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Tips for Transferring Probation Practices to Drug Court Programs to Enhance Participant and Program Outcomes

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At the time this fact sheet was written, Ms. Cobb was research associate for the American Probation and Parole Association (APPA). APPA is the preeminent professional organization for probation, parole, and community justice agencies. APPA is a departmental unit within the Council of State Governments (CSG), and has contracted with CSG for the purposes of providing complete staff services. The association has highly trained and educated staff with several decades of cumulative experience and knowledge of community justice services, specializing in conducting research and evaluation and providing quality training and technical assistance to probation and parole professionals on the latest evidence-based strategies and practices in the field.

Historically, professional ideologies of crime have had significant impacts on the role of probation in working with drug- and alcohol-involved individuals in the criminal and juvenile justice systems. These ideologies have ranged from the 1960s, when the “get tough on crime” movement dictated severe sentences, to the 1970s, when it was proclaimed that “nothing works,” to what we have today, which is commonly referred to as the era of evidence-based practices. This dramatic evolution and fluctuation in ideologies has affected the role of probation in significant ways. The role of today’s probation officer can be described as a dual one (Trotter, 1999), in that they are charged with serving as officers of the court and enforcing probationer compliance, yet they are also charged with assisting probationers on their path to behavior

change. Recent research indicates that when probation officers, in any supervision context, use a balanced approach to supervision (i.e., compliance and behavior change functions), their supervisees experience more positive outcomes (Dowden & Andrews, 2004; Paparozzi & Gendreau, 2005; Petersilia & Turner, 1993).

Drug court programs have remained steadfast in supporting and promoting programs that are grounded in their originating Ten Key Components. These components outline a core set of practices for programs to follow while also providing a measure of flexibility that allows individual drug court programs to meet the needs and/or trends of their local communities (National Association of Drug Court Professionals, 1997). Over the past decade, the National Association of Drug Court



Professionals (NADCP) has expanded on the key components through the development of practice standards based on what research has shown to be effective in helping address substance use issues, change behavior, and improve outcomes of justice-involved individuals. These practice standards draw heavily from the growing body of evidence-based practice research in community corrections intended to improve client outcomes. This research positions probation officers as critical stakeholders on drug court teams to help direct and achieve integration of evidence-based practices within the drug court components and practice standards.

This fact sheet provides probation officers serving on drug court teams with information on ways they can ensure that they are using supervision strategies and skills informed by evidence-based practices to enhance outcomes among drug court participants. It also provides drug court team members with information to ensure that they not only are leveraging the skills and resources of probation officers serving on their teams, but are also giving them the support they need to do their jobs effectively.

The Theory Behind the Practice: Risk-Need-Responsivity Framework

Research efforts based on meta-analysis, cost-benefit analysis, and clinical trials have demonstrated that certain programs and intervention strategies produce significant reductions in recidivism among offender populations (Bogue et al., 2004). This evidence-based practice model specifically analyzes the strategies that are used to achieve desired outcomes. This body of research is commonly referred to as the *evidence-based practices for effective intervention*.

Contained within the framework of evidence-based practices is the risk-need-responsivity (RNR) model. This model seeks to pinpoint the *who*, *what*, and *how* for supervision strategies and service provision and has become the dominant paradigm in risk and need assessment and rehabilitation (Andrews, Bonta & Hogue, 1990; Cullen, 2011; Ogloff & Davis, 2004; Polaschek, 2012; Ward, Melsner, &

Yates, 2007). By incorporating the RNR model, drug court programs can better utilize their often limited resources, maximize the services provided, and increase positive outcomes for participants.

RNR Model Snapshot

The RNR model is based on three basic principles.

- The Risk Principle tells you “who” you should target with increased time and services. It states that in order to truly affect outcomes for individuals in the justice system, a valid assessment must first be completed to identify risk levels and allocate resources.
- The Need Principle tells you “what” needs or risk factors to target with services and interventions. These risk factors have been termed “criminogenic needs,” which refers to dynamic, or changeable, risk factors that are proven by research to be directly associated with an individual’s delinquent or criminal behavior, such as peer influence, drug use, and personality characteristics (Bonta & Andrews, 2007).
- The Responsivity Principle tells us “how” to best meet the needs of justice-involved persons identified through standardized assessment. Responsivity factors can be internal (e.g., race/ethnicity, mental health status, cognitive level, level of motivation for change) or external (e.g., how you interact with the probationer, characteristics of program staff, characteristics of the treatment environment, level of social networks of support). The evidence suggests that when services and interventions are matched to a participant’s responsivity factors, there is a greater likelihood that behavior change will occur.

Research consistently shows that this trifecta of identifying and reacting to risk, need, and responsivity factors significantly improves offender outcomes, reduces recidivism, and enhances public safety (Andrews, 2006; Aos, Miller, & Drake, 2006; MacKenzie, 2006; Smith, Gendreau, & Swartz, 2012; Taxman, 2002). While the RNR framework tells us why the principles work, it does not tell practitioners how to achieve results.

Tips for Transferring Probation Practices to Drug Court Programs to Enhance Participant and Program Outcomes

The Practices Within the Theory: Core Correctional Practices

To address this gap, a set of skills, referred to as core correctional practices (CCPs), have been developed as a complement to the RNR framework. The practices are intended to aid practitioners in their daily interactions with supervised populations and are promoted not only to assist with managing compliance but also to facilitate long-term behavior change. These skills, recognized as best practices, are based on social learning techniques and are cognitive-behavioral, interactional skill sets that are linked to promoting positive behavioral change (Bogue et al., 2004; Cullen & Gendreau, 2000; Dowden & Andrews, 2004). The skills provide practitioners with methods to identify not only antisocial behaviors and attitudes during personal interactions but also prosocial skills, such as behavior modeling and structured feedback. These skill sets—effective reinforcement, effective disapproval, effective use of authority, interpersonal relationships, anti-criminal modeling, cognitive restructuring, structured skill building, role clarification, and problem solving—are designed to complement adherence to the RNR model and should be woven into interactions with individuals on community supervision.

Do Not Leave Good Practices at the Door

Good supervision practices are good supervision practices, regardless of the capacity in which probation officers are conducting the supervision. This tenet can sometimes be forgotten when probation officers are carrying a regular caseload and also providing supervision for other justice programs. The RNR principles and CCPs are intended to be implemented regardless of the capacity in which a probation officer is working (e.g., general caseload, specialized caseload, specialty court program, etc.). Incorporation of RNR principles and CCPs should transition seamlessly from a probation officer's regular supervision caseload to their drug court caseload.

Practice Tip 1: Use validated risk and need assessment tools.

Use risk and need assessment information to make eligibility determinations. Even though human behavior is not always predictable and is notably complex, research indicates that the most commonly used risk and needs assessment instruments are predictive within a moderate level of

accuracy (Andrews, Bonta, & Wormith, 2004; Braucht, Prevost, & Meredith, 2004; James, 2015; Onifade, Davidson, Campbell, Turke, Malinowski, & Turner, 2008; Pew Center on the States, 2011). Drug court programs should be targeting, and have been shown to be very successful with, high-risk/high-need individuals (Fielding, Tye, Ogawa, Imam, & Long, 2002; Lowenkamp & Latessa, 2005). Many drug court participants can have substantial criminal histories (risk) and many years of substance use (need) (Belenko, 1998). This previous history, when identified through actuarial risk and need assessment, can and should have significant implications for how drug court programs set forth programming for participants, especially regarding dosage. Validated risk and need assessment tools provide drug court teams with critical information to guide not only initial program eligibility, but also supervision levels and service and treatment needs. Research indicates that drug courts that employ standardized assessment tools to determine candidates' eligibility for the program have significantly better outcomes than drug courts that do not use standardized tools (Shaffer, 2011).

For an overview of assessment tools, see *Selecting and using risk and need assessments* by R. Serin and C. Lowenkamp (2015), published by the National Drug Court Institute. Available at www.ndcrc.org/sites/default/files/selecting_and_using_risk_0.pdf.

Use risk and need assessment information to guide compliance requirements. One of the easiest pitfalls to fall into is treating all participants the same. This pattern overlooks the fact that not all individuals commit their crimes for the same reasons; each has a unique set of factors that leads him or her to engage in that behavior. The probation officer should work with the team to recommend individualized supervision requirements based on information obtained from standardized risk assessments.

Most drug court programs develop phase structures, which ultimately prescribe what a participant has to complete in order to progress to the next phase. These phase structures are mainly focused on compliance issues (attendance at court sessions, curfews, clean drug screens, no missed



appointments, etc.), and progression through the phase structure is often dependent upon an individual's compliance with program rules and completion of specific criteria. Ultimately, the phase structures are intended to help participants reach their long-term goals and objectives set for them in more manageable increments. Each participant should be provided a detailed plan of what would be required to progress through the phase structures to graduation based on their identified risk and needs. Using a standard supervision process based solely on phase structures, and not taking into account risk and need assessment information, can lead to under- or over-supervision of individuals, each of which can have unintended consequences (Marlowe, 2012).

While drug court programs are designed to be highly structured, there should also be flexibility to accommodate varying criminogenic and other need factors. While criminogenic needs are central, as probation officers know, many justice-involved individuals also have other need factors that do not fall into one of the criminogenic need categories but still may be peripheral contributors to criminal behaviors, such as transportation, physical health issues, financial needs, safety issues, etc. (Bonta, 2000; Carey, 2010; Howells, 1998). For example, issues related to a participant's physical health should not be minimized or ignored even though it is not correlated with recidivism. The reality is that an individual's physical health may be directly related to his or her behavior, such as undiagnosed pain leading to use of illegal prescription drugs. Also, co-occurring disorders are common among drug court populations. While some authors note that mental health issues are not directly identified as criminogenic need factors (Bonta, Law, & Hanson, 1998), studies show that individuals with diagnosed mental health issues may be less responsive to treatment interventions until the mental health issue is addressed (Osher, D'Amora, Plotkin, Jarrett, & Eggleston, 2012). Although the focus of supervision and services should be on the criminogenic need factors, helping individuals with their peripheral needs often has a cascading effect affecting their criminogenic need areas and

may also be viewed by the client as an empathetic response from the officer, which can foster a more positive relationship between the officer and client. Case planning, discussed later, is one way to ensure that you are prioritizing and addressing an individual's criminogenic and peripheral needs through a synchronized approach.

The interviewing and assessment process should be comprehensive and should seek to go beyond just checking boxes on a risk assessment form. Many correctional programs tend to standardize supervision based on generalized values. For example, a drug court participant who does not have a high school diploma may receive an increased risk score, as education is a criminogenic risk factor on many risk assessment tools. However, if, during the interview process with the probation officer, the participant's education status is not an identified stressor for him or her and has not impeded him or her from maintaining gainful employment, it may not be necessary to identify it as a criminogenic risk factor. While education is valued in society, the lack of a diploma may not be contributing to someone's criminal behavior if other criminogenic areas are not affected. Probation officers who are trained in evidence-based practices and core correctional practices should rely on their training to make informed recommendations to the drug court team regarding information learned through the interviewing and assessment process to develop an individualized case plan. For example, requirements for phase 1 of most drug court programs often focus on stabilization, which may include frequent drug screens, frequent contacts with the probation officer and the drug court team, completing drug and alcohol specialized assessments and beginning treatment programs, etc. (Marlowe & Meyer, 2011). After a risk and need assessment is completed on an incoming participant, the probation officer should be discussing with the team the number of recommended contacts and drug screens for that participant, the treatment modalities that may be successful based upon responsivity factors, and identified service needs based upon the interviewing and assessment process.

Tips for Transferring Probation Practices to Drug Court Programs to Enhance Participant and Program Outcomes

Another pitfall that drug court programs often fall into is trying to force supervision into specific timetables based on phase structures. The evidence-based practices referred to earlier discuss a principle of supervision that is less well known than the others: the dosage principle. According to this principle, approximately 40% to 70% of an individual's time on supervision, at least initially, should be structured through supervision and treatment services (Bogue et al., 2004; Gendreau & Goggin, 1996; Palmer, 1995; Silverman et al., 2000; Steadman, 1995). This dosage-based model of supervision further suggests that supervision and treatment requirements should be based on the amount of intervention necessary to reduce recidivism risk, rather than an arbitrarily or customarily established amount of time, such as those predefined by drug court phase structures (Carter & Sankovitz, 2014). However, drug court programs may find that a fair number of clients require similar treatment plans, simply due to the fact that drug court programs focus on high-risk/high-need individuals with similar issues. Conceptually, the dosage model can provide a guideline of minimum hours of contact (made up of treatment and supervision) based on identified risk level. High-risk individuals should receive 300 hours, moderate- to high-risk individuals should receive 200 hours, and moderate-risk individuals should receive 100 hours of supervision and services (Bourgon & Armstrong, 2005; Carter & Sankovitz, 2014) to guide drug court programs in developing supervision and treatment plans.

Use risk and need assessment information to provide feedback to participants. Risk assessment is not a “one and done” event. Reassessment should be completed periodically throughout program involvement (the norm is four- to six-month intervals) but can be updated anytime the team feels it may be warranted (e.g., when a critical incident occurs that may serve as a trigger for relapse, such as losing a job, death in the family, etc.). Through the reassessment process, probation should keep the drug court team apprised of the progress and setbacks each participant has encountered on his or her journey through the program. Reassessment also provides an opportunity to objectively track where a participant started (via the baseline assessment completed at program entry) to where he or she was or is at any given time in the program. Reassessments can also provide an opportunity for the team to provide strength-based feedback to participants based on risk and need areas they have improved in, which aligns with

evidence-based practices encouraging increasing positive feedback (Labrecque, Smith, Lovins, & Latessa, 2014; State Court Administrator's Office, 2015).

Use assessment to identify supports and strengths. In addition to conducting screening and assessment to identify risk and need factors, it is beneficial to use either a strength-based assessment tool or interview questions designed to assess an individual's areas of strength and social support to gain a comprehensive understanding of the individual. An assessment of an individual's strengths can be used for community service assignments, job placements, etc. It is also important to identify social and family-based supports for an individual that can be called upon during their participation in the program. Studies have shown that informal agents of control, such as families, are more powerful than formal agents of control (e.g., probation, parole, law enforcement) in helping individuals achieve and maintain positive behavior change (Gottfredson & Hirshi, 1990, as cited in Young, Taxman, & Byrne, 2002; Mullins & Toner, 2008; Petersilia, 2003; Sampson, 1988). Further, research shows that justice-involved individuals who maintain contact with supportive family members have better outcomes specifically related to employment and reduced drug use (Shanahan & Aguedelo, 2011). According to Trotter (2013), “It is clear that families play a role in the development of both pro-social and pro-criminal behavior, and that building natural support systems are important in furthering desistance efforts. The ongoing and emerging research suggests that interventions with offenders, which target family issues can be successful

For a discussion of tools that can be beneficial in helping probation officers working with justice-involved individuals identify social supports, see *Implementing the family support approach for community supervision* by T. G. Mullins and C. Toner (2008), developed by the Vera Institute of Justice in partnership with the American Probation and Parole Association. Available at <http://www.appa-net.org/eweb/docs/APPA/pubs/IFSACS.pdf>.



in improving family relations for offenders and in reducing recidivism” (p. 5).

The likelihood that individuals will be successful increases when they are using their strengths, interests, and systems of support; therefore, leveraging these systems of support while someone is involved in a drug court program can significantly enhance outcomes (Shanahan & Agudelo, 2011). Probation officers, as the agents most intricately involved with participants throughout their participation in drug court, should be using the time spent with participants to discuss their social supports and help the participants explore the different ways those identified can be supportive to them throughout the drug court process.

Practice Tip 2: Use RNR and CCPs to go beyond compliance monitoring.

There is no argument that compliance-focused conditions can be used to stabilize individuals entering drug court programs and hold them accountable throughout the program. Many of the requirements established in the drug court phase structures focus on compliance measures, such as regular drug testing, office appointments, court appearances, and attendance at self-help groups and treatment classes/groups. However, these conditions alone do little to instigate the behavior change necessary to keep the individual from repeating the same cycle of behavior or, worse, elevating in severity (i.e., long-term public safety and sobriety).

A growing body of research shows that probation officers can have a significant impact on individual outcomes through personal interactions with them (Bonta et al., 2011; Bonta, Rugge, Scott, Bourgon, & Yessine, 2008; Robinson et al., 2012). Kennedy (2001) found that individuals were more likely to engage in treatment if a genuine alliance was created between the provider and the individual. One study states that an individual’s perceived positive relationship with an officer can influence their compliance and outcomes by 30% (Hubble, Duncan, & Miller, 1999). Further, Dowden and Andrews (2004) suggest that when individuals feel

that officers are empathetic and employ “directive, solution-focused, structured, non-blaming or contingency-based communication,” better outcomes are achieved (p. 208). The use of CCPs provides frequent opportunities for individuals in community-based programs to learn “pro-social and anti-criminal attitudinal, cognitive, and behavioral patterns from their regular interactions with front-line staff,” such as probation officers (Dowden & Andrews, 2004, p. 205).

Early concepts of dosage focused mainly on the number of hours exposed to treatment and service interventions; however, new studies are demonstrating that substantive interactions with probation officers also contribute to improved client outcomes. When interactions are based on the RNR framework, the contacts have the potential to reduce recidivism (Bonta et al., 2011; Bourgon & Armstrong, 2005; Carter & Sakovitz, 2014; Kroner & Takahashi, 2012; Petersilia & Turner, 1993; Sperber et al., 2013).

In response to these new findings, many probation departments are moving from a supervision strategy in which the officer just does a check-in with a probationer to a strategy in which the officer spends time engaging in conversations, using skill sets aligned with CCPs, and dissuading the probationer from engaging in antisocial thoughts and behaviors through a variety of approaches, including behavior modeling, problem solving, and structured learning (Andrews & Kiessling, 1980; Dowden & Andrews, 2004; Robinson, et al., 2012; Taxman, 2008; Trotter, 1999). A number of training programs have emerged to help probation officers incorporate techniques of CCPs to enhance their personal interactions with probationers during routine office and field visits, including Staff Training Aimed at Reducing Re-Arrest (STARR) and Effective Practices in Community Supervision (EPICS). Bonta and associates (2010) found that officers who were trained in CCPs used them more often during interactions with supervisees and that supervisees of officers trained in these practices had lower recidivism rates (Chadwick, DeWolf, & Serin, 2015; Robinson et al., 2012).

Tips for Transferring Probation Practices to Drug Court Programs to Enhance Participant and Program Outcomes

Probation officers working within a drug court context should be using these same skills with drug court participants during their home and field contacts. A requirement throughout participants' involvement in a drug court program is a prescribed number of contacts with a member of the team (typically probation). The frequent contact requirement provides ample opportunities for probation officers to engage in dialogue using the skills identified as CCPs.

Conduct office contacts. Meeting with a participant at the probation office provides an opportunity for the probation officer to check in with him or her, gather the documentation needed to demonstrate compliance, such as attendance at self-help group meetings, conduct a drug test, etc. It also provides an opportunity for officers to talk with participants about what is going well, what they are struggling with, what type of support they feel they need, etc. This is a prime opportunity for probation to use the skills promoted through CCPs to engage participants in meaningful conversations related to why they do (or do not) want to make certain changes, what is pushing them forward, and what is holding them back. Research shows that when probation officers spend at least fifteen minutes with supervisees employing behavioral techniques and focusing on criminogenic needs, recidivism rates drop significantly (Bonta, Rugge, Scott, Bourgon, & Yessine, 2008). Through dialogue with participants, probation officers may also identify information the drug court team can use to refine supervision. This would include the use of specific treatment modalities based on identified responsivity issues or specifically encouraging participants to be successful based on what they identify as being important to them (their children, their personal health, their parents, their future, etc.) For example, if an individual says that he or she wants to stop using drugs in order to be a better parent, the officer/team can remind the individual of that identified motivation to stop using drugs at times of challenge or increased risk.

Further, probation may discover during an office visit that someone is on the brink of a relapse or setback. This again provides an opportunity to assess the potentially increased risk and need level and to respond immediately. Ideally, there should be flexibility within the drug court phase structure model to permit recommendations for increased compliance requirements, such as more contact

with the probation officer (for example, if the minimum is one contact per week, an individual may be increased to two or three contacts per week, either in person or by phone contact, etc.) based on his or her risk level. As probation works with the individual and feels comfortable, a recommendation to the team could be made to reduce contact level as an incentive.

Conduct home visits. There is great value in making some contacts in the participant's home setting. Home visits provide a more relaxed atmosphere and a sort of "home court advantage" for the participant, which can help build rapport between the officer and participant (Braswell, 1989; Wood, 2007). Especially during the first few months, home visits can be beneficial in opening channels of communication between the participant and probation officer (Partridge, 2004).

Home visits can also provide insight into factors such as living conditions, family dynamics, need areas that the probationer has not shared with the probation officer or drug court team, and barriers that may exist for clients, such as transportation issues. This information can become important when discussing how to deal with noncompliance issues (sanction) or compliance issues (incentive). Just as different team members bring different perspectives to bear on discussions of participants, what probation learns from home visits can bring a different perspective to help the team see situations in context to enable them to make appropriate, responsivity-based decisions.

There is no national standard on how many home visits should be conducted based on risk and need levels. In a workload/caseload allocation study conducted by the American Probation and Parole Association in 2007, probation officers were asked to report the number of hours spent on supervision tasks, such as home visits. The average number of hours spent on home visits was reported to be 20 per week (DeMichele, 2007). However, numerous studies have pointed out that it is the quality of the interaction between the officer and individual during the home visit that is important, and not the number of home visits conducted (Drakeford, 1992; Partridge, 2004; Taxman, 2002). A limited number of studies have further explored the quality of the contact between probation officer and supervisee and have found that when the contact is focused more on treatment or referral to needed services, reductions in recidivism are noted (Paparozzi



& Gendreau, 2005; Petersilia & Turner, 1993). Whether the probation contact is office or home based, the contact has to be perceived by the participant as more than just checking boxes on a form; the contact must be viewed as meaningful to have any kind of impact on behavior change (Taxman, 2002).

Practice Tip 3: Develop plans and goals based on need and responsivity factors.

When working with a drug court participant on a case plan, probation should be helping him or her develop a recipe of sorts to address the individual's criminogenic and peripheral needs. According to Taxman (2008), individualized case planning has been shown to reduce new arrests and technical violations of individuals in community-based programs. While participants may be assessed as having some of the same needs (e.g., alcohol dependency diagnosis, employment issues, etc.), it is likely that the severity of their needs will vary, thus affecting the priority in which those needs should be addressed.

Given multiple needs, the drug court team may not be able to address every issue presented by a participant; however, through case planning, the probation officer can develop a systematic way to identify and prioritize his or her needs so that the most pressing needs are addressed during the time in the program. According to Carey (2010), there are three essential pillars to creating effective case plans: (1) involve supervisees in constructing their plans; (2) align case plan activities with interventions that address criminogenic needs; and (3) develop plans that are specific, concrete, and easy to follow.

Information obtained during the interviewing and assessment process should be used to inform assignments to services and interventions as well as compliance-oriented requirements. Information such as drug of choice may influence treatment programs, or information on employment or education status may influence whether job seeking or educational assistance is needed. Furthermore, information on positive social influences or

Being SMART About Case Planning

Developing case plans based on the SMART system helps practitioners and supervisees develop plans that are specific, concrete, and easy to follow.

SMART Goals

Specific: Addresses criminogenic need; gives specific instructions/action steps to complete the goal

Measurable: Has a way to measure successful completion of the goal/action step

Attainable: Is possible for the individual to do what is outlined in the goal/action step

Realistic: The individual has all they need to complete the goal/action step

Time-bound: There is a timeframe associated with each goal/action step

Source: Doran (1981)

networks of support can also be used to enlighten the team as to how the participant can be supported through the program. The best outcomes for drug court participants are realized when differential supervision within the drug court requirements is based on risk and need level (Andrews & Bonta, 2010; Shaffer, Hartman, Listwan, Howell, & Latessa, 2011; State Court Administrator's Office, 2011; Taxman & Marlow, 2006). This is where the Need Principle, discussed earlier, becomes important. Identifying what is driving an individual's behavior (i.e., his or her criminogenic and peripheral needs) and addressing it systemically provides the greatest chance for long-term impacts (Andrews, 2007; Andrews, Bonta, & Wormith, 2006; Andrews & Dowden, 2007; Andrews, Dowden, & Gendreau, 1999; Bonta & Andrews, 2007).

Each participant's case plan should go beyond just specifying what he or she has to complete to progress to the next phase. For example, an effective case plan goal for seeking employment would

Tips for Transferring Probation Practices to Drug Court Programs to Enhance Participant and Program Outcomes

provide the participant with step-by-step instructions on what needs to be done to actively seek employment (e.g., develop a resume, identify job skills, search for jobs he or she is qualified for, learn how to fill out a job application online or skills for successful interviewing, etc.). Further, the case plan should detail what the probation officer and/or drug court team will do to help the participant meet the goal. Helping participants learn the skills necessary to reach their goal will not only increase their chances of being successful, but also will hopefully stay with them even after they have completed their program. If they find themselves in a similar situation again, they will be able to call upon the skills learned through good case planning to help them be successful again.

Plans and goals should be fluid, and should change as successes and challenges occur for participants (Carey, 2010). Some criminogenic and peripheral need factors may require plans and goals for the entire time the participant is on supervision to keep him or her progressing, such as factors related to alcohol or substance use. Most participants are not going to begin the program ready or, in some cases able, to stop their drug or alcohol use. Addiction takes time to develop and time to cease. Plans and goals related to this issue may be required throughout an individual's program participation; however, the nature of his or her goals may change from stabilization to sobriety to maintenance. Having a living record of participants' comprehensive case plans (from the beginning of the program) is another way to provide strength-based feedback on their success throughout their participation in the program. Occasionally revisiting with participants, either during one-on-one contact with the probation officer or during interactions with the judge and/or drug court team, on their progress is an opportunity to reinforce the successes they experienced and areas where they found support from family members and other support persons. Reminding them of when and how they were successful in the past (even the recent past) provides effective, positive reinforcement to them that they can call upon these same skills and be similarly successful once graduated from the program.

Case plan goals should also be reflective of responsivity factors. Research on responsivity-based supervision shows that interventions that are based on cognitive-behavioral and cognitive-social learning models are more successful in reducing recidivism (Andrews & Bonta, 2010). Techniques, consistent with CCPs, include "role-playing, modeling,

repeated practice of alternative behaviors, cognitive restructuring to modify thoughts/emotions, skills building, or reinforcement" (Andrews & Bonta, 2010, p. 50).

How often in the justice and treatment systems do we see individuals either successfully complete programs only to show up back in the system or seem as though they are failing at every turn? While it is essential to identify risk and needs, if probation officers are not matching services and interventions to meet participants where they are, failure is likely.

Practice Tip 4: Include treatment goals in case and goal plans.

In order to promote a team-based approach, probation officers should be actively engaged with treatment and service providers to ensure that treatment goals are built into the case and goal plans. Not only does this demonstrate to participants that you are engaged with their treatment provider, it also provides you an opportunity to gauge whether treatment programs are meeting participants' responsivity characteristics. For example, if a treatment provider shares that a participant is not engaged in treatment or in meeting his or her treatment goals, it should prompt a conversation between the probation officer and the participant during an office or field contact. It may be determined that the program is not matching the participant's responsivity factors, which should prompt the probation officer to discuss with the team and possibly recommend an alternative approach. Conversely, it may be revealed that the individual is voluntarily not engaging, and that information can also be taken to the team to discuss what action the team should take to respond to the behavior.

Treatment providers often play a tremendous role in drug court programs—as they should. But even though they are often involved in the team discussions of participants' progress, the probation officer should also be coordinating with treatment providers outside of the team meetings to monitor not only compliance-oriented requirements but also progress on case plan goals developed with the participant. The probation officer should be receiving regular updates from the treatment provider, via written or verbal reports, that go beyond just reporting attendance at required treatment services to describing engagement in treatment activities. This is a more accurate measure of an



individual's progress toward his or her goals. If the treatment provider indicates a lack of engagement, the probation officer should make it a point to have a discussion with the client about his or her treatment services to gauge if perhaps the treatment program is not meeting his or her needs or if there are other issues keeping him or her from engaging. This information should then be brought before the team for discussion to develop an appropriate response.

Help participants determine if they are eligible for benefits under the Patient Protection and Affordable Care Act (ACA) and/or Medicaid expansion. Many individuals involved in drug court and tribal healing to wellness court programs face issues related to chronic health issues, substance abuse, and mental health issues. In the past, it was difficult, if not impossible, for these individuals to access insurance coverage to address these issues. The ACA removed restrictions that denied thousands of Americans, including a large percentage of justice-involved individuals, health care coverage. Additionally, the Medicaid expansion includes mental health and substance use services as an essential health benefit.

Participants in drug court and tribal healing to wellness court programs may require these services and need assistance in covering the costs. Probation officers should inform drug court participants that, if their state has opted into the Medicaid expansion, they can submit an application to determine eligibility at any time. Depending on the size of the program, probation's work in assisting participants in applying for health care benefits may be able to be subsidized through the Medicaid Administrative Claiming (MAC) program.

For more information on the MAC program, see the Issue Paper *Medicaid claiming and public safety agencies* by Community Oriented Correctional Health Services (2015). Available at http://cochs.org/files/medicaid/cochs_medicaid_Public_Safety.pdf.

A free online course is available from the American Probation and Parole Association: *Key Provisions in the Affordable Care Act and How Community Corrections Can Increase Outreach and Enrollment*

Available at <http://appa.academy.reliaslearning.com/Key-Provisions-in-the-Affordable-Care-Act-and-How-Community-Corrections-Can-Increase-Outreach-and-E-.aspx>.

Practice Tip 5: Use participant and programmatic data to enhance the program.

Data seems to rule the world these days. No matter what job a person holds, there is a universal need for as much data as one can muster. The problem is, not all data is useful and not all data tells you what you want or need to know. The key is to pinpoint what information you truly need to know and then identify the data points that are specific to that piece of information.

For many different reasons, it is important to not only collect data in drug court programs but to also use this data in a meaningful way; probation can contribute a wealth of information to the team and the program. The mass amounts of information that probation acquires, from referral documentation, presentence and postsentence investigation reports, intake reports, risk and need assessment information (both initial and reassessment information), case notes, treatment notes, violation reports, urinalysis screens, and programmatic reports (community service, employment, education, etc.), all contain data that can be useful to drug court programs in significant ways. It provides not only aggregated and individual-level data, but also programmatic-level data that can identify programs, services, and interventions that may or may not be effective and/or the need for new programs based on new drug trends or treatment modalities.

Tips for Transferring Probation Practices to Drug Court Programs to Enhance Participant and Program Outcomes

Information gathered throughout an individual's involvement in a drug court program can provide a rich dataset that can be used to demonstrate program effectiveness, support the need for new services and interventions, or apply for continuation and/or enhancement funds. In the age of increasingly limited resources, decreasing funding opportunities (resulting in more competition for decreasing funds), and pushes toward internal sustainability, this data can go beyond just pinpointing the number of program participants to demonstrating the impact the program is having on individual participants, their families, and the community.

To gauge these other areas of programmatic strength and weakness, drug court programs must be willing to go beyond just looking at recidivism. Looking critically at the factors that make a drug court program successful can provide the leverage needed to keep a program funded or provide funds for enhancement, promote community support and buy-in for the program, and encourage individuals to participate in the program upon referral by demonstrating success at not only keeping individuals out of the jail and prison system, but also contributing to positive life changes.

Probation can help drug court teams identify the data points that can be used to address key questions faced by the program. For example, drug-of-choice questions from the risk and need assessment tool can help identify trends. If there is no existing service or intervention in your community to address the needs of individuals using that particular drug, the data can help substantiate the need for a new one. It is also important for a drug court team to take a critical look at data that speaks to components of their program that are not demonstrating success. Drug court programs should regularly review components such as treatment programs, community-based services, and even team members to evaluate why something is not working and discuss how the team can go about making changes to positively affect the drug court program and its participants.

Practice Tip 6: Be a team player.

Drug courts operate under the premise of a team-based, therapeutic approach to supervision of program participants. For this approach to work, the members of the drug court team must not only support each other, but also build upon each member's strengths. Each member of the team comes with knowledge, expertise, and skills that ideally serve to surround participants with supportive services while also holding them accountable for their behavior. The uniqueness

of this approach is what has made drug court programs the most successful diversionary and postconviction alternative to incarceration in the country.

To build a strong foundation for participants, the team members must all be operating from the same perspective. The program will not be successful if one member is operating from a rehabilitative approach while another is operating from a compliance-only approach. This is one area where probation officers can be a vital resource for drug court teams beyond just supervising drug court clients. Probation officers can educate drug court team members on evidence-based and core correctional practices so that team members are not only communicating using the same terminology but also approaching their work with participants from a unified perspective.

Drug court teams can support probation officers by calling upon their expertise throughout a participant's involvement in a drug court program. Team members can look to probation officers to guide discussions of need areas, responsivity characteristics, and incentives/sanctions to be delivered by the team. Probation officers are often spending the most time with participants; therefore, their input is invaluable during team discussions. Probation officers will be able to speak to increased or reduced risk levels, successes and challenges experienced in relation to case plan goals, social supports and barriers identified by the participant, etc. which will give the team a more comprehensive picture of what a participant may be experiencing to guide the decision-making process.

Conclusion

There is no doubt that drug and alcohol using and abusing populations are challenging due to the cyclical nature of use or relapse (Nail & Dean, 1976). Drug court programs have experienced decades of success in working with high-risk, high-need populations of individuals who become involved in the criminal justice system as a direct or indirect result of substance use. To continue to produce increased marks of success, drug court programs should leverage the knowledge, resources, and skills of probation officers. Specifically, this involves implementing practices and skills that are demonstrated to work on criminal justice populations (e.g., evidence-based practices and core correctional practices) to enhance the outcomes of individuals participating in their drug court programs and embracing probation officers as valued members of the drug court team.



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Tips for Transferring Probation Practices to Drug Court Programs to Enhance Participant and Program Outcomes

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Notes



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