use a substance at least once will develop a SUD, with some substances (e.g., alcohol, marijuana) having lower rates of conditional dependence, and other substances (e.g., cocaine, heroin) having somewhat higher rates (Lopez-Quintero et al., 2011). Heroin and cocaine also appear to have the quickest progression from initial use to a SUD (0-4 months), while cannabis and alcohol often take longer to progress to a SUD (1-6 years and 3-15 years, respectively) (Lopez-Quintero et al., 2011). Like substance use itself, SUD can range from a relatively mild SUD that can be treated with brief advice or counseling to a very severe SUD that might require intensive inpatient services. This is one reason it is important to use an evidence-based screening tool that measures recent substance use, rather than relying on criminogenic risk/need assessments that measure broader behaviors or substance use that occurred long ago.

SUDs are more frequent among males, and people who are younger, have lower incomes, are unemployed, began using substances at an earlier age, and have certain mental health conditions (Chen, O'Brien, & Anthony, 2005). In a national survey, around 20 percent of males on probation had a drug use disorder, 30 percent had an alcohol use disorder, and 40 percent had any SUD (Substance Abuse and Mental Health Services Administration, 2014). In another survey, about half of male probationers were in need of substance use treatment, but only around one quarter actually received treatment in a given year (K. E. Moore et al., 2019; Perry et al., 2015).

What Do Probation Staff Need to Know about Substance Use and Abuse in the Criminal Legal System?

People who use substances are much more likely to be justice-involved (Dellazizzo et al., 2020; Hayhurst et al., 2017; T. M. Moore et al., 2008; Yukhnenko, Blackwood, & Fazel, 2020). For example, nearly 40 percent of federal and state prisoners reported using drugs and 30 percent reporting drinking alcohol at the time of their offense (Maruschak, Bronson, & Alper, 2021), and nearly half had a substance use disorder in the 12 months prior to incarceration. Substance use is also the most important modifiable risk factor for recidivism, followed by antisocial peers, mental health needs, and employment problems (Yukhnenko et al., 2020). There are several reasons why substance use and crime tend to be so strongly connected: people are more likely to commit crimes when they are under the influence (e.g., violent crimes, intoxicated driving); people often commit crimes when they are trying to obtain substances (e.g., robbery, financial crimes); and people may buy, sell, or possess illegal substances directly (e.g., possession, distribution). While under supervision, people who are using substances might have a harder time maintaining obligations to their jobs or families, or completing other requirements.

What Role Does Substance Use Treatment Have in the Criminal Legal System?

Substance use treatment in the justice system can reduce both substance use and criminal behavior (Perry et al., 2019; Perry et al., 2013, 2014; Prendergast, Podus, Chang, & Urada, 2002). In one study, people who were mandated to substance use treatment were as satisfied with their treatment and were as likely to be abstinent after one year as those who were accessing treatment voluntarily (Kelly, Finney, & Moos, 2005). Furthermore, in another study, people who were mandated to treatment were more ready to change their substance use than people who were there voluntarily (Gregoire & Burke, 2004). People who were entering treatment because of legal coercion were three times as likely to have started positive changes in the month before beginning treatment. This suggests that a certain amount of legal pressure can increase motivation to change substance use.

Chandler et al. (2009) described some "best practices" for integrating substance use treatment into the justice system. Some of their key recommendations include: 1) use

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screening and assessment to determine the correct treatment placement; 2) make treatment long enough to ensure stability; 3) carefully monitor substance use while people are in treatment; 4) employ a mix of rewards and sanctions to keep people engaged; 5) use medication-assisted treatment where indicated; and 6) provide housing, employment assistance, and medical care to assist with recovery. Importantly, these strategies rely on coordination between justice agencies, treatment providers, mental health agencies, and healthcare providers.

In the criminal justice system, behavioral treatments are widely used because of their relatively low cost and ability to address other factors that are related to substance use (e.g., social support, antisocial thinking, motivation). In fact, there are several behavioral treatments that have a strong evidence base both inside and outside the justice system, including motivational interviewing, cognitive behavioral therapy, and contingency management (all described below). In addition, there is good evidence that medication-assisted treatment can be helpful for some people, particularly those with an opioid use disorder. Some people benefit from behavioral treatment alongside medication, for instance receiving motivational or contingency-based approaches to encourage them to continue taking a medication for a SUD.

What Are the Evidence-based Treatments for Substance Use in the Criminal Legal System?

People in the criminal justice system are often asked to make changes they previously hadn't considered (e.g., stop using drugs, find employment, avoid certain people). The transtheoretical model of change (TTM; DiClemente & Prochaska, 1998) describes how people become more ready for change, whether for internal reasons or because of external pressure. In short, it says that people progress through a series of stages when considering a change. People's readiness ranges from precontemplation (no awareness or interest in change) to contemplation (some awareness, but mixed feelings about change), to preparation (having a plan for change), to action (having recently made changes), to maintenance (having maintained changes over time). Finally, relapse is a common part of the cycle; most people have setbacks when they try to change a longstanding behavior. A study of people in recovery from alcohol or drug use disorders found that people made an average of 5.35 serious attempts before finally resolving a significant substance use problem (Kelly, Greene, Bergman, White, & Hoeppner, 2019). And of course, motivation is specific to the area. People may be very ready to change their substance use, but not at all ready to change their peer group, or they may be very ready to change their substance use, but don't think they need treatment to do it.

Ideally, a person's internal reasons to change substance use (e.g., "My family will be proud of me if I stay clean") should work alongside external reasons (e.g., "If I fail my UA, I might get a weekend in jail") to move people through the stages. In reality, however, motivation is more complicated. People may be told to change their behavior immediately (quit using drugs right now) where previously there was little readiness (someday I might quit using drugs). In addition, certain legal requirements (pay fees, attend classes) might seem unfair to the person, or might even be seen as at odds with other goals (pay for childcare).

In focus groups of probationers with a history of drug use, Spohr et al. (2017) identified a range of reasons people said it was important to finish probation:

- Financial (e.g., "To have more money")
- Time (e.g., "So I can spend more time relaxing or doing what I want to do")
- Freedom (e.g., "To quit having to check in with others when I want to do something")
- Shame (e.g., "So people will quit judging me")
- Relationships (e.g., "To set an example for my children")
- Legal (e.g., "To avoid going to jail or prison")
- Getting on with life (e.g., "To make my life better")

Interestingly, the areas themselves were less predictive of probation success than the overall pattern. In general, people who had more internal, future-focused reasons (the authors called these "better life" reasons) were more likely to make changes in their substance use, compared to people who had more external, present-focused reasons (the authors called these "tangible loss" reasons). This is consistent with self-determination theory (Ryan & Deci, 2000), which says that people are more likely to make lasting changes if they believe they have some ownership over the changes (autonomy), feel confident in their ability to make the changes (competence), and believe that others will support the changes (relatedness).

Practically, this means that you should consider the full range of things that might motivate a person, and help that person appreciate the ways that completing probation would "make my life better," "help me get on with my life," "set an example for others," and "make my family proud of me." People who are thinking about and prioritizing these internal, future-focused reasons are more likely to work towards their probation goals. In fact, it might be counterproductive to keep warning a probationer about the legal consequences of staying unemployed when the probationer has said their main motivation is to find a job or support their family.

Beyond individual factors, there is evidence that the way providers deliver substance use treatment can influence client outcomes (Moyers & Miller, 2013). In a probation setting, Rodriguez et al. (2017) found that when counselors used a more pushy, suggestion-giving style, probationers were less likely to talk about change, and less likely to be abstinent two months later. In fact, a positive, balanced working relationship between probation staff and clients is an important predictor of client outcome (Skeem, Louden, Polaschek, & Camp, 2007).

Motivational Interviewing

Motivational interviewing (MI) is a treatment approach that focuses on developing discrepancy between a person's goals and behavior (Miller & Rollnick, 2012). MI is a sort of "cousin" to the TTM because it suggests ways of talking with people to move them from one stage to the next. While MI suggests certain conversational skills such as open questions, affirmations, reflections, and summaries, the mindset or "spirit" of MI is also important. MI emphasizes *collaboration* (clients are seen as a source of expertise that can be drawn from), *evocation* (the client's background and experience is a source of strength), and *acceptance* (clients have the right to make decisions about their own lives).

MI has a substantial track record in substance use counseling, both as a stand-alone intervention as well as integrated with other counseling approaches (Frost et al., 2018). MI was originally designed to provide a motivational "booster" before starting treatment. However, many research studies have found that a single MI session is often helpful on its own to initiate behavior change. Once people become motivated to change, they often seek out other services on their own. Interestingly, there is evidence that MI may

be more beneficial for severe substance users, compared to other treatment approaches. For instance, one study of pregnant drinkers found that MI was most beneficial for the heaviest drinkers (Handmaker, Miller, & Manicke, 1999), while another study of cannabis users found that MI was most effective for heavy users (Mason, Sabo, & Zaharakis, 2017). In addition to substance use, MI can be used to help people make changes in other behaviors that affect probation success (Walters, Clarke, Gingerich, & Meltzer, 2007). You might use MI techniques to encourage people to talk about the benefits of completing treatment, what they are learning in treatment, and how they will avoid situations that put them at risk of relapse. MI emphasizes careful listening, a good working relationship, respect for the person's autonomy, and eliciting ideas and solutions from the person.

Here's an example of a conversation between a probation officer and client that might happen early in the probation process. The officer uses the conversation to help the person think about the person's commitment to finishing a treatment program, despite some reluctance. The officer avoids the temptation to lecture or nag the client about what he *should* do, but rather focuses on the person's internal reasons for completing treatment.

Officer: *I wanted to talk next about your substance treatment condition. As you know, you've been assigned to IOP. That's three sessions per week for eight weeks.*

Client: *I don't really think I need that much treatment. My drinking's not that big a deal. It's never been a problem for me to quit, and I wasn't even drinking the night I was arrested.*

Officer: *So it feels like a heavy lift right now. I'm curious about your level of commitment to completing IOP, all things considered. If 1 is "not at all" committed, and 10 is "very" committed, how committed are you to successfully completing IOP?*

Client: *Well, it's a 10. I know I have to finish, but I don't know how I'm supposed to go to treatment and look for a job at the same time.*

Officer: *A 10 is a pretty high level of commitment. What are some of the reasons you're so committed?*

Client: *Well, just getting on with my life is the main thing. Finishing probation.*

Officer: *So, moving on with your life. And what else makes it a 10 and not a lower number?*

Client: *I guess my family is another reason. I have a daughter and want to be there for her. Right now, probation is like this dark cloud that follows me around. I want to be able to get a job and contribute for once in my life.*

Officer: *Sounds like those are two pretty big motivators. One is just getting through probation, and the second is making a better life for your family. So let's talk about your plan for the next couple weeks, both staying clean and signing up for treatment.*

Notice how the officer ignores the client's more resistant talk, and instead follows the more productive talk—in this instance, reasons the person is committed to finishing treatment, despite his ambivalence. From an MI standpoint, it's a good investment to spend a few minutes talking about motivation before entering the planning phase. A manual developed by the National Institute on Corrections gives more extensive instructions for using MI in community corrections settings (https://nicic.gov/motivating-offenders-change-guide-probation-and-parole).

Cognitive Behavioral Therapy

Cognitive behavior therapy (CBT) focuses on changing thought patterns that lead to problem behaviors (Beck, 2020). A CBT approach might teach people different ways of thinking or coping, and help them come up with new skills to avoid substances (Milkman & Wanberg, 2007). A related approach, relapse prevention, teaches people how to anticipate and cope with relapses, for instance using strategies to keep a slip from becoming a full-blown relapse.

There is good evidence that CBT can reduce substance use and related problems (Magill et al., 2019). CBT has been integrated into many different programs such as *Moral Reconation Therapy*, *Reasoning and Rehabilitation*, and *Thinking for a Change* that address broader areas of thinking and behavior. A CBT-based program might teach people how to recognize and evaluate thoughts that lead to trouble, how to identify new ways of thinking, how to prepare for stressful situations, and how to effectively communicate their needs (Bush, Glick, & Taymans, 1997). A probation officer might use CBT strategies to help someone identify antecedents to substance use (e.g., moods, locations, or people that tempt them to use) and to develop alternative ways of coping with stressors (e.g., move to a different area, distract yourself, wait a few minutes before deciding).

Here's an example of a conversation between a probation officer and client to identify high-risk situations that might increase the risk of alcohol use. A "situation" might include people and locations, as well as what the probationer is thinking or feeling at that moment. Ideally, the person would actually practice the skills during the office visit, rather than just talking hypothetically about what they would do.

Officer: *Last month we talked about some of the reasons it was important to finish IOP. Notably, you said you wanted to make things better for your family and just move on with your life without having probation hanging over your head.*

Client: *Yes, those are my main reasons.*

Officer: *Of course, staying clean is going to be a big part of the process. In what kinds of situations are you more likely to drink?*

Client: *Typically with friends, but I'm not drinking any more.*

Officer: *That's great. I can definitely see your commitment. So when you were drinking, how did it usually get started?*

Client: *Normally, someone would text me when I'm about to get off work and we would meet at a bar or a friend's house.*

Officer: *So what kind of strategies are you using now to avoid drinking? How are you managing?*

Client: *Spending more time with family I guess. I'm still hanging out with some of the same people, just not at the bars.*

Officer: *What are you telling people when they invite you out to drink?*

Client: *I just say I can't hang out with them.*

Officer: *So you're comfortable telling them it's not an option because you're on probation. How about if you were at someone's house and there were other people drinking. What strategies would you use to make sure you don't start drinking?*

Client*: I guess I could move to a different area. There's usually a group of people that aren't drinking. Or I could leave.*

Officer: *Yeah, so physically moving to a different area so you're not being tempted by it. That's a good idea too.*

CBT requires active participation by clients to brainstorm and learn new skills. For this reason, you might use motivational techniques early in an office visit (or early in the probation process) to build motivation and readiness, and then shift to a CBT approach to help develop practical skills in the area. From a stages-of-change perspective, MI can be more helpful early in the process (precontemplation, contemplation), while CBT is helpful later in the process (preparation, action, maintenance, relapse).

Contingency Management

Contingency management (CM) uses structured incentives to shape behaviors (Dallery, Meredith, & Budney, 2012). CM points out that people are more likely to engage in behaviors that are rewarded, even if the reward is relatively small (e.g., positive recognition, bus pass, entry in gift card raffle). A structured CM system might establish a point system for certain behaviors (e.g., being on time for appointment, attending treatment, having a negative UA), develop a clear way for people to see their progress, provide early incentives so people can experience a reward for their progress, and include point escalation or bonuses for sustained positive behavior (Rudes et al., 2012). Although some may object that CM is just "paying people to be good," there is good evidence that CM is a cost-effective way to change behavior (Ginley, Pfund, Rash, & Zajac, 2021; Olmstead, Sindelar, Easton, & Carroll, 2007; Rash, Alessi, & Petry, 2017). Notably, CM has a good track record among people who use stimulants such as cocaine or amphetamines (De Crescenzo et al., 2018), for which there are not good treatment medications available (as there are for opioid use disorders).

Some agencies have developed systems of "progressive incentives" for positive behavior alongside "progressive sanctions" for negative behaviors. The assumption is that a system's response should be dynamic—stepping up or down—based on how a person is behaving. (Of course, many probation agencies already use sanctions this way—sanctions might range from a behavioral contact or warning for small offenses, to house arrest or jail confinement for larger offenses.) Notably, incentives do not need to involve money—non-monetary incentives might include a reduction in reporting frequency, waiver of fees, adjustment of curfew restrictions, travel permission, or positive affirmation from a supervisor.

In developing a system of progressive incentives, the first step is to develop a list of behaviors you want to reinforce. For instance, Table 1 is simplified from a model used in El Paso County, TX (the full report can be found at https://www.epcounty.com/epcs/documents/ProgressiveSanctionsIncentivesManual.pdf). The left column gives a list of positive behaviors, while the right column shows incentives for meeting that milestone.

Progressive sanctions and rewards programs are transparent so that clients are aware of what behaviors will be sanctioned and which will be rewarded. Some plans contain detailed point systems that add and subtract points toward certain actions. Many plans include worksheets to increase clarity, transparency, and fairness between different probationers. A comprehensive plan for progressive sanctions and incentives often involves larger system changes. However, you can still use the principles of CM by looking for ways to reinforce positive progress.

Medication-Assisted Treatment

In addition to behavioral treatments, there is good evidence that medication-assisted treatment (MAT) can improve substance use outcomes, particularly for clients with opioid use disorder (Substance Abuse and Mental Health Services Administration, 2019). Common medications include:

1. Methadone is a long-lasting opioid agonist medication that can lessen the "lows" caused by long-term opioid use and improve people's overall functioning. By law, methadone can only be administered in certified opioid treatment programs (OTPs) where most people are required to attend every day. However, some people can receive take-home doses after meeting requirements for treatment compliance.
2. Buprenorphine is a partial opioid agonist that activates some opioid receptors while also blocking others. Buprenorphine is most commonly provided as a medication given by prescription and filled at a regular pharmacy. The most widely used forms of buprenorphine also contain naloxone to discourage people from abusing the medication. Buprenorphine can be provided as a daily tablet or film dissolved under the tongue, as a monthly injection, or as a subdermal implant every 6 months.
3. Naltrexone is an opioid antagonist that blocks the rewarding effects of opioids. Naltrexone does not produce any intoxicating effects on its own, but rather blocks the rewarding effects if someone tries to use opioids while they are taking naltrexone. Naltrexone is typically provided monthly as an intramuscular injection.

Methadone and buprenorphine, in particular, tend to improve retention in treatment during incarceration and after release into the community (K. E. Moore et al., 2019). While there is less evidence that these medications reduce recidivism directly, people who receive MAT tend to be more engaged in treatment, and thus at lower risk of criminal behavior, compared to people who do not receive MAT (Substance Abuse and Mental Health Services Administration, 2019). Notably, behavioral and medication-assisted treatments are often used alongside each other. For instance, MI might encourage a person to continue taking medication, while CBT might help teach broader coping skills to help avoid relapse.

While some people might view medication

TABLE 1.
Levels of Compliance Behaviors and Incentives

Behavior	Incentive
Level 1: Client compliant with terms of supervision for 1/3 of original term	
Current with probation fees Completion of community service hours Compliance with AA/NA attendance	Positive affirmation from officer or supervisor Reduction in community service hours Reduction in reporting
Level 2: Client compliant with terms for supervision for 2/3 of original term	
Completing residential treatment program Clients on specialized caseload who show consistent reporting for ≥ 2 years Low-risk clients who have no technical violations for ≥ 1 year	Reclassification to less intensive level of supervision Less frequent reporting Reduction in substance abuse testing
Level 3: Client compliant with terms of entire supervision	
Completion of specialized program Completion of residential program Completion of specialty court program	Acknowledged for good behavior by court Recommend full-term discharge Positive affirmation from court

as substituting "one drug for another," the evidence is clear that medication tends to produce better treatment outcomes, compared to behavioral treatments alone. For instance, there is good evidence that starting people on MAT during a high-risk window, such as during jail discharge or after being seen in the emergency department for an overdose, can help them stay in treatment and avoid future substance use (D'Onofrio et al., 2015). According to the U.S. Surgeon General, long-term medication maintenance is important; people who received MAT for less than 3 years were more likely to relapse, compared to people who were maintained on MAT for more than 3 years (Substance Abuse and Mental Health Services Administration & Office of the Surgeon General, 2018).

How Can Probation Staff Support and Enhance Evidence-based Treatment for Substance Use?

Probation staff play an important role in the recovery process. Your actions help determine whether people will engage in treatment and make positive changes that affect them, their families, and the community. Substance use involves aspects of motivation and cognition, but it is also a brain disorder. Over time, substance use can alter the chemistry of the brain, changing decision-making capacity, and making it more difficult for people to avoid future substance use. Looking at substance use this way can help people understand someone would continue to use a substance despite harmful effects ("Why don't they just stop?"). It can also help people appreciate the logic of using a medication to reset the brain's chemistry, perhaps over a long period of time.

First, ensure that your agency is properly screening for substance use. Substance use and misuse are on a continuum, with some people needing a relatively small amount of treatment and others needing a great deal more treatment. As mentioned earlier, typical risk/needs assessments are not good tools for gauging the kind of treatment a person needs, because they often ask about things that happened a long time ago, and may focus on larger factors that are only tangentially related to substance use.

Second, use your interactions to support evidence-based treatment concepts. Treatments that use cognitive and motivational concepts tend to be more effective, while those that rely on more general education or "processing" tend to be less effective. Consider browsing through the manuals used by treatment providers and ask clients about what they are learning in treatment that has been helpful. Also realize that people may be more ready to make changes during "teachable moments," when some important life event has occurred or they have experienced a setback.

Finally, appreciate that how you talk to people can make a difference in how they behave. A good working relationship can set the stage for change. Clients should understand that you want them to succeed, are interested in their wellbeing, respect their right to make decisions, and will fairly dispense the actions of the court. Part of this process involves avoiding stigmatizing language like "addict," "user" or "abuser" that may discourage people from engaging in treatment. When speaking about people, one rule of thumb is to use "people first" language that emphasizes the person rather than the behavior. So "substance abuser" or "addict" becomes "person with a substance use disorder" or "person in recovery." This makes it clear that the behavior is not an essential characteristic of the person. People don't need to be defined by their past actions. They have the capacity right now to make their own lives better, as they contribute to their families and the community.

Key Terms

Substance Use: Any use of alcohol or drugs, including illegal drugs, prescription drugs, and inhalants (tobacco/vaping might also be included in some definitions).

Substance Abuse: A pattern of alcohol or drug use that results in significant problems with work, family, health, risky behaviors or legal issues.

Substance Dependence (or Substance Use Disorder): A medical term to describe a pattern of drug or alcohol use that has resulted in changes such as physical tolerance, withdrawal, and continued use of the substance despite significant problems.

Co-Occurring Disorders: A combination of two or more substance use disorders and mental disorders (e.g., opioid use disorder and anxiety disorder).

Motivational Interviewing: A collaborative conversational style to strengthen a person's motivation and commitment to change.

Cognitive Behavioral Therapy: A counseling approach to help people identify and change thought patterns that lead to negative behaviors.

Contingency Management: The systematic application of rewards to influence behaviors such as reaching treatment goals.

Medication-Assisted Treatment (or Medication for Addition Treatment): Medications used (with or without counseling or behavioral therapy) to treat a substance use disorder.

Key Takeaways

1. Substance use is common in the criminal justice system, and closely connected with crime and recidivism.
2. Your agency should properly screen for substance use and refer to appropriate treatment.
3. Evidence-based treatments include motivational interviewing, cognitive behavioral treatment, contingency management, and medication-assisted treatment where indicated.
4. You should focus on people's internal, future-focused reasons for completing probation to help facilitate long-term change.
5. You should use motivational and cognitive behavioral strategies to support evidence-based treatment concepts.
6. Your interactions with a probationer set the stage for a good working relationship and positive change.

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Individuals with Mental Illnesses in the Criminal Legal System: Complex Issues and Best Practices[1]

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INDIVIDUALS ON PROBATION who have severe mental illnesses face complex challenges related to housing instability, substance use, unemployment, trauma, comorbid physical health challenges, and symptoms of mental illnesses that make them more difficult to supervise (Garcia & Abukhadra, 2021; Givens & Cuddeback, 2021; Lurigio et al., 2003). This is significant given that the community supervision population has grown to nearly 4.3 million and conservative estimates suggest approximately 16 percent of people on community supervision have a mental illness (Oudekerk & Kaeble, 2021). Compared to those on probation who do not have mental illnesses, probationers who have mental illnesses place greater demands on probation officers due to their increased levels of criminogenic and non-criminogenic needs, especially functional limitations and substance use, which demand more time, energy, and resources from probation officers (Skeem & Petrila, 2004). Probationers with mental illnesses also exhibit low mental health treatment adherence rates (Kreyenbuhl et al., 2009; MacBeth et al., 2013). Additionally, individuals on probation who have mental illnesses have high rates of probation violations and revocations (Eno Louden & Skeem, 2011) and receive consequences at higher rates than those without mental illnesses (Eno Louden & Skeem, 2011; Prins & Draper, 2009).

In many ways probation supervision strategies for those with mental illnesses look similar to those applied to probationers without mental illnesses (for example, helping to obtain safe and adequate housing, employment opportunities, and prosocial supports are critical); however, obtaining housing, employment, and social support are often more difficult for individuals with mental illnesses, especially those who are justice-involved. Thus, addressing these issues in the context of a problem-solving supervision orientation and with the understanding of the unique challenges for those with mental illnesses is paramount and should be concurrent with referrals to evidence-based mental health services. In this article we will focus on the challenges of supervising individuals with severe mental illnesses who are on probation. Specifically, we will: (a) define severe and persistent mental illnesses; (b) discuss the complex needs of individuals with mental illnesses in the criminal justice system; and (c) outline evidence-based practices and other interventions for individuals with mental illnesses in the criminal justice system.

What Do Probation Staff Need to Know about Severe and Persistent Mental Illnesses?

Severe and persistent mental illness, or severe mental illness, is typically defined as the conjunction of diagnosis, disability, and duration (Goldman et al., 1981). Diagnosis typically refers to those diagnoses that are more profoundly debilitating, such as schizophrenia, bipolar disorder, and/or major depression. Next, disability suggests that someone is so profoundly ill that the person has difficulty

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functioning in the community without significant treatment and support for mental health issues. Finally, duration suggests the disabling diagnosis has lasted several years or longer (Goldman et al., 1981). It is important to note that Goldman et al. (1981) proposed this definition in response to the need at the time to provide guidelines for defining and counting individuals with mental illnesses.

Since then, other groups have proposed similar methods and definitions (Parabiaghi et al., 2006; Ruggeri et al., 2000; Schinnar et al., 1990), although these definitions have not formally been applied to justice-involved populations of people with mental illnesses, and reliable estimates of the number of people on probation with severe and persistent mental illnesses remain elusive. Also, although there are other mental health diagnoses, such as dysthymia, anxiety disorder, or posttraumatic stress disorder, severe and persistent mental illness—often shortened to SPMI or SMI—is used to describe those with debilitating mental illnesses. Given that probation officers routinely encounter offenders with depression, bipolar disorder, and schizophrenia, we'll spend some time describing each of these diagnoses.

Major Depression. Feeling depressed, sad, or disheartened is a very common human experience, and many people who have episodes of feeling down or blue may be responding to a loss or stressful event. Many people will recover from these episodes without professional help; however, when people have depressed mood and other symptoms that interfere with their functioning, this is known as major depression, which can be mild, moderate, or severe depending on the number of symptoms an individual has, the severity of their symptoms, and the degree to which symptoms interfere with functioning (American Psychiatric Association, 2013). Most people can recover fully from major depression.

In order for an individual to be diagnosed as having major depression, they must have at least five of the following symptoms for at least a two-week period: (1) sleep disturbance; (2) appetite disturbance; (3) decreased energy; (4) decreased interest in activities; (5) decreased concentration; (6) increased guilt or feelings of worthlessness; (7) thoughts of suicide; (8) depressed mood; or (9) slowing down of thought processes and physical activity (American Psychiatric Association, 2013). Some people will have major depression that is very disabling and interferes greatly with their ability to function. Often people who suffer from recurrent, disabling depression have not responded to the available treatments for depression, and, in some cases people with severe, recurrent depression can have psychotic symptoms that contribute to the disabling effects of the illness (American Psychiatric Association, 2013).

Bipolar Disorder. Bipolar disorder, which used to be referred to as manic-depression, is characterized as a cycling between the two "poles" of mood disturbance: mania and major depression (American Psychiatric Association, 2013). Here, the disability resulting from this disorder ranges along a continuum—depending on how frequently an individual has cycles, i.e., ups and downs, and the severity of symptoms within those cycles. Individuals with bipolar disorder can also have psychosis—auditory or visual hallucinations and/or delusions—in either the manic or depressive phase.

During a manic episode, an individual's mood can be described as overly happy or ecstatic or extremely irritable, and the individual is extremely active and energetic for at least one week (American Psychiatric Association, 2013). During this week of elevated mood and increased activity and energy, an individual must also exhibit at least three of the following symptoms: (1) an inflated sense of themselves, referred to as grandiosity; (2) a decreased need for sleep; (3) extremely talkative or very rapid speech; (4) racing thoughts that may jump from topic to topic; (5) distractibility; and (6) excessive involvement in risky pleasurable activities that will likely have painful consequences (American Psychiatric Association, 2013). Additionally, in order to be considered a manic episode, the mood disturbance must be severe enough to cause problems in social relationships or work performance or be severe enough so that an individual is hospitalized.

Schizophrenia. Schizophrenia is a psychotic disorder that is generally considered to be the most disabling of all the mental illnesses. Schizophrenia generally has an onset between ages 18-25 and occurs in about one percent of the population (American Psychiatric Association, 2013). The symptoms must be severe enough to cause impairment in an individual's ability to work, have interpersonal relationships, or take care of themselves and must be present for at least six months before the diagnosis can be made by a mental health professional (American Psychiatric Association, 2013).

To be diagnosed with schizophrenia, an individual must have at least one of the following symptoms: (a) delusions—which are beliefs or impressions that are firmly maintained by an individual despite being contradicted by what is generally accepted as realistic or rational; (b) hallucinations—which are perceptual distortions that can be perceived through any of the five senses: vision, hearing, taste, touch and smell or rational argument; (c) disorganized speech; and/or (d) disorganized behavior.

There are additional symptoms that are not required to make the diagnosis but are often present and contribute to the disabling effects of schizophrenia, such as: (a) a lack of emotional expression or flat affect; (b) speech that is very minimal or that communicates very little to another person—this is also known as "poverty of speech" or "poverty of content"; and (c) lack of motivation or enthusiasm (Blanchard & Cohen, 2006). These symptoms strongly interfere with functioning, can look like laziness to others, and are often made worse by many of the medications that are used to treat schizophrenia. Indeed, many of the symptoms associated with schizophrenia or schizoaffective disorders, such as lack of motivation, lack of affect, paranoia, auditory and visual hallucinations, and/or delusions, can make it difficult for a probationer to engage with a probation officer and/or engage with others.

What Do Probation Staff Need to Know about People with Severe and Persistent Mental Illnesses in the Criminal Legal System?

Individuals with severe mental illnesses are at increased risk of having or developing substance use disorders and chronic physical health problems. Also, those who have severe mental illnesses are at an elevated risk of experiencing trauma and developing posttraumatic stress disorder, which can impact probation staff's ability to supervise these individuals.

Substance use. Justice-involved individuals with severe mental illnesses have complex health and behavioral health needs, including high rates of substance use and trauma. It is estimated that somewhere between 40 percent and 60 percent of people with severe and persistent mental illnesses in the general population misuse substances (Hartz et al., 2014), and those rates are even higher among those who are justice-involved (Peters et al., 2015). Unfortunately, co-occurring substance

use should be considered the norm for justice-involved individuals with severe mental illnesses rather than an exception.

It is important to recognize that individuals with severe mental illnesses use substances for many of the same reasons as the general population, such as (a) to get high, (b) to reduce social anxiety, (c) to escape reality, and (d) to decrease tension and boredom. However, there are also unique reasons that individuals with severe mental illnesses use substances, such as an attempt to cope with the troubling symptoms of a mental illness (Pettersen et al., 2013). Moreover, similar to the general offender population, for those with severe mental illnesses, substance use can increase impulsivity and criminal behavior, create conflict with family members, interfere with employment, and decrease motivation (Sheidow et al., 2012).

Trauma. Trauma is defined as an exposure to an extraordinary experience that presents a physical or psychological threat to oneself or others and generates a reaction of helplessness and fear (American Psychiatric Association, 2013). Typically, a traumatic experience is one which overwhelms an individual's coping strategies and psychological defenses, may have occurred in the distant or recent past as a one-time occurrence or over an extended period of time, and causes intrusive thoughts of the event (Ellison & Munro, 2016). Traumatic events vary and can include (a) physical, emotional, and/or sexual abuse in childhood or adulthood; (b) exposure to community violence and or family/domestic violence; (c) involvement in or witnessing horrific events involving violence or death; (d) involvement in accidents or natural disasters; (e) experiences with serious medical illnesses; and/or (f) war, combat, or civil unrest conditions (Gray et al., 2004).

Moreover, individuals with severe mental illnesses, especially those with mood disorders such as depression and bipolar disorder, are at elevated risk of experiencing traumatic events, especially physical and sexual assault, that can lead to diagnosable PTSD (Grattan et al., 2019; Grubaugh et al., 2011; Mueser et al., 2004; Neria et al., 2002). Compared to the general population, rates of PTSD are considerably higher among justice-involved individuals with mental illnesses (Baranyi et al., 2018). Extensive trauma histories can be associated with negative coping behaviors, substance use, dissociation, defiance, anger, aggression, poor memory, limited ability to take care of personal needs, loss of interest in normal activities, self-harm or suicidal ideation, overwhelming guilt and/or shame, hypervigilance to surroundings, negative moods, and avoidance of triggers related to the trauma (Briere et al., 2016; Grattan et al., 2019), many of which can intensify criminal justice involvement (Donley et al., 2012; Fox et al., 2015; Goff et al., 2007). Untreated PTSD has been shown to increase emotional numbing, impulsive behaviors, substance use as a coping mechanism, violence, and cognitive impairments—all of which can increase the presence of criminalized behaviors (Bloom, 1999; Bonta & Andrews, 2007; Howard et al., 2017).

Physical health problems. To exacerbate the complexity of needs of justice-involved individuals with severe mental illnesses, these individuals are at greater risk for having or developing chronic physical health problems as well. For example, compared to those who do not have severe mental illnesses, individuals with severe mental illnesses are less likely to have a primary care doctor and have difficulty accessing health care services, which leads to unmet health care needs (Druss et al., 2002; Kaufman et al., 2012; Parks et al., 2006).

What Are the Evidence-based Treatments for Severe Mental Illnesses?

Clearly, individuals with severe mental illnesses have complex issues and co-morbidities such as substance use, trauma, and physical health problems, all of which should be addressed to improve outcomes generally. It is important to note that having a severe mental illness is associated with a number of other factors, such as low education, unemployment, homelessness, and social isolation, which put individuals at further risk for poor mental health and criminal justice outcomes. Obtaining housing and employment and social support are certainly more difficult for individuals with mental illnesses, especially those who are justice-involved, for a variety of reasons, and it is important for probation staff to recognize this. Thus, addressing these issues in the context of a problem-solving supervision orientation, and with the understanding of the unique challenges for those with mental illnesses, is paramount and should be concurrent with referrals to mental health and other services. Below, we describe a number of services, interventions, and strategies specific to individuals with mental illnesses.

Mental health courts. Mental health courts have spread widely, and there is evidence of their effectiveness at reconnecting individuals to services and reducing recidivism (Hiday & Ray, 2010; Keator et al., 2012; Lowder et al., 2018; Ray, 2014). Observational studies suggest mental health courts improve access to community-based treatment (Boothroyd et al., 2003; Herinckx et al., 2005; Keator et al., 2012; Trupin & Richards, 2003), reduce recidivism (Christy et al., 2003; Cosden et al., 2003; Han & Redlich, 2016; Herinckx et al., 2005; Lowder et al., 2016; Lowder et al., 2018; McNiel & Binder, 2007; Moore & Hiday, 2006; Redlich et al., 2010), and can reduce substance use when combined with evidence-based practices such as assertive community treatment (Cosden et al., 2003).

Integrated dual disorder treatment. Integrated dual disorder treatment (IDDT) combines treatment for substance use disorders and mental illness. Traditional approaches often silo treatment; however, IDDT incorporates evidence-based strategies into a model designed to treat the co-occurring disorders simultaneously (Kikkert et al., 2018; Kola & Kruszynski, 2010). Research suggests that IDDT contributes to a reduction in substance use, although evidence is inconclusive for reductions in psychiatric symptoms (Kikkert et al., 2018). The inconsistency of effectiveness may be attributable to model fidelity and needs further research (Harrison et al., 2017; Kikkert et al., 2018). However, IDDT used in conjunction with other treatments such as assertive community treatment has shown promise for a decrease in criminal acts and convictions (Staring et al., 2012).

Assertive community treatment (ACT) and forensic assertive community treatment (FACT). There are a variety of services for individuals with severe mental illnesses, the most intensive of which include assertive community treatment (McKenna et al., 2018) and forensic assertive community treatment (Cuddeback et al., 2020; Lamberti & Weisman, 2021). ACT is one of the most widely-studied interventions for individuals with severe mental illnesses and entails a community-based team consisting of a psychiatrist, nurse, team leader, social workers, substance use specialist, housing specialist, employment specialist, and peer support workers who provide a variety of services to keep individuals engaged in treatment and stably housed (Bond et al., 2001).

FACT, one of the more recent adaptations of ACT, is designed to reduce recidivism among justice-involved individuals with severe and persistent mental illnesses. Typically, FACT teams adhere closely to the structural and operational characteristics of ACT with some

modifications, including close collaboration with probation staff who may serve as actual team members and taking referrals exclusively from the criminal justice system (Cuddeback et al., 2020). There is some evidence that FACT can reduce recidivism (Cosden et al., 2003; Cusack et al., 2010) and that the addition of cognitive behavioral interventions designed to address criminal thinking can be an effective augmentation to the model (Lamberti & Weisman, 2021).

Housing and homelessness. Homeless individuals with severe mental illnesses are at higher risk of cycling through the criminal justice system than their housed counterparts (Roy et al., 2014). Thus, securing stable housing is essential to an individual's ability to successfully complete supervision requirements. Housing First (Tsemberis, 1999) approaches the complex needs of justice-involved individuals from this perspective. The program first seeks to secure housing for clients before attempting to address the myriad other needs they may have. Additionally, the housing choices are client-centered so that individuals have some autonomy and say in their home (Tsemberis & Eisenberg, 2000). The Housing First approach reduces emergent care contacts for individuals with mental illnesses, lowers criminal justice system contacts, and improves housing retention (Woodhall-Melnik & Dunn, 2016).

Employment support. Given the importance of employment as a protective factor against recidivism (Apel & Horney, 2017; Bahr et al., 2009; Skardhamar & Telle, 2012; Tripodi et al., 2009), an 83 percent unemployment rate among individuals with mental illnesses (NAMI, 2014; Perkins & Rinaldi, 2002), and the frequency of mandating employment as a condition of supervision, as well as the financial insecurity among people with severe mental illnesses (Cuddeback et al., 2017), focusing on employment is a critical treatment intervention. Individual Placement and Support – Supported Employment (IPS-SE) is an evidence-based practice that aims to increase employment among adults with serious mental illnesses through core principles including: competitive support, benefits planning, systematic job development, zero exclusion, rapid job search, time-unlimited support, integrated services, and worker preferences (Frederick & VanderWeele, 2019).

IPS-SE has demonstrated effectiveness within mental health agency settings (Bond & Drake, 2014) and has shown promising results when implemented with individuals with histories of justice involvement (LePage et al., 2021). It is important to note that these IPS-SE models have been implemented within the context of mental health service settings which may have limited reach for individuals with criminal justice involvement, given the empirical evidence indicating low treatment engagement and completion (Sturgess et al., 2016).

Peer support. Peer support interventions, which employ individuals with lived experience of severe mental illnesses, have been widely adopted as important additions to a number of mental health services, such as ACT and IPS-SE (Kern et al., 2013; Storm et al., 2020; Wright-Berryman et al., 2011). Outcomes of peer support interventions include better mental health engagement (Sledge et al., 2011) and improved mental health outcomes (Bellamy et al., 2017), as well as decreased substance use (Reif et al., 2014; Tracy et al., 2012) and homelessness (Barker & Maguire, 2017). The extent to which peer support interventions reduce recidivism among justice-involved individuals with mental illnesses is not clear; however, peer support has the potential to decrease isolation and improve prosocial supports (Puschner et al., 2019).

Motivational interviewing. MI is a widely implemented evidence-based approach designed to strengthen motivation to change among persons who are experiencing substance use, mental illness, or other issues (Miller & Rollnick, 1991; Miller & Rollnick, 2012). MI has been applied to persons with severe mental illnesses with promising results. For example, there is evidence that brief motivational interviewing for individuals with severe mental illnesses reduces substance use (Baker et al., 2002; Graeber et al., 2003; Humfress et al., 2002; Kavanagh et al., 2004; Martino et al., 2000; Moore et al., 2018; Santa Ana et al., 2007) and increases treatment engagement (Dean et al., 2016; Humfress et al., 2002; Romano & Peters, 2015; Santa Ana et al., 2007).

Cognitive behavioral treatments. There are a number of cognitive behavioral treatments designed to address criminal thinking, impulsivity, and other criminogenic risks. There is evidence that these interventions have the potential to reduce recidivism among offenders who do not have serious mental illnesses, although efforts are being made to adapt these interventions to fit the needs of those with mental illnesses.

Although it is not often referred to as a problem-solving intervention, Moral Reconation Therapy (MRT) is aimed at cognitive restructuring among offenders and is based on Kohlberg's theory of moral development (Wilson et al., 2005). MRT is manualized and uses group-based cognitive-behavioral strategies to address criminal thinking. Evidence from an experimental study and several quasi-experimental studies suggests that MRT can be effective at reducing recidivism for some populations; however, the extent to which MRT is effective with individuals with severe mental illnesses is largely unknown (Wilson et al., 2005).

Reasoning and Rehabilitation (R&R) addresses self-control, social problem solving, perspective taking, prosocial attitudes, cognitive style, and critical reasoning (Wilson et al., 2005). R&R specifically targets egocentric thinking, impulsivity, and inflexible thinking patterns during the course of the eight- or twelve-week program comprising 35 sessions. Experimental studies among those without mental illnesses suggest positive but not statistically significant results of R&R on recidivism (Wilson et al., 2005). There has been limited research on R&R among those with serious mental illnesses; however, one small randomized study conducted in a psychiatric facility found that individuals diagnosed with a psychotic disorder who were assigned to receive R&R were less likely to engage in verbal aggression or have leave violations, compared to those who received usual care (Cullen et al., 2012). More research is needed to examine the impact of R&R on community-based samples of justice-involved individuals with mental illnesses. There is an adaptation of R&R for those with mental illnesses—Reasoning & Rehabilitation 2 Mental Health Program (R&R2 MHP)—in which the length of treatment was shortened and peer mentoring was added (Rees-Jones et al., 2012). Limited evidence suggests that R&R2 MHP can improve attitudes towards violence and problem-solving skills; however, more research is needed (Rees-Jones et al., 2012), and the extent to which this program is available in community-based treatment settings or other venues is not clear.

Thinking for a Change (T4C), a model advanced by the National Institute of Corrections (NIC), is a manualized group-based intervention that includes three core components: cognitive self-change, social skills, and problem-solving skills (Bush, 2011). To date, there is limited evidence that T4C among those without mental illnesses can reduce new crimes among those on probation (Golden,

2003; Lowenkamp et al., 2009), but T4C had no effect on outcomes among those in prison (Stem, 2012). More research is needed to examine the efficacy of T4C with justice-involved individuals with mental illnesses.

Mental health probation. Specialty mental health probation is a multi-component supervisory approach in which officers who receive ongoing mental health-related training supervise a designated caseload of adults with mental illnesses and engage in enhanced contact with resource providers. Specialty mental health probation officers also have reduced caseloads and use a problem-solving orientation to supervision (Skeem & Louden, 2006). There is promising evidence of SMHP's effectiveness at increasing mental health and substance use treatment engagement and improving mental health symptoms (Manchak et al., 2014; Van Deinse, Cuddeback, et al., 2021; Wolff et al., 2014). In terms of criminal justice outcomes, results are mixed, with some studies showing a decrease in violations, rearrests, and jail days while others showed a greater number of violations or no measurable effect on criminal justice outcomes (Manchak et al., 2014; Skeem et al., 2017; Van Deinse, Cuddeback, et al., 2021; Wolff et al., 2014).

How Can Probation Staff Support and Enhance Evidence-based Treatment for Severe Mental Illnesses?

Probation staff often find themselves falling into complex roles, such as case manager, advocate, social worker, bill collector, when working with probationers (Ruhland, 2020). Although probation officers who supervise individuals with severe mental illnesses are not treatment providers, there are strategies that staff can implement to have a tailored supervision approach with those who have mental illnesses. Probation officers who are supervising individuals with mental health issues should be able to: (1) identify and recognize severe mental illnesses; (2) refer to appropriate services; and (3) provide ongoing support in the context of a problem-solving orientation. First, probation staff should have the training and knowledge to recognize severe mental illness and its comorbidities and be able to understand that mental illness and symptoms may require ongoing support (Longmate et al., 2021; Manchak et al., 2014; Tomar et al., 2017; Van Deinse, Crable, et al., 2021). Understanding that these symptoms often co-occur with substance misuse, trauma and PTSD and health problems, all of which interfere with probation compliance, is also important (Manchak et al., 2014).

Second, probation staff should know enough about mental health and their local mental health and other services to make appropriate referrals, such as to mental health, substance abuse, and housing providers (Van Deinse, Crable, et al., 2021). Often this extends beyond simple service connection and entails more advanced communication and collaboration with treatment teams (Van Deinse, Crable, et al., 2021). Third, probation staff should support probationers to continue to engage with treatment and other supports; this can be implemented by using the evidence-based practice of Motivational Interviewing (MI), which is a long-standing evidence-based practice associated with improved substance abuse outcomes for a variety of populations (Clarks, 2007).

Conclusion

The large numbers of individuals with mental illnesses in the criminal legal system present complex and unique challenges to probation staff and other agents of the criminal legal system. Understanding mental illness and recognizing how the symptoms of mental illness can make it difficult to meet probation requirements as well as connecting these individuals to evidence-based services designed to address substance misuse, homelessness, unemployment, and social support are important to supervising this population.

Key Terms

Severe and persistent mental illness: Severe and persistent mental illness, or severe mental illness, is typically defined as the conjunction of diagnosis, disability, and duration.

Major Depression: In order for an individual to be diagnosed as having major depression, the person must have at least five of the following symptoms for at least a two-week period: (1) sleep disturbance; (2) appetite disturbance; (3) decreased energy; (4) decreased interest in activities; (5) decreased concentration; (6) increased guilt or feelings of worthlessness; (7) thoughts of suicide; (8) depressed mood; or (9) slowing down of thought processes and physical activity.

Bipolar Disorder: Bipolar disorder is characterized as a cycling between the two "poles" of mood disturbance, mania, and major depression, and is often characterized by: (1) an inflated sense of themselves, referred to as grandiosity; (2) a decreased need for sleep; (3) extremely talkative or very rapid speech; (4) racing thoughts that may jump from topic to topic; (5) distractibility; (6) excessive involvement in risky pleasurable activities that will likely have painful consequences.

Schizophrenia: To be diagnosed with schizophrenia, an individual must have at least one of the following symptoms: (a) delusions—which are beliefs or impressions that are firmly maintained by an individual despite being contradicted by what is generally accepted as realistic or rational; (b) hallucinations—which are perceptual distortions that can be perceived through any of the five senses, vision, hearing, taste, touch, and smell or rational argument; (c) disorganized speech; and/or (d) disorganized behavior.

Motivational interviewing: MI is an evidence-based approach designed to strengthen motivation to change among persons who are experiencing substance use, mental illness, or other issues.

Integrated dual disorder treatment (IDDT): IDDT combines treatment for substance use disorders and mental illness.

Mental health courts: Mental health courts are specialty treatment courts designed to connect individuals with mental illnesses to community-based treatment and other resources.

Assertive community treatment (ACT): ACT is a community-based team consisting of a psychiatrist, nurse, team leader, social workers, substance use specialist, housing specialist, employment specialist, and peer support workers who provide a variety of services to keep individuals with severe and persistent mental illnesses engaged in treatment and stably housed.

Forensic assertive community treatment (FACT): FACT is designed to reduce recidivism among justice-involved individuals with severe and persistent mental illnesses. Typically, FACT teams adhere closely to the structural and operational characteristics of ACT with some modifications, including close collaboration with probation staff who may serve as actual team members and taking referrals exclusively from the criminal justice system.

Individual Placement Support-Supported Employment (IPS-SE): IPS-SE is an evidence-based practice designed to increase employment among adults with serious mental illnesses through core principles including: competitive support, benefits planning, systematic job development, zero exclusion, rapid job search, time-unlimited support, integrated services, and worker

preferences.

Specialty Mental Health Probation (SMHP): SMHP is a multi-component supervisory approach characterized by: (1) a reduced caseload; (2) an exclusively mentally ill caseload; (3) an problem-solving supervision orientation; (4) ongoing officer training; and (5) greater connection to community-based services.

Key Takeaways

1. Individuals with severe mental illnesses in the criminal legal system present complex and unique challenges to probation staff, and often are dealing with housing instability, substance use, unemployment, trauma, comorbid physical health challenges, and symptoms of mental illnesses.
2. It is important for probation staff to recognizing how the symptoms of mental illness can make it difficult to meet probation requirements and refer clients to appropriate services.
3. Probation staff can provide ongoing support to clients with severe mental illnesses by using Motivational Interviewing to encourage clients to continue to engage with treatment and other supports.

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Violence and Gun Violence among Justice-Involved Persons: Practice Guidelines for Probation Staff[1]

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INDIVIDUALS ON COMMUNITY supervision who are convicted of violent offenses, have a history of gun violence, and/or have been a victim of gun violence present unique challenges. Probation staff can play an important role in helping individuals address their thinking, behaviors, and/or involvement in situations likely to lead to violence. This article reviews existing practices to highlight effective approaches for supervising individuals that are violent, have a violent or gun offense, and/or are violence-prone. The article distinguishes between anger and aggression, provides an overview of efforts to manage such individuals, and reviews interventions better suited to address violence. A number of promising practices are also identified, such as cognitive behavioral therapy (CBT), contingency management (incentives), and efforts to provide structure and supports (e.g., violence interrupters and focused deterrence) can be integrated into supervision to promote non-violent attitudes and behaviors. These approaches rely on a strong working relationship (alliance) between the officer and individual on supervision to achieve positive results.

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Violence and Gun Violence among Justice-Involved Persons: Practice Guidelines for Probation Staff

In 2020, 25 percent of individuals on probation supervision had a violent offense as their most serious offense (5 percent had a domestic violence charge, 4 percent had a sex offense, and 16 percent had another violent offense) (Kaeble, 2021). For those on parole supervision, 36 percent had a violent offense (11 percent were sex offenses) (Kaeble, 2021). It is unknown how many individuals under supervision had a gun involved in their offense. Probation and parole staff are charged with supervising individuals with known presenting charges that are violent, yet little attention has been given to how to best manage individuals with violence offenses or histories of violence. And national data do not provide information on the past histories of individuals being supervised who have a violent offense and/or are a victim of a crime involving violence.

Estimating the size and scope of violence is difficult due to the various ways that violence can be measured. Some strategies to measure violence include calculating the number of 1) violent crimes committed (from victimization studies); 2) homicides committed; 3) suicides using a weapon; and 4) deaths from a weapon. The FBI reports that there were 1,206,836 violent crimes in 2018, of which 72.7 percent were murders, 38.5 percent were robberies, and 26.1 percent were aggravated assaults that used a gun (Federal Bureau of Investigation [FBI], 2019). The Centers for Disease Control (CDC) reports that 1.5 million individuals are treated in emergency departments for assault and that an estimated 19,000 homicides occur for youth between 15-34 years old (CDC, 2021). Finally, over 24,000 individuals committed suicide in 2021 with a gun (CDC, 2021). With current concerns over gun violence, the following is designed to be a primer on the state of supervision with an emphasis on some promising approaches for managing individuals involved in violent behaviors, including the use of guns.

What Do Probation Staff Need to Know about Violence?

Violence and gun violence are both a public safety and public health concern. Both involve a pattern of behavior related to how an individual responds to other people and situations. Violent crime usually refers to four types of offenses: murder and nonnegligent manslaughter, rape, robbery, and aggravated assault. Violent crimes involve some type of force or threat of force. While this definition exists, it is not standard across states and/or supervision agencies. In fact, some agencies extend the violent crime definition to include gang involvement, domestic violence or intimate partner violence, and various types of assault.

Violence can manifest itself in different forms. Most often it is considered to be anger and/or aggression, although the two are often confused. Anger is an *emotion* that people primarily feel inside. Aggression is *behavior*

others can observe. The relationship between anger and aggression is not very clear. While anger prepares the body for the "fight," most anger episodes do not actually lead to aggressive responses (Averill, 1983; Tafrate et al., 2002). Anger is a bit of a conundrum. It is universal and familiar but also misunderstood. In the current diagnostic mental health system, there is no category for people with anger, even though anger dysregulation difficulties are commonplace (Lachmund et al., 2005; Okuda et al., 2015). Anger is not considered a traditional criminal risk factor, although managing anger responses appears to be common in justice-involved populations, and anger is the emotion most likely to be connected to violent behavior (Novaco, 1994, 2011a, 2011b; Skeem et al., 2006).

It is important to recognize that anger is our built-in threat-protective system (DiGiuseppe & Tafrate, 2007; Kassinove & Tafrate, 2019; Potegal & Novaco, 2010), which is a reaction to perceived threats. Threats can take various forms, such as when one feels bullied by others, when a driver cuts us off on the road, when someone says something that is disrespectful, and so on. Anger is complex because people have quick thoughts that go through their minds. Threats can induce physiological and/or biological reactions that cause heart rates to increase, muscles to become tense, and chemicals such as adrenaline to be released to provide energy to react quickly in perceived or real dangerous situations. Aggression, on the other hand, is behavior that can be observed, such as throwing things, hitting, and kicking, as well as indirect actions such as vandalizing property. Aggression can sometimes occur without any anger at all. It is also possible for anger to lead to aggression (and other negative outcomes).

Because of the complicated relationship between anger and aggression, probation staff will have to take the time to probe to understand the role that anger plays in aggressive incidents, as well as in other areas of the individual's life (relationships, employment, etc.). Anger can facilitate aggression in many situations that may look, based on the criminal record, to be purely instrumental in nature. This will require officers to be educated to understand anger and aggression, as well as how to supervise individuals that are violence-prone due to anger or aggression issues.

How Do Existing Supervision Strategies Affect How We Handle Individuals with Violent or Violence-Prone Behaviors?

We begin with a review of the contemporary knowledge and practice about supervision overall, and then disccuss how this applies to individuals that are violent and/or violence-prone, either as perpetrators or victims. The discussion presents the current state-of-the art of supervision, and then discusses the gaps related to individuals that are considered violent or violence-prone. This section is intended to help agencies examine their policies and practices and help officers consider the tools that they use in supervision.

Probation agencies should recognize that differences in the type of violent behaviors should influence the supervision requirements. Differences exist in: 1) individuals convicted of a violent offense; 2) individuals involved in violence or the use of guns; 3) individuals that are victims of violence (which may predispose a person to use violence); and 4) individuals that are violent-prone due to temperament, situational factors, or prior incidents. Supervision strategies should be tailored to the engagement in violence, anger, or aggressive behaviors, or any concerns about how the individual responds to difficult situations.

An important first step for probation departments in determining how to supervise individuals is clarifying what offenses are classified as "violent" and their philosophy on how to address the different forms violence can take. To do this properly, probation departments should define what offenses result in a person's classification as "violent" and what modifications to the supervision plan should occur as a result (e.g., conditions, level of supervision, frequency of contact, etc.). Probation staff should be trained in the nuances of working with violent individuals within a supportive environment, particularly one that recognizes the risk factors for aggression and the need for respect for the individual. This training will allow officers to gain expertise in working with individuals to address violent tendencies.

Supervision goals. The goals of supervision are generally focused on achieving some balance between monitoring the individual's compliance with requirements of release and facilitating change. Addressing or mitigating violence is not typically a direct goal of supervision except to address public safety overall. Supervision is designed to deter noncompliant behavior, which means the emphasis is more on *reacting to* situations than on *preventing* certain behaviors. Often missing from the traditional approaches to supervision are specific preventative measures where procedures are used to prioritize individuals at higher risk for recidivism. The risk-need-responsivity model outlines a way to be responsive to the risk and needs of an individual, including prioritizing higher risk factors (primarily static) in treatment. For individuals that are violent or violent-prone, the supervision goals should focus on addressing the conditions that result in violence or in being violent prone.

Risk Assessment Tools. Over the last 40 years there has been a push for supervision agencies to use a standardized risk assessment tool. Risk assessment tools typically measure static factors (such as prior legal system interactions, prior arrests, and prior incarceration) to predict likelihood of recidivism, where recidivism can be for: 1) any new offense, 2) arrest, reconviction and/or incarceration, and 3) revocation due to noncompliance with supervision conditions. These instruments are typically designed to predict recidivism for any type of offense and/or compliance with supervision requirements. Of the various risk assessment tools used in community corrections, the Correctional Offender Management Profiling for Alternative Sanctions (COMPAS) standardized risk assessment tool is the only tool that directly assesses risk factors that predict violent recidivism separate from general recidivism (Brennan et al., 2009). Subscales on the COMPAS can identify individuals who are likely to be violent, where violence refers for the most part to person-related crimes. However, it should be noted that most instruments, including structured professional judgment tools, have limited ability to predict future violent behavior (Monahan & Skeem, 2014).

Most of the existing risk assessment tools used in community corrections do not include the use of lethal weapons, being a victim of a crime and/or prior gunshots, or other indicators that the individual is involved in/affected by violent behavior. Few existing instruments examine the nature of criminal behavior, including severity of behavior (for example, misdemeanors, felonies, violent, or use of a handgun) and/or frequency of the behavior.

In the police literature, there is ongoing research to predict future gun violence and identify high-risk offenders (Saunders et al., 2016). One such approach used police department data on 11 risk factors to identify the top

10 of the highest risk individuals involved in criminal behavior. These factors were number of arrests, number and type of field interviews, number of known victimizations, whether a person was a suspect in a current case, whether a person was identified as a subject in a crime analyst bulletin, prior involvement in a juvenile offending incident, involvement in a runaway incident from a local facility, prior involvement in a shot fired incident, involvement in jail incidents, and known gang membership (Wheeler et al., 2019). This tool was found to predict violent offending as well as victimization, but this has not been replicated in supervision settings.

Needs Assessment. The second part of many standardized assessment tools accounts for needs, making them "risk and need" assessment tools (referred to as third or fourth generation tools). The traditional criminogenic needs, as defined by Andrews and Bonta (2010), include criminal values, criminal peers, criminal history, criminal attitudes and opinions, substance use, education/employment, family issues, and leisure-time activities. These eight factors are considered dynamic (changeable) risk factors that contribute to offending behavior but can be changed through attention to evidence-based practices and treatments. The type of need items and related scales vary considerably across instruments, as discussed by Via, Dezember, and Taxman (2017). No standardized definitions exist for the criminogenic needs, and many of the tool developers select the constructs and variables that are of interest to them. Furthermore, the literature does not illustrate which definitions or criminogenic needs are predictive of exposure, proneness, or engagement in violent behaviors except for adverse childhood experiences. Ultimately, *none of the attitudinal or opinion measures included in the standard risk and need assessment instruments are geared to identify violence or violence-prone behaviors*. The federal risk and need assessment tool, Post Conviction Risk Assessment (PCRA), has a trailor to detect acute violence.

In sum, the current instruments do not assess community safety concerns that might be relevant to identifying violent and violence-prone behaviors, such as prior involvement with guns or other weapons, prior victimization (including being a gunshot victim), and/or living in a high-risk community where there is violence. That is, there are missed opportunities to identify needs that may make a person vulnerable to violence.

Most absent from the current instruments is the assessment of adverse childhood experiences. These childhood experiences are known to contribute to involvement in violent behavior, as well as other negative outcomes including depression and chronic diseases (such as diabetes or cardiac problems) (Felitti et al., 1998). The CDC refers to adverse childhood experiences as a public health crisis, given that half of the leading causes of death are associated with these experiences. As part of efforts to pay more attention to these factors and identify where individuals may be at risk for later health effects or violent behavior as a result, supervision agencies could adopt *The Adverse Childhood Experiences (ACE) Questionnaire* (Felitti et al., 1998). The ACE Questionnaire is a brief, 10-item measure that identifies 10 types of childhood trauma, including physical abuse, verbal abuse, sexual abuse, physical neglect, and emotional neglect. Availability of this information during probation terms could provide officers with valuable information not otherwise considered, that could have substantial effects on current behavior and coping. However, officers would need to be trained in how to gather sensitive information in the ACE Questionnaire, and then how to use that information in supervision. Trauma-informed care is advised.

Behavioral Chain Analysis. An officer can help the individual explore the reasons for aggressive and/or angry behavior that results in violence as well as the reasons for ceasing such behavior. The behavioral chain analysis is a good tool to examine the precursor to a violent act, costs and benefits of such actions, and alternative responses (see Rizvi & Ritschel, 2014). This is a complicated process; often the reaction that results in violence is due to situational issues such as securing one's safety or that of loved ones, not having the skills to (better) manage a situation, and not being able to acquire needed services to address emotional and/or physical issues. The behavioral chain analysis is a tool officers can use to help individuals examine the factors that affect an angry or aggressive (or both) response. Individuals may also self-medicate with alcohol and/or substances, which may further limit their ability to marshal internal resources to address issues related to violence.

Treatment Programs. At this point, there are no evaluated programs designed to address violence per se, but there are promising programs (see below). The closest programming relates to criminal thinking errors or cognitive restructuring, but neither is considered an evidence-based treatment, and there are few evaluations of the curricula. A few concerns exist with the current approach. First, the title "criminal thinking errors" labels a person and presumes that the decision-making is criminal instead of driven by underlying motivations such as revenge, greed, situational issues, and territoriality. Of course, many of these motivations are prevalent in people generally—including those not involved in the legal system. Second, there are few evaluations of the criminal thinking programs, and none that explore the impact of the programs on violence or being a victim of violence. This makes it unclear whether these programs impact violent behavior or increase awareness of the impact of violence on individuals. Third, the criminal thinking programs do not frequently address underlying issues related to trauma or mental health conditions (such as depression and anxiety). Fourth, there are other factors such as poverty, socialization to violence, food insecurity, and housing instability that create stress and affect how individuals respond. Finally, the programming often uses a quasi-cognitive-behavioral model that offers few practice sessions to help individuals learn to use the skills in "real world" scenarios. More attention is needed in developing treatment curricula and programming related to violence.

Violence Interrupters. A recent innovation, albeit one that has yet to find a solid evidence base, is violence interrupters located in the community. Violence interrupters are similar to peer navigators, who are assigned to help an individual navigate a myriad of life issues ranging from peers, to social supports, to social institutions. The violence interrupter is typically located in the community where the interrupter serves as a peer to assist individuals that are involved in violence and/or likely to be a victim of violence. One example is the Cure Violence Initiative (Butts et al., 2015), but there are also examples of violence interrupters that assist in reentry and during incarceration. Violence interrupters are recognized as pivotal in helping individuals make changes, including those where they have ownership over the changes (autonomy), feel confident that they can make changes (competence), and feel that they have the support of others (relatedness) (Ryan & Deci, 2000).

The term violence interrupter refers to individuals who have been formerly involved in violence. The belief is that violence interrupters can be used to help address factors related to violence and assist individuals in the community to navigate violence-prone

risk situations. Unfortunately, there are few (if any) programmatic efforts directed at using interrupters for individuals on probation/parole. And we have not seen the growth of such programming in probation/parole settings. While there are issues regarding people under supervision being monitored/guided by someone with a history of criminal legal system involvement, these issues can be contended with.

Conditions for Supervision. The average person on probation has 17 conditions, but the number of conditions can vary considerably (Taxman, 2012). The number and type of conditions produce differential impacts. For example, financial penalties (i.e., fines, fees) can increase the negative outcomes of supervision by placing the person under tremendous stress (Ruhland, Holmes, & Petkus, 2020). On the other hand, cognitive-behavioral programming can improve outcomes (Taxman, 2008). There is limited research on which conditions and requirements on supervision affect recidivism or technical violations besides drug testing. One might suppose that increased stress from conditions could lead to violent behavior, but this has not yet been examined. In general, the more conditions someone is subject to, the more likely the person is to violate supervision conditions and therefore have their release revoked (Taxman, Smith, & Rudes, 2020).

Working Alliance. Part of the risk-need-responsivity (RNR) framework is to foster a therapeutic or working alliance between the officer and the supervisee. The alliance has been found to be instrumental in reducing negative outcomes (Blasko et al., 2016), but studies have found that individuals with a higher risk for recidivism (not just violence, but any offending behaviors) have a lower perception of the quality of their working relationship with officers (Blasko et al., 2015; Friedmann et al., 2014). Using key components of procedural justice such as building trust, giving the person a voice, having procedures and processes that are transparent can affect the quality of the working relationship and improve the trust that a person under supervision has of their officers (Blasko & Taxman, 2018). Procedural justice processes in supervision settings can send the message that the officer is working with the individual under supervision to address factors that affect progress on supervision.

Incentives (instead of sanctions) for Achieving Milestones (Contingency Management). Incentivizing behavior has been shown to have an impact on individuals on supervision, especially as compared to sanctioning. Mowen and colleagues (2017, 2018) have shown how incentives can be effective in generating positive outcomes, including more compliance with supervision conditions and fewer revocations. Incentives, especially those that provide rewards frequently and early in the supervision process, can be used to shape behavior (Sloas et al., 2019). That is, the process is to identify small steps/goals and provide rewards to recognize an individual's gains and efforts toward achieving those goals. Over time, the time frame between rewards increases as the individual makes gains in their efforts, which can be viewed as a natural progression and tapering as the behavior becomes normalized. (Note: Rewards can span a range including affirmations from officers, reducing conditions, and provision of small financial rewards. For more information on developing a reward structure, refer to Taxman et al., 2014.) A recent study in four probation sites found that rewarding positive behavior early in the supervision term and frequently at the beginning of supervision can generate better results (see Sloas et al., 2019). The primary takeaway for "evidence-based" incentive practices is that there should be four rewards for every sanction (Gendreau, 2014).

State-of-Current Probation Systems Conclusion. Based on the literature, there is little evidence about what are the best tools (treatment and controls) to manage a person on supervision that is predisposed to or engages in violence. See below for promising tools.

What Are Promising Approaches for Individuals with Violent Behaviors or Victims of Violence in the Criminal Legal System?

In the criminal justice system, individuals with a history of violence and/or those that have been a victim of gun violence are often considered higher risk due to their criminal histories and involvement in more serious criminal behaviors. These individuals are often asked to make changes in areas perceived to threaten their safety and/or masculinity (e.g., stop carrying a gun, find employment, avoid certain people or places), which can make them reluctant to comply/change. A major part of working with individuals involved in violence or prone to violence is to ensure that they feel respected and empowered to make choices about their own lives. Ensuring respect in the supervision process increases the likelihood that individuals will engage in change processes, and it provides a solid framework for building rapport with the individual.

Transtheoretical Model of Change (TTM), Anger Treatment, and CBT

The common model for approaching change is the transtheoretical model of change (TTM; DiClemente & Prochaska, 1998). TTM focuses attention on how individuals become more ready for change due to personal reasons or external pressures like the legal system. The model identifies that there are stages of change that individuals go through and that each stage requires different steps and actions. The stages are: 1) pre-contemplation (no awareness or interest in change); 2) contemplation (beginning to become aware of the need to change but the feelings about change are mixed); 3) preparation with a plan for change; 4) action, which includes steps to make the changes; and 5) maintenance, which requires attention to ensure key areas (supports, living situation, etc.) are in place to sustain the change. TTM recognizes that individuals must be in the driver's seat of the change process, since they must be ready to change behaviors, peer groups, social supports, and make decisions about how they live their lives.

The legal system can be instrumental in helping foster change in the individual. Some ways legal system actors can help foster change include: 1) law enforcement officers and prosecutors offering delayed or deferred prosecution if the individual engages in non-violent behaviors; 2) municipalities and police departments offering gun buy-back programs to reduce the number of guns on the street; 3) judges ordering the individual to cease involvement in violent crime; 4) probation officers making referrals for CBT to address violent attitudes and behaviors; and 5) probation and correctional officers making referrals to employment assistance programs to facilitate employment.

Most research on general violence interventions focuses on prevention, primarily for children or juveniles in school settings. Little research has been conducted on interventions meant to address general violence for adults, but research on anger treatment typically reveals that those who participate in anger treatment typically do better than people who do not (Lee & DiGiuseppe, 2018). More importantly, anger interventions seem to result in improvements in aggressive behavior and have lasting effects (DiGiuseppe &

Tafrate, 2003). Anger and aggression reduction programs generally focus on altering thinking and behaviors patterns. Such programs can adopt a skills-building orientation around issues such as decision-making, problem-solving, altering thinking that leads to angry and aggressive actions, overcoming impulsive urges, developing compassion, and improving social and interpersonal skills (typically in some type of CBT programming). Interventions may be delivered by probation staff, community providers, or other mental health professionals, and can be delivered in individual or group formats. CBT seems to be a good choice to address violent behavior, since it aims to improve (potentially trauma-based) responses to stimuli in the person's environment. CBT treatment on general recidivism showed an overall effect of 0.77 (risk reduction of 23 percent), whereas the overall effect on violence was 0.72 (risk reduction of 28 percent). The study found that less intensive anger management seemed to be the most effective treatment modality in reducing violent offending (Makarios, M., & Pratt, T., 2012).

Education, School-Based, Family Programming

Since there are many and varied factors that precede violent behavior, effective responses to reduce violence require a comprehensive, multi-level approach. These approaches may include other interventions, including educational programs, school-based programs, Mindfulness Behavioral Therapy, Multisystemic Therapy (MST), medication therapy, after-school programs, and Aggression Replacement Therapy (ART), as discussed below. These interventions typically last from a minimum of 3 months to a maximum of 3 years.

ART has become a commonly used program for youth with antisocial behavior and has been expanded to justice-involved adults. In its original version, ART is a 30-session program comprising three components: social skills, anger control, and moral reasoning (Goldstein et al., 1987). The goals are to replace the out-of-control destructive behavior with constructive prosocial behavior, reduce the frequency and intensity of anger reactions, and promote prosocial decision-making. Early reviews have found empirical support for ART, while more recent reviews suggest difficulty in drawing definitive conclusions about effectiveness (Brannstrom et al., 2016; Larden et al., 2018; Salas, 2020).

Overcoming situational and general anger: A protocol for the treatment of anger based on relaxation, cognitive restructuring, and coping skills training (CRCS) comes out of a research agenda for anger reduction that has been tested since the early 1980s (Deffenbacher & McKay, 2000). This is a nine- to twelve-week, session-by-session program focused on relaxation and cognitive restructuring skills combining skills development and visualization scenes related to recent anger triggers. Although CRCS is an evaluated anger interventions for a wide range of adults, the program has not been widely tested in justice-involved populations.

SMART Anger Management (Selection Menu for Anger Reduction Treatment) was developed from the findings of meta-analytic reviews of anger treatment that have occurred since the 1990s (Kassinove & Tafrate, 2019; Tafrate & Kassinove, 2019). Because of individual differences in how anger and aggression emerge in people's lives, this program is designed to be flexible, and offers a range of empirically supported interventions that practitioners and clients can collaboratively "choose and use." Options include interventions to better navigate anger triggers, change thoughts that lead to anger, reduce internal activation and urges, and improve appropriate expressions of anger. Interventions outlined in this program have been tested on a wide range of adolescents and adults who don't manage their anger appropriately, but have not been widely evaluated with justice clientele.

The focus of family-based interventions is to address family risk factors (e.g., substance use, parental disengagement, parental stress, poor communication), and improve healthy family interactions. Family interventions often require specialized training and can be delivered by probation staff, or community providers such as case managers or social workers. These interventions typically focus on youth and emerging adults.

Multisystemic Therapy (MST) is the most extensively researched family intervention for youth with serious crimes such as those with repeat violent offences (van der Stouwe, 2014). MST is an intensive, home-based model that lasts three to six months. Therapists are trained and monitored, have small caseloads, and are available to have contact with the families 24/7. MST is designed to improve family structure and cohesion, assist parents in effective monitoring, and improve communication and discipline strategies. At the youth level, MST is focused on increasing connections with prosocial peers and helping parents to disengage their adolescents from antisocial influences. A recent study found inconclusive results regarding effectiveness compared to other approaches (Fonagy et al., 2018).

Multidimensional Family Therapy (MDFT) is a widely used intervention to address substance misuse and other problem behaviors in youth (e.g., aggression, truancy) (van der Pol, 2017). The program is centered around four areas: youth (e.g., coping, emotion regulation, and communication skills), parents (e.g., involvement and attachment, reducing conflict, and parenting skills), family interactional patterns, and extrafamilial systems of influence. The program is delivered over a course of four to six months and is most often home-based but can also be delivered in residential or office settings. Recent studies suggest positive effects on important outcomes such as arrests (van der Pol et al., 2017).

Given the complexity of violence, effective responses to violence will necessitate a comprehensive, multi-level approach that may include individual/group treatments, family-based programs, and community-based approaches. Because of the variability in the spectrum of aggressive behaviors and gaps in our current knowledge, below is a brief overview of some of promising practices.

What Are Criminal Legal/ Justice-Focused Deterrence Programs and Services?

Focused deterrence initiatives are typically police-led but can also be used elsewhere in criminal justice to bring together various groups of people who may be able to influence probationer behavior. It is often called a "pulling levers" strategy, referring to the idea that the leaders of the initiative are "grasping at" any possible solution or influencer that might be able to get through to the individual in order to change their behavior (see RAND Corporation, n.d.). Focused deterrence initiatives typically consist of multi-agency and community teams (such as police, prosecutors, faith organizations, social services, family and social supports, treatment agencies) that collaborate to send clear messages to individuals regarding ceasing the violent or drug-involved behaviors. These approaches attempt to prevent criminal behavior, especially gun violence, by fostering awareness of the costs of continued criminality, increasing fear of sanctions, and reinforcing the benefits for remaining crime-free. These approaches are believed to increase an individual's perceived risk and act as a deterrent, while also

attempting to positively redirect them away from criminal opportunities. One key component of this approach is direct and consistent communication with individuals, so they know their actions have potential immediate, direct, and collateral consequences. Face-to-face meetings among probation/parole officers, prosecutors, service providers, and community influencers serve to reinforce the perceived risks and provide supportive opportunities to succeed in services and noncriminal pathways. Braga and Weisburd (2015) argue that focused deterrence strategies need to have: (1) an interagency team with the ability to coordinate communication across agencies; (2) research and evaluation capabilities; (3) an analysis mechanism to identify high-risk individuals engaged in criminal behavior; and (4) the ability to provide services to targeted individuals.

While focused deterrence approaches are typically led by law enforcement agencies and supported by probation, the model is adaptable where probation officers can lead the effort and be the primary information gatherers leading the group, with support from prosecutors, local law enforcement agencies, community influencers, social services, faith organizations, and others that might improve the lives of others. The objectives of this focused deterrence strategy are to (1) create a more formalized partnership between probation officers and prosecutors; (2) have probation officers, prosecutors, and service providers meet with individuals on probation at the beginning of their probation supervision to increase awareness of the consequences of continuing criminal trajectories; (3) have separate meetings with personal "influencers" of individuals on supervision to support the focused deterrence approach, and (4) share and obtain information with local law enforcement agencies regarding potential criminal activity of those on supervision. This last point is tricky, because probation officers need to be aware of how sharing information may impact a trusting relationship and affect the working alliance. But, if the officer is transparent with the individual on probation about what information will be shared (e.g., use of a gun, being involved in a shooting), the information sharing may become a reasonable part of the contracted relationship, rather than seen as a breach of trust.

Probation-led focused deterrence strategies include the following components. First, probation officers meet with newly assigned individuals on supervision for assessment and case plan development. The case plan will include referrals for probation-contracted services such as basic needs (e.g., housing, transportation, clothing), substance abuse and/or mental health treatment, employment services, and relevant CBT-centered programming (e.g., criminogenic thinking, substance misuse, anger management, employment, aggressive behavior). Second, while creating case plans, probation officers attend information-sharing meetings with local law enforcement agencies and prosecutors to gather information on the potential relationships that individuals on supervision have with other known offenders and possible accomplices. This information will help probation officers understand which individuals on probation are "power players" (those most heavily involved with and potentially leading/causing violent activities) and help frame conversations during supervision (see below).

Third, after case plans have been created, individuals on supervision may attend required meetings with officers, probation line supervisors, and prosecutors. At these meetings, the individuals on supervision are informed that they are part of a targeted group that will be monitored for possible continued involvement in criminal behavior, and graduated sanctions will be used if there are infractions. The graduated sanctions can be modified to include incentives to dissuade criminal behavior and reward involvement in employment, education, and/or services that assist individuals develop themselves as citizens of the community. At these meetings, prosecutors can also provide positive support but remind individuals that potential new charges and sentencing possibilities may be the result of continued violations and/or new arrests, but the emphasis of these messages is to support the involvement in healthy, developmentally appropriate employment, education, and other services. These meetings are not intended to be threatening. Instead, they are intended to have open and honest conversations about an individual's behavior(s), including if those behaviors have escalated to a point involving more serious responses like new charges or being a victim of a crime.

Fourth, probation officers attempt to identify and meet with positive "influencers" such as family, friends, or employers who have an interest in the individual's well-being. The probation officers and line supervisors can meet with individuals and their influencers to discuss the positive supports available to help an individual succeed on probation, and in life in general. Fifth, probation officers will continue to attend information-sharing meetings with local law enforcement to provide information about an individual's progress, both in terms of criminal and noncriminal behaviors, and to solicit more assistance to help an individual pursue prosocial behaviors. The team can also reward an individual for the strides that they took to be engaged in prosocial behaviors.

How to Start a Conversation about a New Style of Supervision that Focuses on Respect and Shared Decision-making

Working with individuals that are violence-prone as perpetrators or victims requires attention to ensuring that they feel they have a voice in the process. This prevents intentional or unintentional "acting out" in response to perceived emasculation resulting from requests to stop carrying weapons, avoid certain people or places, and other realities discussed in section 4. Further, it is a form of respect for the individual. Several strategies are useful to achieving a relationship that is marked with respect. These include motivational interviewing (with an emphasis on clients being able to make decisions and officers engaged in active listening); shared decision-making (with an effort on the individual and/or officer jointly engaged in making decisions regarding what is in the case plan, determining how to assess progress, and using incentives and sanctions to respond to progress); and promotion of honesty and truthfulness on the part of both parties. Specifically, this relationship depends on how the officer treats the individual, responds to situations, and shares "power," and those qualities are imperative to engaging the individual in the supervision process. Since many individuals have been on supervision before or have known people on supervision, it is important to begin the supervision process with clarifying information about the importance of working together. Doing this at the first meeting establishes a tone for the supervision process and illustrates the importance of mutual goals. For example, the first meeting establishes the style of working relationships. First meetings that get off to a poor start are difficult to recover from; after, it is difficult to re-establish a strong relationship. Individuals on supervision are sensitive to how they are being treated by the system, and the officer in particular.

Further, focusing on short-term outcomes provides opportunities to demonstrate success (see Blasko et al., 2021; Wodahl, Mowen, & Garland, 2020), which breeds more success. Individuals who have goals are more likely to be successful than those who are focused only on the past or making it through the day (Spohr, Walters, & Taxman, 2017). Supervision that has set goals that the individual helped to create can bring long-term results.

It can be challenging to launch into conversations about instances of anger and aggression in client's daily lives. A direct style is often the best way to approach these topics. Below are some sample prompts and techniques that probation staff can use to get conversations going.[2] These discussions are oriented around different scenarios such as anger, aggressive conflicts, and gun violence. Because it is impossible to script out every possible aggression-related scenario that might emerge, flexibility is recommended. These guidelines are offered as a general organizational structure and can (and should) be adapted to the unique circumstances of a particular client. The final three scenarios were taken from a project that Drs. Tafrate, Cox, and Meyer are involved in with the Office of Adult Probation in Connecticut.

Here are examples of a conversation between a probation officer and a client that might happen early in the probation process. The officer uses the conversation to define the supervision process, focus on mutual goals of success, and collaborate with the client to define the goals of supervision. The officer avoids the temptation to lecture or nag the client about what he *should* do, but rather focuses on his internal reasons for completing treatment.

Officer: *I wanted to start probation by telling you how much I respect you and what you have gone through. Your being on supervision is an opportunity, and I want to be part of that opportunity. To me, it is important that I am here to work with you. I know you have been through a lot, due to your [name the offense] or [having been shot before]. That is heavy and it is something we need to keep in mind.*

Client: *It is no big deal, lots of my friends have been through similar stuff. But tell me why I should trust you, cause isn't it your role to make me do what the system wants?*

Officer: *It is true, I am a probation officer, but that doesn't mean I am only interested in locking you up. In fact, I'd rather not have to use my power in that way. I'd rather use my power to help you be successful on supervision. And, I am now using different strategies than this office has used in the past 5 years. We now understand that being good at my job means having more people succeed. So, I need to hear from you—often—and we can adjust our approach if things aren't working.*

Client: *Not sure I understand. What do you mean?*

Officer: *First we have two things to work on: 1) coming up with a case plan and 2) figuring out how to incentivize you when things are going well. The incentive plan also includes what to do if you are not trying, not complying, or falling back into old approaches. In other words, we want to give you opportunities to participate in job training, school, parenting, etc.—*

Client: *But the judge gave me stuff to do.*

Officer: *We have to respect the court, but we also have to make sure you feel that your time is well-spent on the things in your plan. I can always go back to the court to get your conditions adjusted if that is best for you. But our first task is to do a case plan, and for you to commit to what you put in the case plan. Notice I said "you," because this is your plan and I am here to help you. You might think about how to place the court requirements in with your requirements. But let's start here—what do you want to accomplish over the next two years?*

Client: *My family is most important. I have a daughter and want to be there for her. Right now, probation is like this dark cloud that follows me around. I want to be able to get a job and contribute for once in my life.*

Officer: *Okay, so what can we do in this area. How can we help you to get through probation and make it work for you to make life better for your family?*

The officer presents that the client has choices to make, and it is in the client's interest to make choices that will help in achieving goals. Notice that the officer is using the techniques of motivational interviewing to help get clients ready for making decisions about their choices—in this case helping them recognize that court conditions are important but also they must feel vested in the goals that they select. A manual developed by the National Institute on Corrections gives more extensive instructions for using MI in community corrections settings (see National Institute of Corrections, 2017).

Later, the following interaction might occur as the officer "rolls with resistance" (to use the MI term) for dealing with uneven progress during supervision. A major component of the approach is to focus on progress and benchmarks that the individual *is* meeting.

Officer: *I heard your brother got shot last week. Do you want to tell me about it?*

Client: *It is not a big deal at all—everyone gets shot.*

Officer: *Of course, but loss and/or getting shot can be hard to swallow and make one feel vulnerable. Sometimes people give up on their goals when events like this happen. Do you feel that you are sticking to your case plan?*

Client: *Last week I got together with some friends, some of whom are still active in the life and it made me want to be part of the life again.*

Officer: *Understandable, in these times one wants to be around those that provide comfort. Are there also any folks that you could hang out with that aren't in the life?*

Client: *No. But I did smoke marijuana with my friends.*

Officer: *Understandable given the situation. I think your contract with us says that if you use drugs we need to do something. But you were honest and I appreciate that.*

Client: *Are you sending me to jail?*

Officer: *I believe our plan states that if you use drugs that you will go to more AA/NA meetings. Does that sound reasonable? Or what else do you recommend?*

Client: *I can do that. So I am not going to jail.*

Officer: *I appreciate you being honest with me. Given the stress of the shooting, do you need to see a counselor too?—we can arrange that.*

The structure of the conversations above represents one type of cognitive-behavioral technique (CBT; see *Surfing the Three Waves of CBT* in a previous issue of *Federal Probation* for a description of various CBT approaches). The goal is to uncover the inner decision-making process of clients. There is a strong focus on thoughts that precede specific instances of aggression that recently occurred in the client's life (e.g., What do clients typically tell themselves right before they decide to engage in angry, aggressive, or risky behavior?).

It is also useful to understand what the individual thinks right before better decisions are made (e.g., not throwing a punch, walking away, avoiding a dangerous situation, etc.). Since aggressive behavior usually unfolds

[2] We would like to acknowledge the Bureau of Justice Assistance, U.S. Department of Justice for ongoing support in creating probation-relevant CBT sequences and the talented probation staff in the State of Connecticut Judicial Branch's Court Support Services Division for assistance in developing and piloting these types of conversations. Special thanks to Rick Sutterlin for his creativity in constructing meaningful conversations around gun possession.

along a *path* or *sequence*, sometimes the "best decision" occurs early in the chain of events such as avoiding a certain situation altogether, leaving the scene, or deciding not to get a gun. It is best to avoid talking about a decision-point when the momentum for violence is already too strong ("What were you telling yourself the moment you pulled the trigger?"). Probation officers will need to understand how aggressive actions unfold uniquely for each case, which is why it is recommended that the officer use an *offense chain* to identify behaviors before and after an incident occurs. This strategy helps to identify relevant decision-making points (both positive and negative) along the sequence of events. In exploring "better" decision-making, it is also wise to avoid inadvertently reinforcing the "good" side of crime (e.g., "What is the best decision you made during the carjacking?"). The following are three outlines of the type of questioning an officer can take to unfold the offense chain with those under supervision.

Tips for Officers in Dealing with Key Issues:

Scenario A: Anger

- "Everyone gets angry from time to time. Tell me about when you get angry. How is that sometimes a problem for you?"
- "Tell me about one thing you've done recently when you became angry that could potentially lead to a problem with the criminal justice system."
- "Tell me a specific time when you were angry and ended up doing something you later regretted." [Look for examples of aggressive behavior, negative verbalizations, substance use, police involvement, damaged relationships; get sufficient detail.]
- "At the time when you made the decision to do [describe anger-related behavior], what was going through your mind? These thoughts might be very quick and automatic. Try and remember what you were telling yourself right before you [describe anger-related behavior]."
- "Now tell me about a time recently when you handled your anger in a way that didn't turn out badly."
- "Even though you were angry, what was going through your mind when you [describe more positive or productive behavior]?"
- "So, on the one hand, when you're angry and think [restate client's negative thought], it leads to [describe anger-related behavior]; on the other hand, when you're angry and think [restate client's positive thought], it leads to [describe more positive or productive behavior]." "In those moments when you become angry in the future, how can you strengthen the thinking that leads to better ways of reacting?"

Scenario B: Aggressive Conflicts

- "What is the type of situation for you that is likely to lead to a conflict or a physical altercation with someone?"
- "What is it about [restate the situation] that makes it high-risk for you?"
- "Give me a recent example of a decision you made that led to, or worsened, a conflict in this type of situation?"
- "What were you telling yourself when you [insert the aggressive behavior]?"
- "Give me an example of a decision you made that reduced conflict in this type of situation?"
- "What were you telling yourself when you [insert better, non-aggressive behavior]?"
- "So, on the one hand, when you're confronted with [insert situation] and you think [restate client's negative thought], it leads to [restate the aggressive behavior]; on the other hand, when you're in that situation and think [restate client's positive thought], it leads to [insert better, non-aggressive behavior]."
- "How can you strengthen the thinking and decisions that lead to less conflict and aggression in the future?"
- "This is something we will keep talking about."

Scenario C: Gun Violence

- "Tell me about a situation in the recent past where you were in possession of a gun illegally."
- "What were your reasons for having a gun?"
- "What is it about having a gun that might be high-risk for you? What can go wrong?" [reflect back potential risks related to gun possession]
- "What were you telling yourself before getting the gun?"
- "Give me an example of a time when you could have had an illegal gun but chose not to."
- "What were your reasons for not getting a gun?"
- "What were you telling yourself when you chose not to have the gun?"
- "So, on the one hand, when you had a gun illegally in the past you were thinking [restate client's reasons and thoughts for having the gun]; on the other hand, when you had the opportunity to be in possession of a gun and thought [restate client's reasons and thoughts for not having a gun], it led you to making the decision to not have the gun."
- "How can you strengthen the better decision about not having a gun?"
- "This is important and something we will keep talking about."

The material above is simply a starting point for launching into such conversations. Probation staff will need to listen carefully, probe to get additional information, and adjust on the fly as necessary. It is helpful for officers to give themselves a learning curve when first trying these types of CBT conversations (e.g., take them for a test drive). It is perfectly acceptable for probation staff to print out the prompts and tell clients they are trying out a new worksheet and will be looking at the worksheet while interacting with the client. Practice makes better. With practice officers will become more natural, efficient, and purposeful in having meaningful conversation about topics that are often difficult to discuss. With repetition, officers will notice that clients are talking more and responding with more depth. Patterns related to aggressive behavior, within and across clients, will become apparent, allowing probation staff to make the most of what clients are saying and zero in on the most critical elements for curbing future aggressive incidents for each case.

These scenarios use rapport as the backbone for helping the individual realize that they can depend on their probation officer, even in difficult situations. When noncompliance occurs, reminding the person of the contract they developed together and what it says builds the foundation for the person to trust their probation officer. It serves to keep the individual in the driver's seat and allows the officer to be empathetic—all while maintaining boundaries.

Key Terms

Violence: Can refer to psychological or physical harm to another person.

Perpetrators of violence: Individuals that have been involved in violent acts, using a gun, or using force.

Victims of violence: Individuals that have been a victim of a gunshot, violent act, etc.

Substance Use: Any use of alcohol or drugs, including illegal drugs, prescription drugs, and inhalants (tobacco/vaping might also be included in some definitions).

Substance Abuse: A pattern of alcohol or drug use that results in significant problems with work, family, health, risky behaviors or legal issues.

Substance Dependence (or Substance Use Disorder): A medical term to describe a pattern of drug or alcohol use that has resulted in changes such as physical tolerance, withdrawal, and continued use of the substance despite significant problems.

Motivational Interviewing: A collaborative conversational style to strengthen a person's motivation and commitment to change.

Cognitive Behavioral Therapy (CBT): A counseling approach to help people identify and change thought patterns that lead to negative behaviors.

Contingency Management (Incentives): The systematic application of rewards to influence behaviors such as reaching supervision goals.

Key Takeaways

1. Violence or violence-prone behavior is not well addressed in probation protocols. More attention is needed to understand the behavior and to respond appropriately.
2. Current probation practices are not suited to dealing with violence. Officers should build and use working alliance to engage the individual in productive activities.
3. Clear communication that is empathetic should drive the relationship.
4. More attention should be given to using evidence-based supervision strategies to build a working alliance.
5. Use motivational and cognitive-behavioral strategies to support achievement of supervision goals.

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Intimate Partner Violence among Justice-Involved Persons: Practice Guidelines for Probation Staff[1]

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What Do Probation Staff Need to Know about Intimate Partner Violence?[1]

The U.S. Department of Justice works with the U.S. Centers for Disease Control (CDC) on issues of intimate partner violence (IPV) and follows the CDC's definition. The CDC defines four types of IPV (Centers for Disease Control and Prevention, 2021):

- **Physical violence** is when a person hurts or tries to hurt a partner by hitting, kicking, or using another type of physical force.
- **Sexual violence** is forcing or attempting to force a partner to take part in a sex act, sexual touching, or a non-physical sexual event (e.g., sexting) when the partner does not or cannot consent.
- **Stalking** is a pattern of repeated, unwanted attention and contact by a partner that causes fear or concern for one's own safety or the safety of someone close to the victim.
- **Psychological aggression** is the use of verbal and non-verbal communication with the intent to harm another person mentally or emotionally and/or to exert control over another person. (Centers for Disease Control and Prevention, 2021 paragraphs 2-5)

The CDC's National Intimate Partner and Sexual Violence Survey provides information on how many men and women experience IPV. Specifically, over one's lifetime:

- 36.4 percent of women and 33.6 percent of men reported IPV that encompassed any contact sexual violence, physical violence, and/or stalking.
- 36.4 percent of women and 34.2 percent of men reported experiencing any psychological aggression from an intimate partner (Smith et al., 2018).
- 1 in 5 women and 1 in 7 men report severe physical IPV victimization (Centers for Disease Control and Prevention, 2021).

Who Perpetrates IPV?

There is no one profile of someone who perpetrates IPV; they are a very diverse group of offenders. Several experts have attempted to develop typologies of IPV perpetrators to help demonstrate the heterogeneity among perpetrators. One of the more well-known typologies (Holtzworth-Munroe et al., 2000) discusses four types of perpetrators:

Family-only batterer – This type of batterer uses low frequency and less severe IPV, and is unlikely to behave violently or criminally outside the family. This batterer has little evidence of a personality disorder, but potentially low-moderate alcohol or drug abuse issues.

Generally violent-antisocial batterer – This type of batterer uses severe and frequent IPV and has a high level of criminal and violent behavior outside the family as well. They often can be diagnosed with antisocial personality disorder, and they typically have alcohol and drug abuse problems.

Low-level antisocial batterer – This type of batterer tends to fall between the family-only batterer and the generally violence-antisocial batterer on all of the dimensions, including frequency and severity of IPV, criminal and violent behavior outside the family, presence of a personality disorder, and alcohol/drug abuse.

Borderline-dysphoric batterer – Like the generally violent-antisocial batterer, this type of batterer uses severe and frequent IPV, but has low-moderate levels of criminal and violent behavior outside of the family. This batterer suffers from borderline personality disorder, and has moderate levels of alcohol and drug abuse.

Because of mandatory arrest policies, probation officers will see all types of batterers. In addition, it's important to understand that batterers come from all races/ethnicities, genders and sexual orientations.

Men and women are almost equally likely to perpetrate IPV (Smith et al., 2018), and there are more similarities than differences in the predictors of IPV among men and women (Langhinrichsen-Rohling, McCullars, et al., 2012). Moreover, power and control are equally motivating for men and women (Felson & Outlaw, 2007; Langhinrichsen-Rohling, McCullars, et al., 2012), and are predictive of injury and repeated physical IPV (Felson & Outlaw, 2007). Furthermore, rates of self-defense are low for both men and women (Langhinrichsen-Rohling, McCullars, et al., 2012). Although even less researched, data shows that IPV occurs at similar frequencies in LGBTQ+ relationships (Walters et al.,

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2013), with similar predictors and motivations as well (Hines et al., 2021).

Although there is heterogeneity among offenders, we know that certain mental health and other criminogenic issues are often co-morbid with IPV perpetration. Among the many co-morbid issues that IPV offenders should be assessed for are:

- Substance abuse and/or alcohol abuse (Cunradi et al., 2014; Hines & Straus, 2007; Rhodes et al., 2009).
- Personality disorders (e.g., antisocial, borderline, narcissistic) (Holtzworth-Munroe et al., 2000).
- Trauma history (Rhodes et al., 2009).
- History of witnessing IPV as a child and/or experiencing child abuse (Ehrensaft et al., 2003).
- History of conduct disorder (Ehrensaft et al., 2004).

In addition, many perpetrators will report that their partners are also abusive. In other words, they report bidirectional abuse. Although many in the criminal justice field often dismiss these accusations as excuses, research demonstrates that there is a high level of bidirectional abuse. For example, a comprehensive review of IPV research showed that 57.9 percent of physical IPV is bidirectional (Langhinrichsen-Rohling, Misra, et al., 2012). Of couples with unidirectional physical IPV, 13.8 percent was man-to-woman, and 28.3 percent was woman-to-man. Furthermore, within military and male treatment samples, 39 percent of IPV is bidirectional; 43.4 percent is man-to-woman, and 17.3 percent is woman-to-man (Langhinrichsen-Rohling, Misra, et al., 2012). In all cases, rates of self-defense are low for both men and women (Langhinrichsen-Rohling, McCullars, et al., 2012).

What Do Probation Staff Need to Know about Intimate Partner Violence in the Criminal Legal System?

In most states, if the police are called to the scene of a domestic violence offense, they are mandated to arrest someone (mandatory arrest policies); in all other states, arrest is the preferred option (preferred arrest policies). These arrest policies essentially mandate that officers arrest for all IPV offenses, regardless of how minor; most arrests are misdemeanors and do not involve physical injuries (Hirschel & Buzawa, 2009).

Mandatory arrest policies have mitigated any potential impact of race on arrest, and there are no racial/ethnic differences as perpetrators progress through the criminal legal system (Shernock & Russell, 2012). However, there is much less favorable treatment of men in comparison to women, which is seen not just in arrest, but also in the issuance of protection orders and in prosecution, with disparities between men and women growing at each stage of the criminal legal process (Shernock & Russell, 2012).

One reason why mandatory arrest policies lead to less favorable treatment of male perpetrators (in comparison to women perpetrators) is because of the predominant aggressor policies that resulted from them. Mandatory arrest policies initially led to an increase in "dual arrest," where the officer couldn't determine a single perpetrator, so they arrested both people. In efforts to reduce the number of women arrested and the number of dual arrests, states adopted primary aggressor policies, which directs officers to arrest the dominant aggressor in the domestic incident (Miller, 2001).

The predominant aggressor is typically thought of as the most significant aggressor, and not necessarily the initiator. Criteria for determination are not well defined and typically include: age, weight, height, criminal history, IPV history, use of alcohol & drugs, who called 911, who reports fear, presence of power and control, detail of statements, demeanor of parties, and corroborating evidence (Hamel & Russell, 2013).

Police training manual scenarios almost always (in some cases, always) deem the man to be the primary aggressor (Hamel, 2011). In fact, most police training manuals assume a heterosexual relationship where the man is the perpetrator and the woman is the victim, with most examples in those manuals focusing on heterosexual relationships, and most examples concluding the man is the perpetrator (Hamel & Russell, 2013).

In addition, police officers often fall back on gender stereotypes and the only predominant aggressor guidelines that can be easily interpreted (relative size and strength), and typically arrest the man. These policies are based on the false presumption that there is only one clear aggressor in most or all relationships (Hamel & Russell, 2013). Studies show that men are arrested more than women, even when controlling for physical injuries (Shernock & Russell, 2012).

When offenders reach the prosecution phase, they are often subject to no-drop policies. Sometimes they may go through a specialized domestic violence court (or prosecution process), or other steps to increase rates of prosecution. Evidence shows no crime prevention benefits for any of these steps related to sanctions (Maxwell & Garner, 2012). However, what they do show is that harsher sentences are imposed on men who abuse women, in comparison to any other gendered composition of the offender-victim relationship (Poorman et al., 2003; Ragatz & Russell, 2010; Russell et al., 2009). In fact, men are treated more harshly at each stage of the criminal legal process (Shernock & Russell, 2012).

What Role Do Criminal Justice Interventions/Sanctions Have in Preventing Further IPV?

Overall, sanctions that follow an arrest for IPV do not impact subsequent re-offending (Maxwell & Garner, 2012) Below, we pay specific attention to protective orders and batterer intervention programs.

Protective orders. Protective orders can have varied effects on the perpetrators. Some offenders do not comply with protective orders; some are angered by the protective orders and seek out revenge upon receiving it; some victims seek out the offender in spite of the protective order because they want to see the person; and sometimes, the protective order works to keep the perpetrator away from the victim (Erez et al., 2004). It is important to recognize that the offender is very knowledgeable about the victim's routines, friendships, family members, etc., which provides the offender with a relatively easy means to stalk, harass, intimidate, abuse, or assault the victim and violate a protective order.

In a comprehensive review of 43 scholarly studies on the effectiveness of protective orders, Russell (2012) found that approximately 40-50 percent of protective orders are violated. Large-scale studies show some reductions in revictimization, but smaller community studies show increases in psychological and physical IPV upon issuance of a protective order.

Female victims feel safer when there is a protective order and find them effective, and these feelings are related to whether the victim successfully separated from the offender and had access to resources/help. Rural women who don't have access to resources typically feel less safe and satisfied with protective orders. Revictimization is related to maintaining a relationship with the offender, lack of resources, rural residence, and stalking. Married women are less likely to file for a

permanent protective order, have a harder time separating from the offender, and likely need additional resources. Women who get protective orders are often unemployed or underemployed, earning less than $15K per year, and are financially dependent on their offenders; they also have higher rates of depression and PTSD (Russell, 2012).

Obtaining a final order of protection leads to lower rates of revictimization, in comparison to those who do not pursue or obtain a final order of protection. There is little research on women who are issued protective orders or men who are victims, although men are less likely to get a requested protective order. Studies are lacking on protective orders in same-sex IPV cases (Russell, 2012).

Batterer Intervention Programs. The traditional batterer intervention program (BIP) uses the Duluth Model as a means to re-educate a batterer in attempts to stop the violence. The Duluth Model is grounded in a feminist analysis of IPV, which posits that the patriarchal construction of society and its social institutions supports male domination of women and the use of any means necessary—including violence—to maintain that domination. Such programs rely on a gender re-education model (rather than psychotherapeutic), with the goal of exposing the batterers' misogyny, holding him accountable for the violence and accepting personal responsibility, and promoting gender-egalitarian attitudes and behavior within his relationships. Most intervention programs—and state laws and guidelines that regulate BIPs—have these as key aspects of the programs. Many approaches, however, also integrate tenets of CBT into their framework, to address issues of emotion dysregulation, cognitive distortions, and relationship skills deficits (Eckhardt et al., 2013).

BIPs are widely used despite minimal effectiveness research, which means they could be potentially harmful to clients and their victims, because it is likely the clients and victims assume that the treatment they are attending is effective (Lilienfeld, 2007). There have been several major meta-analyses and reviews of every study on BIP effectiveness, and they all show the same thing: minimal to no effectiveness in reducing IPV (by both victim report and official reports), with concerns that they may be harmful (Babcock et al., 2004; Eckhardt et al., 2013; Feder & Wilson, 2005; Karakurt et al., 2019; Wilson et al., 2021).These findings held whether the program was a Duluth Model program and/or incorporated CBT elements.

In addition to the lack of effectiveness, there is also evidence of high attrition rates (Davis & Taylor, 1999). One recent analysis of this problem showed that in comparison to BIP completers, no-shows to BIPs are less likely to have a high school diploma/GED, less likely to be employed, less likely to be on probation, more likely to report a mental health problem, and more likely to have a history of drug crimes; drop-outs of BIPs (in comparison to completers) are more likely to have a history of general violence or property crimes (Richards et al., 2021). It is important for probation officers to be aware of these risk factors for BIP no-show and drop-out.

One main reason why Duluth Model BIPs are not effective (and potentially harmful) is that although there are many men who harbor sexist, patriarchal beliefs, and some act on them in abusive ways towards their partners, there is no consistent, necessary connection between patriarchal beliefs and IPV perpetration (Hamel & Russell, 2013). Sexist attitudes are typically the justification for IPV, but it's really personality disorders (ASP, BSP), developmental factors (e.g., exposure to child abuse, exposure to interparental IPV, conduct disorder), and current life stressors, including alcohol/substance abuse, that drive IPV perpetration (Dutton, 1994; Sugarman & Frankel, 1996). Duluth Model BIPs do not address these issues at all, while models that incorporate CBT components do not fully address them.

The good news is that there are currently some alternative treatment models that show promise of effectiveness. These include models that:

- Focus on motivation and readiness to change, which show promise on change-relevant attitudes, treatment engagement, and abusive behavior (Eckhardt et al., 2013).
- Incorporate substance abuse and/or trauma components (Karakurt et al., 2019).

What Role Does the Probation Officer Have?

In many jurisdictions, most IPV offenders will be sentenced to probation (with or without jail time) and mandated treatment (Buzawa et al., 1998). IPV offenders present unique challenges because of the relationship they have with their victims, and probation officers must be knowledgeable about victim and offender issues in IPV and work collaboratively with treatment providers (Spencer et al., 2020). It's also important to know some of the similarities and differences between IPV offenders and other violent offenders (Olson & Stalans, 2001). For example, they are similar to other violent offenders on demographic and prior criminal history. For the probation officer, it's important to know that they are similar to other violent offenders in whether they violated the conditions of their probation and in their performance on probation (Olson & Stalans, 2001).

On the other hand, IPV offenders are more likely to report a substance abuse history (includes alcohol & illegal drugs). They were also more likely to have misdemeanors (rather than felonies) and shorter sentences; IPV offenders are more likely to be ordered to pay fines, less likely to be ordered to perform community service, more likely to be ordered into treatment, and more likely to be placed on a specialized probation caseload. Importantly, they were more likely to revictimize their victims, and their probation officers were more likely to have contact with the victim (Olson & Stalans, 2001).

This is related to one of the more important and unique roles of a probation officer when working with IPV offenders: protecting the victim.

Protecting the victim. A primary focus for the probation officer is the safety of the victim (Spencer et al., 2020). The context and dynamics of IPV make protecting the victims a continuous challenge (Erez et al., 2004). In comparison to other crimes, IPV is typically a pattern of behavior rather than an isolated incident, with the offender having abused the victim many times before the criminal legal system becomes involved. Thus, it is routine behavior that is likely to continue without intensive psychological counseling, which the offender typically will not receive. In many cases, the victim will return to the offender; reasons for returning include fear, financial dependency, family pressure, and often love. Thus, IPV offenders are at risk of abusing the same person again and often do (Johnson, 2001).

There are likely strong emotional ties between the victim and offender, with victims often reluctant to participate in criminal legal proceedings that institute punishment of the offender. When victims return to the offender for any or all of the above-mentioned reasons, it may feel like the victim is working against the probation officer, but victim safety must remain a primary concern. One way to achieve this goal of victim safety is

through proactive cooperation between the probation officer, social services, and victim advocates. Undergoing training specific to IPV to develop the specialized skills to work with these cases is also a good idea (Spencer et al., 2020).

Another potential means for keeping victims safe is the use of bilateral electronic monitoring (BEM) (Erez et al., 2004). BEM would be ordered by a judge, but requires victim consent, because equipment needs to be installed in the victim's residence as well, and its main purpose is to keep offenders away from the victim's residence. BEM has evidence of effectiveness: In two studies, there were few cases of offenders penetrating the radius of the BEM, most often when the offender was intoxicated. Only once was the offender overtly hostile. Victims also reported positive experiences with the BEM—they appreciated the time away to reassert control over their lives; they also felt an enhanced sense of safety and peace of mind for them and their children (Erez et al., 2004).

Ensuring compliance. BEM can also be used to ensure offender compliance. The probation department is pivotal because its purpose is to hold the offender accountable. Probation is typically used in IPV cases because both the victims and/or the judges do not want to see the offenders jailed; instead, they believe that probation is a solid alternative to jail time because it allows the offenders to stay under the watchful eye of the criminal legal system (Spencer et al., 2020).

In addition to BEM, GPS supervision can also be used. Again, this would be ordered by a judge. Pretrial GPS supervision has the same effectiveness as other non-technological supervision techniques in terms of assuring appearance at court and risk of rearrest; GPS supervision also increases the likelihood of appearing at meetings with pretrial services staff (Grommon et al., 2017).

It is also important to note risks for probation violation among IPV offenders, such as witnessing and experiencing abuse during childhood (Fowler et al., 2016). Criminogenic risk is a significant predictor of probation revocation by a felony domestic violence court (Garner et al., 2021). Experts in the field suggest that offenders undergo intervention to address early engagement in treatment, antisocial thinking patterns, and substance use disorder (Garner et al., 2021). Thus, knowledge of the limitations of most BIPs is crucial for probation officers, because they will likely need to suggest supplemental interventions, such as those that focus on motivation and readiness to change (Eckhardt et al., 2013) and that incorporate substance abuse and/or trauma components (Karakurt et al., 2019).

Key Terms

Intimate Partner Violence (IPV): Violence by an individual toward someone they are in an intimate relationship with.

Physical violence: a person hurts or tries to hurt a partner by hitting, kicking, or using another type of physical force.

Sexual violence: forcing or attempting to force a partner to take part in a sex act, sexual touching, or a non-physical sexual event (e.g., sexting) when the partner does not or cannot consent.

Stalking: a pattern of repeated, unwanted attention and contact by a partner that causes fear or concern for one's own safety or the safety of someone close to the victim.

Psychological aggression: the use of verbal and non-verbal communication with the intent to harm another person mentally or emotionally and/or to exert control over another person.

Mandatory Arrest: If the police are called to the scene of a domestic violence offense, in most states, they are mandated to arrest someone (mandatory arrest policies); in all other states, arrest is the preferred option (preferred arrest policies).

Predominant Aggressor: The predominant aggressor in an IPV situation is typically thought of as the most significant aggressor, and not necessarily the initiator. Criteria for determination are not well defined and may include: age, weight, height, criminal history, IPV history, use of alcohol & drugs, who called 911, who reports fear, presence of power and control, detail of statements, demeanor of parties, and corroborating evidence.

Protective Orders: a form of legal protection that prohibits a perpetrator from having contact (physical or communication) with victims.

Batterer Intervention Programs (BIP): Traditional programs use the Duluth Model, which is a gender re-education model with the goal of exposing the batterers' misogyny, holding him accountable for the violence and accepting personal responsibility, and promoting gender-egalitarian attitudes and behavior within his relationships. Some versions also incorporate tenets of cognitive-behavioral therapy.

Bilateral Electronic Monitoring (BEM): typically ordered by a judge, but requires victim consent because electronic monitoring equipment needs to be installed in the victim's residence as well, and its main purpose is to keep offenders away from the victim's residence.

Key Takeaways

1. IPV occurs at similar rates in LGBTQ+ relationships, and men and women are almost equally likely to perpetrate IPV. Additionally, bidirectional abuse is common, while rates of self-defense for both men and women are low. However, many police training manuals assume a heterosexual relationship and that the man is the aggressor while the woman is the victim.
2. IPV commonly co-occurs with substance misuse, personality disorders, trauma histories, history of witnessing IPV or experiencing child abuse, and conduct disorders.
3. Sanctions following an arrest for IPV do not impact subsequent re-offending. Protective orders have varied effects. Batterer Intervention Programs (BIP) are widely used, but the evidence indicates minimal to no effectiveness on reducing IPV and could potentially be harmful to clients and their victims.
4. Promising practices include models that focus on motivation and readiness for change, and incorporate substance abuse and/or trauma components. Additionally, bilateral electronic monitoring (BEM) has been found to keep the perpetrator away from the victim's residence and ensure offender compliance.
5. A primary focus in IPV cases for probation staff should be the safety of the victim. Probation staff should be aware that IPV is typically the result of routine behavior patterns.

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Young Adult Justice-Involved Persons: Practice Guidelines for Probation Staff[1]

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YOUNG ADULTS, TYPICALLY ages 18–25, are continuing to develop and mature—most are still learning how to independently manage adult responsibilities such as working, paying rent and bills, and caring for children. Their ongoing biological, psychological, and social development is a contributing factor to their overrepresentation in community supervision. Despite making up less than 10 percent of the national population, young adults aged 18-24 account for 28 percent of all arrests and represent 26 percent of the probation population (Justice Policy Institute, 2016). Young adults are markedly different from their mature adult peers, so it is not surprising that young adults on community supervision are more likely to experience revocation than older adults (Cuddy et al., 2018). Additionally, more than half of the young adults in community supervision programs are people of color (Justice Policy Institute, 2016). Thus, supervision practices should be informed by the unique needs of this special population. Not only can effective supervision practices help a young adult set a positive course for life, but they can also improve equity by effectively supporting the many young adults of color on supervision.

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What Do Probation Staff Need to Know about Young Adults?

Young adulthood, commonly considered ages 18-25, can be viewed as a period with specific developmental tasks and goals. The ongoing development of young adults can directly contribute to their participation in community supervision, since young adulthood is a period when individuals are very likely to engage in risky and sometimes criminal behaviors. The age-graded crime curve, which is widely accepted among criminologists, indicates that individuals are most likely to engage in criminal behaviors in late adolescence and early adulthood (Agnew, 2003). Similarly, psychologists have identified early adulthood as a period of peak engagement in risky behaviors, such as reckless driving, binge drinking, and fighting (Duell et al., 2018). Taken together, it is not surprising that the risk for involvement in the criminal legal system also peaks in early adulthood (Piquero et al., 2002). Thus, it is highly likely that supervision staff will work with young adults.

At the same time, consequences for offending suddenly become more severe, since young adults transition from the purview of the juvenile system to that of the adult legal system. Involvement in the legal system has the potential to derail a young adult's progress toward independence and productive citizenship. This disruption can have lifetime financial, social, behavioral, and civic implications for individuals and the greater society. As such, knowledge of how young adults continue their biological, psychological, and social development through this period of life can help supervision staff to assist with their development and increase their success on supervision.

Biological basis: The young adult brain differs from the mature adult brain both in terms of development and activation. First, two important aspects of the brain—the prefrontal cortex and limbic system—are still developing (Bernard et al., 2020). The prefrontal cortex controls decision-making and impulse control, while the limbic system influences emotional regulation (Bernard et al., 2020). Second, brain activation differs. Around puberty, there are changes in the brain that reward sensation seeking, which peaks around age 19 (Steinberg et al., 2018). Changes in dopamine receptors (which are associated with the brain's reward circuitry) occur around puberty, resulting in increased sensation-seeking (Steinberg, 2008). At the same time, it takes some time for self-regulation to develop, which consistently increases through early adulthood (Steinberg et al., 2018). Additionally, young adults also experience more rewarding brain activity in the presence of peers compared to adults (Chein et al., 2011; Steinberg, 2008). Thus, supervision staff should recognize that a young adult's brain has not fully developed, with potentially negative consequences for the young adult's behaviors and therefore success on supervision.

Psychological basis: The ongoing brain development will impact the individual's behavior in three ways. First, young adults are more likely to make risky or impulsive decisions based on emotion than older adults due to a lack of maturity in their neural pathways (Cohen & Casey, 2014). Additionally, young

adults assess risk differently from older adults (Bernard et al., 2020). Due to the young adult brain's reward circuitry, the rewards of positive behavior are experienced more strongly biologically, so the benefits of risky behavior will be weighed more heavily than among adults with mature brains (Steinberg, 2008). At the same time, self-regulation continues to develop through young adulthood (Steinberg et al., 2018). Finally, young adults are more susceptible to negative influences and external peer pressure (Bernard et al., 2020). Thus, young adults are more likely to choose to engage in risky behaviors, even after a careful assessment of the situation. In other words, the young adult may make mistakes (e.g., driving drunk) that can be understood as indicators of normative development.

Social basis: The transition to adulthood period is pivotal when individuals engage in the process of transitioning into taking responsibility for themselves—in no other life stage do people make so many transitions across multiple domains in a short period, including finishing school, finding work, and starting their own families (Lee, 2014; Masten et al., 2004; Schulenberg et al., 2004; Tanner, 2006). From a developmental perspective, *the goal is for young adults to take responsibility for themselves by committing to adult roles*, such as choosing a career and deciding whether to start a family. To accomplish this goal, *the developmental tasks are the acquisition of human and identity capital*. *Human capital* refers to educational attainment and work experiences—the resources that will help the young adult secure and keep a job (i.e., earn a living). The term *identity capital* refers to both tangible and intangible resources that people use to strategically invest in their identity, or development of "who one is" (Côté, 2002). Both are important to the developmental period.

In terms of human capital, requirements for entry-level jobs—those that come with both benefits and opportunities for career growth—often require college or graduate degrees and/or years of work experience. For individuals with a high school diploma or less, and/or limited work experience, job opportunities tend to be limited to wage employment, with few benefits and opportunities for career growth. Wage employment also tends to pay less. Thus, human capital is required to earn a sufficient living. Overall, it takes longer for an individual to acquire the necessary human capital to enable an individual to earn a living that is sufficient to provide for the individual and/or a family.

Identity capital has become more important since the contemporary transition to adulthood is less structured than in previous generations (Côté, 2000). There used to be a clear and singular default pathway into adulthood. For example, family formation was expected to be linear: date, marry, cohabit, and parent. In terms of work, the expectation was to finish school (high school or college) and start working. Today, these transitions no longer follow a strict ordering. Some young adults may have children before possibly (or never) marrying; others may cohabit, marry, and never have children. Similarly, some young adults may not finish high school, work for a bit, complete their GED, start a vocational school, and work some more. The individual nature of the transition to adulthood is an accepted norm, which means that individuals must make numerous decisions about who they are and how they want to engage with the world. And, for young adults of ethnic/racial/religious/sexual minority identities, these decisions may be more complicated—especially if the young adult must navigate multiple competing norms (e.g., a woman who chooses to prioritize motherhood (family cultural norms) over schooling that would enable her to provide for her child (larger societal norms).

Thus, it is helpful if supervision staff keep in mind that young adults on their caseload may be in the process of learning how to take responsibility for themselves and those that depend on them. It may take some time and discussion to help the young adult learn how to take responsibility for mistakes concerning community supervision. It is important to be aware of how their involvement in supervision may hinder or facilitate their acquisition of human and identity capital, the development tasks that will help them achieve their developmental goal of being independent and responsible adults.

What Do Probation Staff Need to Know about Young Adults in the Criminal Legal System?

Young adults in the criminal legal system tend to be a subset of young adults who lack the resources and opportunities to achieve the developmental tasks of this period. Young adulthood can be a transition period full of possibilities for those with the support of families and colleges (e.g., semi-independent living in a dorm with a meal plan) (Brock, 2010; Schoeni & Ross, 2005; Waithaka, 2014). However, this transition period can pose challenges for young adults without these supports, especially for young adults who cannot delay transitioning into adult roles while they acquire the human and identity capital necessary to take on those roles successfully. As Comfort (2012) wrote, the fact that young "adulthood is construed for the better-off as a time to indulge in privilege and promise while impoverished young adults are expected to learn from and even thrive through suffering can alert us to further layers of inequality and disadvantage that merit exploration" (p. 319). Many young adults in the criminal legal system have experiences that indicate their families' lack of resources. For example, many young adults in the criminal legal system report family backgrounds that include homelessness or involvement in the foster care system (Morton et al., 2017). Additionally, foster youth aging out of care report disproportionately high rates of involvement in the criminal legal system (Courtney et al., 2010). Thus, providing support to help young adults transition successfully into adult roles, such as facilitating their educational attainment, can be the difference between whether the young adult can become a productive adult or will repeatedly return to the criminal legal system.

There is a need for more services targeting young adults (Fendrich & LeBel, 2022; Stanley, 2016). In general, young adults have high service needs, such as reporting the highest rates of substance misuse (Davis et al., 2017; Stanley, 2016). Specifically, young adults in the criminal legal system may not have received needed services such as substance misuse services or mental health services: compared to their peers in the general population, these young adults report higher rates of alcohol and illegal substance misuse (Pirius, 2019) and a higher prevalence of adverse childhood experiences (ACEs, such as childhood abuse or neglect, parental separation), trauma, and mental health problems (Pirius, 2019; Van Duin et al., 2020). These unmet service needs can directly contribute to the young adult's involvement in the criminal legal system, such as through ongoing substance misuse. Additionally, unmet service needs may contribute indirectly to the young adult's involvement in the criminal legal system. For example, the presence of ACEs in an individual's personal history decreases the ability to self-regulate emotions and diminishes cognitive flexibility (Dube et al., 2009; Kalia & Knauft, 2020). Already dealing with the lack of maturity that is normative during this developmental period, these young adults

may have a host of unique service needs ranging from educational and vocational supports to life skills development to trauma-informed mental health care. *Probation officers must link young adults to resources as part of their individualized supervision plan.*

Supervision Outcomes

Some research has found that young adults tend to have poorer outcomes on probation than their mature adult peers. A review in Texas found that only 18 percent of young adults completed their full two-year probation term versus 41 percent of adults in their mid-twenties, with most cases being terminated due to revocation (Cuddy et al., 2018). Violating the terms of their probation is the most common reason young adults are confined in residential custody (Sickmund et al., 2021). Missing appointments or not following through with mandated programs could be cause for violation of an individual's probation, but they are not inherently criminal behaviors. These are normative behaviors for young adults who are going through ongoing psychosocial maturation and, if handled properly, can help the young adult learn how to make sound decisions. For example, mandating attendance in a 12-step program may be an effective rehabilitative strategy. However, it is important to be aware that young adults may struggle to meet such mandates—they may struggle to find transportation or manage their schedules, and thus may require some additional coaching to help them manage their obligations. It is realistic to expect that they will struggle with keeping appointments and thus, should be given some leeway to make age-appropriate mistakes.

Fines and Fees

Probation programs in 48 states require payment of substantial fees by the client, with the average client owing anywhere between $10-$150 in supervision fees each month and other fixed fees ranging from $30 and $600 throughout their sentence (Brett et al., 2020). Many programs also mandate payment for regular drug testing, electronic monitoring systems, specialized programs (like anger management or substance abuse treatment), and more (Brett et al., 2020). Non-payment can result in the extension of their sentence, or even revocation and incarceration (Cuddy et al., 2018). And, although fee waivers due to low income are available in most states, they are extremely hard to obtain and can be a huge burden for individuals to prove (Brett et al., 2020). Thus, fines and fees are often extremely burdensome for young adults and may negatively impact their ability to achieve the goals of young adulthood.

Many of the young adults involved in the criminal legal system have lower levels of educational attainment and therefore struggle to find consistent, well-paying jobs (The Council of State Government Justice Center, 2015). If a young person is struggling to find and maintain employment, paying for housing and other bills is already going to be challenging. Adding these prohibitively expensive probation fees can entrap young people in an endless cycle of debts to the courts with the threat of incarceration (Albin-Lackey, 2014), while precluding opportunities to develop the human capital that their peers are developing through college, graduate school, or internships. Additionally, these financial sanctions effectively turn supervision officers into bill collectors, which can run counter to their role as a change agent by introducing conflict into the officer-client relationship. Thus, it is important to call attention to the importance of reducing this financial burden for all people on probation, particularly for young adults who may lack the social, educational, and vocational support to pay these fees due to their developmental stage.

What Evidence-based Treatments Have Been Identified for Young Adults in the Criminal Legal System?

There are some studies examining community supervision practices. One study piloted supervision practices with young adults and compared results to a comparable group of their peers. The pilot project formed a specialized unit dedicated to young adults (defined as ages 15-25) and used a combination of four promising practices: Effective Practices in Community Supervision (EPICS) case management, knowledge of brain development science, Trauma-Informed Care (TIC), and an Equity and Empowerment Lens (E & E Lens) (Bernard et al., 2020). Community supervision officers were trained to employ practices consistent with all four promising practices to supervise young adults, and the study showed trends toward a positive impact on recidivism, although a longer follow-up period may be necessary to show clearer results (Bernard et al., 2020). In another study, the emphasis was on using incentives to help young adults commit to goals related to employment and education; the incentives contributed to reduced recidivism and technical violations (Clark et al., 2022).

Two other studies have found preliminary evidence for the effectiveness of community-based programs. Youth Advocates Programs (n.d.) is one such program that promotes a model that identifies a person's individualized needs to develop wraparound community and family support. Roca (n.d.), another community-based program, also works to identify the unique needs of young adult men and links them with critical educational, vocational, and therapeutic services in their community. Roca pairs the individual with a youth worker who builds a relationship with and creates a safe space for the individual to begin skill-building programs. Both programs have seen substantial decreases in rates of recidivism and increases in employment and vocational attainment among their program participants (Roca, n.d.; Youth Advocates Programs, n.d.).

Positive psychology interventions (PPIs) for mental health. There is evidence for the effectiveness of PPIs for mental health issues among young adults. The goals of PPIs are to use the young adult's character strengths to improve cognition, behavior, and overall well-being. These treatment methods include engaging in activities such as using cognitive behavioral therapy techniques to alter thinking patterns to be more positive, practicing gratitude, or encouraging hope. In their comprehensive meta-analysis of these interventions, Sin and Lyubomirsky (2009) found that PPIs were effective in increasing psychological well-being and treating depressive symptoms; however, they noted that the effectiveness of PPIs increased with age, meaning that they may be less useful for young adults.

There has been limited research on the effectiveness of PPIs on those involved in the criminal legal system, particularly focusing on the 18-25 year age range. One study found that incarcerated adults who were introduced to PPIs in an 8-week intensive program in a Washington state correctional facility self-reported increased levels of gratitude, life satisfaction, and hope (Huynh et al., 2015). But the impact of this type of programming on outcomes for individuals on probation has not yet been explored.

Despite this, PPIs are inherently strengths-based approaches that can be employed to encourage the positive development of identity capital. Ciarrochi et al. (2022) argue that PPIs do not need to be exclusively administered by professionals trained in therapeutic psychology. Probation staff working

with young adults in the criminal legal system could employ PPI approaches by taking a strengths-based approach to the young adult by focusing on any successes—even little ones—to build confidence and self-efficacy. Working to identify the unique needs and strengths of each individual and tailoring a program to their individual goals may not only improve outcomes but could also encourage self-sustainability and growth.

Interventions for substance use and abuse. Brief alcohol intervention is effective with young adults. Tanner-Smith & Lipsey (2015) conducted a meta-analysis to examine the effect of brief alcohol intervention on young adults, taking into account characteristics both of the young adult and the intervention. Brief alcohol intervention was "defined broadly . . . as an intervention aimed at motivating behavior change in a relatively circumscribed time (one to five sessions)" (p. 1). They found positive effects of brief alcohol intervention on reducing alcohol consumption and problems from alcohol use. They found no differences in characteristics of the young adult (i.e., effective across age, race, and gender) and intervention components, and they found comparable effects for various other strategies: cognitive behavioral therapy (CBT), motivational enhancement/motivational interviewing (MET), expectancy challenge, feedback/information, and psycho-educational therapy (PET), although the combination of CBT and MET did not yield significant effects. Additionally, they found similar effects across delivery sites (primary care/health center, school/university, self-administered), except for in the emergency room. Yet, more studies should specifically explore young adults involved in the criminal legal system.

There is some evidence for the effectiveness of prevention and treatment interventions for substance use and abuse among young adults. Prevention interventions are provided to individuals exhibiting risky substance use, while treatment interventions are provided for individuals with substance use disorders. Davis et al. (2017) conducted a meta-analysis to identify the effectiveness of both prevention and treatment interventions on substance use outcomes (including alcohol use, illicit drug use, and problem consequences of alcohol and other drug use). Their study focused on young adults ages 18-25 who received services in a non-college setting. The study found that there are positive effects of CBT, motivational interviewing (MI), and miscellaneous (pharmacological or other interventions without a clear manual or guiding principle) prevention and treatment interventions. The positive effect was comparable across the three types of interventions. However, personalized feedback interventions, which provide feedback based on the individual's drinking behaviors, are effective among college students but may be less effective among non-college young adults. Prevention and treatment interventions appear to have a stronger effect among college students.

Overall, there is emerging evidence about models of supervision that take into account brain development, trauma, issues of diversity, and practices that support the positive development of young adults by connecting individuals to resources and services in their communities. Additionally, there is some evidence to support PPIs for mental health and brief interventions for substance misuse. Yet, there are not many studies specifically focused on young adults in the criminal legal system, since studies on emerging adults tend to focus on college students, including research on substance use interventions (Davis et al., 2017). Future studies should specifically test PPIs for mental health and brief interventions for substance use among young adults on community supervision.

How Can Probation Staff Be Effective Change Agents for Young Adults on Community Supervision?

At a potentially pivotal moment in the lives of young adults, the criminal legal system can provide the support that may help the young adult pursue such productive roles in society as parent, employee, coach or mentor, etc. As the brain continues to develop through young adulthood, individuals can grow and change. Thus, the role of a change agent (that is, officers who work to change a client's behavior for the better, rather than to punish or just monitor them) is especially important. Working with young adults can be viewed as a pivotal opportunity: probation staff can help set the young adult up for a successful adulthood by applying knowledge of this developmental period to their work with young adults.

First, *recognize mistakes (e.g., missing appointments or classes, taking risks such as using an illicit substance) that are normative young adult behaviors and reframe them as an opportunity for growth—be prepared to coach the young adult through their mistakes.* Engaging in risky behavior and testing boundaries is how many young adults learn and grow (Mizel & Abrams, 2018). Yet, within the context of community supervision, these normative behaviors take on a different meaning—they are considered noncompliance which requires action by the supervision officer. In fact, normative young adult behavior, such as drinking alcohol with friends who are 21 and older, can be a violation for a young adult on community supervision, even if those friends could be classified as "prosocial." Supervision practices should acknowledge and respond to two normative mistakes a young adult can make: poor executive functioning or poor decision-making. Either way, noncompliance with supervision requirements should be handled with an awareness of the unique needs of young adults.

Noncompliance with supervision requirements. Probation staff should take the time to understand a young adult's noncompliance. Struggling to manage numerous supervision conditions on top of their burgeoning adult responsibilities is normative behavior given that their prefrontal cortex, which is also responsible for executive functioning, continues to develop. For example, the young adult may be having trouble tracking multiple responsibilities; the person may be struggling with time management or may not realize the necessity of communicating in advance of a missed meeting. Thus, noncompliance may indicate developmentally appropriate challenges and provide opportunities to help the young adult develop those skills. Harshly penalizing these young adults for normative struggles may be counterproductive. Rather, coaching an individual through a missed appointment may be more helpful initially—such as suggesting that they set an alarm when it is time to leave so they can make an appointment on time. When repeated noncompliance requires the need to impose consequences upon young adults, probation staff should employ a restorative lens rather than a punitive one. Restorative approaches to accountability for young adults mean that consequences should be immediate, causal (clearly linked to the action, and transparent), proportional to both the action itself and the harm that it has caused to others, applied consistently, performed using a community-centered context, and focused on respecting the individual (Sered, 2016).

In addition to mistakes associated with managing multiple responsibilities, young adults will make mistakes by taking risks such as using an illicit substance. Young adults can

accurately assess risk, but they value the benefits of the risk differently from mature adults. Young adults will weigh the rewards from risky behavior more heavily than older adults, since they will biologically experience a stronger reward for a positive outcome. And, the presence of peers may create an even stronger biological reward for the risky behavior due to the reward circuitry in their developing brains. A consequence such as sending the young adult to jail may not have the desired effect. Sending the young adult to jail may be based on the assumption that the young adult does not fully understand the consequences of the actions. But the young adult may have accurately assessed the probability that they would *go to jail* but have given it less weight than a mature adult would while more heavily weighting the benefits of *being high with friends*. In fact, sanctions and reprimands can actually *increase* substance use and recidivism (Mowen et al., 2018). And, sending the young adult to jail may derail the person's future by disrupting education or work experiences while marking the person as a "criminal."

Incentives. Given the young adult brain, incentives may be especially effective, since young adults experience rewards more strongly than mature adults. Incentives can include a range of rewards, including monetary, praise, and reduction of supervision requirements (e.g., reduced time on supervision or frequency of drug testing). Among young adults, incentives have been found to help individuals commit to education and employment goals while reducing recidivism and technical violations (Clark et al., 2022). For incentives to be effective, they should be provided early in the relationship and immediately in response to a positive behavior (Sloas et al., 2019). Additionally, praise can be more effective than reducing supervision requirements (Mowen et al., 2018), so even under-resourced probation staff can provide effective incentives (i.e., praise). Thus, providing an incentive can reinforce a "good" decision, since the young adult brain's reward circuitry will experience rewards more strongly, thereby adjusting their accounting of the risks and rewards of a given decision.

Second, *recognize that the young adult may have unmet needs for services that contributed to involvement in the criminal legal system, so it may be helpful to connect the young adult to needed services.* Many young adults in the criminal legal system have high rates of service needs, such as substance misuse and mental health issues, that appear to be unmet. Some of these needs, such as transportation or childcare difficulties, may impact their ability to meet their supervision conditions. Providing young adults with an open line of communication and building trust so that they can be honest about their needs is critical and can cultivate their ability to be responsible for themselves. Building trust also involves connecting young adults to resources that can address their needs, such as providing bus passes or connecting them to affordable child care. Similarly, attention should be paid to youth who may transition from the juvenile legal system. Practices such as frequency of contact may be different between the adult and juvenile legal systems, and communication between systems may be difficult (Price, 2020). This may result in young adults "falling through the cracks." Thus, recognizing and addressing the service needs of young adults may help set them up for success.

Third, *facilitating the young adult's developmental tasks of acquiring human capital so they can earn a living wage and identity capital so they can take responsibility for themselves and their decisions and set up a young adult for a productive life.* Community supervision staff can provide the structure, support, and accountability that may help a young adult acquire human capital through school attendance or participation in a vocational program, which can help the young adult transition successfully into adult roles. Thus, strongly encouraging—but not necessarily mandating—educational attainment or work experience may make a huge difference for young adults.

While addressing identity capital may be a bit more challenging, developing identity capital is accomplished in settings where young adults can make mistakes and learn from those mistakes with minimal long-term consequences. Young adults in the criminal legal system may have already accepted their identity as "delinquent" or "criminal," which poses a direct challenge to the ability to develop identity capital that will help the young adult succeed in adult roles. Thus, it might be helpful to encourage the development of "redemption scripts" for young adults on probation (Maruna, 2001). As Maruna (2001) describes it, "redemption is a process of freeing one's 'real me' from external constraints" (p. 95). In this sense, the "redemption script" can be understood as the development of positive identity capital. Maruna (2001) found that for many individuals, prison can be a place to shed their problematic past and write a new "redemption script" by finally feeling as though they have control over the narratives of their own lives. Thus, one potential strategy for community supervision that may divert individuals from becoming incarcerated may involve helping young adults to develop identity capital, specifically by helping the young adult write their "redemption script."

Probation practices can be adapted to serve as an opportunity for young people to discover their "real" selves and (re)write their future in a safe environment. First, probation staff can act as the outside source that empowers the young adult to find their "real" self and take control of their narrative (Maruna, 2001). If a probation officer is seen by young adults as supportive of their redemption rather than someone who is imposing strict rules upon them and/or trying to catch them committing violations, probation staff can be the catalyst for a young adult's self-change. Villeneuve et al. (2021) found that probation officers can best assist in changing an individual's self-identity in community supervision by providing a safe and encouraging environment. And, Mowen et al. (2018) speculated that praise was a more effective incentive than reduced supervision conditions in their study because praise clearly communicated a positive assessment of the client to the client. In both cases, supervision staff worked with the young adult to set and achieve meaningful goals and provide consistent encouragement and positive feedback (Villeneuve et al., 2021). Thus, probation staff can serve as change agents for young adults by empowering them to set and achieve goals, thereby helping them take control of their narrative of success.

Probation staff can also support a young adult's redemption script by providing them with opportunities to engage with the community in ways that are meaningful to the young adult. Maruna (2001) found that desisting individuals expressed a deep desire for longer lasting accomplishments for themselves. Many individuals reported finding pleasure in creative pursuits or becoming a "professional ex-"—someone who assumes a professional role of helping others who have been in their situation through mentoring or counseling (Maruna, 2001). Having criminal legal experiences can be stigmatizing, so helping young adults rewrite this identity by emphasizing how their legal experiences can help someone else can effectively overwrite the stigmatized identity. Mentorship programs have been shown to increase formerly convicted mentors' self-esteem and the development of interpersonal and professional

skills (Kavanagh & Borrill, 2013). Therefore, providing young adults on probation with opportunities to give back by supporting others through community engagement may help them succeed in their own supervision program.

Young adults continue their biological, psychological, and social development. Young adults will need help with managing multiple responsibilities and decision-making, may have unmet service needs, and are in the process of establishing themselves as responsible adults. Yet, young adulthood is an exciting period of possibility, and poses an incredible opportunity for probation staff to make a significant impact on their lives.

Example of Interaction

Here is an example of an interaction between a probation officer and a young adult on the officer's caseload. The young adult has missed an appointment. The probation officer applies knowledge of this developmental period and uses positive psychology interventions (PPI) to engage the young adult in changing their narrative and developing a "redemption script".

Probation Officer (PO): Hey! It's nice to see you again. So, I haven't heard from you in about a week. I was starting to get a little worried about you. What's been going on?

Young Adult (YA): Well, I had things going on that I had to take care of.

PO: What sort of things did you have to take care of?

YA: That's my business.

PO: That's true, it is your business. But I want us to talk about how we can better communicate with each other so that if you have to miss a meeting, I can readjust my schedule to accommodate it. Do you know what I mean?

YA: I guess.

PO: I want to work together to figure out what's best for you. Because I know that sometimes these rules can be pretty hard to follow, right?

YA: *laughs* You have no idea.

PO: Yeah. Did you know that there's a lot of research out there that shows that, since you're only twenty years old, your brain is still developing?

YA: I didn't know that.

PO: It's true. So it's actually pretty normal for people your age to mess around and have a hard time understanding how to react to stressful situations, and that may sometimes cause you to make mistakes. But here's the thing: mistakes here can be a bigger deal than they are for other people your age. I know you want to succeed in this. I know you want to stay in your community with your family and your friends. And you deserve that. I know you are capable of succeeding because you have a lot of things going for you.

YA: You think so?

PO: Absolutely I do. You are a hard worker, a good parent for your kids, you care about your family—and you're strong despite having gone through a lot of setbacks. This is just another one of those setbacks.

YA: Sometimes I feel like I have no support and the weight of the world is on my shoulders. And like I'll always be labeled like I'm some criminal. I want to make something of myself. I want to help other kids so they don't end up in the spot I'm in.

PO: It absolutely can be. You are not just some "criminal." I'm here to support you in your success. I think kids would really benefit from hearing about your life story. I want you to try and focus on how you can be a mentor to others because I think that will help you with your program.

YA: That means a lot. I think that would give me that drive that I need. And I am sorry that I missed the meeting. I wasn't able to get anyone to cover my shift, and I need to work so I can pay for this program. It feels like a vicious cycle.

PO: I understand. How about we come up with a plan to ensure that we can communicate more effectively moving forward that works for *you* to make sure this doesn't happen again?

YA: That would be great, thank you.

Key Terms

Young Adulthood: Ages 18-25, a critical transition period when individuals engage in the process of separating from their birth families and begin to take responsibility for themselves by committing to adult roles and responsibilities.

Human Capital: Educational attainment and work experiences—the resources that will help the young adult secure and keep a job (i.e., earn a living).

Identity Capital: Both tangible and intangible resources that people use to strategically invest in their identity, or development of "who one is."

Positive Psychology Interventions (PPIs): Goals are to use the young adult's character strengths to improve cognition, behavior, and overall well-being.

Key Takeaways

1. The brain continues to develop through young adulthood, so this is an exciting opportunity for probation staff to be an effective change agent.
2. Young adulthood is a transition period where youth are highly likely to engage in high-risk behavior.
3. Young adults continue their biological (brain), psychological, and social development, so young adults may require coaching to be able to hold to meetings and commitments, and to take overall responsibility for themselves.
4. Young adult brains experience rewards more strongly than mature adult brains, so the use of incentives may be especially effective for encouraging positive change.
5. There is a lack of research and knowledge about services and interventions for young adults involved in the criminal legal system.

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Beyond Correctional Quackery—Professionalism and the Possibility of Effective Treatment

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• In Memoriam •

In Jan. 2022, Edward J. Latessa (1954-2022), long-time head of the School of Criminal Justice at the University of Cincinnati, died. Under his direction over several decades, the University of Cincinnati became a leader in research and advocacy for evidence-based practices in the field of criminal justice and particularly community supervision, and an exporter of large numbers of like-minded graduates. We have been fortunate to publish a number of his articles in Federal Probation *and to have the benefit of his contributions to our Advisory Committee. One of those articles (co-written with Francis T. Cullen and Paul Gendreau)—a favorite both for title and content originally appearing in the Sept. 2002 issue of* Federal Probation *(Volume 66, no. 2)—we reprint below. He does not need our good opinion to clinch his legacy as a major figure in the field of criminal justice, but he has it anyway.*

LONG-TIME VIEWERS OF *Saturday Night Live* will vividly recall Steve Martin's hilarious portrayal of a medieval medical practitioner—the English barber, Theodoric of York. When ill patients are brought before him, he prescribes ludicrous "cures," such as repeated bloodletting, the application of leeches and boar's vomit, gory amputations, and burying people up to their necks in a marsh. At a point in the skit when a patient dies and Theodoric is accused of "not knowing what he is doing," Martin stops, apparently struck by the transforming insight that medicine might abandon harmful interventions rooted in ignorant customs and follow a more enlightened path. "Perhaps," he says, "I've been wrong to blindly follow the medical traditions and superstitions of past centuries." He then proceeds to wonder whether he should "test these assumptions analytically through experimentation and the scientific method." And perhaps, he says, the scientific method might be applied to other fields of learning. He might even be able to "lead the way to a new age—an age of rebirth, a renaissance." He then pauses and gives the much-awaited and amusing punchline, "Nawwwwwww!"

The humor, of course, lies in the juxtaposition and final embrace of blatant quackery with the possibility and rejection of a more modern, scientific, and ultimately effective approach to medicine. For those of us who make a living commenting on or doing corrections, however, we must consider whether, in a sense, the joke is on us. We can readily see the humor in Steve Martin's skit and wonder how those in medieval societies "could have been so stupid." But even a cursory survey of *current* correctional practices yields the disquieting conclusion that we are a field in which quackery is tolerated, if not implicitly celebrated. It is not clear whether most of us have ever had that reflective moment in which we question whether, "just maybe," there might be a more enlightened path to pursue. If we have paused to envision a different way of doing things, it is apparent that our reaction, after a moment's contemplation, too often has been, "Nawwwwwwww!"

This appraisal might seem overly harsh, but we are persuaded that it is truthful. When intervening in the lives of offenders— that is, intervening with the expressed intention of reducing recidivism—corrections has resisted becoming a true "profession." Too often, being a "professional" has been debased to mean dressing in a presentable way, having experience in the field, and showing up every day for work. But a profession is defined not by its surface appearance but by its intellectual core. An occupation may lay claim to being a "profession" only to the extent that its practices are based on research knowledge, training, and expertise—a triumvirate that promotes the possibility that what it does can be effective (Cullen, 1978; Starr, 1982). Thus, medicine's professionalization cannot be separated from its embrace of scientific knowledge as the ideal arbiter of how patients should be treated (Starr, 1982). The very concept of "malpractice" connotes that standards of service delivery have been established, are universally transmitted, and are capable of distinguishing acceptable from unacceptable interventions. The concept of liability for "correctional malpractice" would bring snickers from the crowd—a case where humor unintentionally offers a damning indictment of the field's standards of care.

In contrast to professionalism, *quackery* is dismissive of scientific knowledge, training, and expertise. Its posture is strikingly overconfident, if not arrogant. It embraces the notion that interventions are best rooted in "common sense," in personal experiences (or clinical knowledge), in tradition, and in superstition (Gendreau, Goggin, Cullen, & Paparozzi, forthcoming). "What works" is thus held to be "obvious," derived only from years of an individual's experience, and legitimized

by an appeal to custom ("the way we have always done things around here has worked just fine"). It celebrates being anti-intellectual. There is never a need to visit a library or consult a study.

Correctional quackery, therefore, is the use of treatment interventions that are based on neither 1) existing knowledge of the causes of crime nor 2) existing knowledge of what programs have been shown to change offender behavior (Cullen & Gendreau, 2000; Gendreau, 2000). The hallmark of correctional quackery is thus ignorance. Such ignorance about crime and its cures at times is "understandable"—that is, linked not to the willful rejection of research but to being in a field in which professionalism is not expected or supported. At other times, however, quackery is proudly displayed, as its advocates boldly proclaim that they have nothing to learn from research conducted by academics "who have never worked with a criminal" (a claim that is partially true but ultimately beside the point and a rationalization for continued ignorance).

Need we now point out the numerous programs that have been implemented with much fanfare and with amazing promises of success, only later to turn out to have "no effect" on reoffending? "Boot camps," of course, are just one recent and salient example. Based on a vague, if not unstated, theory of crime and an absurd theory of behavioral change ("offenders need to be broken down"—through a good deal of humiliation and threats—and then "built back up"), boot camps could not possibly have "worked." In fact, we know of no major psychological theory that would logically suggest that such humiliation or threats are components of effective therapeutic interventions (Gendreau et al., forthcoming). Even so, boot camps were put into place across the nation without a shred of empirical evidence as to their effectiveness, and only now has their appeal been tarnished after years of negative evaluation studies (Cullen, Pratt, Miceli, & Moon, 2002; Cullen, Wright, & Applegate, 1996; Gendreau, Goggin, Cullen, & Andrews, 2000; MacKenzie, Wilson, & Kider, 2001). How many millions of dollars have been squandered? How many opportunities to rehabilitate offenders have been forfeited? How many citizens have been needlessly victimized by boot camp graduates? What has been the cost to society of this quackery?

We are not alone in suggesting that advances in our field will be contingent on the conscious rejection of quackery in favor of an *evidence-based corrections* (Cullen & Gendreau, 2000; MacKenzie, 2000; Welsh & Farrington, 2001). Moving beyond correctional quackery when intervening with offenders, however, will be a daunting challenge. It will involve overcoming four central failures now commonplace in correctional treatment. We review these four sources of correctional quackery not simply to show what is lacking in the field but also in hopes of illuminating what a truly professional approach to corrections must strive to entail.

Four Sources of Correctional Quackery

Failure to Use Research in Designing Programs

Every correctional agency must decide "what to do" with the offenders under its supervision, including selecting which "programs" or "interventions" their charges will be subjected to. But how is this choice made (a choice that is consequential to the offender, the agency, and the community)? Often, no real choice is made, because agencies simply continue with the practices that have been inherited from previous administrations. Other times, programs are added incrementally, such as when concern rises about drug use or drunk driving. And still other times—such as when punishment-oriented intermediate sanctions were the fad from the mid-1980s to the mid-1990s—jurisdictions copy the much-publicized interventions being implemented elsewhere in the state and in the nation.

TABLE 1

Questionable Theories of Crime We Have Encountered in Agency Programs

- ✔ "Been there, done that" theory.
- ✔ "Offenders lack creativity" theory.
- ✔ "Offenders need to get back to nature" theory.
- ✔ "It worked for me" theory.
- ✔ "Offenders lack discipline" theory.
- ✔ "Offenders lack organizational skills" theory.
- ✔ "Offenders have low self-esteem" theory.
- ✔ "We just want them to be happy" theory.
- ✔ The "treat offenders as babies and dress them in diapers" theory.
- ✔ "Offenders need to have a pet in prison" theory.
- ✔ "Offenders need acupuncture" theory.
- ✔ "Offenders need to have healing lodges" theory.
- ✔ "Offenders need drama therapy" theory.
- ✔ "Offenders need a better diet and haircut" theory.
- ✔ "Offenders (females) need to learn how to put on makeup and dress better" theory.
- ✔ "Offenders (males) need to get in touch with their feminine side" theory.

Notice, however, what is missing in this account: The failure to consider the existing research on program effectiveness. The risk of quackery rises to the level of virtual certainty when nobody in the agency asks, "Is there any evidence supporting what we are intending to do?" The irrationality of not consulting the existing research is seen when we consider again, medicine. Imagine if local physicians and hospitals made no effort to consult "what works" and simply prescribed pharmaceuticals and conducted surgeries based on custom or the latest fad. Such malpractice would be greeted with public condemnation, lawsuits, and a loss of legitimacy by the field of medicine.

It is fair to ask whether research can, in fact, direct us to more effective correctional interventions. Two decades ago, our knowledge was much less developed. But the science of crime and treatment has made important strides in the intervening years. In particular, research has illuminated three bodies of knowledge that are integral to designing effective interventions. First, we have made increasing strides in determining the *empirically established* or *known predictors* of offender recidivism (Andrews & Bonta, 1998; Gendreau, Little, & Goggin, 1996; Henggeler, Mihalic, Rone, Thomas, & Timmons-Mitchell, 1998). These include, most importantly: 1) antisocial values, 2) antisocial peers, 3) poor self-control, self-management, and prosocial problem-solving skills, 4) family dysfunction, and 5) past criminality. This information is critical, because interventions that ignore these factors are doomed to fail. Phrased alternatively, successful programs start by recognizing what causes crime and then *specifically design the intervention to target these factors for change* (Alexander, Pugh, & Parsons, 1998; Andrews & Bonta, 1998; Cullen & Gendreau, 2000; Henggeler et al., 1998).

Consider, however, the kinds of "theories" about the causes of crime that underlie many correctional interventions. In many cases, simple ignorance prevails; those working in correctional agencies cannot explain what crime-producing factors the program is allegedly targeting for change. Still worse, many programs have literally invented seemingly ludicrous theories of crime that are put forward with a straight face. From our

collective experiences, we have listed in Table 1 crime theories that either 1) were implicit in programs we observed or 2) were voiced by agency personnel when asked what crime-causing factors their programs were targeting. These "theories" would be amusing except that they are commonplace and, again, potentially lead to correctional quackery. For example, the theory of "offenders (males) need to get in touch with their feminine side" prompted one agency to have offenders dress in female clothes. We cannot resist the temptation to note that you will now know whom to blame if you are mugged by a cross-dresser! But, in the end, this is no laughing matter. This intervention has no chance to be effective, and thus an important chance was forfeited to improve offenders' lives and to protect public safety.

Second, there is now a growing literature that outlines what does *not* work in offender treatment (see, e.g., Cullen, 2002; Cullen & Gendreau, 2000; Cullen et al., 2002; Cullen et al., 1996; Gendreau, 1996; Gendreau et al., 2000; Lipsey & Wilson, 1998; MacKenzie, 2000). These include boot camps, punishment-oriented programs (e.g., "scared straight" programs), control-oriented programs (e.g., intensive supervision programs), wilderness programs, psychological interventions that are non-directive or insight-oriented (e.g., psychoanalytic), and non-intervention (as suggested by labeling theory). Ineffective programs also target for treatment low-risk offenders and target for change weak predictors of criminal behavior (e.g., self-esteem). Given this knowledge, it would be a form of quackery to continue to use or to freshly implement these types of interventions.

Third, conversely, there is now a growing literature that outlines what *does* work in offender treatment (Cullen, 2002; Cullen & Gendreau, 2000). Most importantly, efforts are being made to develop principles of effective intervention (Andrews, 1995; Andrews & Bonta, 1998; Gendreau, 1996). These principles are listed in Table 2. Programs that adhere to these principles have been found to achieve meaningful reductions in recidivism (Andrews, Dowden, & Gendreau, 1999; Andrews, Zinger, Hoge, Bonta, Gendreau, & Cullen, 1990; Cullen, 2002). However, programs that are designed without consulting these principles are almost certain to have little or no impact on offender recidivism and may even risk increasing reoffending. That is, if these principles are ignored,

TABLE 2

Eight Principles of Effective Correctional Intervention

1. Organizational Culture

Effective organizations have well-defined goals, ethical principles, and a history of efficiently responding to issues that have an impact on the treatment facilities. Staff cohesion, support for service training, self-evaluation, and use of outside resources also characterize the organization.

2. Program Implementation/Maintenance

Programs are based on empirically-defined needs and are consistent with the organization's values. The program is fiscally responsible and congruent with stakeholders' values. Effective programs also are based on thorough reviews of the literature (i.e., meta-analyses), undergo pilot trials, and maintain the staff's professional credentials.

3. Management/Staff Characteristics

The program director and treatment staff are professionally trained and have previous experience working in offender treatment programs. Staff selection is based on their holding beliefs supportive of rehabilitation and relationship styles and therapeutic skill factors typical of effective therapies.

4. Client Risk/Need Practices

Offender risk is assessed by psychometric instruments of proven predictive validity. The risk instrument consists of a wide range of dynamic risk factors or criminogenic needs (e.g., antisocial attitudes and values). The assessment also takes into account the responsivity of offenders to different styles and modes of service. Changes in risk level over time (e.g., 3 to 6 months) are routinely assessed in order to measure intermediate changes in risk/need levels that may occur as a result of planned interventions.

5. Program Characteristics

The program targets for change a wide variety of criminogenic needs (factors that predict recidivism), using empirically valid behavioral/social learning/cognitive behavioral therapies that are directed to higher risk offenders. The ratio of rewards to punishers is at least 4:1. Relapse prevention strategies are available once offenders complete the formal treatment phase.

6. Core Correctional Practice

Program therapists engage in the following therapeutic practices: anti-criminal modeling, effective reinforcement and disapproval, problem-solving techniques, structured learning procedures for skill-building, effective use of authority, cognitive self-change, relationship practices, and motivational interviewing.

7. Inter-Agency Communication

The agency aggressively makes referrals and advocates for its offenders in order that they receive high quality services in the community.

8. Evaluation

The agency routinely conducts program audits, consumer satisfaction surveys, process evaluations of changes in criminogenic need, and follow-ups of recidi- vism rates. The effectiveness of the program is evaluated by comparing the respective recidivism rates of risk-control comparison groups of other treatments or those of a minimal treatment group.

Note: Items adapted from the *Correctional Program Assessment Inventory—2000*, a 131-item Questionnaire that is widely used in assessing the quality of correctional treatment programs (Gendreau & Andrews, 2001).

quackery is likely to result. We will return to this issue below.

Failure to Follow Appropriate Assessment and Classification Practices

The steady flow of offenders into correctional agencies not only strains resources but also creates a continuing need to allocate treatment resources efficaciously. This problem is not dissimilar to a hospital that must process a steady flow of patients. In a hospital (or doctor's office), however, it is immediately recognized that the crucial first step to delivering effective treatment is diagnosing or *assessing* the patient's condition and its severity. In the absence of such a diagnosis—which might involve the careful study of symptoms or a battery of tests—the treatment prescribed would have no clear foundation. Medicine would be a lottery in which the ill would hope the doctor assigned the right treatment. In a similar way, effective treatment intervention requires the appropriate assessment of both the risks posed by, and the needs underlying the criminality of, offenders. When such diagnosis is absent and no classification of offenders is possible, offenders in effect enter a treatment lottery in which their access to effective intervention is a chancy proposition.

Strides have been made to develop more effective classification instruments—such as the Level of Supervision Inventory (LSI) (Bonta, 1996), which, among its competitors, has achieved the highest predictive validity with recidivism (Gendreau et al., 1996). The LSI and similar instruments classify offenders by using a combination of "static" factors (such as criminal history) and "dynamic factors" (such as antisocial values, peer associations) shown by previous research to predict recidivism. In this way, it is possible to classify offenders by their level of risk and to discern the types and amount of "criminogenic needs" they possess that should be targeted for change in their correctional treatment.

At present, however, there are three problems with offender assessment and classification by correctional agencies (Gendreau & Goggin, 1997). First, many agencies simply do not assess offenders, with many claiming they do not have the time. Second, when agencies do assess, they assess poorly. Thus, they often use outdated, poorly designed, and/ or empirically unvalidated classification instruments. In particular, they tend to rely on instruments that measure exclusively static predictors of recidivism (which cannot, by definition, be changed) and that provide no information on the criminogenic needs that offenders have. If these "needs" are not identified and addressed—such as possessing antisocial values—the prospects for recidivism will be high. For example, a study of 240 (161 adult and 79 juvenile) programs assessed across 30 states found that 64 percent of the programs did not utilize a standardized and objective assessment tool that could distinguish risk/needs levels for offenders (Matthews, Hubbard, & Latessa, 2001; Latessa, 2002).

Third, even when offenders are assessed using appropriate classification instruments, agencies frequently ignore the information. It is not uncommon, for example, for offenders to be assessed and then for everyone to be given the same treatment. In this instance, assessment becomes an organizational routine in which paperwork is compiled but the information is ignored.

Again, these practices increase the likelihood that offenders will experience correctional quackery. In a way, treatment is delivered blindly, with agency personnel equipped with little knowledge about the risks and needs of the offenders under their supervision. In these circumstances, it is impossible to know which offenders should receive which interventions. Any hopes of individualizing interventions effectively also are forfeited, because the appropriate diagnosis either is unavailable or hidden in the agency's unused files.

Failure to Use Effective Treatment Models

Once offenders are assessed, the next step is to select an appropriate treatment model. As we have suggested, the challenge is to consult the empirical literature on "what works," and to do so with an eye toward programs that conform to the principles of effective intervention. At this stage, it is inexcusable either to ignore this research or to implement programs that have been shown to be ineffective. Yet, as we have argued, the neglect of the existing research on effective treatment models is widespread. In the study of 240 programs noted above, it was reported that two-thirds of adult programs and over half of juvenile programs did not use a treatment model that research had shown to be effective (Matthews et al., 2001; Latessa, 2002). Another study—a meta-analysis of 230 program evaluations (which yielded 374 tests or effect sizes)—categorized the extent to which interventions conformed to the principles of effective intervention. In only 13 percent of the tests were the interventions judged to fall into the "most appropriate" category (Andrews et al., 1999). But this failure to employ an appropriate treatment approach does not have to be the case. Why would an agency—in this information age—risk quackery when the possibility of using an evidence-based program exists? Why not select effective treatment models?

Moving in this direction is perhaps mostly a matter of a change of consciousness—that is, an awareness by agency personnel that quackery must be rejected and programs with a track record of demonstrated success embraced. Fortunately, depending on the offender population, there is a growing number of treatment models that might be learned and implemented (Cullen & Applegate, 1997). Some of the more prominent models in this regard are the "Functional Family Therapy" model that promotes family cohesion and affection (Alexander et al., 1998; Gordon, Graves, & Arbuthnot, 1995), the teaching youths to think and react responsibly peer-helping ("Equip") program (Gibbs, Potter, & Goldstein, 1995), the "Prepare Curriculum" program (Goldstein, 1999), "Multisystemic Therapy" (Henggeler et al., 1998), and the prison-based "Rideau Integrated Service Delivery Model" that targets criminal thinking, anger, and substance abuse (see Gendreau, Smith, & Goggin, 2001).

Failure to Evaluate What We Do

Quackery has long prevailed in corrections because agencies have traditionally required no systematic evaluation of the effectiveness of their programs (Gendreau, Goggin, & Smith, 2001). Let us admit that many agencies may not have the human or financial capital to conduct ongoing evaluations. Nonetheless, it is not clear that the failure to evaluate has been due to a lack of capacity as much as to a lack of desire. The risk inherent in evaluation, of course, is that practices that are now unquestioned and convenient may be revealed as ineffective. Evaluation, that is, creates accountability and the commitment threat of having to change what is now being done. The cost of change is not to be discounted, but so too is the "high cost of ignoring success" (Van Voorhis, 1987). In the end, a professional must be committed to doing not simply what is in one's self-interest but what is ethical and effective. To scuttle attempts at program evaluation and to persist in using failed interventions is wrong and a key ingredient to continued correctional quackery (more broadly, see Van Voorhis, Cullen, & Applegate, 1995).

Evaluation, moreover, is not an

all-or-nothing procedure. Ideally, agencies would conduct experimental studies in which offenders were randomly assigned to a treatment or control group and outcomes, such as recidivism, were measured over a lengthy period of time. But let us assume that, in many settings, conducting this kind of sophisticated evaluation is not feasible. It is possible, however, for virtually all agencies to monitor, to a greater or lesser extent, the *quality* of the programs that they or outside vendors are supplying. Such evaluative monitoring would involve, for example, assessing whether treatment services are being delivered as designed, supervising and giving constructive feedback to treatment staff, and studying whether offenders in the program are making progress on targeted criminogenic factors (e.g., changing antisocial attitudes, manifesting more prosocial behavior). In too many cases, offenders are "dropped off" in intervention programs and then, eight or twelve weeks later, are deemed—without any basis for this conclusion—to have "received treatment." Imagine if medical patients entered and exited hospitals with no one monitoring their treatment or physical recovery. Again, we know what we could call such practices.

Conclusion—Becoming an Evidence-Based Profession

In assigning the label "quackery" to much of what is now being done in corrections, we run the risk of seeming, if not being, preachy and pretentious. This is not our intent. If anything, we mean to be provocative—not for the sake of causing a stir, but for the purpose of prompting correctional leaders and professionals to stop using treatments that cannot possibly be effective. If we make readers think seriously about how to avoid selecting, designing, and using failed correctional interventions, our efforts will have been worthwhile.

We would be remiss, however, if we did not confess that academic criminologists share the blame for the continued use of ineffective programs. For much of the past quarter century, most academic criminologists have abandoned correctional practitioners. Although some notable exceptions exist, we have spent much of our time claiming that "nothing works" in offender rehabilitation and have not created partnerships with those in corrections so as to build knowledge on "what works" to change offenders (Cullen & Gendreau, 2001). Frequently, what guidance criminologists have offered correctional agencies has constituted *bad* advice—ideologically inspired, not rooted in the research, and likely to foster quackery. Fortunately, there is a growing movement among criminologists to do our part both in discerning the principles of effective intervention and in deciphering what interventions have empirical support (Cullen & Gendreau, 2001; MacKenzie, 2000; Welsh & Farrington, 2001). Accordingly, the field of corrections has more information available to find out what our "best bets" are when intervening with offenders (Rhine, 1998).

We must also admit that our use of medicine as a comparison to corrections has been overly simplistic. We stand firmly behind the central message conveyed—that what is done in corrections would be grounds for malpractice in medicine—but we have glossed over the challenges that the field of medicine faces in its attempt to provide scientifically-based interventions. First, scientific knowledge is not static but evolving. Medical treatments that appear to work now may, after years of study, prove ineffective or less effective than alternative interventions. Second, even when information is available, it is not clear that it is effectively transmitted or that doctors, who may believe in their personal "clinical experience," will be open to revising their treatment strategies (Hunt, 1997). "The gap between research and knowledge," notes Millenson (1997, p. 4), "has real consequences….when family practitioners in Washington State were queried about treating a simple urinary tract infection in women, eighty-two physicians came up with an extraordinary 137 different strategies." In response to situations like these, there is a renewed evidence-based movement in medicine to improve the quality of medical treatments (Millenson, 1997; Timmermans & Angell, 2001).

Were corrections to reject quackery in favor of an evidence-based approach, it is likely that agencies would face the same difficulties that medicine encounters in trying to base treatments on the best scientific knowledge available. Designing and implementing an effective program is more complicated, we realize, than simply visiting a library in search of research on program effectiveness (although this is often an important first step). Information must be available in a form that can be used by agencies. As in medicine, there must be opportunities for training and the provision of manuals that can be consulted in how *specifically* to carry out an intervention. Much attention has to be paid to implementing programs as they are designed. And, in the long run, an effort must be made to support widespread program evaluation and to use the resulting data both to improve individual programs and to expand our knowledge base on effective programs generally.

To move beyond quackery and accomplish these goals, the field of corrections will have to take seriously what it means to be a *profession*. In this context, individual agencies and individuals within agencies would do well to strive to achieve what Gendreau et al. (forthcoming) refer to as the "3 C's" of effective correctional policies: First, employ *credentialed people*; second, ensure that the *agency is credentialed* in that it is founded on the principles of fairness and the improvement of lives through ethically defensive means; and third, base treatment decisions on *credentialed knowledge* (e.g., research from meta-analyses). By themselves, however, given individuals and agencies can do only so much to implement effective interventions—although each small step away from quackery and toward an evidence-based practice potentially makes a meaningful difference. The broader issue is whether the *field* of corrections will embrace the principles that all interventions should be based on the best research evidence, that all practitioners must be sufficiently trained so as to develop expertise in how to achieve offender change, and that an ethical corrections cannot tolerate treatments known to be foolish, if not harmful. In the end, correctional quackery is not an inevitable state of affairs—something we are saddled with for the foreseeable future. Rather, although a formidable foe, it is ultimately rooted in our collective decision to tolerate ignorance and failure. Choosing a different future for corrections—making the field a true profession—will be a daunting challenge, but it is a future that lies within our power to achieve.

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Managing the Correctional Enterprise—The Quest for "What Works"

Alvin W. Cohn, D.Crim.
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• In Memoriam •

In Jan. 2022, longtime Federal Probation *Advisory Committee member Alvin W. Cohn (1934-2022) died. Over the course of almost five decades he contributed a number of article and guest-edited two special issues of* Federal Probation. *He also offered wise counsel and, for almost three decades, contributed a regular column for us ("Juvenile Focus," recently renamed "Criminal Justice Focus"). One of the special issues that he guest-edited appeared in Sept. 2002 (Vol. 66, no. 2) and explored "'What Works' in Corrections." It was Alvin who solicited for that issue the article "Beyond Professional Quackery" (by Latessa, Cullen, & Gendreau), which we have also reprinted in this issue as a tribute to the late Ed Latessa. Alvin's contribution to his "What Works" special issue, titled "Managing the Correctional Enterprise: The Quest for 'What Works,'" is reprinted below. We will miss him, but are grateful for his contributions, both personal and professional, to evidence-based community supervision. And in the smaller sphere of this journal, we are grateful for his generous support and his interest, undiminished over many years, in* Federal Probation.

Usually it is the…manager who will see the need for change first, and most dramatically, and who must begin the process of mobilizing the entire… [organization]. That process begins with a clear-eyed look to the future, as well as to the present and past—and often starts with fear.
—James Champy

It is a surprising and perhaps even shocking fact that our present-day society is engaged in many activities which have no more support in terms of reliable evidence than the incantations of medicine men and the potions of witches. (Wilkens, 1969:9)

ALTHOUGH WILKENS, at the time, was less than sanguine about the historical results of program evaluation, it has become increasingly popular in recent years to address the question of "What Works?" throughout the field of criminal justice administration and particularly with regard to "successful" correctional practices. But, "what works" may be no more than a mental construct if not an artifact, for as Thomas (1927:1-13) remarked: "Situations which are defined as real are real in their consequences."

Evaluation, however defined and practiced, essentially is the quest for universal truths, for an understanding of causal factors. It is an effort dedicated to exploring the "why's" of correctional practice outcomes. But, this is never as simple as A causes B. We have become more sophisticated in the use of scientific methods, but causal relationships—and truths—may be elusive, and what is true today may not be true tomorrow. What is a crime today may not be a crime tomorrow; thus, explanations for the causes—and cures—of crime as produced through scientific process may be totally inadequate if the definition of a crime is different from that which is actually studied.

Unlike our experience of mathematics, where there are "truths," we can never be certain in the social sciences that what we discover is indeed the truth. Further, as Wilkens (1969:21) states, we too often resort to "facts and figures" to explain conditions and events, but history suggests that "There is no evidence that human intuition is any more effective in arriving at *socially desirable solutions* than the 'facts and figures approach' especially since we manipulate figures to induce what may be inaccurate facts" (emphasis added).

The terms "facts," "absolutes," and "truths" are similar but different, yet we seek them in our research endeavors. We seek answers, but we probably only achieve "contentions," since in the final analysis "I believe X while you believe Y" as we attempt to interpret research findings. Thus, the results of any assessment process involve values, both personal and organizational—and facts and figures provide corroboration of what I believe and what I value.

"What Works," therefore, is a quest as well as an admission of failure, notwithstanding the results of any research effort. "Evaluation is good" has become the mantra of criminal justice administrators in recent years, but evaluation may actually deflect from the need for an explicit set of goals for both the organization and any program implemented that ostensibly is designed to attain those goals. In fact, the need to identify what works may be a desperate effort to identify a level of effectiveness that otherwise has been elusive. If what works is actually found, it may prove to be organizationally dysfunctional, especially if it does not seem to meet the needs of the organization.

That is, as Cohn (1998) has suggested, any findings that appeal to an administrator's values may encourage more programmatic "plops" than programs that "fit" within the organization's mandate and/or goals. What

should an administrator do when research results clearly indicate a program's failure; that is, when a program doesn't work? Here, practicalities such as the utilization of resources and sound public policy come into play to force appropriate decision-making.

But this doesn't always occur, especially if the findings are in conflict with values. Program evaluation should be viewed as a look backward, for it should address the question of what we did right. The results should serve, then, as the foundation for asking: "What do we do now?" "What works" should be utilized as a tool or vehicle aiding an administrator in his or her decision-making as the next step in the process is followed that addresses the issue of explaining—the "why"—the results.

Earlier Analyses of "What Works"

In the field of corrections, programmatic evaluations have primarily been concerned with changing offenders; that is, analyses of programs designed to reduce violative behaviors and/or to reduce recidivism. Since the evaluation of the Judge Baker Clinic in Boston by Sheldon and Eleanor Glueck (see, for e.g., 1930, 1940, 1950, and 1968), scientific process has been utilized to seek answers to "what works?" Thus, rehabilitation and the reasons for success or failure have served as the basis for program initiatives, many of which may not have been grounded in any identifiable theories.

Not much evaluation activity took place in corrections until the 1960s, although research divisions in such states as California, Massachusetts, and New York did indeed make significant contributions to knowledge. Seeking to determine the efficacy of rehabilitation, Bailey (1966) evaluated 100 treatment programs between 1940 and 1960 and concluded that the results were discouraging. Scarpitti and Stephenson (1964) evaluated probation as a treatment program and concluded that it was ineffective for seriously delinquent youth, a conclusion similar to that reached by Petersilia and Turner (1993) for adult probationers many years later. Robison and Smith (1971) evaluated correctional programs; Lerman (1966) studied programs for institutionalized delinquents; and Robison and Takagi (1968), Takagi (1971), and Ward (1967) all examined adult parole systems and reported the devastating finding that correctional rehabilitation did not work. However, Adams (1975), who evaluated small caseload research, and Dash (1970), who studied the Offender Rehabilitation Project, both offered a modicum of encouragement about rehabilitation effectiveness. The playing field, however, proved to be not all negative. Criminal Justice Associates (1995) cites a number of "promising" programs under the aegis of the Comprehensive Communities Program; Rhine (1998) identifies an array of "best practices" throughout the fields of adult and juvenile corrections; the Office of Juvenile Justice and Delinquency Prevention (n.d.) lists "promising" programs on graduated sanctions for juveniles; the Development Services Group (2000) identifies various "effective and promising" programs throughout juvenile justice administration; Glick and Rhine (2001) review "best practices" of juveniles in the adult correctional system; Gauthier, et al. (1999) describe "promising" crime prevention programs world-wide; Montgomery, et al. (1994) report on "what works" programs in juvenile justice; Sherman, et al. (1998) discuss "what works" in crime prevention programming; and Adams (1975) and Glaser (1973) review various correctional programs for correctional "success."

Yet, the dearth of ongoing, responsible research in correctional programming has demonstrated two failures: 1) the failure to routinize program evaluation, and 2) the gross inadequacies of the methodologies utilized by researchers as reported in the published literature. The first failure prevents the accumulation of comprehensive evaluation data that demonstrate whether or not a program indeed is successful. The second failure illustrates the inability of responsible researchers to assess the competency of other researchers in their methodologies.

Some authors (e.g., Palmer, 1975 and 1978; M. Gottfredson, 1979; Wholey, 1983; and Nay and Kay, 1982, indicate that much of the reported research is flawed and, as Van Vorhees and Brown (1976:2) state:

> In addition to methodological and technical problems with the research, it should have been clear to researchers and programmers alike, that some of the evaluated programs had been too difficult, if not impossible, to evaluate—but they evaluated, anyway. In fact, many of the evaluations described poorly designed programs which evidenced unclear goals and no clear understanding of what activities would produce the desired results.

Martinson!

The correctional establishment was rocked and buffeted with the publication of "The Effectiveness of Correctional Treatment: A survey of Treatment Evaluation Studies" (Lipton, et al., 1975), which concluded that "nothing works." The "rehabilitative ideal," as enunciated by Allen (1964), apparently died an agonizing death as policy-makers seized upon this to justify forcing a change in correctional goals from treatment/rehabilitation to surveillance and control. Among the authors of this epochal publication, Martinson (1974) became the popular spokesperson for this "nothing works" message, which turned the correctional enterprise upside down. The book was a compilation of research findings on the "effectiveness of treatment administered to persons adjudicated or convicted for acts of criminal or delinquent behavior….(and) that it is increasingly recognized that treatment would be administered in the light of accumulated knowledge as to treatment effectiveness." (p. 3) Lipton, et al. (1975:3) go on to state: "Some of these studies are a product of the curiosity of scientists about particular issues; some of the studies are tests of innovative ideas, and some are based upon administrative needs." Unfortunately, while Martinson recanted his overall assessment that "nothing works," it was too late, for corrections changed its *modus operandi*, including the resources utilized for treatment programs. What Martinson's study essentially did conclude was that the *published literature offered no proof that treatment was effective,* primarily because it was difficult to assess the evaluation studies insofar as findings and methodologies were concerned. They state:

> It is extremely difficult to develop a cohesive body of knowledge from disparate studies. Perhaps the most salient difficulty is that the…variables…are defined differently in different studies. Additionally, any summary requires the application of individual judgments as to the confidence to be placed in the findings of the studies analyzed…. based in part on the rating system (employed)…and in part on the sizes of the sample population involved… and the evaluation of the methodology used. (pp. 20–21)

Scientific Knowledge is Provisional

A number of authors (Sherman, et al., 1998) analyzing "what works" in the area of crime prevention state:

> The most important limitation of science is that the knowledge it produces is always becoming more refined, and therefore no conclusion is permanent. All of the conclusions (presented in a report to Congress)….are provisional—just as all scientific knowledge is provisional. As the U.S. Supreme Court has noted in its analysis of scientific evidence…, no theory (or program) of cause and effect can ever be *proved* to be true. It can only be disproved. Every test of a theory provides an opportunity to disprove it. The stronger the test and the more tests each theory survives, the more confidence we may have that the theory is true. But all theories can be disproved or, more likely, revised by new findings. (p. 3)

Latent Versus Manifest Goals

Although the search for truth can be both cumbersome and enigmatic, another factor that complicates evaluation is distinguishing between "latent" and "manifest" goals. One characteristic of organizations as well as of individuals is what Merton (1957:199) has called "displacement of goals." An agency or program originally created for one purpose frequently acquires additional functions that often are unofficial, and the organization or the program may be directed more by the acquired objectives than by the purposes or goals initially established. Official goals generally are called *manifest*, since they are contained in legislation, administrative directives, or formal announcements under which programs are created and/or policy is publicly justified. Further, as Glaser (1973: 5–6) states: "Actual goals must be inferred from the behavior of functionaries within an organization, in terms of the objectives they seem to have. Those interests and objectives that seem to account for policy and practice, but are different from the publicly proclaimed objectives of an agency or a program may appropriately be called its *latent goals*." Sometimes, agency administrators or program directors are consciously aware of their latent objectives and even admit them informally, that is, off the record. At other times, these persons may "drift" into the pursuit of these latent objectives as a consequence of exigencies, changes in resources, or developing needs. Thus, they may be unaware of shifts in goals or unwilling to admit that these have occurred. The supplementation or even the replacement of manifest goals by latent goals may be readily observable in a police department, as an example, when command staff emphasize the need to ticket motorists for speeding in order to increase revenues instead of enhancing pedestrian safety. In a probation department, an administrator may develop an intensive supervision program with the manifest goal of increasing offender supervision to reduce continued criminal activity, but instead have a real but latent objective of developing such a program to "match or better the programs colleagues in other departments have initiated." Glaser (1973:8) comments on such goal displacement and states:

> My concern…is not with evaluating the relative merit of different goals. Rather it is with stressing the need to be aware of all of them, so that one may guide agency action effectively with respect to any one of them. *It is in the public interest that latent goals be made manifest, by determining what they are and stating them explicitly.* Only if a goal is recognized can the effectiveness of efforts to achieve it be evaluated, and the consequences of pursuing one goal for attainment of others be measured. If correctional agencies are to be made more responsive to the public interest, they must make the purposes of their case decisions and programs explicit, and the consequences of their decisions must be evaluated to determine the extent to which they accomplish their purposes—purposes that reflect explicit goals and not artifacts (Selznick, 1957:27).

In the police ticketing example, it indeed is possible to measure the latent objective of enhanced revenues, but the public might justifiably be alarmed that the manifest goal of public safety has taken a back seat. If the administrator fails to inform an evaluator of the latent objective of the activity, only public safety will be measured, which, obviously, will not satisfy the administrator. If the intensive probation supervision program has a latent goal of "keeping up with the Joneses," the mere fact that such a program was developed by the agency will result in a conclusion of success, but then, "so what?" If, on the other hand, an evaluator assesses the degree to which the program's manifest goal of crime reduction is being achieved, an actual measurement will determine the degree to which such a goal was attained.

Definitions of "Evaluation" and "Success"

Two reasonable definitions of evaluation are "the procedure by which programs are studied to ascertain their effectiveness" and "measurement of accomplishment with respect to a program's particular target" (Caro, 1971:155). It becomes obvious that these definitions readily can be applied to a business organization where profitability is the primary goal. But they may have limited applicability for a people-serving organization, especially where there are *multiple goals*. In corrections, rehabilitation of offenders, societal protection, and service to the courts may all be appropriate manifest goals. An electronic monitoring program may have such goals as reduction of institutional populations, implementation of community-based alternatives, and societal protection. In a police department, the goals of "protection" and "service" often appear in mission statements.

From a simplistic perspective, "success" means that a goal or goals have been achieved. But, is a program successful if it achieves only 50 percent or 85 percent of the stated objective? It is critical that both administrators and evaluators clearly recognize that goal attainment may be *matters of degree* rather than *all or none* phenomena. As a consequence, *judgments* need to be made if a program achieves partial success; that is, the program resulted in some but not total accomplishment. This also means that consideration should be given to alternatives to success, ranking some as more important or desirable, but not neglecting any that have appreciable importance. If an agency engages in a treatment program with manifest goals of reducing substance abuse and criminal activity, and an evaluation study demonstrates that offenders in the program reduced their use of illicit substances by 37 percent with a consequent reduction in criminal activities (as measured by new arrests/convictions) of 42 percent, would one be justified in claiming programmatic success? Based on personal values, one might suggest that the program was a failure, because 63 percent of the involved offenders did not reduce substance abuse and/or criminal behavior continued at a rate of 58 percent.

This is a matter of judgment and values, but it also depends on how the agency wants to present itself to the criminal justice and public communities. Historically, correctional officials discuss recidivism rates in terms of "failure." But, if a given offender population in a probation or parole agency is technically violated at a 33 percent rate, why is this referred to as a "failure" rate? Why shouldn't this be viewed as a "success" rate, since 33 percent of these offenders who did violate the terms and conditions of their community supervision appropriately were violated by their supervisors? Or, why does the agency dwell on the 33 percent figure instead of the 67 percent "success" rate?

This is more than an issue of success definition, public relations, and/or value judgment. It goes to the heart of the role if not the mandate of the correctional enterprise and reflects a demand for understanding the meaning of and implementation of *public policy*; that is, what is in the best interest of the clients and communities being served by the organization as well as the most appropriate utilization of resources.

The Strategy of "What Works"

Sherman, et al. (1998:4) comment that when examining an evaluation report for correctional activity, other issues should be considered in addition to the manifest goals of the program and especially the degree to which an impact assessment, in the final analysis, indicates a level of crime reduction. The authors suggest that there are many potential costs and benefits to any program. Further, "Evidence about these costs and benefits might change the overall assessment of whether the program works." (p. 4) For example, what resources were needed and expended to attain programmatic success can and should influence the future of the program, as will be discussed below. Similar to Martinson's procedure in evaluating correctional treatment programs through the use of a scale, Sherman, et al. (p. 6) evaluated prevention programs, ranking each reported study according to a scale of 1 (weakest) to 5 (strongest) on overall internal validity.

But the Researchers Faced a Dilemma:

"How high should the threshold of scientific evidence be for answering the…question about program effectiveness?"

They respond as follows (p. 6):

> Based on the scientific strength and substantive findings of the available evaluations, the report classifies all programs into one of four categories: what works, what doesn't, what's promising, and what's unknown. It will be useful to review their definitions of the above categories:

— **What Works.** These are programs that we are reasonably certain prevent crime or reduce risk factors for crime in the social contexts in which they have been evaluated and for which the findings can be generalized to similar settings and in other places and times…with a preponderance of effectiveness.
— **What Doesn't Work.** These are programs that we are reasonably certain from available evidence fail to prevent crime or reduce risk factors for crime, using the identical scientific criteria used for deciding what works.
— **What's Promising.** These are programs for which the level of certainty from available evidence is too low to support generalizable conclusions, but for which there is some empirical basis for predicting that further research could support such conclusions.
— **What's Unknown.** Any program not classified in one of the three above categories is defined as having unknown effects.

The above typology should have considerable utility for researchers and practitioners alike in that it handily dismisses the need for an "all or none" conclusion of any evaluation effort. It will be a judgment call, however, if the end result of a research effort demands a "what works" conclusion rather than satisfaction merely with "what's promising." Obviously, the nature of the evaluation effort in terms of the data available and the methodologies involved will have a decided impact on any study's results. But, the administrator must decide what level of satisfaction is desired and/or acceptable. This also means that one should seek definitions of success that are useful rather than sacred. It also means that care must be taken to distinguish between "prediction" and "preference." The former is concerned almost exclusively with an analysis of those factors (variables) which have predictive value insofar as the expected results are concerned. The latter is concerned with personal values on what is wanted or desired irrespective of the "facts" or conclusions which actually obtain as a consequence of the evaluation activity.

Public Policy

As Caplow (1976:185–199) notes, "no organization can be completely insulated from the currents of social change in the surrounding society." He discusses demographic shifts and changes in public policy and social values as key components of social change, all of which have a direct impact on criminal justice administration and practices. Hudzik and Cordner (1983:118) enumerate some of these changes, which include new laws and regulations, court decisions, elected officials' administrative requirements, and vested interest groups' demands, among others.They go on to state (pp. 118–119): "All such changes in public policy require criminal justice agencies to react, and those that have been paying attention to their environments will be more likely to have foreseen the changes and to have adapted in a timely and successful fashion. Further, as Caplow (1976:191) concludes:

> …changes in social values are even more unpredictable in the long run than changes in public policy, but since they are much less abrupt, they permit more intelligent planning and adaptation.

A correctional administrator who initiates evaluation research is always mindful of the facts and figures associated with the research: facts, which are the resultant findings of the research (provided the data upon which they are based have both validity and reliability) and figures, which essentially are the data from which the findings or facts are obtained. Moreover, it has been pointed out that while researchers ostensibly are "value neutral" with regard to judgment calls as to the worth of a program being studied, an administrator generally is not so constrained.

And his or her values do indeed impact judgment calls, for what is deemed to be worthy or without worthiness insofar as the research conclusions are concerned is an administrative decision. If the administrator is honest and is prepared to make ethical choices (see, e.g., Henry, 1999), he or she will be prepared to accept the outcomes of the research as they exist and not as he or she would want them to be. To build a body of scientific knowledge, as Sherman, et al. (1998) discuss, correctional administrators must not only commit themselves to evaluation research, but provide the resources for such an activity, accept honestly the outcomes, and recognize that deciding how to utilize programmatic resources should require a

public policy perspective. The basic question to be addressed, then, is whether the outcomes derived from the program evaluation are worth the resource costs and, if so, whether the program should be continued, modified, or quashed. Further, to what extent (assuming the outcomes are appropriate) does the evaluation effort demonstrate that the program accomplished its explicit objectives, and at what cost? To answer these questions, an administrator must view the program in terms of public policy as well as organizational effectiveness. Here, a critical decision must be made regarding both personal and organizational values, which can produce a dilemma. If the administrator "likes" a program and it costs X to produce Y results, is this sufficient to continue the program? Should it be continued if it takes X + 1 to produce Y + 2 results, results which are desired and/or needed; that is, is the additional expenditure worth it? If a probation intensive supervision program costs $1,000 per year per offender and the program has a 55 percent "success" rate, should the administrator expend $1,500 to achieve a 60 percent success rate—assuming this is possible? Suppose it costs $2,000 or $3,000? An administrator, of course, has a fiduciary responsibility to ensure appropriate cost-benefit outcomes for any program initiative, but where are the guidelines that assist in the decision-making process? How does one make a determination that the expenditure of any funds—even if the program is "successful"—truly meets public policy concerns?

Administrative Decision-Making and Change

The danger in this kind of decision-making is that an administrator may decide to develop and/or continue a program as a result of "preference" rather than as a consequence or result of any evaluative research, especially if the program meets his or her personal needs/values. As Nelson and Lovell (1969:5) long ago indicated:

> (An)…attribute of correctional management has been a particularistic approach to program development and change. This approach has been characterized by faddism, a somewhat frivolous subscription to "new" ideas and generally nonrigorous, nonscientific rules of thumb, for determining what to delete from the old system and what to add to it…which has led to tokenism in the launching of new measures.

Although their commentary was written over a quarter century earlier, what they have to say does have contemporary meaning. They go on to state (p. 5):

> Correctional administrators are not so much responsible for this condition as they are the victims of two realities: society's uncertainty about the causes and solutions of the crime problem; and the present inability of social science and research to provide a solid frame of reference for considering alternative courses of action and estimating their consequences.

Today, evaluation research has been gaining a strong foothold in correctional operations, but it remains a strange and somewhat frightening specter to most administrators. They tend to see research as a worthwhile endeavor and are supportive generally, but its methods, its vocabulary, and the researchers themselves cause them a great deal of apprehension. Furthermore, many correctional administrators worry about the consequences of its widespread use. Nonetheless, as *stewards of their charters*, these administrators will have to exercise leadership and adjust themselves to the tentativeness of available knowledge. They will need to understand and appreciate the importance of program evaluation, including its capacities and its limitations. Nelson and Lovell (1969:16) suggest:

> The correctional administrator who is aware of past efforts to understand and control criminality can avoid impulsive commitment to the succession of seemingly new "solutions" which achieve a transitory visibility and then pass from sight. Hopefully, he will be equally able to recognize genuine innovations when they do appear.

D.M. Gottfredson (n.d.:133) examines the relationship between correctional decision making and the role of the correctional administrator as a change agent. He suggests that the process can be compared to a three-legged stool. One leg is the quality of the information on which decisions must be based. Another is the goal or set of goals that he or she wants to achieve. The third is his or her knowledge of the *relationships* between the information with which to work and the *probable* consequences of his or her various decision alternatives. The change agent is required to sit on this stool because as an administrator decision making is a requirement. If the administrator sits cautiously, it is because he or she knows that not all three legs of the stool warrant confidence. The administrator is less likely to be floored, however, if he or she adopts as part of basic managerial equipment some of the attitudes and methods of science. Through his or her role as a "scientist," the administrator can sit more confidently; meanwhile knowing that by pursuing the evaluative process, performance can not only be evaluated, but ultimately in many cases improved.

Leadership

Today, more than ever before, the field of correctional administration has a fourth leg on that stool—namely, public policy. As an administrator, as a change agent, and as a leader, the field demands—and appropriately so—that this executive be ever mindful of what is good not only for the organization, but also for the ultimate customers: the general public. It is this group that currently demands quality performance, a commitment to the reduction of crime and victimization, and an organization that is both effective and efficient (see, for e.g., Cohn, 1994). While the general public tends to have little awareness of correctional operations, it nevertheless demands tangible results. Meaningful programming can produce outcomes that will meet this mandate, provided that evaluation efforts really substantiate "success." The correctional leader knows this and should guide the organization toward fulfilling this mandate responsively and with a high level of responsibility and accountability. He or she should be committed to appropriate programming and meaningful outcomes at a level consistent with public demand. In effect, our public customers have a right to expect correctional leadership, which appears to exist at higher levels of frequency than ever before in history. Ingstrup and Crookall (1998:53), perhaps, summarize it well:

> Leadership helps an organization develop a shared vision and a unity of purpose. It is central to building teams and networks, to forging the all-important trust that binds an organization, and to ensuring the organization has the skills to meet the mission. In an era of relentless change, leadership allows well-performing organizations to maintain their excellence. Leadership is now a strategic instrument, not a personal idiosyncrasy.

Attempting to identify "what works" undoubtedly is a worthwhile endeavor in the correctional arena as well as throughout the field of criminal justice administration. But successful evaluation will not happen automatically. It will require leadership by the administrator, a commitment to evaluation research that flows from explicit goals, and a willingness to identify and accept public policy as an inevitable aspect of responsive and responsible decision-making.

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