The Demands on Probation Officers in the Evolution of Evidence-Based Practice: The Forgotten Foot Soldier of Community Corrections[1]

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AS COMMUNITY CORRECTIONS agencies become more focused on demonstrating their effectiveness at maintaining public safety, they are placing greater emphasis on incorporating evidence-based practices into everyday community supervision. Drawing largely on the empirical body of knowledge known as "What Works" and its principles of Risk, Need, and Responsivity, policies and practices in community corrections continue to evolve and change. These changes, in turn, have placed greater demands on probation and parole officers. From conducting assessments for presentence reports to evaluating risk and identifying needs to supervising clients through monitoring compliance and facilitating prosocial change, the work of probation and parole officers continues to expand and become more complex (Bourgon, Gutierrez & Ashton, 2011). These increased demands may not be universally welcomed by the troops on the ground. In a number of ways, officers are liked soldiers in the battlefield. They are heavily burdened with numerous responsibilities to the community, the criminal justice system, their organization, and their clients. It is with their skills, abilities, and tools that they try to meet complex and sometimes conflicting "orders" (i.e., demands) the best they can with

the time they have. Recognizing these changing demands, organizations have invested in the continuing education and training of their staff to ensure that they are knowledgeable, skilled, and competent to fulfill these ever-changing roles and responsibilities. Notwithstanding the various systemic factors that influence the success and/or failure of implementing evidence-based practices (see Fixsen, Naoom, Blasé, Friedman, & Wallace, 2005, for an overview), the fidelity of evidence-based practices rests on the community supervision officer, as it is the supervising officers who are being asked to conduct business in a new way. Supporting these officers in delivering effective intervention should be a priority of evidence-based correctional rehabilitation.

Over the last 20 years, I have been training criminal justice professionals on the RNR principles, risk assessments, different treatment programs, and RNR-based management and supervision in both custody and community settings. Throughout this period, the challenge has been to translate the "What Works" empirical knowledge into concrete and practical everyday behaviors that are effective with criminal justice clients. It is self-evident that training places high demands on its participants to learn new practices and implement them in their daily routine. Over the course of the past two decades in these trainings, it has also become evident that there are some common barriers for correctional staff that hinder learning and make change more difficult as organizations continue to evolve. In this article, I briefly illustrate these changes and the related demands on community supervision officers, and describe some of the common personal (or "internal") learning

hurdles encountered with front-line community corrections staff working in organizations that hope to bring evidence-based practices into their business.

Overview of Evidence-Based Practices

Evidence-based practice begins with scientific research and what the results of such research tell us about reducing reoffending. For over 30 years, research on offender treatment initiated by Andrews and his colleagues in Canada has shown that certain approaches can reduce re-offending (Andrews & Bonta, 2010; Hanson, Bourgon, Helmus, & Hodgson, 2009; Lipsey, 2009; Lösel & Schmucker, 2005). This "What Works" body of evidence has demonstrated that not all rehabilitative efforts are equal; interventions can maximize their effectiveness by adhering to the principles of effective interventions known as the Risk-Need-Responsivity (RNR) model of correctional treatment (Andrews & Bonta, 2010).

The *Risk principle* focuses on matching the level of service to the offender's level of risk. It tells us "who" to focus efforts on and the level (i.e., intensity and/or dosage) of such services, with intensive services allocated to higher-risk clients and minimal services to lower-risk clients. The *Need principle* focuses on the specific targets of the services that are provided to clients. The evidence tells us that services have to target specific criminogenic needs (or the dynamic risk factors) functionally related to criminal behavior to achieve change (such as procriminal attitudes and substance abuse). The *Responsivity principle* focuses on matching the style and mode of intervention to the abilities, motivation, and learning style of

the offender. This principle concerns "how" services are delivered. Research in this area is less extensive than research on risk and need (Polaschek & Ross, 2010); however, that research consistently bears out the importance of employing cognitive-behavioral interventions and techniques to reduce reoffending (Andrews & Bonta, 2010; Bourgon & Gutierrez, 2012).

The importance of adhering to these three principles cannot be overstated. Andrews and Bonta (2010) have shown that adherence to these three principles mediates the effectiveness (i.e., recidivism reduction) of rehabilitative efforts in a step-wise fashion. Non-adherence to the three principles was actually associated with a small (2 percent) increase in recidivism ($r = -0.02$, $k = 124$). Adherence to at least one of the principles is associated with a small (3 percent) decrease in recidivism ($r = 0.03$, $k = 106$). Larger decreases were observed with increased adherence to the RNR principles, with adherence to two principles demonstrating a 17 percent difference ($r = 0.17$, $k = 84$) and three principles ($r = 0.25$, $k = 60$) showing a 25 percent difference.

The vast majority of the "What Works" evidence has been gleaned from studies examining formal treatment programs that are typically group-based. Nonetheless, it is reasonable to expect that these principles are also relevant in the case of one-on-one supervision of offenders in the community, where it is has been argued that community supervision has greater benefits than incarceration (Abadinsky, 2009; Gibbons & Rosecrance, 2005). Research, however, raises questions about the effectiveness of community supervision in reducing recidivism. For example, Bonta and colleagues (Bonta, Rugge, Scott, Bourgon & Yessine, 2008) reviewed 15 studies that compared some form of community supervision with an alternative criminal sanction (e.g., prison sentence, fine) and found that recidivism was only two percentage points lower on average for offenders on community supervision. There was no decrease in violent recidivism associated with community supervision.

In contrast to the more positive results found in reviews of the offender rehabilitation literature, why does community supervision appear to have such minimal effect? The "What Works" research and the principles of effective correctional rehabilitation provide a guide to bring evidence-based practices into community supervision. Researchers are beginning to pay close attention to what goes on behind the closed doors when officers meet with the clients they supervise. For example, Bonta et al. (2008) examined audio-recorded supervision sessions of 62 probation officers with 154 clients and found that adherence to the principles of Risk, Need, and Responsivity was lacking. Specifically, the frequency of contact between officers and their clients was only mildly related to the offender's risk level (Risk principle) and officers rarely directly intervened to facilitate change in important criminogenic needs, such as pro-criminal attitudes and friends (Need principle). Officers exhibited cognitive-behavioral techniques in less than one-quarter of the audiotapes (Responsivity principle). Ultimately, the results showed that in order to improve effectiveness (i.e., reduce reoffending), officers supervising clients in the community would benefit from applying the principles of effective correctional rehabilitation to one-on-one supervision sessions.

Specific research on the application of RNR principles to one-on-one supervision is rather sparse. Early work on "core correctional practices" derived from the RNR principles (Andrews & Kiessling, 1980; Andrews & Bonta, 2010; Dowden & Andrews, 2004) demonstrated the importance of certain "change agent" skills such as empathy, firm-but-fair approach, and problem solving in influencing reoffending. Trotter (1996) found that the 93 clients supervised by officers who were trained on and applied prosocial modeling, empathy, and problem solving reoffended less (53.8 percent) over a four-year follow-up than the 273 clients of officers who conducted routine supervision (64 percent). These studies suggested that adherence to RNR principles in one-on-one supervision can reduce reoffending and that training in evidence-based practices was needed.

Recently, Canadian psychologists (Bourgon et al., 2010a; Bourgon et al., 2010b; Bonta et al., 2011) developed the Strategic Training Initiative in Community Supervision (STICS). STICS includes three days of initial formal training and ongoing clinical support activities (i.e., refresher courses, individual feedback, and monthly meetings) on specific, practical, and concrete RNR-based intervention techniques and skills. To examine the impact of training and ongoing clinical support, audio-recorded supervision sessions were examined. The results of this random assignment study (officers were randomly assigned to the STICS training or to a control group) demonstrated that STICS-trained officers significantly improved their evidence-based practices (such as RNR-based skills and intervention techniques) behind closed doors with clients. In addition to the change in officer behavior, the researchers found that clients supervised by STICS-trained officers had a two-year recidivism rate of 25.3 percent compared to 40.5 percent for clients supervised by the control group officers (Bonta et al., 2011). This project has motivated others to develop similar training programs: for example, Staff Training Aimed at Reducing Re-arrest (STARR) from Lowenkamp and colleagues at the Office of Probation and Pretrial Services of the Administrative Office of the U.S. Courts, and Effective Practices in Community Supervision (EPICS) from the Corrections Institute of the University of Cincinnati. The results of these efforts are only beginning to emerge and are promising (Robinson, Lowenkamp, Holsinger, VanBenschoten, Alexander, & Oleson, 2012; Robinson, VanBenschoten, Alexander, & Lowenkamp, 2011).

As this body of knowledge increases, so too do the demands placed on community corrections to ensure that services are evidence-based and effective; this often requires modifications to policy and practice. For example, adherence to the *Risk principle* requires the use of empirically validated risk assessment to identify risk/need levels, as well as the development of policies that are congruent with matching risk level to service. Adherence to the *Need principle* requires the evaluation and prioritization of complex and dynamic client needs, developing a case plan that utilizes services to address criminogenic needs rather than focusing on non-criminogenic needs (i.e., those not empirically related to reoffending). Adhering to the *Responsivity principle* is even more complex. To maximize the impact of services on client behavior, interventions should be cognitive-behavioral in nature; therefore, officers need to be trained on such a model and to be skilled at delivering such interventions.

Organizations seeking to be evidence-based and effective can develop and set into place RNR-congruent policies, hire competent and skilled staff, provide adequate training and support for staff to fulfill their responsibilities in a professional and evidence-based manner, and put into place quality assurance procedures. In the past decade, correctional researchers have been paying closer attention to organizational factors that influence implementation of evidence-based programs and practices (Bernfeld, Farrington, & Leschied, 2001; Goggin & Gendreau, 2006; Lowenkamp, Latessa, & Smith, 2006; Taxman,

2008; Taxman, Henderson, & Lerch, 2010). However, there is a significant and arguably greater demand placed on individual community supervision officers, as it is they who need to embody an evidence-based style when working with the clients they supervise. Officers are faced with the expectation of incorporating new skills and techniques into an ever-expanding role and essentially to reflect on their current understanding of what their role is to the organization, client, and community.

The Evolving Work of Community Supervision Officers

As our knowledge about the importance of what happens behind the closed doors of community supervision advances, there is increasing recognition of the need to re-examine and re-focus the work of community supervision. What exactly is the goal of community supervision? This question is one we always pose to officers during STICS training. What we have commonly heard is that there is agreement about the two primary functions or goals. The first part is strictly systemic: The role of probation and parole departments in the criminal justice system is the administration of a sentence (or order) handed down by the courts. The second goal is more social in nature: the enhancement of public safety (i.e., reduce the risk of reoffending). Where there is great diversity of views is on *how* to achieve these two goals and what value to place on each. By looking more closely at specific details of operations, policies, directives, and how these play out during face-to-face officer/client supervision sessions, one can see the disconnect between real-world practice and what we know about what works (Bonta et al., 2008).

The traditional approach to community supervision has been that of a case management model. In this model, officers "manage" their clients by way of sentence administration and the brokerage of services. The emerging evidence of "what works" has brought new demands and ways of conducting case management, including the need to complete risk/need assessments and translate them into case management plans and activities. Although case management varies in definition and practice considerably across jurisdictions, it requires much of community supervision officers. Whether or not the organization emphasizes sentence administration (e.g., enforcement of conditions, urine testing, and

surveillance) or offender rehabilitation (e.g., attending treatment programs), face-to-face contacts with clients tend to focus on compliance, ongoing assessment of risk/needs, and connecting clients to resources to address their criminogenic needs. Enhancing motivation and engaging in problem-solving to resolve various barriers and/or obstacles the client faces in obtaining services are considered key practices and officers are often provided training to better help and support clients to receive these services. During this time, organizations have invested in Motivational Interviewing, partnerships, and service integration. The officer's work behind closed doors primarily involves monitoring, assisting, motivating, directing, guiding, and supporting the client. In the case management approach, the actual "change-work"—that is, the work of facilitating prosocial change—is considered to be the domain of the professionals who are actually providing the rehabilitation, treatment, and/or social services, as opposed to the case manager.

The case management model appears, on the surface, to be evidence-based and adheres to the principles of Risk and Need. Officers are expected to ensure that they have more contacts with higher-risk clients (identified by a valid risk/need instrument) and facilitate connections to services (the Risk principle). By identifying criminogenic needs in the assessment, connecting to services that target those needs, and continuing to re-assess those needs, the officer's activities appear to adhere to the Need principle. However, the case management approach lacks specific attention to the Responsivity principle. Although Motivational Interviewing helps officers to be responsive to criminal justice clients known for their resistance and denial, its primary purpose is to enhance motivation enough for the client to initiate his or her journey of change and increase the chances that the client connects with and participates in external services to address his or her needs. The actual change work is considered the domain of the treatment programs, whereas the role and responsibility of the community supervision officer in the therapeutic change work is minimized and only indirect. It is the service providers, not the officers, who are the active and direct "change agents."

The emerging new research from STICS (Bonta et al., 2011; Bourgon & Gutierrez, 2012; Bourgon et al., 2010a) and other similar projects (e.g., Robinson, VanBenschoten, Alexander & Lowenkamp, 2012) delineates specific concrete skills, techniques, and

practices and presents another challenge for officers to evolve into active and direct "change agents" by engaging in therapeutic work with clients. Evidence around the Responsivity principle indicates that this active change work involves fundamental cognitive-behavioral concepts, skills, and intervention techniques (Andrews & Bonta, 2010; Bourgon & Gutierrez, 2012; Landenberger & Lipsey, 2005). Empirical evidence through analysis of audio-recorded supervision sessions by Bonta and colleagues (Bonta et al., 2008; Bonta et al., 2011; Bourgon et al., 2010a) suggests that community supervision officers generally do not take on an active or direct role in "change-work" with clients unless they are specifically trained to do so.

Once again, a new and additional demand is placed on community supervision officers by asking them to work with clients therapeutically and to employ skills and techniques that are firmly rooted in RNR principles so that they can *directly* facilitate personal, attitudinal, and behavioral change in their clients. In my work with criminal justice professionals, I have noticed that this shift from a case management to "change agent" approach is significant and challenging. Not only does the shift involve learning specific and concrete "content" (i.e., complex change agent skills and techniques), but it also involves learning the "how to" of applying this new "content" to their work with clients.

In community corrections, a continually changing landscape is nothing new. Corrections has a long history of trying "new" approaches, whether evidence-based or not (Latessa, Cullen & Gendreau, 2002). Thus, community supervision officers find themselves in familiar territory, with management requesting (in many instances, requiring) officers to attend trainings. Of course, the expectation is that the officers will implement the new skills into practice. However, the vast majority of the officers who attend these trainings have years of experience working in the field and have attended all sorts of training initiatives. For better or worse, they have likely seen many of these "new ideas" come and go. It should come as no surprise that some community supervision officers and other front-line staff arrive at trainings with some skepticism and in some cases with reluctance and even resistance to training, particularly to trainings like STICS that promote a rather significant change in the way community supervision operates.

As a trainer, I recognize and understand this skepticism and consequent resistance and reluctance. Because STICS includes long-term ongoing clinical support and communication with the STICS training team, I have had the opportunity to see these reactions and listen to officers as they struggle not only during the formal in-class training, but also in the months and even years following. Having had a seat so close to the professional and personal challenges and difficulties over this evolution, I believe that an appropriate image for the supervising officer is that of a foot soldier. Like the soldier who has marched into the battlefield and, tired, weary, and burdened with the ever-changing orders from the generals, must make crucial decisions all alone, the community supervision officer "follows" the orders of management (i.e., policies and directives) and works tirelessly behind closed doors to promote change in clients characterized as antisocial, lacking motivation or in downright denial, resistant, defensive, aggressive, and criminal. As a trainer, it is my intent to provide participants with information that is backed by strong evidence and that I fully believe will help officers work more effectively with their clients and very likely enhance their work satisfaction. My training is not done to make their lives miserable. For officers to achieve the positive result I intend, they must listen to and understand what is being taught. Because our training includes practical skills and techniques, learning them requires trying them (that is, practicing them in role plays and with clients) as well as listening to and using feedback from others (such as trainers, coaches, peers, and clients) to continue to improve and develop.

In the final section of this article, I would like to discuss the skepticism and resistance that trainers see and hear during the implementation of STICS. I recognize that discussing potential "negativity" of officers may be rather taboo and appear critical, but in fact such reactions are quite understandable. Nonetheless, I believe that this negativity can cause unnecessary barriers, anger, resentment, and dissatisfaction with work before giving new ideas a chance. Below, I present a few common reactions and suggest alternative perspectives about learning and professional change that could benefit the "foot soldier" of community corrections.

Participating in Training

As a trainer, I provide participants with information and encourage new ways to understand and work with clients, including teaching concrete skills through guidance and feedback. For the officer, this training is another in a multitude of trainings received, and I am another "expert" "informing" officers how to improve their work. In this context, it is easy to see how officers, who are often "volun-told" to attend, can sense criticism of their job performance. I have heard some officers suggest that the trainers don't have the experience (e.g., they are not probation officers like themselves) to truly understand their challenges. For those trainers who do have experience in the criminal justice system, I have heard suggestions that this experience is not the same as their experience, or that the trainers are somehow different from the participants (for example, the trainer is a psychologist and not simply a probation officer). Such skepticism and negativity towards the trainers hinders hearing and understanding the information the trainers present and minimizing its personal and professional relevance. Regardless of the background and experience of the trainers, they are simply providing information backed up with evidence, and they ask only that officers listen and make efforts to understand and learn the material, as it stands to benefit the officers in their work with clients.

The second barrier trainers notice in STICS training is the translation of key cognitive-behavioral concepts and techniques from the scientific/academic world to one that is more responsive to their style of learning. For example, rather than using words such as "reinforcers" and "punishers," STICS trainers encourage the use of the terms "cookies" and "boots" with clients. Offense cycles and various antecedent—behavior—consequence models are translated into a simple Behavior Sequence and presented to the client through something we call Spot, the Dog. Although cognitive-behavioral terms and approaches are not new to officers, the terminology and methods employed in STICS are a substantive change. It is not uncommon for some officers to tell trainers that they already perform essentially the same thing as cognitive-behavioral interventions with their clients; or that the STICS language and techniques are too simple, condescending, and belittling to the client; or worse still, that they are "just stupid."

Paradoxically, I have also heard the criticism that STICS is too complicated and too hard to understand. In their frustration and confusion over newly presented information, some officers understandably express the view that if *they* don't get it, then their clients never will. Such sentiments can certainly create a substantial barrier to learning if a participant begins to dismiss the potential benefits and functionality of the content of the training. With this dismissal comes a decrease in the likelihood that the new skills and techniques will be implemented back in the office; certainly such sentiments place a barrier to further practice and enhancement of the newly trained materials. However, the skills, concepts, and techniques were derived not just from research and theory, but also from real work with real clients who informed us about "what works" with them. Although some officers may react in a certain way to the materials, the reaction of clients may not be the same. The trainers ask officers to make every effort to learn what is being taught and try the material with clients to see for themselves how it can work. For example, one officer who tested her belief that the terms "cookies" and "boots" would be poorly received was surprised by her client's positive reaction to the terms and by how quickly the client was able to learn and apply the concepts. As she said, "Who would have thought?"

Another barrier to learning, practicing, and using STICS has been concern over the challenges and difficulties inherent in operational implementation. Officers hear about this new way of conducting supervision and immediately look at the feasibility of actually incorporating it into their day-to-day work. The present demands placed on officers are considerable. Caseloads are high and policies and directives implore officers to meet deadlines for conducting risk/need assessments and presentence reports and contacting collaterals. In addition there are requirements about how often officers must meet with their clients, monitor compliance with conditions, liaise with other partners, and of course, document all information. STICS asks officers to use their time with clients strategically; it asks that they work with clients differently. To some extent, it means initially doing more, since officers must strategically plan supervision sessions before seeing the client. At the beginning, this process may take more time. However, according to reports from officers, as they become more comfortable and fluent in STICS, the work they do with the client becomes more focused and it actually takes *less* time to "get to the work." STICS assumes a 20- to 30-minute supervision session. Trainers

recognize that implementing STICS will be difficult, but not impossible. There are challenges at the organizational level but also for the officer. It seems likely, however, that as long as there is community supervision, officers will meet face-to-face with their clients. Sure, there are many hurdles for officers and their organizations to implement this new approach, but when the officer and client meet and the doors are closed, officers always have choices about what they say and do and where they will lead those discussions. Those of us who undertake the training ask that officers take the time to learn the material and try to apply this new way of working so that both client and officer may experience the potential benefits of this different way of working.

As officers become more knowledgeable about STICS, I often hear of other barriers to the actual implementation of this new approach behind closed doors. Some officers can see how this new approach could work, but they also are concerned that it won't. Earlier I described the belief of some officers that STICS will be insulting to the clients or too complicated for them to understand, rendering it ineffective. Another common view is that STICS will not work with specific clients because they are too transient, too mentally ill, too mentally challenged, too much in denial, their lives too chaotic or too much in crisis. What I hear is an acknowledgement that STICS can work, but only with the right clients. By focusing on a particular client pool that they assume the new material will not work with, these officers prevent themselves from seeing the potential benefits for every client and even hinder efforts to try the new materials and approach. The trainers encourage officers to recognize that they do not know how each and every client may respond to this new way of doing things; the best way to find out is by learning, practicing, and improving skill level to ensure high-quality "testing" with actual clients.

Last but not least, another barrier to learning and implementation rests solely on the shoulders of the officers: that is their desire to do work with the highest degree of quality. It is very common to hear officers express their worry that they don't know the material well enough, that they are not good enough at using the language, skills, and techniques, that others (whether clients, coaches, and/ or supervisors) will see that they haven't mastered the material. They fear looking unknowledgeable, unprofessional, or just "plain stupid" in front of others. These worries

are real for the officer, and in my experience place further barriers to their learning by preventing in-vivo practice with their clients back at the office. All the training in the classroom cannot replace "real world" in-vivo use with clients, where they can observe clients' responses and use them as feedback to further enhance skill level and mastery. All of those officers who strive for and demand excellence from themselves should remind themselves that they have just learned about these new skills, techniques, and approaches. Getting comfortable with them and being "good" at them takes time, practice, and patience. Officers need to continue trying to learn these techniques and approaches, to use them with clients, and to give themselves "cookies" for their efforts, hard work, and dedication to professional development.

Summary

Community corrections agencies continue to change and transform. The "What Works" research and its principles of risk, need, and responsivity have brought significant changes to the way community corrections works. The push to implement evidence-based practices and the corresponding evolution from case management to change agent have made significant demands not only on the daily work of probation officers, but also on their continuing education and professional development. Learning new "behind closed doors" skills and techniques is complex, demanding, and difficult. Anyone who follows the evidence on learning evidence-based practices knows that these skills and practices do not come simply with attendance at a traditional "one-shot" workshop, but develop over time with ongoing clinical support and continuing education activities (e.g., coaching and feedback from actual use with clients; Bourgon et al., 2010a; Walters et al., 2005). Although there are many hurdles to quality implementation, both at an organizational and an individual level, these barriers can be overcome. For each individual officer who faces the prospect of change, it is a daunting task. Organizations and trainers can provide the opportunities and supports, but ultimately, when the door closes and the officer and client meet face-to-face, the officer must decide what he or she will do with the time allotted to clients. Like the lonely foot soldier, laden with a heavy burden alone in the trenches, officers must draw upon their own resources and decide for themselves whether to march forward or stay where they are. The power to choose is theirs.

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